

Saint Mary's College of California

Nursing Program Student Handbook



XX-XX Academic Year

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CHAPTER 1

INTRODUCTION



WELCOME! BIENVENIDOS!

Welcome and congratulations on your acceptance to Saint Mary's College's (SMC) Undergraduate Nursing Program (NP). The Nursing Program faculty and staff are excited to work with you on your educational journey to become a Registered Nurse.

We are proud to be a Hispanic Serving Institution (HSI) school. As a nursing department within an HSI accredited institution we are committed to supporting diversity, equity and inclusion. Part of obtaining this recognition is through serving a large percentage of students who are Latinx. In the nursing department we strive to ensure our faculty is also a representation of our students.

Please familiarize yourself with this handbook. This handbook will introduce you to policies of the Nursing Program. The student handbook also provides you with valuable resources. It is your responsibility to read and become familiar with the expectations of the Nursing Program.

We understand the sacrifices you and your family are making to be a part of our program, and we are committed to helping you succeed. The Nursing program will not be easy; but we are confident that with your dedication to work hard and your desire to change lives you will succeed. We encourage you to ask questions if you need to clarify any issues or concerns.

OVERVIEW OF THE NURSING PROGRAM (NP)

Mission

Provide an Inclusive, student-centered environment that promotes compassionate, high-quality, role and evidence-driven care to diverse populations, and cultivate development of adaptive nursing graduates who are focused on professional role-driven decision-making.

Vision

Create a learning environment that produces empowered leaders who own their professional role obligations to "Do No Harm"; be accountable for their professional role as a key decision maker on interprofessional healthcare teams; engage in the "gold-standard" of science driven practice and recognize the global impact of health and health care; and to transfer knowledge through engagement in the global community in transforming healthcare through advocacy, education, innovation, research, practice, and service.



Faculty Philosophy of Nursing

SMC Nursing Program honors the Lasallian traditions in delivering a holistic and compassionate educational experience. Ensuring high-quality education grounded in professionalism, role clarity, diversity, inclusion, innovation, research, and ethics with a goal of “do no harm” in service to others.

Value Statement

We embrace professionalism, life-long learning, and social justice using a holistic approach in a student-centered supportive environment.

NURSING PROGRAM (NP) LEARNING OUTCOMES

Learning Outcomes

The student learning outcomes are derived from the Nursing Program mission statement. The student learning outcomes will be reflected in student competencies throughout the program. The Bachelor of Science in Nursing (BSN) program has eight expected core learning outcome competencies: Strong Clinical Reasoning, Transfer of Knowledge, Accountable, Empowered Leaders, Role-Driven Practice, Strong Advocates, Critical Thinkers, and Global Citizens. See the Table below for definitions.

Table: Definitions of Core Learning Outcome Competencies

Outcomes	Competency Definitions
Strong Clinical Reasoning	Apply nursing practice knowledge focused on “do no harm” that generates safe, effective, quality care using a professional role, standards and ethics-driven practice.
Transfer of Knowledge	Transfer knowledge incorporating the understanding of inter-professional collaboration and engagement in activity that disseminates and generates critical analysis of practice.
Accountable	Demonstrate role obligations of accountability, autonomy, and decision-making authority.
Empowered Leaders	Demonstrate leadership in the use of nursing science to underpin professional role decision making authority and practices.



Role-Driven Practice	Incorporate role-driven practice to improve patient outcomes, safety, and quality.
Strong Advocates	Advocate for high quality care, equity in care, social justice, diversity, and inclusion.
Critical Thinkers	Engage in critical analysis of healthcare including appropriate use of technology, informatics, and artificial intelligence as a means of improving health and healthcare.
Global Citizens	Incorporate understanding of global/local issues around inequity and lack of resources in planning care.



CHAPTER 2
BACCALAUREATE NURSING PROGRAM
CURRICULUM REQUIREMENTS

Curriculum

St. Mary's College Nursing Program BSN curriculum uses **Dr. Maria O'Rourke's theories** of Professional Role Identity, Model of the Professional Role, and the Role Driven Practice as the foundation for curriculum design. In addition, this program was designed using the **National Council of State Board of Nursing (NCSBN) NCLEX-RN BluePrint**, the **American Association of Colleges of Nursing (AACN) Domains of competence, Quality and Safety Education for Nurses (QSEN), ANA Scope and Standards, ANA Code of Ethics** and other regulations that govern Registered Nursing (RN) practice in the state of California.

Students are preparing and studying for the NCLEX-RN nursing exam from day one of this nursing program. All classes are aligned around the 8 elements of the testing blueprint, produced by NCSBN, as a key foundation for the curriculum design. ([NCSBN, 2019](#))

1. Management of Care
2. Safety and infection Control
3. Health Promotion and Maintenance
4. Psychological Integrity
5. Basic Care and Comfort
6. Pharmacological and Parenteral Therapies
7. Reduction of Risk Potential
8. Physiological Adaptation

The BSN program uses [The Essentials of Baccalaureate Education for Professional Nursing Practice](#) (Baccalaureate Essentials 2021) as the framework which ensures each BSN graduate is prepared to be a provider of direct and indirect care; designer, manager, and coordinator of care; a member of the health profession; and prepared for graduate-level education. The AACN's Domains of Competence "are broad distinguishable areas of competence that, when considered in the aggregate, constitute a descriptive framework for the practice of nursing." (AACN, 2021). (Appendix A)

1. Knowledge of Nursing Practice
2. Person Centered Care
3. Population Health
4. Scholarship for Nursing Discipline
5. Quality and Safety
6. Interprofessional Partnerships
7. Systems-Based Practice
8. Informatics and Healthcare Technologies
9. Professionalism
10. Personal, Professional, and Leadership Development



The BSN program also uses QSEN's model [QSEN Institute | Quality and Safety Education for Nurses](#) to assist the student and faculty in understanding the knowledge, skills and attitudes (KSAs) each course is addressing within the content.

The six QSEN Competencies are:

1. Patient-Centered Care
2. Teamwork and Collaboration
3. Evidence-Based Practice
4. Quality Improvement
5. Safety
6. Informatics

Dr. Maria O'Rourke's theories of Professional Role Identity, Model of the Professional Role, and the Role Driven Practice are the theories used in all curriculum and Nursing Program structure. The integration of O'Rourke's theories into the SMC's Nursing program curriculum will allow the student nurse to understand the role of the professional nurse to "do no harm" and undertake what is in the best interest of the client/population. These models allow representation and advocacy to support the professional nursing role when participating in legislative, education, clinical practice, and leadership activities. The focus is for the student to understand "a system of practice that is built on an integrated set of behaviors designed to uphold professional obligations as the basis of nursing practice." (Maria O'Rourke, 2023)

QSEN's model, the AACN BSN essentials and the NCSBN NCLEX-RN blueprint are carefully aligned within the curriculum to ensure the students meet all the expectations needed to successfully complete the program and transition to practice as an RN.

Aligning the curriculum to the expectations of the national boards helps us prepare students to successfully pass their NCLEX exam. Professional Role Obligations and Expectations, QSEN, and the AACN essentials are aligned with objectives, activities, and outcomes incorporating the NCSBN "Client Needs Categories" as appropriate ([NCSBN, 2019](#)).

The SMC Nursing Program also utilizes the American Nurses Association ([ANA Code of Ethics](#)), ANA Scope and Standards, BRN practice act Section 2725 and Title 16 & Title 22 of California Code of Regulations. Our course syllabi clearly outline all of the elements.

Evidence-based practice (EBP) is the foundation of all curriculum design. EBP incorporates current nursing and medical research into quality, safe patient care techniques, creating *professional* nursing practice. Nursing as a science is based on qualitative and quantitative research, which is used to guide and develop professional nursing practice. Nursing researchers and scientists perform quality research. The research is published in nursing journals and incorporated into practice to ensure optimum patient outcomes. The faculty uses nursing research to continually create and update the curriculum to improve all students' education. Throughout the program, you will learn more about evidence-based research and how to use nursing research as a tool for professional nursing practice.

In summary, the curriculum comprises didactic courses and practice-based clinical courses. Each course encompasses specific learning outcomes, activities, and evaluation measures. The faculty will use didactic courses, simulation labs, and clinical courses to empower students with the knowledge



needed to practice safe, quality, person-centered care where nursing creates optimum patient outcomes. The pre-requisites for the nursing program are a base of knowledge for the students to build upon during the program. The didactic courses present nursing knowledge, theoretical concepts, models, and research that inform patient care and evidence-based practice. Clinical learning focuses on the development and refinement of knowledge and skills necessary to manage care as part of an interprofessional team. The clinical courses provide opportunities for students to apply knowledge, practice skills, implement and evaluate interventions and programs, and learn the full scope of the role for which they are preparing. The nursing curriculum is ever-evolving, created from evidence-based research to ensure that students are prepared for professional practice. Nursing is a caring art and a science.

NURSING CURRICULUM SEQUENCE

The SMC curriculum is taught in a cohort fashion. Students enter in fall or spring and take the classes in a set order. Classes are leveled from level 1 to 3. Concepts are introduced in level one courses with mastery expected in Level 3. Below is the curriculum mapping for fall and spring start followed by a leveling of classes. Courses ending in an “L” (i.e. NURS 303L) represents the lab/clinical component of a corresponding lecture course.

Table: Fall Start Curriculum

Fall Semester #1	Level	Units
NURS 301 Intermediate Nursing Pathophysiology	Level I, Junior	3
NURS 302 Pharmacology	Level I, Junior	3
NURS 305 Introduction to Professional Role: Identity formation Theory, Professional Role Obligations and Practice in Nursing	Level I, Junior	3
NURS 303/303L Population Driven Health: Assessment & Skills Lab (2 & 1 units)	Level I, Junior	3
NURS 304/304L Fundamentals & Clinical (2 & 3 units)	Level I, Junior	5
		17
Jan Term		
No Nursing Courses Assigned Jan Term		
Spring Semester #2	Level	Units
NURS 310/310L Population Driven Health: Adult Care Management & Clinical (3 & 3 units)	Level II, Junior	6
NURS 312 Theory of Scholarship Professional Role and Practice Obligations (WID)	Level II, Junior	4
NURS 313 EMR/AI, Biotechnology and Ethics	Level II, Junior	2
		12
Summer Semester #3	Level	Units
NURS 311/311L Population Driven Health: Mental Wellness & Health & Clinical (3 & 3 units)	Level II, Junior	6
		6
Fall Semester #4	Level	Units



NURS 320/320L Population Driven Health: Advance Adult Care Management & Clinical (3 & 3 units)	Level III, Senior	6
NURS 322 Population Driven Health: Caring for the Aging Population	Level III, Senior	2
NURS 323 Professional Role Obligations in Global Health, Advocacy and Ethics	Level III, Senior	2
NURS 321/321L Community Health /Faith Studies & Clinical (EL) (3 & 2 units)	Level III, Senior	5
		15
Jan Term		
No Nursing Courses Assigned Jan Term		
Spring Semester 5	Level	Units
NURS 402/402L Population Driven Health: Care of Women Across the Lifespan & Clinical (3 & 2 units)	Level III, Senior	5
NURS 403/403L Population Driven Health: Pediatrics & Clinical (3 & 2 units)	Level III, Senior	5
NURS 401/401L Professional Role Driven Leadership Capstone & Clinical (2 & 2 units)	Level III, Senior	4
		14

Table: Spring Start Curriculum

Spring Semester 1	Level	Units
NURS 301 Intermediate Nursing Pathophysiology	Level I, Junior	3
NURS 302 Pharmacology	Level I, Junior	3
NURS 305 Introduction to Professional Role: Identity formation Theory, Professional Role Obligations and Practice in Nursing	Level I, Junior	3
		9
Summer Semester 2	Level	Units
NURS 303/303L Population Driven Health: Assessment & Skills Lab (2 & 1 unit)	Level I, Junior	3
NURS 304/304L Fundamentals & Clinical (2 & 3 units)	Level I, Junior	5
		8
Fall Semester 3	Level	Units
NURS 310/310L Population Driven Health: Adult Care Management & Clinical (3 & 3 units)	Level II, Junior	6
NURS 312 Theory of Scholarship Professional Role and Practice Obligations (WID)	Level II, Junior	4
NURS 311/311L Population Driven Health: Mental Wellness and Health & Clinical (3 & 3 units)	Level II, Junior	6
NURS 313 EMR/AI, Biotechnology and Ethics	Level II, Junior	2



		18
Jan Term		
No Nursing Courses Assigned Jan Term		
Spring Semester 4	Level	Units
NURS 320/320L Population Driven Health: Advance Adult Care Management & Clinical (3 & 3 units)	Level III, Senior	6
NURS 322 Population Driven Health: Caring for the Aging Population	Level III, Senior	2
NURS 323 Professional Role Obligations in Global Health, Advocacy and Ethics	Level III, Senior	2
NURS 321/321L Community Health/Faith Studies & Clinical (EL) (3 & 2 units)	Level III, Senior	5
		15
Summer Semester 5	Level	Units
NURS 402/402L Population Driven Health: Care of Women Across the Lifespan & Clinical (3 & 2 units)	Level III, Senior	5
NURS 403/403L Population Driven Health: Pediatrics & Clinical (3 & 2 units)	Level III, Senior	5
NURS 401/401L Professional Role Driven Leadership Capstone & Clinical (2 & 2 units)	Level III, Senior	4
		14



CHAPTER 3

ADMISSION REQUIREMENTS

SMC has posted admission requirements and processes on the Nursing Program home webpage. Students are eligible to apply when they have met all the requirements or will have them completed prior to the first semester of the nursing program. Once students are accepted into the nursing program they will receive an acceptance letter with next steps. Please see the Admission Policy for more detail (Appendix B)

TRANSFER AND CHALLENGE OPTION

SMC has a transfer and challenge policy for students who have attended other nursing programs or are currently an LVN. Please see Transfer and Challenge Policy (Appendix C) The Nursing Director should be contacted for further discussion.

CREDIT FOR MILITARY TRAINING

Saint Mary's College grants credit for military training in accordance with the recommendations of the American Council on Education in the Guide to the Evaluation of Educational Experience in the Armed Forces. To receive such credit, the student must present evidence by written certification from a recognized military authority, such as papers from a military separation center, AARTS transcript, an official copy of a diploma from a service school, or USAFI transcript. Saint Mary's College is a Servicemembers' Opportunity College (SOC). As a SOC member, Saint Mary's College recognizes the unique nature of the military lifestyle and has committed itself to easing the transfer of relevant course credits, providing flexible academic residency requirements, and crediting learning from appropriate military training and experiences. Students may receive credit for **up to 30 units** of military training. Please see the Military Challenge Policy (Appendix D)

LVN 30-UNIT OPTION

St. Mary's College has a 30-unit option Policy and Procedure (in compliance with CCR 1429) for currently licensed LVNs. LVNs are required to notify the Nursing Director if they are wanting to pursue this route of training. Please see the policy with guidelines and requirements. Please see the LVN 30-Unit Option Policy (Appendix E)

HEALTH AND SAFETY REQUIREMENTS POLICY

Purpose: The purpose of this policy is to describe the Health and Safety requirements for all Nursing Programs and Clinical Faculty at St. Mary's College (SMC).

All students admitted to SMC Nursing classes/programs will be required to be compliant with all Health and Safety Requirements set forth by the Nursing Program at least 2 weeks prior to the first day of any healthcare class with a clinical component or 4 weeks prior to admission into a healthcare program where state required clinical hours are part of the program. Non-compliance will result in possible removal from the class or program.



You will be required to upload several documents into an online screening program called Complio as part of this process. The documents must be scanned (**No Pictures**) and uploaded by the student. The cost of using this system will be paid for by the nursing student with the exclusion of the CNA program and faculty.

The Nursing Program will **not** accept any documents emailed, scanned, faxed, or submitted directly to the Program or Professor. **It is the student's responsibility to ensure that all Health and Safety Records are kept current during the program.** You must be compliant to register for each semester. The student who does not comply with this policy will not be allowed to enroll or continue clinical hours and could be dropped from the class. The student cannot begin clinical studies until documents have been reviewed and approved by the Nursing Program.

The Health and Safety Requirements are as follows:

1. Physical Exam completed within the last year-**renewed every 2 years if in a program.**
2. American Heart Association's Basic Life Support for Health Care (BLS) Professionals (back and front)-**renewed every 2 years.**
3. Hepatitis B-Titers **within the last 8 years showing immunity- or declination; see Academic Director or Clinical Coordinator for declination form.**
4. MMR-Titers **within the last 8 years showing immunity.**
5. Varicella- **Titers within the last 8 years showing immunity**
6. Tdap-combined Tetanus, Diphtheria, and Pertussis vaccine. Tetanus Booster must be completed within the last 10 years. (**Tetanus and Diphtheria only will not satisfy this requirement.**)
7. Influenza –A current flu vaccine. Students or Clinical Faculty who decline flu vaccine must wear a mask when they are in clinicals-**renewed annually or declination see Academic Director or Clinical Coordinator for form (must always wear a mask within the hospital setting per regulations.)**
8. Covid Vaccination-Upon request either by nursing program or clinical site
9. TB

Screening:

- Initial 2-Step TB skin test with documented negative results for both.
 - TB screening **annually** thereafter. Documentation of negative results.
 - TB test to be repeated if exposed to TB since last results.
 - QuantiFERON -TB Gold blood test result is only acceptable as a substitute for TB skin testing if QuantiFERON results are within the last 3 months (FACULTY Only)
 - If Positive TB results, a chest x-ray (within the last 5 years) required with a Chest x-ray report and a Healthcare Personnel (HCP) annual symptom TB screening form to be completed.
10. Background Check – All Students and Clinical Faculty upon admission and prior to the first day of class.
 11. A urine drug screen (students and Faculty only). Please inform the director of nursing or CNA director prior to taking the drug test if you are taking prescribed medication. Please refer to Background policy.



12. Some clinical facilities have additional requirements, such as N95 mask fit testing, live-scan, or other requirements. Additional requirements will be addressed on a needed basis and could be at the student's expense. (Exception: fit testing will be performed within the Nursing Program at SMC with no additional cost to the student.)
13. Medical Insurance-you must carry medical insurance while in the nursing program

Students must scan and upload the appropriate documents into the designated space for each requirement into **Complio**. *Do not leave any requirements blank.*

The Nursing Program reserves the right to amend this policy any time during the year. Students will be notified of any changes in a timely manner.

GENERAL EDUCATION REQUIREMENTS

Students must complete the Saint Mary's College Core Curriculum and requirements of pre-nursing to enter the nursing program, listed below. These requirements include the second language requirement, which can be satisfied with 2 years of study in a language other than English with C or higher in high school, or college study at level 2 or higher, or be able to demonstrate bilingual proficiency per SMC's language proficiency test. Transfer students complete a modified version of the SMC Core Curriculum, which typically require one semester and a January Term of additional coursework to meet SMC nursing program acceptance, these are also listed below.

Table: General Education Program (65 units)

First Year

Fall Term		January Term		Spring Term	
WRIT 101 Writing as Inquiry (or WRIT 100)	3 Units	Jan 100 LD elective	3 Units	WRIT 201 Writing and Research (or WRIT 200, 220)	3 Units
PSYCH 100 Intro to Psych	4 Units			SEM 150 Looking Inward	3 Units
SMC 100 First Year Advising Cohort	1 Units			BIOL 140 & 140L Introductory Microbiology w/Lab	4 Units
AH 201 Western Art Survey	4 Units			MATH 104 Intro Probability & Statistics (or MATH 313, 4u)	3 Units
CHEM 105/105L Survey of Chemistry w/lab (3u/1u)	4 Units				
TOTAL	16		3		13



Second Year

Fall Term		January Term		Spring TERM	
SEM 250 Looking Outward	3 Units	Jan Term UD elective	3 Units	SEM 350 Looking Forward	3 Units
TRS 300 Topics in the Study of Scriptures	3 Units			TE - Theological Exploration	3 Units
BIOL 250(3u)/250L(1u) Human Anatomy & Physiology I w/lab	4 Units			BIOL 251(3u)/251L(1u) Human Anatomy & Physiology II w/lab	4 Units
HS 121 Nutrition	3 Units			Global Issues and Perspectives JCL 330 Environmental Justice	4 Units
SOC 204 Social Problems (includes IPE requirement)	3 Units				
TOTAL		16	3	14	

Transfer Student's Needs

SMC Core Curriculum	
SMC 300 Transfer Advising Cohort	1 Units
SEM 327 Looking Inward and Outward for Transfer Students	4 Units
TRS 380-389	4 Units
SEM 350 Looking Forward	3 Units
Jan Term	3 Units
<i>GIP or other, if needed</i>	
Total	15

Student Disability Services

Saint Mary's College of California [Student Disability Services](#) and nursing is a committed partner to students with disabilities, working to explore reasonable and appropriate accommodations in an effort to create an equal opportunity for all students to participate in and enjoy SMC educational and campus life programs. All student accommodation requests, including, but not limited to, registration, housing, and classroom accommodation can be made by contacting Student Disability Services (SDS). Information about how to request accommodations through the Student Disability Services can be found on the website under the [Apply for Accommodations tab](#).

Accommodation in the clinical setting may differ from those for the didactic/classroom setting. SDS will



work with the SMC Nursing Team, the Faculty of Record (FOR), and clinical instructors to determine if the requested accommodations are reasonable and do not alter essential outcomes of the program requirements or technical standards. For Nursing programs with a clinical placement requirement, the request for accommodation should be submitted a minimum of 6 weeks in advance of the start date of the clinical due to the complicated nature of coordinating with placement sites. Requests not given enough notice may not be able to be implemented if the request comes after the placement has been assigned.

Saint Mary's College strives to provide an accessible environment for all students, staff, faculty, and visitors to our campus. Electronic accessibility is also a priority. Individuals who encounter physical access barriers on campus or electronic information and website barriers can call SDS at (925) 631-4358 or [report issues or questions on the SMC Accessibility page](#).

The College and Student Disability Services support students in their right to file a grievance when a student believes they have been denied equal access in the form of appropriate accommodations, modifications, auxiliary aids, or effective communication or suffered discriminatory harassment as described in Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act (ADA) of 1990. The general grievance procedures, which apply to all students, are available to students with disabilities and can be found on the [SDS website Grievance Process page](#).

STUDENT RESPONSIBILITIES

Student Communication

Students are expected to regularly read and respond to both St. Mary's College email and Canvas communication within 2 business days. St. Mary's email and Canvas are the standard modes of communication. Texting is acceptable during the clinical experience pursuant to the Technology/Social Media and Cell Phone Policy.

Role of the Student

The role of a St. Mary's College nursing student is to participate in and study the *knowledge of nursing practice* which encompasses incorporation, interpretations, and application of historical and ever-changing nursing knowledge. To be knowledgeable, the nursing student must also participate in the *Scholarship for the Nursing Discipline*, whereby new information improves health and changes healthcare globally. The utilization of *Informatics and Healthcare Technologies* will enhance the learning of the nursing student by using modern data modalities and information to bring positive patient outcomes. As a SMC nursing student, there will be experiences provided by the program which develops an understanding of *Interprofessional Partnerships*, while building on a *Systems-Based Practice*.

The nursing student will be preparing for a role that requires *Professionalism and Leadership*. The cultivation of the professional nursing role commands accountability, perspective, collaboration, and behavior that reflects values and character. Accountability must be *demonstrated to the individual, society, and the profession*. In developing *Leadership*, the student will need to participate in self-reflection, life-long learning, be supportive of nursing expertise and demonstrate the affirmation of



leadership.

In the clinical experience, the nursing student will learn and understand their professional role in providing *Patient Centered Care* while considering *Population Health* and practicing health prevention and disease management. In focusing on the individual and family/populations, the student is considering holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate care. While studying Maria O'Rourke's theory of the Professional Role Identity, the student will understand and practice *Quality and Safety* in "do no harm."

Diversity and Inclusion (Domain 6.4) (Domain 3 all) (Domain 9.6)

Diversity and Inclusion is integrated within the curriculum of the Nursing Program BSN program. By advocating for equity in care, social justice, diversity, and inclusion, the Nursing Program joins SMC's learning goal Looking Outward in the college's core curriculum

In kind, the Nursing Program seeks to work with Population Health through management of health, engaging in effective community partnerships, considering the socioeconomic impact of the delivery of healthcare, pursue equitable population health policy, strategize to demonstrate advocacy, and improve preparedness for disasters and public health emergencies to protect the health of the population. (AACN, 2021)

The Nursing Program supports Diversity and Inclusion, and collaboration with other professionals. This inclusive collaboration is vital to maintaining relationships of mutual learning, respect and shared values. Finally, in reference to the Professional Role Model, the integration of diversity, equity, and inclusion is core to one's professional identity (Maria O'Rourke, 2023). The Nursing Program has an additional "Diversity Equity and Inclusion Committee", and students participate on this committee (Appendix F)

Demonstrate the Professional Identity of Nursing (Domain 9 and Professional Role)

The curriculum of St. Mary's College Nursing Program supports the *demonstration of the professional identity of nursing* through the integrations of Maria O'Rourke's Professional Role Identity Model and the AACN's domain of competence on professionalism.

According to the AACN, professionalism must encompass "the values of integrity, altruism, inclusivity, compassion, courage, humility, advocacy, caring, autonomy, humanity, and social justice" (AACN, 2021). The professional identity of a nurse must be developed not just through their education and professional roles, but through their lifelong work of self-reflection, experiences, and continual engagement.

The Professional Role Identity model perceives the nurse professional as a leader/decision maker, a scientist, a practitioner, and a transferor of knowledge. According to Maria O'Rourke (2023): "Professional Role Defined: An individual in a profession who has the authority and capacity to be self-directed, generate and use theory, transfer knowledge and introduce new learning in the service and best interest of those served." Please see the Professional and Safe Practice Policy for SMC Nursing Students (Appendix G)



Personal, Professional and Leadership Development (Domain 10.3)

The AACN's domain of competence on the development of leadership discusses the role it plays in influencing intentional change through leadership principles and theories. The Nursing Program at SMC will provide the students with leadership opportunities in settings that grow and develop their leadership style, improve their professional communication skills, recognize differing leadership principles and theories, advocate for the promotion of social justice, remove structural racism and systemic inequity in nursing and society, demonstrate a self-awareness of one's own implicit bias and their own relationship to culture and environment. It is the intention of the Nursing Program to advocate for the nursing profession in a manner that is consistent, positive, relevant, accurate, and distinctive (AACN Domain 10.3, 2021).

Professionalism–AACN Domains 6, 9, and 10 & ANA Standards of Practice & Code of Ethics

Nursing faculty views nursing students as future professional colleagues and therefore expect students to conduct themselves in a professional manner on campus and in the clinical area. As future nurses, St. Mary's College nursing students must develop and demonstrate qualities that are representative of the professional role, to be successful. As such, students are expected to always conduct themselves in a professional manner: in class, with colleagues/ professors and in the clinical/laboratory setting with clients/peers/staff/preceptors. **Note** that Registered Nurses can have their licenses disciplined for malfeasance that occurs outside of school or work and, with that in mind, we have the expectation that students embrace the high standards of the nursing profession in all that they do. Please refer to the Professional and Safe Practice Policy and the Technology, Social Media, and Cellphone Policy. (Appendix H)

Professional Standards for Nursing (ANA Scope and Standards link)

Students enrolled in the Nursing Program will be expected to comply with the current American Nurses Association (ANA) Scope and Standards of Practice (2021):

- Standard 1 Assessment
- Standard 2 Diagnosis
- Standard 3 Outcomes identification
- Standard 4 Planning
- Standard 5 Implementation
- Standard 6 Evaluation
- Standard 7 Ethics
- Standard 8 Advocacy
- Standard 9 Respectful Equitable Practice
- Standard 10 Communication
- Standard 11 Collaboration
- Standard 12 Leadership
- Standard 13 Education
- Standard 14 Scholarly Inquiry
- Standard 15 Quality of Practice
- Standard 16 Professional Practice Evaluation
- Standard 17 Resource Stewardship
- Standard 18 Environmental Health



Ethics (ANA Code of Ethics)

- Provision 1.** The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
- Provision 2.** The nurse's primary commitment is to the patient, whether an individual, family, group, or community, or population.
- Provision 3.** The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
- Provision 4.** The nurse has authority, accountability, and responsibility for nursing practice; makes decisions, and takes action consistent with the obligation to promote health and to provide optimal care.
- Provision 5.** The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
- Provision 6.** The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
- Provision 7.** The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
- Provision 8.** The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
- Provision 9.** The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

Source: From American Nurses Association, Code of Ethics for Nurses (2015).

Confidentiality of Patient/Client Records Ethics and Professional Behavior (Domain 9.3 plus ANA Scope and Standards and Code of Ethics)

- Confidentiality is of paramount importance to protect the privacy of patients, families, staff, and agencies. Students must *demonstrate accountability to the individual, society, and the profession* by adhering to agency policies regarding protection of patient privacy. When students are given access to patients' records and reports, these must be treated as confidential.
- HIPAA regulations must be followed and **any** personal identifying information such as names, initials, birthdates, or dates of service may not be recorded and removed from the agency.
- To comply with HIPAA confidentiality regulations, all discussions about clients/patients must take place in a private setting with no identifying factors included in the discussion.
- Discussions about clients/patients must not be shared with others beyond the patient/client, family, and caregivers. Faculty and students must comply with the confidentiality requirements designated by each healthcare facility.
- Students must practice in clinical courses according to the ANA Scope and Standards, [ANA Code of Ethics](#), [BRN Nursing Practice Act 2725](#), and the [BRN Standards of Competency of Performance Section 1443.5](#).

RESPONSIBILITIES IN CLINICAL



Arrive to Clinical

- On time
- Prepared for the pre-conference
- Dressed appropriately (see Dress Code policy) (Appendix I)

The student is expected to arrive on time to the assigned clinical site as directed by their clinical instructor. They are to be dressed as per directions in the Dress Code policy. If the student is tardy/absent, the instructor will follow the guidelines as stated in the Nursing Program clinical attendance policy.

The student should be prepared for pre-conference following directions of the clinical instructor. If the student is not prepared, the clinical instructor may send the student home, and it will be considered an absence. If the student forgets their clinical ID badge, they will not be allowed into the facility and will be sent home. This will also be considered an absence.

If the student is running late to the clinical rotation due to traffic/accident/car trouble, please call your clinical Instructor and notify them of the delay.

If you are ill and cannot make it to clinical, please call **(do not text)** your clinical instructor **and** the lead course instructor.

Lunch

Students will receive a 30-minute lunch break during their clinical rotation. The student may not leave the facility during this break. Students are required to let their clinical instructor know when they are taking their lunch. Lunches should be staggered such that all students do not go to lunch at the same time.

Students are expected to be in their assigned area during their shift. Students may not reassign themselves to different patients or decide **not** to continue care for the assigned patient.

*Students cannot be on the unit if their preceptor is not present. Meaning if the preceptor is out to lunch, you cannot be on the unit until the preceptor returns.

Break

There will also be a 15-minute break in the first part of the shift. Notify the instructor when you go to break.

Expected Ethical Behavior

As students are involved in the clinical and academic environments ethical principles are a necessary guide to professional development. Therefore, within these environments students will:



1. Advocate for the rights of all clients. (Domain 3.5-Demonstrate advocacy strategies).
In working toward health equity when considering population health, there must be a strategy for advocacy in relation to the domain competency of population health. These strategies must include voicing a need for change, demonstrating the intent of the proposed change, defining who the stakeholders are, applying appropriate audience messaging, evaluating the success of the strategy, evaluating priorities for the population, collaborating with interdisciplinary groups to develop effective advocacy approaches, work with influential systems, local, state, national, and global. Lastly, demonstrate leadership skills needed to promote social justice, diversity, equity, and inclusion.
2. Maintain client confidentiality (Domain 8.5)
Students must abide by the American Nursing Association (ANA) Code of Ethics and the Health Insurance Portability and Accountability Act (HIPAA), which is a federal law that sets the national standard to protect medical records and other personal health information.
3. Contribute to a culture of patient safety. (Domain 5.2)
Students must adhere to a culture of safety where basic safety principles reduce the risk of harm and expectation is to assume accountability for reporting unsafe conditions, near misses, and errors to reduce harm.
4. Contribute to a culture of provider and work environment safety. (Domain 5.3)
Safety is paramount in the field of healthcare. Students must recognize the safety of the environment around their client, others, and themselves. Identification of potential/actual risks must be addressed and reported. Policies, structures, and processes must be considered, assessed and considered for change.
5. Engage with the individual in establishing a caring relationship. (Domain 2.1)
Person centered care is a competency the student must be aware of. In that, establishing a caring relationship with individuals must include empathy, compassion, and mutual respect. To have positive outcomes caring relationships should be fostered.
6. Communicate effectively with individuals. (Domain 2.2)
Utilizing relationship centered care while incorporating the individuals' beliefs and values. Students will be able to demonstrate advanced communication skills and techniques using modern and effective modalities for diverse audiences. Evidence Based Education will be demonstrated by the student while considering health literacy, vision, hearing, and cultural sensitivity.
7. Demonstrate emotional intelligence in communication. (Domain 2.2f)
It is important for the student to manage/consider his/her own emotions while working through the emotions of those around you. You must be self-aware, self-regulated, be motivated, empathetic and demonstrate appropriate social skills.



8. Demonstrate accountability for care delivery. This includes timely delivery and communication of care provided. (Domain 2.6)
The student must be able to model best care practices, communicate care delivery through multiple modalities and promote delivery of care that supports practice at the full scope of education.
9. Demonstrate an ethical component in one's practice reflective of the nursing mission to society. Domain 9.1 (includes 9.1A-9.1G)
- 9.1a Apply principles of professional nursing ethics and human rights in patient care and professional situations.
 - 9.1b Reflect on one's actions and their consequences.
 - 9.1c Demonstrate ethical behaviors in practice.
 - 9.1d Change behavior based on self and situational awareness.
 - 9.1e Report unethical behaviors when observed.
 - 9.1f Safeguard privacy, confidentiality, and autonomy in all interactions.
 - 9.1g Advocate for the individual's right to self-determination.
10. Demonstrate a commitment to personal health and well-being. (Domain 10.1)
Self-reflection and activities that promote self-health and well-being will contribute to lifelong learning, support new experiences that promote nursing expertise and the affirmation of leadership.
11. Commit to personal and professional development. (Domain 10.2 and 10.3)
- Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.
 - Develop capacity for leadership.
12. Embrace and support cultural and spiritual beliefs. (Domain 9)
- Communicate effectively with individuals
 - Demonstrate accountability the individual, society and the profession
 - Demonstrate the professional identity of nursing
 - Integrate diversity, equity, and inclusion as core to one's professional identity
13. Interprofessional collaboration (Domain 6)
- Communicate effectively with individuals
 - Perform effectively in team roles in using principles and values of team dynamics
 - Work with professions to maintain a climate of neutral learning, respect, and shared values
14. Demonstrate accountability and recognizing one's limits (Domain 9, Domain 2.6)
- Demonstrate accountability to the individual, the society and the profession
 - Comply with relevant laws, policies, and regulations

15. Alcohol



Per SMC Student handbook: Abstain from the use of alcoholic beverages or any substances in the academic and clinical setting that impairs judgment. Alcohol and Cannabis consumption should not have occurred within 12 hours of a clinical rotation or simulation activity. *Please refer to the St. Mary's College Student Handbook for the policy on alcohol.*

16. Academic Integrity

As a student member of an academic community based in mutual trust and responsibility, I pledge: 1) To do my own work at all times, without giving or receiving inappropriate aid; 2) To avoid behaviors that unfairly impede the academic progress of other members of my community; and 3) To take reasonable and responsible action in order to uphold my community's academic integrity. *Please refer to SMC Academic Catalog for information about the [Academic Honor Code](#).*

17. Honesty

Honesty is an expectation under Code of Ethics and Professionalism as a Student preparing to be a professional healthcare provider.

18. Students need to follow the Attendance Policy, Dress Code Policy, Technology, social media, Cell Phone Policy, and the Professional and Safe Practice Policy. In addition, students should be aware and review the Reasonable Suspicion Policy. Students are expected and obligated to abide by these policies as well as the ANA Scope and Standards, ANA Code of Ethics, Title XVI, Title XXII, Section 2725 of the Nurse Practice Act and all other state and federal regulations related to healthcare delivery.

Please review the following policies regarding expectations of professional behavior:

- Professional and Safe Practice Policy (Appendix G)
- Dress Policy (Appendix I)
- SMC attendance policy is located here <https://www.google.com/url?q=https://catalog.stmarys-ca.edu/content.php?catoid%3D17%26navoid%3D1257%23class-attendance&sa=D&source=docs&ust=1728073196903021&usg=AOvVaw3li4CPsnkwJObEqKCDFSEa>
- The nursing programs attendance policy supersede the SMC attendance policy
- Technology Social Media and Cellphone (Appendix H)
- Health and Safety Requirements policy
- Latex Safe Environment policy
- Reasonable Suspicion policy



CHAPTER 4

STUDENT EVALUATION

Evaluating Student's Performance

Evaluations provide feedback that is validating or corrective and at a time when it can be used. Thus, evaluation is the process of helping the learner understand what they are performing correctly or what needs to change and giving the learner time to make the corrections. Evaluation is a triangulated process, that is, the evaluation:

- Must be performed, using a standardized instrument
- Frequently over a period of time
- Intended to measure growth throughout the program
- Taking the student from novice to ready to practice as a new nurse graduate

Therefore, a valid evaluation includes observational appraisal, written examinations, or other means over a period of prolonged time. Each semester students are expected to demonstrate growth in behavior/performance. This growth is measured throughout the program, looking at them objectively with standardized tools, providing time for the learner to correct any deficiencies.

An important aspect of evaluation is sharing the outcomes with the learner as soon as possible. Learners need to know how they are performing, according to established criteria, the course objectives, and expectations, so if there is a need for change, it can be accomplished within the timeframe of the learning experience. Another important aspect of evaluation is the validation of the findings with concrete documentation. After viewing a performance, the evaluator should write down what was seen as it relates to what is expected. Good notes are particularly essential when there is a question about the quality of the performance. However, the learning must always be consistent with the course objectives and expectations.

Evaluation of Performance

Students are evaluated using tests, quizzes, and ATI exams. Students are also evaluated for scholarly writing, oral presentation, discussion boards, and Care Plans. Established rubrics are utilized by faculty to evaluate student's performance and to assign a formal grade.

The following rubrics have been established for student evaluation throughout the curriculum.

- Rubric APA Grading
- Rubric ATI Active Learning
- Rubric ATI Exam Grading
- Rubric ATI Real Life 3.0 Clinical Reasoning Scenarios
- Rubric Care Plan
- Rubric Discussion Board
- Rubric In Class Exam
- Rubric Oral Presentation
- Rubric Patho Flowsheet
- Rubric Pharmacology Medication Card



- Rubric Pop Quiz
- Rubric Poster Presentation
- Rubric Reflective Clinical Digital Journal
- Creighton Competency Evaluation Instrument for Simulations
- Clinical Evaluation Tool

(see attached rubrics/evaluation tools)



Rubric Patho Flowsheet

Criteria	Compete (4 points)	Advanced Beginner (3 points)	Novice (2 Points)	Unacceptable- Rewrite Required	Score
Accuracy of Pathophysiology	Clearly and accurately presents the pathophysiology of the condition. Detailed and correct relationships between processes are demonstrated.	Accurately presents most of pathophysiology. Minor inaccuracies or missing minor details.	It provides an understanding of pathophysiology but lacks some important details or has noticeable inaccuracies.	Fails to correctly explain the pathophysiology or contains significant inaccuracies.	
Organization and Flow	Information is well-organized, with a logical flow. Key processes are clearly linked and presented in a coherent sequence.	Information is organized, and the flow is generally logical, with minor inconsistencies in the sequence.	Some organization is evident, but the flow of information is unclear or disjointed in places. difficult to follow.	Information is poorly organized and lacks a logical flow, making it.	
Clarity and Conciseness	Information is presented clearly, concisely, and in a well-structured manner. Technical terms are correctly defined or explained when necessary.	Most of the information is clear and concise, but there are minor issues with clarity or overuse of jargon.	Information is somewhat unclear or overly verbose, and some terms are not well-explained.	Information is unclear or verbose, with significant jargon that is not explained or defined.	
Application to Clinical Care	Thoroughly explains how the pathophysiological process relates to clinical care. Identifies implications for patient assessment and treatment.	Explains most relevant clinical care aspects. Minor gaps in linking pathophysiology to patient care.	Provides some clinical care implications, but the connections to pathophysiology are weak or incomplete.	Fails to apply the pathophysiology to clinical care or presents incorrect clinical implications.	
Visual Design and Use of Diagrams	Excellent use of diagrams, charts, or other visuals to enhance understanding. The visuals are clearly labeled and integrated into the flow sheet.	Good use of visuals, which enhance understanding, though labeling or integration could be improved.	Limited use of visuals, or visuals are unclear or lack integration with the flow sheet.	Visuals are absent or poorly designed, adding no value to the flow sheet.	
Completeness	All relevant aspects of the condition, including etiology, pathogenesis, clinical manifestations, and outcomes, are thoroughly covered.	Most aspects of the condition are covered, with minor omissions or gaps in detail.	Some aspects of the condition are missing or underdeveloped.	Major aspects of the condition are missing or poorly developed.	
Use of Evidence-Based Practice	Flow sheet incorporates recent and relevant evidence-based sources.	Flow sheet includes some evidence-based information but lacks	Limited use of evidence-based information or citation errors are	No evidence-based information is included, or the flow sheet lacks references.	



	References are cited appropriately.	depth or has minor citation issues.	present.		
Critical Thinking	Demonstrates a deep understanding of the pathophysiology and synthesizes information in a way that shows insight and clinical reasoning.	Demonstrates an understanding of the pathophysiology but lacks depth in analysis or clinical reasoning.	Some evidence of understanding but lacks critical analysis or reasoning.	Shows little to no evidence of critical thinking or understanding of the pathophysiology.	



Rubric Reflective Clinical Digital Journal

	Competent	Advanced Beginner	Novice	Weight (%)	Student Score
Organization of Content	Introduction with clinical rotation, state their name, and the date of recording. Describes the start of the day including preparation. States objectives met for the day. States things that went well, things that went wrong, and what they would do differently. Feelings and thoughts were shared.	Most of the elements of competence met.	Not well organized. Did not stay keep structure of introduction, body and conclusion.	50 %	
Timing of video	Recording done immediately after clinical and over 3 minutes.	Recording done immediately after clinical. Recording under 3 minutes.	Recording under 3 minutes. Recording not immediately done after clinical.	20%	
Kept focus on topic	Student stays focused on the introduction but begins to stray from topic in the body of the presentation. The student can get back on topic in the conclusion of the presentation.	Student stayed focus on the introduction but begins to stray from topic in the body of the presentation.	Student lost focus of the assignment as evidenced by irrelevant subjects introduced in reflection.	30%	
Total Percentage				100%	
Comments:					



Rubric Poster Presentation				
	Competent	Advanced Beginner	Novice	Score
Abstract 20 pts	Presents main points of content (Introduction, methods/background information, results/uses and management, and conclusions/ recommendations) in a well-organized manner.	Presents main points of topic (introduction, methods/background information, results/uses and management, and conclusions/ recommendations) but not sufficiently organized.	Does not sufficiently present main points of topic (introduction, methods/ background information, results/ uses and management, and conclusions/ recommendations) and is not well-organized.	
Poster Content 30 pts Possible points	Prominently positions title, author(s) and email. Adequately presents main points of introduction, hypotheses/ research topic/research question, results, and conclusions in a well-organized manner.	Prominently positions title, author(s) and email. Presents main points of introduction, hypotheses/ research topic/research question, research methods, results, and conclusions, but not as sufficiently and not as well-organized.	Title, author(s) and email absent, Does not sufficiently present main points of introduction, hypotheses/ research topic/research question, results, and conclusions, and is not well-organized.	
Visual Presentation 10 pts	Overall, visually appealing; not cluttered; colors and patterns support readability. Most of the images serve a purpose. Use of font sizes/ variations to facilitate the organization,	Visual appeal is adequate; somewhat cluttered; colors and patterns detract from readability. Some of the images serve a purpose. Use of font sizes/ variations to facilitate the organization, presentation,	Not very visually appealing; cluttered, colors and patterns hinder readability. None of the images serve a purpose. Use of font sizes/ variations to facilitate the organization, presentation, and readability of	



	presentation, and readability of the research is mostly consistent.	and readability of the research is somewhat inconsistent/distracting.	the research is inconsistent/distracting.	
Graphics 10 points	Graphics (e.g. tables, figures, etc.) enhance the text Content is arranged so that the viewer can understand without narration.	Graphics (e.g., tables, figures, etc.) adequately enhance the text Content arrangement is somewhat confusing and does not adequately assist the viewer in understanding without narration.	Graphics (e.g., tables, figures, etc.) do not enhance the text Content arrangement is somewhat confusing and does not adequately assist the viewer in understanding without narration.	
Documentation of Sources, Quality of Sources 10 pts	Cites most data obtained from scientific sources. Most of the APA citations are accurate. 3-4 citations.	Cites some data obtained from scientific sources. Some of the APA citations are accurate. 1-2 citations.	Does not cite sources.	
Spelling & Grammar 20 pts	Minimal spelling & grammar mistakes. 1-5 mistakes.	Noticeable spelling and grammar mistakes. 6-10 mistakes.	Excessive spelling and grammar mistakes. 11 or more mistakes.	
Comments				



Rubric Care Plan

	2	1	0
<p>Nursing Diagnoses in Order of priority. There should be 2 diagnosis which are the most pertinent to the patient condition. Most use correct approved Dx</p>	Both the 2 diagnoses are appropriate to the patient and are approved diagnosis. These diagnoses are the priority according to patient condition.	1 diagnosis appropriate and correct.	0 diagnosis appropriate or correct.
<p>Desired Client Outcome(s) time frame, measurable (culturally & ethnically appropriate for the needs of the patient). Each diagnosis should have 1 appropriate and best outcome</p>	Outcome is appropriate and is the best choice for the patient.	Outcome is appropriate but not the best choice.	Outcomes are not appropriate for this patient.
<p>Nursing Interventions (I=Independent (C= Collaborative; include medications, treatments, indications for client/family teaching). Each outcome should have 3 interventions for each goal. Total of 6 interventions.</p>	3 interventions are correct and appropriate. (5-6 Interventions are correct) when looking at both nursing diagnosis.	3 interventions are correct and appropriate. (3-4 Interventions are correct) when looking at both nursing diagnosis	Less than 3 interventions are correct or appropriate.
<p>Scientific Rationale for Interventions (include reference and page number).</p>	5-6 scientific rationale for the interventions are evidence based, include a reference with a page number.	3-4 scientific rationale for the interventions are evidence based, include a reference with a page number.	Less than 3 scientific rationale for the interventions are evidence based, include a reference with a page number.
<p>Evaluation of Interventions</p>	5-6 evaluations of the interventions are accurate and thorough.	3-4 evaluations of the interventions are accurate and thorough.	Less than 3 evaluations of the interventions are accurate and thorough.
<p>Student Score: Comments:</p>			



Rubric Pharmacology Medication Card				
	Competent	Advanced Beginner	Novice	Score
Name of Medication: -Brand & Generic	Uses all Generic and Brand name	Uses either some generic or some of the brand names	Neither used	5%
Indications for Use: - Describes the priority reasons this medication would be prescribed. Accurately states why the patient is receiving this medication	Accurately reports the 3 main uses for this medication and why the patient is receiving the medication	Accurately reports 1-2 main uses for medication and why the patient is receiving the medication	Provides inaccurate uses for the medication and/or why the patient is receiving the medication	15%
Medication Effect	identifies all the therapeutic/functional classifications of the medication in the body systems	Identifies some of the therapeutic or pharmacological classifications of medication in the body systems	Does not identify therapeutic or pharmacological classifications of medication in the body systems	15%
Side Effects (list 5): - Most common side effect/adverse effects	5 most common side effects looking at all body systems, drug-drug and drug-food interactions documented.	One common side effect looking at all body systems, drug-drug and drug-food interactions	Did not pick the high priority side effects	15%
Contraindications: - Accurately describes the 2-3	Completely describes the 2-3 most common reasons you would not prescribe this	Partially describes the 2-3 most common reasons you would not prescribe this	Does not describe or inaccurately describes the 2-3 most common reasons you would not prescribe this medication	10%



most common contraindications	medication	medication		
Special Instructions	Accurately describes any special precautions needed to be taken for this medication	Some precautions are mentioned when taking this medication	Missing information on several drugs regarding special instructions.	15%
Creativity/Neatness	Med cards are easily understood. Neatly presented and organized. Classified correctly	Somewhat neat/organized. Messy and or difficult to follow. Incorrect classification	Poor organization. Messy Unable to understand.	25%
Comments				
Total				100



Rubric APA Grading

	Competent	Advanced Beginner	Novice	Weight (%)
Introduction Topic	Introduction clearly conveys topic, subtopic, and a general thesis statement. The topic is presented clearly, and its relevance and significance are explicitly stated.	Introduction clearly conveys topic, subtopic, and a general thesis statement. The topic is clearly presented but it is not clear to the reader as to its relevance or importance.	Introduction does not convey topics, subtopics and thesis statement. The topic is not clearly stated in the introduction, nor is there any supporting data showing its significance and relevance.	5%
Body of paper	The paper is strongly organized with transitions linking all topics. Clear evidence of critical thinking as demonstrated. The body of paper is thorough, thoughtfully discussed and supported by evidence.	Paper is organized with clear transitions. Writing generally demonstrates evidence of critical thinking. The body of the paper is supported by evidence.	Paper is not logically organized and lacks transitions between sentences and paragraphs. Evidence of critical thinking and support of evidence is not visible	40%
Conclusion	Conclusion strongly reflects key points and integrates these ideas is the thesis statement.	Conclusion moderately reflects key ideas that relate to the thesis statement.	Conclusion does not reiterate and lacks synthesis of information.	5%
Evidence/sources	Sources are credible, come largely from peer-reviewed journals and are cited correctly. All references in the reference section appear in the paper	Sources contain some elements of research that support the thesis statement.	Sources are non-existent or not considered scholarly in nature. Several sources in the reference section are	10%



	and all references in the paper can be found in the reference section.	Some sources from the reference section are missing in the text, and some in the text are not listed in the reference list.	missing from the text, and vice versa. Infrequent content matches between text sources and reference list.	
Title page	Correct running head Title of project follow APA School name, student name all centered.	Correct running head The title of the project does not follow APA. Missing one of the defined requirements for the title page.	Not-correct running head Title of project does not follow APA Missing more than one of the defined requirements for the title page	5%
Abstract	Follow APA 150–250-word count Key words.	Word count < 150 Key words missing.	Missing requirements for the abstract page.	5%
APA style, citations, and references	No APA errors are seen with page format. Paper is written in a scholarly style. All sources are correctly written in the in-text citation and references page.	APA page format is mostly correct. Paper is written in a scholarly style with occasional headings. Some source is incorrectly written in either the in-text and in the references page.	APA page format is incorrect. Paper is informal in tone and word choice. Errors with in-text citations Reference page with incorrect APA format	10%
Grammar and mechanics	The paper is free of grammatical, spelling, and punctuation errors. Sentences are complete.	Grammatical, spelling, and punctuation errors occur occasionally in the paper and do not interfere with reading the paper.	Grammatical errors, punctuation errors, and spelling errors significantly interfere with reading the paper.	20%
				100%
Score:				
Comments:				



Rubric Oral Presentation

Grading: This activity is worth _____ **points**, which will be assigned as follows

Points Possible	Competent	Advanced Beginner	Novice	Score
Organization Points Possible	Student presents information in logical, interesting sequence which audience can follow.	Student presents information in logical sequence which audience can follow.	Audience has difficulty following presentation because student jumps around.	20%
Subject Knowledge Points Possible	Student demonstrates full knowledge (more than required) by answering all class questions with explanations and elaboration.	Student demonstrates partial knowledge with expected answers to all questions; but fails to elaborate.	Student cannot demonstrate knowledge with expected answers; can answer only rudimentary questions.	20%
Addresses all required components of the presentation Points Possible	Student addresses each of the required components of the presentation and answers each section with outstanding depth and breadth	Student addresses more than half of the required components of the presentation or answers each section with moderate depth	Student addresses a few of the required components of the presentation or briefly answers each section with minimal depth	20%
Graphics Points Possible	Student's graphics explain and reinforce screen text and presentation.	Student's graphics relate to text and presentation.	Student occasionally uses graphics that rarely support text and presentation.	10%
Mechanics Points Possible	Presentation has no misspellings or grammatical errors.	Presentation has no more than two misspellings and/or grammatical errors.	Presentation has three misspellings and/or grammatical errors.	10%



Eye Contact Points Possible	Student maintains eye contact with audience, seldom returning to notes.	Student maintains eye contact most of the time but frequently returns to notes.	Student occasionally uses eye contact, but still reads most of report.	10%
Elocution Points Possible	Student demonstrates audible vocal delivery so that all audience members can hear presentation.	Student demonstrates occasional audible delivery so that most audience members can hear presentation.	Student is unable to demonstrate audible delivery. Audience members have difficulty hearing presentation.	10%
				100%
Comments				



Rubric Discussion Board

*Posting and responding to 3 posts on time is required.

Points Possible	Competent	Advanced Beginner	Novice	Score
Quality of Initial Post 40% Points Possible	Student comments add significantly to the discussions by suggesting other solutions, pointing out problems, or even respectfully disagreeing. Student also substantiates any comments made with reasoning or even source citation	Student comments that add moderately to the discussion by suggesting other solutions, pointing out problems, or even respectfully disagreeing. Student does not substantiate any comments made with reasoning or source citation	Student's comments don't add to the discussion. Demonstrates an elementary understanding of discussion topics. Student does not substantiate any comments made with reasoning or even source citation	
Quality of 3 other elaborate responses 30% Points Possible	Comments to others demonstrate thorough analysis of their positing and extends meaningful discussion by building on previous posts	Comments to others elaborates on their postings and furthers the discussion	Comments to others are limited and shallow (i.e. "I agree")	
Participation 10% Points Possible	The participant consistently posted insightful comments and questions that prompted on-topic discussion	Contributes occasionally and on a timely basis, meets the minimum requirement for replying to posts	Contributes infrequently and not on a timely basis and does not meet the minimum requirements for replying to posts	
Grammar 20% Points Possible	Responses are grammatically correct. Use proper sentence structure and no misspellings. Use proper APA citations	Responses are grammatically correct. Use proper sentence structure and no misspellings. Use proper APA citations	Responses frequently have grammatical errors and some misspellings. Does not use proper APA citations	
Points Possible			Total	
Comments				



Rubric ATI Exam Grading *

*ATI Assigned Practice Assessment	Remediation (Active Learning) Full points awarded based on meeting the focused time required	ATI Proctored Test	Remediation	ATI Proctored Retake	Total Possible (Up to 10% of final grade)
Scored 90-100%	Minimum 1 hr. Focused Review Remediation (Active Learning) Templates completed for each topic to review	Proficiency Level 3 12 Points	Minimum 1 hr. Focused Review Remediation (Active Learning) Template completed for each topic to review	no re-take	12 pts.
Scored 80-89%	Minimum 2 hrs. Focused Review Remediation (Active Learning) Template completed for each topic to review	Proficiency Level 2 9 pts.	Minimum 2 hrs. Focused Review Remediation (Active Learning) Template completed for each topic to review	no re-take	9 pts.
Scored 70-79%	Minimum 3 hrs. Focused Review Remediation (Active Learning) Template completed for each topic to review	Proficiency Level 1 No points	Minimum 5 hrs. Focused Review Remediation (Active Learning) Template completed for each topic to review	Retake required Must achieve a level 2 to move forward	5 pts if achieve level 2 second attempt



<p>Scored below 69%</p>	<p>Minimum 4 hrs. Focused Review</p> <p>Remediation (Active Learning) Template completed for each topic to review</p>	<p>Below Proficiency Level 1 0 points</p>	<p>Minimum 8 hrs. Focused Review</p> <p>Remediation (Active Learning) Template completed for each topic to review</p>	<p>Retake required Must achieve a level 2 to move forward</p>	<p>0</p>
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Rubric ATI Real Life 3.0 Clinical Reasoning Scenarios

Deliverables	Strong effort-(3 pts)	Satisfactory-(2 pts)	Minimal effort-(1 pt)
Real Life Individual Student Grading Report 20%	Strong	Satisfactory	Needs Improvement
Active Learning Templates • Handwritten/Typed 20%	All templates thoroughly completed	Most templates somewhat completed	Not handwritten Not thorough documentation
Care Plan 20%	All elements thoroughly completed-this is = to a score of 9 or higher per HNU rubric	Most elements somewhat completed-to a score of 7 or 8 per HNU rubric	Most elements not complete-to a score of 6 or below per HNY rubric
SBAR 20%	Appropriate documentation in >90% of fields	Satisfactory documentation in >70% of fields	Unsatisfactory documentation Most fields incomplete
Debrief documentation Minimum # word 250-300 20%	Thorough explanation of simulation experience	Satisfactory documentation Some relevant information missing	Relevant documentation missing or incomplete
Total=100%			

Clinical Day Score:

- Pass = 12/15 elements Satisfactory or above
- Fail = <11 elements Satisfactory or above



Rubric ATI Active Learning Template

Deliverables	Strong effort (100%-91%) 5 points	Satisfactory (90%-80%) 4 points	Minimal effort (79% and below) 3 points
Active Learning Template Completion	All templates thoroughly completed-handwritten/typewritten	Most templates somewhat completed-handwritten	Not thorough documentation-illegible if handwritten
Spelling and Grammar	The paper is free of grammatical, spelling, and punctuation errors. Sentences are complete.	Grammatical, spelling, and punctuation errors occur occasionally in the paper and do not interfere with reading the paper.	Grammatical errors, punctuation errors, and spelling errors significantly interfere with reading the paper.
Directions followed according to the scenario	All points in the directions are followed	Most directions are followed	Unsatisfactory completion of directions
Total - 15			

Any templates with a score of 12 or lower have to be redone. No additional points will be awarded. Failure to complete assignments, per policy, will be considered a failure to complete assignments



Rubric Pop Quiz

Purpose:

The purpose of this assignment is to validate the student's progress in learning concepts prior to the exam. Quizzes are only worth 3 points. However, there may be 6-24 questions on any pop quiz.

Information/Grading:

1. Pop Quizzes are given during class time.
2. An absent If you are student absent, you will not be able to take the quiz
3. You A student will be able to make up one missed quiz per semester. You Students receiving a makeup quiz will take receive a different quiz from what was taken in class then your peers.
4. Questions may vary in value from 0.1 to 1 point per question



Rubric In Class Exam

Purpose:

The purpose of this activity is to provide the student with an opportunity to use critical thinking to answer test questions in Fundamentals of Nursing. There will be three to four exams in this course. (see Course Schedule)

Information/Grading:

1. Each exam will be given per the course schedule.
2. The exams are to be taken as scheduled. In the event of illness/unforeseen circumstances, notify the faculty prior to the exam time. The makeup of a missed exam is at the discretion of the course faculty.
3. All exams are closed books--no books or notes are to be used.
4. The number of questions per exam will vary and will consist of a combination of multiple-choice questions, fill-in-the-blanks, and case studies.
5. The exams will cover lecture material AND other learning activities (readings, videos, etc.) and relate to the class/lecture objectives.
6. The exams will only cover material assigned since the previous exam. In other words, the exams are not cumulative. However, as the program progresses some knowledge becomes expected and may be required to answer questions.
7. Discussion of exam content with students who have not taken the exam is a violation of the Code of Ethics and there are consequences related to this behavior.



Table: Creighton Competency Evaluation Instrument (CCEI) for Simulation

Student Name:	0= Does not demonstrate competency 1= Demonstrates competency NA= Not applicable			Date: _____ / _____ / _____ MM / DD / YYYY
Staff Nurse Instructor Name:				
ASSESSMENT	Circle Appropriate Score for all Applicable Criteria If not applicable circle N/A			COMMENTS:
1. Obtains Pertinent Data	0	1	NA	
2. Performs Follow-Up Assessments as Needed	0	1	NA	
3. Assesses the Environment in an Orderly Manner	0	1	NA	
COMMUNICATION 4. Communicates Effectively with Intra/Interprofessional Team (TeamSTEPPS, SBAR, Written Read Back Order)	0	1	NA	
5. Communicates Effectively with Patient and Significant Other (verbal, nonverbal, teaching)	0	1	NA	
6. Documents Clearly, Concisely,	0	1	NA	



& Accurately				
7. Responds to Abnormal Findings Appropriately	0	1	NA	
8. Promotes Professionalism	0	1	NA	
CLINICAL JUDGMENT				
9. Interprets Vital Signs (T, P, R, BP, Pain)	0	1	NA	
10. Interprets Lab Results	0	1	NA	
11. Interprets Subjective/Objective Data (recognizes relevant from irrelevant data)	0	1	NA	
12. Prioritizes Appropriately	0	1	NA	
13. Performs Evidence Based Interventions	0	1	NA	
14. Provides Evidence Based Rationale for Interventions	0	1	NA	
15. Evaluates Evidence Based Interventions and Outcomes	0	1	NA	
16. Reflects on Clinical Experience	0	1	NA	
17. Delegates Appropriately	0	1	NA	



PATIENT SAFETY 18. Uses Patient Identifiers	0	1	NA	
19. Utilizes Standardized Practices and Precautions Including Hand Washing	0	1	NA	
20. Administers Medications Safely	0	1	NA	
21. Manages Technology and Equipment	0	1	NA	
22. Performs Procedures Correctly	0	1	NA	
23. Reflects on Potential Hazards and Errors	0	1	NA	
COMMENTS				Total _____ Total Applicable Items: _____ Earned Score _____
Revised for DEU use 8/20/2013				

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Clinical Evaluation

All clinical experiences have a designated evaluation tool (attachments) a check off list to document hours, a skills checkoff list (attachments) Clinical evaluation of site (attachment) clinical evaluation of preceptor, where indicated (attachment). Part of the documentation of these forms occurs electronically in Trajectory.

Clinical Dismissal

Any student who does not prepare for clinical, complete any procedure, skill, or task without approval, and performs in an **unsafe** * manner may be dismissed from the clinical setting.

Permanent exclusion from clinical practice will result in **FAILURE** of the course, and the student will be dropped in accordance with St. Mary's College Nursing Program policy.

***Unsafe**” is defined as any measure which the student does or fails to do that may result in physical or psychological harm to the patient, the patient's family, other personnel, or to the individual student.



Table: Clinical Evaluation Tool

Student Name	Date	Site	Instructor
Professional Appearance (Uniform, grooming, badge) <input type="checkbox"/> Yes (meets) <input type="checkbox"/> No (does not meet) Be specific	Arrived on time? <input type="checkbox"/> Yes <input type="checkbox"/> No # of minutes late _____ Occurrence <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Absence <input type="checkbox"/> Excused (<i>Illness/Injury Emergency</i>) <input type="checkbox"/> Not Excused Occurrence <input type="checkbox"/> 1 <input type="checkbox"/> 2 (Contact clinical coordinator and assistant director)
Electronics/Cell Phone Policy Adheres to electronics policy <input type="checkbox"/> Yes <input type="checkbox"/> No Be specific	Assignments Completed Today <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:		Make-up assignment provided <input type="checkbox"/> Yes <input type="checkbox"/> No Make up assignment completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Final Score Passing score 58 or above Below 58 is not passing Referral to PPC	Scoring: _____ Meets X2 (maximum score 72) _____ Developing (Meets Minimal Standard X1) _____ Does Not Meet X0 _____ TOTAL POINTS		Developmental Plan Initiated <input type="checkbox"/> Yes <input type="checkbox"/> No Date Referred to PPC <input type="checkbox"/> Yes <input type="checkbox"/> No Date Address outcomes in instructor narrative
FINAL Student Clinical Assessment Directions: <ul style="list-style-type: none"> ● Assess each student’s performance at the end of the clinical practicum experience each day and share results with the student. ● Base the assessment on student learning outcomes for the clinical course of record. ● Provide supportive and constructive feedback if assessed as “developing” or “does not meet” in the comments/suggestion section. ● Initiate a student success plan if > 2 (more than 2) competencies assessed as does not meet (contact clinical coordinator/associate dean). ● Contact the clinical coordinator if a student is absent more than 1 day or is late > 2 days. 			



- Use these weekly clinical assessments to monitor student progress and as documentation for mid-term and final evaluations.
- Note: All competencies may not be assessed each clinical day. However, all competencies should be addressed at Midterm and at the end of the semester.

ITEM #	COMPETENCY CATEGORY	COMPETENCY CRITERIA	ASSESSMENT RATING	COMMENTS Comment required for <i>developing</i> (Meets minimal standard) & <i>Does Not Meet</i> .
Safe & Effective Care Environments				
1	Organization & Time Management	Organizes and implements plan of care (including review of EMR) within allotted time frame and makes modifications as necessary.	<input type="checkbox"/> Meets (Meets Minimal Standard) <input type="checkbox"/> Developing <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
2 2.3g	Continuity of Care: Hand-Off (Transfer of Knowledge)	Attends/receives report and receives and provides hand off prior to breaks and at The end of the clinical day. (May also include delivery of SBAR hand-off).	<input type="checkbox"/> Meets (Meets Minimal Standard) <input type="checkbox"/> Developing <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
3 2.3gc	Communication Change in Status (Transfer of Knowledge)	Communicates changes in status in a timely manner to the precepting/primary nurse, instructor and/or intradisciplinary team members.	<input type="checkbox"/> Meets (Meets Minimal Standard) <input type="checkbox"/> Developing <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	



4 5.2c 5.2d 5.2f	Safety: Infection Control	Applies principles of infection control consistently (hand hygiene, aseptic technique, isolation, sterile technique, universal/standard precautions).	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
5 5.2c 5.2f	Safety: Patient Identification	Uses approved identifiers prior to providing care.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
6 1.2b 9.1a 9.3d 10.2b	Professionalism: Attitude (Role Identity)	Presents to clinical site: a) prepared to engage in care (assignments completed), b) with a positive attitude. C) open and receptive to feedback. d) willing to engage in post-conference discussions.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
7 1.2e 2.2c 8.5a 9.1c 9.1e 9.1f 9.3c 9.5d	Ethical Practice and Confidentiality (Role Identity)	Conducts self in an ethical manner by demonstrating respect, maintaining dignity, and protecting the individual's confidentiality.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
8 2.1a 2.1b 2.1c 9.2b 9.2c	Empathy & Compassion	Demonstrates qualities of empathy and compassionate care.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	



Assessment: Recognizing Cues				
9 2.3b, c	Physical and/or Mental Health Assessment	Conducts an accurate, comprehensive, and focused physical and/or mental health assessment.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
10 2.3e	Recognizes Cues	Collects data from available sources (observations, VS, assessments, EMR, report) and identifies what is relevant and significant.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
11 2.3c 2.8e	Coping Strategies	Assesses coping strategies, including support systems and available resources.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
12 2.2b 3.2c 6.4a	Cultural Awareness	Determines and incorporates cultural practices and beliefs into a plan of care.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
13 2.2b 3.2c 6.4a	Religion and Spiritual Influences	Determines religious/spiritual needs and incorporates them into the plan of care.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
Diagnosis/Analysis: Analyze Cues				
14 2.4a	Reviews and Analyzes Data	Reviews data, recognizes patterns, determines what is concerning and decides if	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet	



		further data/assessment is needed. Links the recognized cues to an individual's clinical presentation.	<input type="checkbox"/> Not Applicable	
Diagnosis/Analysis: Prioritize Hypothesis				
15 2.4b 2.4c 4.2c	Forms Hypothesis & Prioritize Hypothesis	Forms hypotheses and ranks them according to priority (Should be able to provide evidence for the hypothesis cues + pathophysiology).	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
16 2.5e	Identifies Outcomes	Identifies expected outcomes.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
17 2.5e	Anticipate Potential Complications	Identifies potential complications for which the individual is at risk based on the assessment data.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
Planning: Create Solutions				
18 2.5a 4.2c	Identifies Care Options	Develops possible care options in alignment with client needs.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
19 2.5c 2.5d 2.5f	Defines Interventions	Utilizes hypotheses and develops a set of interventions for the expected/desired outcomes.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet	



			<input type="checkbox"/> Not Applicable	
20 2.5c 2.5d 2.5f	Identifying Evidence (Rationale)	Identifies evidence that supports interventions and rationale for interventions.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
Implementation: Take Action				
21 2.6a	Implementation: Take Action	Implements/performs an action which may include an intervention or assessment to meet the desired outcomes.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
22 2.6a 2.6b	Readiness to Administer Medications	Reviews and discusses pertinent data prior to administering medications with instructor including mechanism of action, potential contraindications and side effects, dosing parameters and current patient status. <i>(Note: If unable to pass medication, review information with the instructor).</i>	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
23 2.2c 2.2d 2.2f 2.3a 9.2f 9.2g	Therapeutic Communication	Utilizes therapeutic communication when interacting with individuals and families using a non-threatening, non-judgmental attitude.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	



24 2.2e	Patient/Family/ Community Education	Provides simple, clear education based on individual/family and/or community/population needs.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
25 6.1b 6.1f 8.1a 8.1c 8.2a 8.3a	Documentation of Care (Transfer of Knowledge)	Enters accurate and comprehensive data when chronicling care observing legal, regulatory and policy guidelines.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
26 2.4e 2.9c 6.1c 6.2d 6.3a	Interprofessional Collaboration	Collaborates with interprofessional team members to establish mutual healthcare goals for individuals, communities, or populations using patient- centered care principles.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
Evaluation: Evaluate Outcomes				
27 2.7a	Evaluation of Care	Evaluates response to interventions/actions and effectiveness of intervention by comparing observed outcomes against expected outcomes.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
28 2.7a	Modify Plan of care	Identifies factors contributing to success or failure of action/intervention and continues to modify, adjust or terminate current actions to meet the individual's needs.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
Role Identity and Caring				



29 1.1	Role Identity and Understanding	Demonstrate an understanding of the discipline of nursing's distinctive perspective and where shared perspectives exist with other disciplines	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
30 10.2	Role Identity and Understanding	Engage in guided and spontaneous reflection of one's practice.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
31 9.4b	Role Identity and Understanding	Adhere to the registered nurse scope and standards of practice.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
32 9.5	Role Identity and Understanding	Describe nursing's professional identity and contributions to the healthcare team.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
33			<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
34			<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
35			<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	



36			<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
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CHAPTER 5

FACULTY RESPONSIBILITIES

Responsibilities of the Nursing Program

- The official student and course learning objectives
- Signed acknowledgement by student of receiving and reading Clinical Handbook
- Clinical Faculty comments (Faculty of Record and Adjunct Clinical Faculty)
- Demonstration of student's clinical performance in meeting course objectives and evaluation forms
- Demonstration that the student meets Health and Safety requirements
- Records that contain learner performance evaluations and documentation of malpractice insurance
- Maintain the student to faculty ratio in didactic courses at 25:1 or 50:1, simulation 13:1 or less, clinical settings at 10:1 or less (clinical sites often have mandates).

The Nursing Program, under the direction of the Nursing Director (ND), is responsible for ensuring that the above resources are available and being used appropriately. The ND, with the assistance of Assistant Program Directors (APD) is responsible for keeping the learners apprised of on-going activities in the Nursing Program that will affect their learning., i.e. clinical schedule, rooms for coursework, and curriculum changes. The ND and Assistant Program Directors are also responsible for ensuring that the faculty assignments are based on faculty academic and experience qualifications appropriate to the course and that academic advice is available to the learners. Also, the ND and APDs are responsible for ensuring clinical contracts are current and signed by the College and the Agencies.

Roles and Responsibilities of Director, Nursing Program

The Program Director functions under the direction of the college's Provost. The Director of the Nursing Program administers the program. The Director has allocated sufficient time for the administration of the program. The Director is responsible for the developing and implementing the program's budget, planning, and implementing the curriculum, evaluating and scheduling courses, and complying with the California Board of Nursing requirements. The program has sufficient resources to obtain the program objectives. Together with the Assistant Program Directors, Director of Simulation, Clinical Placement Coordinator, course faculty, and clinical adjunct, the program has sufficient resources to obtain the objectives. The Director is also responsible for overseeing the hiring of faculty and obtaining potential clinical sites for students' clinical experiences. The Program Director also oversees developing and executing signed contracts between the college and Healthcare agency agreements. The Director allocates 80% of time toward the Program management activities and the other 20% of time toward teaching and management of other programs in the Nursing Program.

Role of Assistant Program Director

The Assistant Program Director (or "Assistant Director") functions under the direction of the Program Director and is BRN approved at the assistant director level. The Assistant Director has allocated



sufficient time for the administration of the program. This position also oversees the program's operation, interface with healthcare organizations, as well as problem solving student issues. The Assistant Directors allocate 50% of time toward the Nursing Program management activities and the other 50 % of time toward teaching courses in the program. The Assistant Directors also function as the student advisor throughout the program.

Role of Clinical Coordinator and Nursing Student Experience

The Clinical Coordinator facilitates the planning and coordination of all undergraduate students in an appropriate clinical site. This position assists with obtaining agency contracts, in constant communication with representatives from each clinical site, and conducts site visits. This position is in direct communication with the program's directors and faculty regarding each student's clinical placement. In addition, this position is also responsible for ensuring that all students meet the health and safety requirements for all clinical placements. In addition, this position oversees the overall student nursing experience.

Course Management

All theory courses that include clinical experiences will have a designated course leader. Typically, the course leader will be the theory instructor. The role of the course leader is to ensure alignment of didactic learnings with clinical/simulation experiences. The course leader coordinates between all clinical sections and theory instructors to ensure continuity of education and experiences.

Students who have concerns with experiences or faculty would first need to go to their faculty of record. If there is no resolution the student would then go to the faculty lead. If the concern is still unresolved the student would then follow the chain of command. Note: for Title IX and/or any issue concerning harassment and/or discrimination the Nursing Program follows any relevant college policy (<https://www.stmarys-ca.edu/about/title-ix>).

Role of the Faculty of Record and Clinical faculty

The "Faculty of Record" is responsible for teaching the didactic courses. The faculty of records collaborates with clinical faculty to discuss the clinical experience of the learners and how they applied the concepts and theories taught in the accompanying courses in their practice. The faculty of record, in consultation with the clinical faculty, makes the decisions regarding whether the learners' performance is satisfactory for a "pass" in the course.

Role of Clinical Faculty

"Part-time/Adjunct Clinical Faculty" work with the learners and evaluate their clinical performance. They assess the learner's progress and make recommendations to them for improvement. They also talk with other nursing faculty to validate their findings and to discuss ways the learners can improve. The clinical faculty coordinates and collaborates with nursing faculty to teach, supervise and assess nursing students in skills/simulation laboratory and/or clinical experiences by providing excellence in instruction and assisting students to gain mastery in skill competency, clinical reasoning and professional practice. The role of the clinical faculty is to assist students to apply knowledge and skills to care of patients and



clients. The Clinical Faculty is physically present or immediately accessible to students in the clinical setting.

Role of the Preceptor

Preceptors are a vital component of the student's experience in an educational program. At St. Mary's Nursing Program, preceptors serve as role models, mentors, guidance counselors, facilitators of learning, and referral agents for the student. As role models, they demonstrate excellence in practice. As mentors, they advocate for the student's goals and objectives, provide wise and prudent advice, and as referral agents they focus and direct the student to helpful resources. Since each student's experience is different, the preceptors' roles vary, with some providing more referrals and others more mentoring. However, every preceptor is expected to do the following:

1. Read the preceptor **Letter of Agreement** to understand what is expected.
2. Review the specific course objectives of the clinical course in which the student is enrolled.
3. Review the student's resume to understand his/her background experiences. This will allow for assignments that build on the student's present skills and knowledge.
4. Orient the student to the agency, its procedures, and policies as they relate the student's goals and objectives.
5. Model for the student the role of the nurse leader while providing nursing service.
6. Periodically review the student's learning goals and objectives to determine how they can best be met within the chosen setting.
7. Assist the student in the selection of learning experiences that are consistent with his/her goals/objectives and the objectives of the course.
8. Facilitate the learning experience for the BSN student.
9. Help the student understand how the role of the nurse manager/leader differs and/or overlaps with the roles of other professionals in the setting.
10. Provide feedback to the student about his/her performance to correct and/or enhance performance.
11. Share with the student one's own expertise and wisdom gained through study and practice in the clinical area.
12. Make suggestions, as appropriate, to improve or sustain a quality performance that meets the course objectives.



Complete at least a one-page evaluation, including comments that describe the student's clinical performance and its effect on the patient and the facility.

Preceptor Qualifications

Preceptors must have certain qualifications to be effective in their roles. They must have experience as a clinician, understand the evaluative process, and be interested in helping students learn new skills, and have the time to devote to the experience as a preceptor. It takes patience, holding to standards, and a willingness to give feedback to the student that is helpful and likely to create a change in the student's behavior.

While experience is a necessary aspect of being a preceptor, the preceptor must always remember that there are times when it will be necessary to learn more about certain aspects of the student's experience to be the most helpful to the student. Even experts need to keep learning. Another important aspect of being a preceptor is to remember that students have their own way of doing things and that unless a principle of safety is violated the behavior of the student may look different than that of the preceptor. The essential and most important value of experience is that it helps the learner to know what is possible as they watch and learn from the experienced person. Sometimes all it takes to become competent and more like an expert is having some positive experiences with one.

Please review the Undergraduate Preceptor Policy (Appendix J)



CHAPTER 6

APPLICATION OF ROLE CLARITY IN THE DELIVERY OF PATIENT CENTERED CARE (SKILLS EXPERIENCE, SIMULATION & CLINICAL)

Hands on Experience

The student learning experience is a key component of the nursing program. These learning experiences provide an important opportunity for nursing students to apply skills and theory in different situations, in a variety of learning settings. Experiencing nursing in different types of health care environments is important for professional Role development.

At SMC we consider “clinical” experience to include “skills events”, virtual simulation, simulation, simulators (actors and special equipment), hospital experience, clinic experience, Telehealth, camps and other identified areas where nursing care is delivered. SMC faculty believes that the diversity of the learning environment will add to the students' experience and knowledge. All clinical sites where students are in contact with patients are approved by the Board of Registered Nursing (BRN) prior to utilization.

To fulfill BRN clinical requirements, all students must have a minimum of 864 clinical hours to graduate. 500 clinical hours must be in direct care experiences with patients. Each clinical experience is taught simultaneously with a theory class. Theory and clinical courses must both be passed simultaneously to progress and to pass each course. If you do not pass either theory or clinical you will receive a non-passing grade in the corresponding course.

In addition to the above, SMC nursing program also provides a community health theory and clinical course. This clinical course requires an additional 90 hours of clinical time. This course completes the general education requirements at SMC and makes our graduates eligible for their public health certificate from the BRN after successful completion of the NCLEX exam.

At SMC we ensure that each student has the necessary hands-on experience that will provide confidence and competence as they move into a new graduate RN role after graduation. This means SMC may require students to complete more clinical time to demonstrate competency in the professional role of the RN in providing care to patients and communities.

St. Mary's College Nursing faculty work collaboratively with healthcare organizations' nurse leaders and nursing staff to facilitate direct and indirect patient care learning experiences. The nursing faculty are committed to guiding and providing students with a rich challenging learning experience.

St. Mary's nursing students and faculty are guests in the clinical agencies and, as such, are expected to act respectfully and to always maintain confidentiality. Host agencies are helping nursing students to develop their knowledge and skills and are generously lending Saint Mary's college their expertise. In return, they expect student nurses and faculty to be on time, to perform their responsibilities to the best of their abilities, and to show a commitment to the patient and to the profession of nursing. Professional behavior is always expected.



Included in this section of the Handbook is an orientation to the roles and responsibilities of the student, faculty instructor, and clinical instructor.

CLINICAL ROTATIONS AND FACILITIES

Hands-on learning experiences occur in a planned sequence which allows for integrating theory with clinical practice. The Saint Mary's Nursing Program contracts with numerous health care agencies throughout California and the Bay Area to provide opportunities for clinical experiences. This allows students opportunities to interact with multi-disciplinary health care professionals and to care for a wide variety of clients and families. Different clinical sections may have varying hours depending on the units and goals for the experience, the clinical setting and guidelines are set by the Nursing Program. Clinical hours may include evening, nights and weekend hours. Some of our clinical rotations require the student to travel and stay outside of the Bay area. This includes a pediatric camp experience and a key clinical partnership in Southern California. The Nursing Program will work collaboratively with students to provide as much warning as reasonably possible when clinical locations may require more extensive travel.

It is understood that there are many important reasons students prefer certain clinical sites over others. However, it is not realistic that students will regularly have their choice or the most desired clinical placement. Therefore, the Saint Mary's Nursing Program retains the right to assign students for all clinicals. Regardless of clinical placement assignment, each student is expected to assume responsibility for transportation to the clinical sites, and to resolve conflicts with secular work schedules, babysitting, etc. Students may not participate in student clinical experiences in a unit at an agency in which the student is employed because of the challenges with changing roles. Any exception needs to be made by the Director of Nursing.

Clinical Placement

Clinical sites are negotiated each year in coordination with all nursing programs in the area. The clinical facilities make assignments for a certain number of students and on certain days. Since the clinical sites establish what days and hours, we can complete our clinical rotation, we often are not sure what days theory will occur until weeks or days before the semester starts. Students should understand they will be in class or clinical 5 days a week. These 5 days may include weekends, there are no set days off within this program.

Student clinical placements are arranged by the Clinical Placement Coordinator. After placements have been finalized and submitted to the agencies, there will not be any changes. The clinical site component for all nursing courses is eight to twelve hours spent with patients in hospitals or other clinical settings. Assignments to clinical sections are made once arrangements are finalized with the clinical sites and faculty. Within the constraints imposed by clinical sites and faculty schedules, clinical sections will be offered during daytime, evening and weekend hours.

Clinical Sites

The St. Mary's BSN Program maintains affiliations with a wide variety of healthcare agencies. The sites for clinical vary according to the course requirements, and may include hospitals, medical centers,



home health agencies, public health schools, primary care clinics, specialty clinics or facilities, long term care facilities, schools, workplace wellness centers, health maintenance organizations, homeless shelters, and other community-based programs.

The student develops a learning contract together with the clinical faculty or the preceptor. Part of this process involves the student identifying individual goals and learning needs, as well as preferred learning style. The student combines the required course goals and competencies with personal goals to develop an individualized educational experience. The student then works with the clinical instructor and or preceptor to select and design additional learning activities that will lead to achievement of goals and outcomes.

***Purpose of hands-on activities/experiences for students:
Application of Role Clarity in the Delivery of Patient Centered Care***

The Simulation lab which includes “skills events”, virtual simulation, simulation, simulators (actors and special equipment), is an educational environment where students can practice skills and the role of the nurse in a safe learning environment prior to delivery of direct patient care. Clinical provides an educational environment for nursing students to experience delivery of direct and indirect care to patients after they have demonstrated theoretical understanding and successful delivery of care in a controlled non-patient care setting.

While students are expected to apply knowledge, practice skills, and demonstrate professional attitudes consistent with professional nursing practice, it must be emphasized that clinical experience is a learning or “practice” experience for students not a “performance experience”. Clinical experiences provide the opportunity for students to:

- Apply the theoretical concepts learned in the classroom.
- Practice skills learned in the nursing laboratory in a variety of clinical situations (e.g., hygiene, medication administration, nursing interventions, etc.).
- Demonstrate skills that cannot be fully experienced in the simulation lab (e.g. assessment of clients with health alterations).
 - Practice communication skills with clients, their families, colleagues, and other health professionals.
 - Increase problem-solving and clinical decision-making skills.
 - Practice clinical organization and time management skills, including determining clinical priorities for individual and multiple clients.
- Develop Role Clarity
 - Collaborate professionally in the clinical nursing environments of hospital and community practice settings.
 - Immerse in a participatory way in the profession during observational and professional activities (e.g., attendance at professional meetings, observation of community resources for client support and care, etc.)

CLINICAL SKILLS PRACTICE LAB (REQUIRED)

1. Students and faculty attend their first day of clinical in the simulation lab.



2. Clinical courses may contain a few weeks of clinical practice at the beginning of the course. This clinical practice is designed to assist students in obtaining necessary skills prior to beginning the formal clinical rotation in the hospital/healthcare arena.
3. Students will have the opportunity to participate in a series of nursing skill practice labs and simulation labs in the St. Mary's Nursing Simulation/Skill Center.

Below is a list of the different experiences nursing students will have in simulation:

- Practice necessary core skills in an environment that allows mistakes to be made as part of the learning process and professional growth, without risking patient safety.
- Students are expected to come to the clinical practice lab prepared by reading upon the topic and viewing videos prior to clinical practice and simulation.
- When in the lab, students are expected to practice and seek assistance with skills.
 - The overall goal for the practice lab is to provide an opportunity for students to move from Novice to Advanced Beginner with their nursing skills, so they can safely apply them when working with patients.
- Attendance of the full lab time is required; students may not leave the lab early.
- Students are to wear their clinical uniform, name tag and appropriate shoes.
- Clinical skill practice labs are important to your overall success.
- During the last two semesters, student clinical experience practice labs and clinical experiences are planned to encourage synthesis of knowledge gained in preceding clinical semesters with focus on individuals, families, and communities.
- During the last two semesters, students provide care to those experiencing more complex illnesses and problems.
- Student-faculty ratio in the practice lab is 13:1 or less.

Simulation

Simulation experiences augment clinical learning and are complementary to direct care opportunities essential to assuming the role of the professional nurse. A clinical immersion experience provides opportunities for building clinical reasoning, management, and evaluation skills.

The Simulation lab is an innovative clinical learning environment which prepares students for safe patient care in today's complex healthcare systems. The Simulation Director along with the Simulation Operation Technician, have a collaborative working relationship with all didactic and clinical faculty. This collaborative working relationship provides the students with the most up-to-date, clinically relevant best practices in a variety of specialty areas. In the Simulation Center, students can engage in the nursing care of the latest simulation manikins, be introduced to intravenous infusion, electronic medical records, or participate in a planned clinical scenario. Simulation is a learning tool that complements nursing education. A safe, controlled clinical environment is created to capture key learning points in a nursing students' clinical development. Significant learning experiences are created to complement direct patient care, which is the goal for the Nursing Program at St. Mary's College.



MONITORING TIME WITHIN HANDS-ON EXPERIENCES

All clinical time is logged in real time using Trajecsys. This is an online platform we utilize for documentation of clinical time and for evaluations completed within the clinical space.

- Students and Faculty are expected to log in and out of clinical at the clinical site (this includes simulation center activities)
- Students need to have completed the required hours for the clinical units to pass the class.
- At the end of the program the student must have the required clinical hours to graduate
- All absences hours in clinical must be made up in the clinical setting or simulation setting.
 - Please review the absent policy
 - Regardless of the reason, if you have absences within the clinical setting the loss of hours may lead to failure of the class or lead to insufficient hours required at the end of the program and prevent graduation.
- All clinical evaluations are completed within this platform
 - Student weekly evaluation in a direct patient care experience
 - Faculty will meet with each student weekly to complete the evaluation tool
 - Faculty will complete any skills checkoff tools weekly as part of the evaluation process
 - Student Midterm evaluation in a direct patient care experience
 - This evaluation is completed in the middle of the semester. Any student in danger of failure will be referred to the professional practice committee and the simulation director for early intervention
 - A Performance improvement plan will be developed to support student success
 - Student Final evaluation in a direct patient care experience
 - Students who do not meet the expectations will be referred to the Assistant Director and/or Director of Nursing for follow-up and further action
 - Student evaluation of the clinical site used during the rotation
 - Student Simulation Creighton Competency Evaluation Instrument (C-CEI©)
 - Student Evaluation of Simulation Experience

COMPETENCIES THAT ARE PART OF ALL CLINICAL ACTIVITIES

1. Patient and Staff Safety
2. Communication-TeamSTEPPS
3. Clinical Judgment
4. Assessment
5. Prioritization and Planning
6. Evaluation and Teaching
7. Role Identity and Clarity
8. Professional Role Behaviors
9. Legal Regulations- example, HIPAA, social media

SMC Simulation Center operates as a pseudo-hospital. Within this environment all processes and tools are standardized to assist the student in learning. Standardized pain tools, neuro assessment, ISBAR, documentation are just some examples.



While faculty may show students other forms in utilization in general, they will be used within the SMC Center.

COMPONENTS OF HANDS-ON EXPERIENCES

There are 5 key components to the hand on experience regardless of the location.

- Pre-Assignment
- Pre-Conference
- Activity
- Post-Conference
- Evaluation

Pre-Assignment

Skills Events

- Complete videos assigned
- Complete reading assigned
- Complete ticket to class

Simulation

- Complete videos assigned
- Complete reading assigned
- Complete ticket to class

Clinical

- Complete reading assigned
- Initiate and complete flow sheet as assigned
- Complete medication cards as assigned
- Complete ATI assigned prior to clinical

❖ This is an example of items not an all-inclusive list

A student that does not complete the pre-assignment is considered not prepared for clinical and may be sent home. Clinical hours are obtained in both the hospital/clinics and simulation space. Loss of hours may lead to failure of a course and/or removal from the nursing program.

Pre-Conference

Skills

- Faculty member will collect any ticket to class items
- Will review goals and expectations for the day
- Will review behavior expectation

Simulation

- Faculty member will collect any ticket to class items



- Will review goals and expectations for the day
- Will review behavior expectations

Pre-Briefings/Establishing a Safe Container

The standard practice in simulation is to provide a pre-briefing, which is a time period that is a combination of both **preparation** and **briefing** activities prior to the simulation scenario. According to Standards of Best Practice in Healthcare Simulation, “pre-briefing information prior to simulation-based experiences is vital for learner success and may enhance debriefing and reflection.”

[Healthcare Simulation Standards of Best Practice Prebriefing: Preparation and Briefing](#) (2021)

Part of pre-briefing is to establish what is known as the Safe Container, a psychologically safe learning environment. The safe container consists of:

- A group agreement to establish a set of rules for behavior and professionalism prior to the start of the simulation
- An establishment of a safe/comfortable environment for the learners that will enhance their ability to express their thoughts and feelings without being uncomfortable
- Provision of activities that creates an environment of integrity, trust, and respect
- Includes a process for confidentiality, “what happens in simulation, stays in simulation”
- Simulation educators will support questions and encourage participation from the learners
- An experience that will stay away from negative behavior of any kind, will support the students learning and development by challenging them to take risks during simulation experiences

Clinical

- Faculty member will collect any required assignments prior to clinical
 - Possible items
 - Care Plans
 - Medication Cards
 - Patho Flow Sheets
 - Completed ATI assignments
 - Pre-assignment completed related to topic of the week from theory for application in the clinical setting
- Will review goals and expectations for the day
 - Review of Clinical Evaluation tool and goals for the day
 - Patient Assignments are provided by the instructor
 - The instructor selects patients and assigns based on identified student growth opportunities
- Review of expectations for communication of breaks and mealtimes

Pre-conference is the time to set goals for the day. It is also the time the students get their assignments and instructions from faculty. At this pre-conference, students are expected to present any pre-work required by the faculty.

Not being able to present designated pre-work will result in dismissal for the day and will count as an



absence and a required make-up assignment. Pre-conferences are typically 20 - 60 minutes.

During pre-conference, the students are expected to discuss their plan of care for their patients for the day. This will allow the clinical instructor to assess the students' preparation and understanding of their patient's medical condition. The student is expected to verbalize the diagnosis, risk factors, causes, treatments, medications, and labs associated with the patient.

After pre-conference and report, the student must introduce themselves to their patient's nurse. This introduction includes the student's name, the timeframe they will be caring for the patient, and what patient care activities they will complete for the patients. The student is expected to maintain open communication channels with the primary nurse and clinical instructor throughout the shift. After initial introductions, students may start assessing their clients and providing care in collaboration with the registered nurse responsible for the client.

While the instructor is responsible for the care given by all students, the instructor may spend the most time with students who require intense instruction or guidance. For this reason, not all students may administer medications every clinical day, especially when beginning students are developing proficiency and confidence in this skill. Similarly, for students who are demonstrating a nursing procedure for the first time on a "live" client, the instructor must be available to guide the student in successful performance of the skill. The clinical instructor will assess the competency level of the students and make the determination on what skill or task the student will be allowed to complete, the student is not allowed to complete any skill, procedure, or task without the clinical instructor's approval. Failure to comply is grounds for immediate dismissal from the clinical site and from the program.

Activity

Skills

This is where you will demonstrate being able to perform different care elements

- Tasks- i.e. placing foleys, giving medication, changing beds
- Assessment i.e. heads to toe assessment, shift assessment, follow up assessments required
- Documentation- how to document in the Electronic Record, rules and regulations
- Evaluation of care delivered
- Professional Role Clarity
- Teaching
- Communication

Simulation

This arena is where the student combines the tasks into implementation as an entire role. Not just demonstrating a specific portion of the task; but all the elements around the task. Example: placing a foley now includes all the communication, teaching, advocacy, documentation, legal elements and the professional role of the RN.

Clinical

Each clinical rotation has set hours which must be met per BRN requirements. Each clinical day is



assigned typically 8-, 10-, or 12-hour shift credit. These hours include Pre & Post Conference time. Students and instructors must sign a log documenting time spent at the clinical site every week. Both the time in and out must be included. This documentation must be completed in real time.

- Delivery of Direct Patient care
- Delivery of Indirect Patient care
- Documentation
- Communication with care team
- Teaching
- Collaboration
- Patient Safety implementation
- Gathering data for further learning opportunities
- Establishing Role-Clarity
- Implementation of the professional Role
 - HIPAA
 - Regulations
 - advocacy

These are examples, not an all-inclusive list.

Post Conference

Skills

- Review of skills learned
- Discussion of the professional role in delivering of skills

Simulation

- Debriefing is done within a group dynamic setting
- Discussion is held regarding the experience
- Review of video to discuss activities further
- If a standardized patient is used, they will provide feedback on student performance.

Clinical

Post conference is a time to analyze and synthesize the events of the clinical day. It is essential to summarize the day's experiences and set goals for future clinical days. Often, post conferences are used to process student feelings about some critical event of the day, such as the death of a client, a successful cardiorespiratory resuscitation, a client's diagnosis of a terminal condition, or a client's hostile or belligerent behavior.

Post conferences may also be used for students to present their client/patient using a "nursing rounds" model. All students can then participate in a discussion about the care provided and alternatives to that care. Such discussion can be used to challenge students to defend the care they planned. Sometimes, post conferences may be used for specialized health professionals, such as the infection control nurse, social worker, or respiratory therapist or chaplain to discuss their shared role in client care. In addition, students may be asked to complete presentations as assigned by the clinical instructor. The post conference is typically 1 – 3 hours depending on planned activities.



Evaluation

The student conducts a self-assessment to evaluate their learning opportunities. At the end of the experience the student includes a description of what was or was not accomplished as planned, and the student's satisfaction with what was achieved.

At the conclusion of the clinical experience, the clinical instructor or the preceptor completes a written performance evaluation that is returned to the faculty instructor for posting a final pass or no pass. It is critical that students also evaluate the faculty instructor, clinical instructor or preceptor and the site experience using the standard evaluation forms.

Students are encouraged to improve their learning experience by using the following strategies:

- Developing supportive relationships
- Finding others with different learning styles to form a study group
- Improving the fit between their learning style and their lifestyle or situation
- Becoming a more adaptable and flexible learner
- Strengthening their areas of weakness
- Developing a long-term plan and setting short term goals
- Seeking safe opportunities to practice new skills
- Rewarding themselves each step along the way
- Keeping their eye on the prize – graduation!

Clinical Preparation and Attendance Policy

Clinical facility orientation is essential to the student's success. Faculty will require facility orientation, electronic medical record workshops, and laboratory orientation. Therefore, attendance is mandatory at all learning activities so that students are prepared for clinical experiences.

Safety quality care is the goal in the clinical setting. Students are expected to care for all clients and families, respecting the dignity of each person in accord with the Saint Mary's Nursing Program Philosophy. Guidance will be provided by the faculty to assist the student in applying theory and in developing nursing skills to become a confident professional nursing care. Therefore, students are expected to be accountable for clinical setting preparation. It is also expected that each student will be open to constructive feedback from faculty and staff nurses in the clinical setting to maximize the learning process.

CLINICAL ATTENDANCE POLICY

Clinical

Clinical attendance is mandatory. Clinical absences will jeopardize the student's ability to meet the clinical expectations. Students are required to adhere to policies and procedures of course and instructions provided by syllabus and clinical faculty. All students are required to complete required hours to pass.

- Students are expected to be prepared for clinical trials. If a student fails to demonstrate



evidence of preparation for the clinical assignment, the student will be dismissed from clinical. The clinical faculty member determines preparation. This will be considered an unexcused absence.

- Do not plan to leave early or arrive late. Travel arrangements must be made so as not to interfere with class attendance. Students are allowed ONE excused absence per semester (4 in total for the program). Excused absences are defined as follows:
 - Medical illness with a signed note from MD or NP stating that student is now able to return to clinical site without restrictions
 - Pregnancy with a signed note from MD or NP stating that student is now able to return to clinical site without restrictions
 - Bereavement of an immediate family member (further documentation may be required)

In addition, for all absences the student will be required to:

1. During each clinical rotation the student may not miss more than 1 clinical day. All clinical days must be made up. Once the student misses a total of 5 days of clinical practice during the program, they will be referred to the Professional Practice Committee for a decision regarding whether they can be allowed to continue in the program.
2. Meet with the Professional Practice Committee along with any accompanying documentation to review absence.
3. Complete makeup hours within simulation.
Failure or refusal to meet with the Professional Practice Committee and/or complete the make-up hours by the required due date may result in failure of the clinical and theory course.
4. If a student does not achieve the required direct care and indirect care hours for a course the student will fail regardless of the reason for the missed time.
5. All students must have a minimum of 864 hours (500 or more direct care hours and up to 364 hours of indirect care hours) to be allowed to sit for the boards. Indirect care includes various simulation activities. If you do not achieve these hours, you will not be able to successfully complete the program nor sit for your boards.

Tardiness

1. Students are expected to arrive at the hands-on learning at the time specified by your instructor on each day of clinical; On time means at the assigned location 20 minutes before.
2. A student who arrives once 5 or more minutes past the assigned start time will be considered "late" even if they have notified the instructor that they will be late; for subsequent incidents 1 minute late would constitute tardiness after having previously



- arrived at least 5 minutes late.
3. Students will receive a student advisory regarding the first incidence of tardiness.
 4. On the 2nd incidence of tardiness, students will receive a written warning in the progressive discipline process.
 5. On the 3rd incidence, students will be dismissed from clinical and therefore will fail the course and be required to drop or fail the theory course as well.
 6. Leaving early is NOT allowed. It is important that all clinical hours are utilized. Any early release from clinical must be approved by the Program Director

Included in this section of the Handbook is an orientation to the roles and responsibilities of the student, faculty instructor, and the clinical instructor, and Simulation Educators and Preceptors:

Student Role- The role of a St. Mary's College's nursing student is to participate in and study the *knowledge of nursing practice* which encompasses incorporation, interpretations, and application of historical and ever-changing nursing knowledge. To be knowledgeable the nursing student must also participate in the *Scholarship for the Nursing Discipline*, whereby new information improves health and changes healthcare globally. The utilization of *Informatics and Healthcare Technologies* will enhance the learning of the nursing student by using modern data modalities and information to bring positive patient outcomes. As a SMC nursing student, there will be experiences provided by the program which develops an understanding of *Interprofessional Partnerships*, while building on a *Systems-Based Practice*.

The student nurse will be preparing for a role that requires *Professionalism and Leadership*. The cultivation of the professional nursing role commands accountability, perspective, collaboration, and behavior that reflects values and character. Accountability must be *demonstrated to the individual, society, and the profession*. In developing *Leadership*, the student will need to participate in self-reflection, life-long learning, be supportive of nursing expertise and demonstrate the affirmation of leadership.

In the clinical experience, the nursing student will learn and understand their professional role in providing *Patient Centered Care* while considering *Population Health* and practicing health prevention and disease management. In focusing on the individual and family/populations, the student is considering holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate care. While studying Maria O'Rourke's theory of the Professional Role Identity, the student will understand and practice *Quality and Safety* in "do no harm."

Faculty Role- The "Faculty of Record" is responsible for teaching the didactic courses. The faculty of records collaborates with clinical faculty to discuss the clinical experience of the learners and how they applied the concepts and theories taught in the accompanying courses in their practice. The faculty of record, in consultation with the clinical faculty, makes the decisions regarding whether the learners' performance is satisfactory for a "pass" in the course.

Clinical Instructor Role-"Part-time/adjunct Clinical Faculty" work with the learners and evaluate their clinical performance. They assess the learner's progress and make recommendations to them for improvement. They also talk with other nursing faculty to validate their findings and to discuss ways the learners can improve. The clinical faculty coordinates and collaborates with nursing faculty to teach,



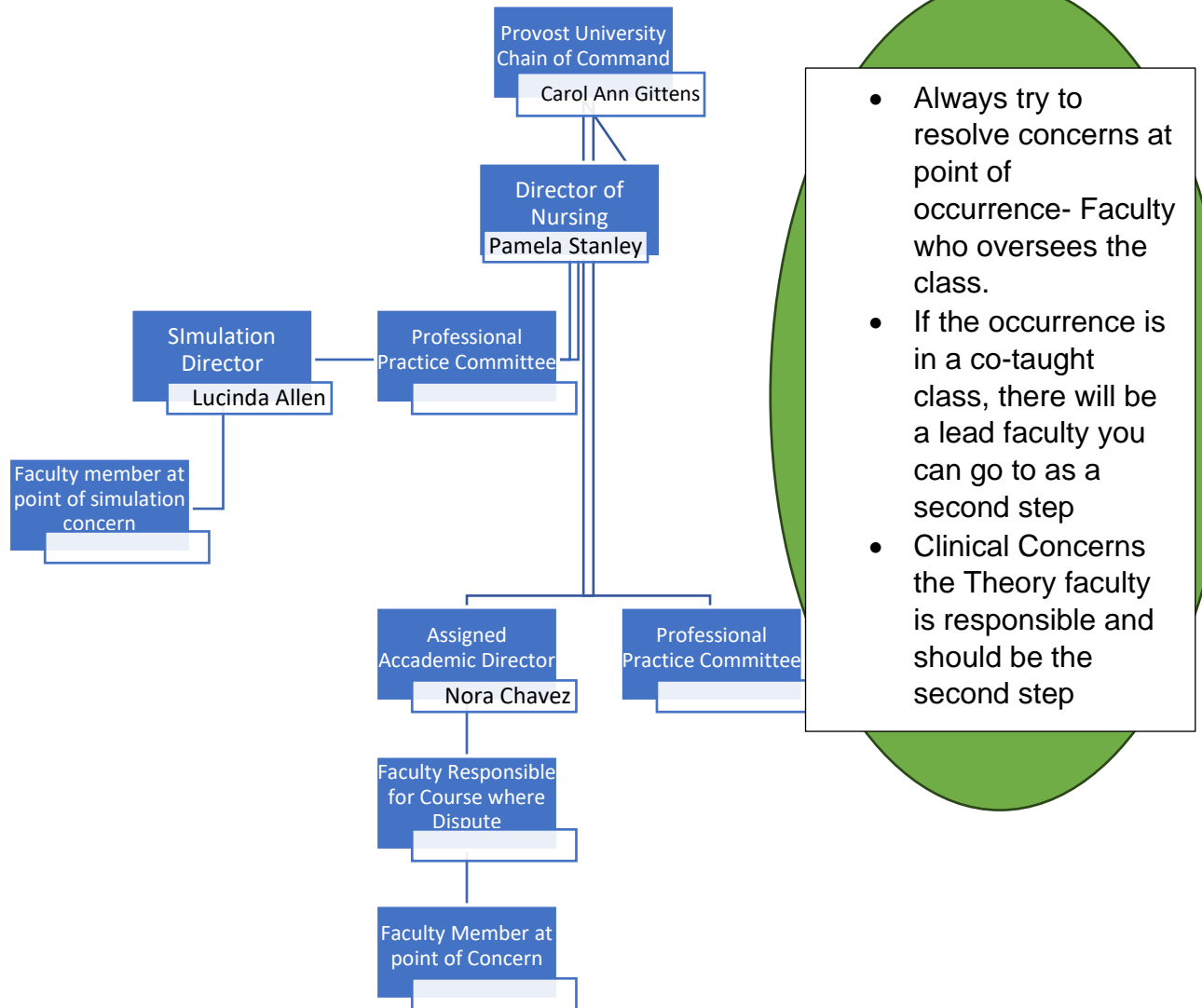
supervise and assess nursing students in skills/simulation laboratory and/or clinical experiences by providing excellence in instruction and assisting students to gain mastery in skill competency, clinical reasoning and professional practice. The role of the clinical faculty is to assist students to apply knowledge and skills to care of patients and clients. The Clinical Faculty is physically present or immediately accessible to students in the clinical setting

Role of Simulation Educators and Preceptors-The simulation educator, or the designated faculty/educator in SIM, will work with content experts, course managers/leaders, and clinical instructors to create simulation experiences that reflect the course clinical objectives. Simulation educators develop, direct, implement and evaluate St. Mary's Nursing Simulation Center's program through student/standardized patient/educator feedback surveys.

Preceptors are Registered Nurses who work in the community that the Program may assign to a student in their last program semester culminating clinical experience. Further details relevant to the role of the preceptor and (student) preceptee will be outlined to both parties prior to initiating the preceptorship clinical experience. Preceptorships may be a part of students' end of program clinical experience; however, the Saint Mary's Nursing Program will work closely with faculty, community partners, and students to determine the optimal end of program clinical experiences which may or may not include a preceptorship. Students do not recruit their own preceptors, rather, the Nursing Program works with clinical partners to identify appropriate preceptors and assign students to available preceptors.



CHAIN OF COMMAND NURSING PRELICENSURE PROGRAM



- Always try to resolve concerns at point of occurrence- Faculty who oversees the class.
- If the occurrence is in a co-taught class, there will be a lead faculty you can go to as a second step
- Clinical Concerns the Theory faculty is responsible and should be the second step



CHAPTER 7

PROFESSIONAL PRACTICE, SUPPORT AND GRIEVANCES

It is our goal for students to be successful in completion of this program. The SMC Nursing Program has a policy to assist in the identification of students at risk (Appendix K) and a goal to provide early intervention to lead to success. All students identified are sent to the Professional Practice Committee for the development of a plan. Students are involved in the development of this plan. Students can also be sent to this committee for conduct or professional issues.

PROFESSIONAL PRACTICE COMMITTEE NURSING PROGRAM

Purpose:

This committee and policy serve three purposes:

1. Students are referred to this committee if they are struggling academically for support and identification of a targeted plan to assist the student in being successful within the program.
 - a. Students will be informed when they are being sent to this committee for support prior to attendance.
 - b. A developmental plan will be created with the student.
2. Students who have not been successful within the program, i.e. failing a class, will be referred to this committee to review options for possible return to the program (first failure) or identification of alternative plans (second failure).
3. Students who are identified as not demonstrating professional practice and/or are identified as potentially not having the capacity to practice as a Registered Nurse will also be sent to this committee.
 - a. Students may receive a performance improvement plan, suspension or termination depending on the circumstances around the actions.

Process:

Students are referred to this committee to provide information and participate in the process. Documentation of these meetings is completed and placed in the student file. Students are provided with copies of all documentation.

Members of Committee:

The Nursing Program Director, (1) Assistant Director of nursing, a faculty member involved with the current referral process, Data and Compliance officer, simulation director. Faculty/administrator outside of nursing for any egregious events (as determined by the Program Director)

The following expectations are used as a guideline for assessing Professional Practice and capacity to practice as a Registered Nurse:

1. Students applying to and continuing in the Nursing Program at Saint Mary's College (SMC)



are expected to:

- Practice using the Maria O'Rourke's Practice Model
 - Demonstrate honesty, integrity, and ethical principles.
 - Follow the ANA code of ethics, Standards of practice and section 2725 of the nursing practice act
 - Represent Saint Mary's college in any setting where they are identified as a SMC nursing student.
 - It is prohibited to speak poorly of other students, faculty, staff or the college in any clinical/class setting. (Instead use appropriate communication channels and focus on the relevant behavior/concern if applicable.)
 - Be respectful of class colleagues, faculty, and staff in respect to communication and actions.
 - Relate to people with warmth and empathy, communicating feelings appropriately.
 - Recognize the essential worth and dignity of all human beings. Appreciate the value of human diversity.
 - Serve, in an appropriate manner, all persons in need of assistance regardless of unique characteristics—for example, those related to race, religion (or lack of religion), gender, disability, political affiliation, sexual orientation, and value system.
 - Express thoughts with clarity in both written and verbal form.
 - Be open to change in themselves and others.
 - Take responsibility for their own actions.
 - Follow instructions and adhere to expectations and objectives outlined in the syllabus for each theory and clinical course.
 - Identify personal strengths, limitations, and motivations.
 - Follow the code of conduct for nursing students at SMC.
 - Refusal of a clinical rotation, a clinical assignment or failure to comply with Health and Safety requirements will result in a referral to the professional practice committee and may result in removal from the nursing program.
2. If a faculty identifies a student struggling academically the student will be informed by the faculty member that they are being referred to this committee. This referral is for support and early intervention to support student success within the program. While documentation of support will be generated with student participation this is not a disciplinary process.
 3. If a faculty member identifies inappropriate behavior on the part of a student the behavior will be discussed with the student, a Performance Improvement Plan (PIP) will be put in place describing the behavior and expected corrective action within a timeframe and placed in his/her record.
 - a. If the student obtains more than one PIP anytime during the program the information will be forwarded to the Practice Committee.
 - b. The student may be asked to leave the program if the PIP has not been satisfactorily completed within the specified time frame.
 4. If a student's behavior is egregious the student will be immediately referred to the committee for a formal investigation and decision. Egregious actions or behaviors that violate ANA code of ethics, ANA Standards or violation of section 2725 may lead to immediate removal from



the nursing program.

- a. Removals under this circumstance precludes readmission to the nursing program in the future and, if applicable, this will be clearly stated in the committee findings.



Form: PIP
Professional Practice Committee St. Mary's College Nursing Program
Performance Improvement Plan

Student Name _____

Course Title _____

Date: _____

In order to ensure adherence to course/program requirements and/or compliance with Regulatory Agency requirements, this corrective action plan was implemented.

Situation:

Briefly describe the current situation. Give a clear, succinct overview of pertinent issues

Background:

Briefly state the pertinent history. What got us to this point?

Assessment:

Summarize the facts and give your best assessment. What is going on? Use your best judgment

Recommendation:

What actions need to occur? What should happen next?

Follow-up Action (Next Steps):

Student Response:

FACULTY SIGNATURE _____

STUDENT SIGNATURE _____



STUDENT DISMISSAL FROM SMC UNDERGRADUATE NURSING PROGRAM

Policy:

A student may be dismissed from the nursing program for the following reasons:

1. Achieve a C+ or lower in any nursing course.
2. Achieve less than a 75% cumulative course exam average
 - a. Students scoring less than 75% on course exams cumulative will receive a maximum of a C+ as the final course grade
3. Less than a level 2 on an ATI proctored exam second attempt will result in failure of the course regardless of the exam scores
4. Not passing a clinical rotation due to “unsatisfactorily/unsafe practice based on the clinical evaluation and observed/reported direct and indirect patient care.
5. Excessive absenteeism (see clinical absence policy and course syllabi for attendance standards)
6. Violation of ANA standards, ANA code of ethics, Section 2725, Title 16, title 22 or other regulations
7. Unprofessional behavior based on SCC policies or state/national regulations and standards
8. All the above are referred to the practice committee following the charter procedures for final decisions and action plans.

Students will meet with the Director of Nursing after this meeting to complete any remediation/re-entry action plans. If dismissed from the program a formal meeting will occur with the Director of Nursing, or designee, to provide the final decision. An exit interview will be conducted.

The following 2 dismissal criteria do not qualify for program re-entry with students ineligible for readmission:

1. Use of Drugs/substances in any school class, simulation, skills or clinical activity. Students impaired by Alcohol, drug-abuse or severe emotional illness.
2. Plagiarism

The above will result in dismissal from the program and a meeting with the Director of Nursing.

It is the responsibility of the student to officially withdraw from or drop all enrolled nursing classes. Students who remain enrolled in a class beyond the published withdraw deadline, as stated on the SMC student website, will receive an evaluative grade in the class.

APPEALS PROCESS FOR NURSING STUDENTS

Student Expected Representation

The nursing program adheres to the Academic Catalog at St. Mary’s College, however, there are additional expectations and modifications related to the Board of Registered Nursing guidelines which governs the nursing program.

The public, community and healthcare systems acquire many of its impressions regarding St Mary’s College and the Nursing Program by the appearance and behaviors exhibited by our students. It is the expectation that SMC nursing students follow the guidelines of the student handbook regarding professional behavior on and off campus.

When addressing behavior within the nursing program, a Professional Practice Committee (PPC) has been developed to address informal/formal academic concerns. The responsibilities of the PPC



includes the creation and implementation of remediation plans and managing academic and behavioral concerns. This committee also receives and responds to concerns/complaints from students, faculty and clinical partners. The main purpose of this committee is to provide a forum for concerning parties to present information regarding opportunities for improvement and to have issues resolved.

Nursing students will also have an opportunity to respond to concerns, participate in resolutions and provide their input. This committee's primary focus is on retention of the student through mentoring, performance improvement plans (PIP's), and formally setting expectations. The Nursing Program also provides a chain of command, which is included in all handbooks.

The PPC has instituted formal policy and procedures which the NP follows, and of which are outlined in the SMC student handbook for filing complaints or concerns.

SMC is guided by equity and fairness and takes complaints and concerns seriously regarding the institution. While we commit ourselves to the principle of subsidiarity, which involves direct dialogue with those closest to an issue, we also recognize in some cases that a more formal process is necessary.

SMC NP has a Chain of Command document which is included in both Faculty and Student Handbooks that describe the chain of command for any concern. SMC and the NP utilize practices from Restorative Justice Principles to address instances of conflict that arise.

In summary, the NP handles all nursing student concerns through the Professional Practice Committee housed within the nursing department. All recommendations, discipline and possible removal from the nursing program are handled within the nursing department. However, removal from the university is not handled within the nursing department. If a student is removed from the nursing department the provost is notified in case the situation warrants further action. All appeals from nursing students go to the provost who has the final decision of outcome.

See Article II and III in the St. Mary's College Student Handbook covering the Code of Conduct Authority and Proscribed Conduct

Academic Setting

Standards of academic integrity must always be followed and are detailed in the St. Mary's College Academic Catalog under *the Academic Honor Code*. Disciplinary actions will be taken against students who do not abide by the Nursing Program Handbook and St. Mary's College Student Handbook. Disciplinary action may include referral to the Professional Practice Committee. This referral could lead to formal discipline, including removal from the nursing program.

Academic Student Complaints

SMC Nursing Program has a Chain of Command document which is included in both Faculty and Student Handbooks that describes the chain of command for any concern. This process is used for both academic and non-academic complaints. The student is oriented to this process at the beginning of the program. This information is in the Nursing Student Handbook and the SMC Student Handbook. SMC and the Nursing Program utilize practices from Restorative Justice Principles to address instances



of conflict that arise.

For academic questions, as in all other areas of appeal, the intent of the University and the Nursing Program is to try first to reach a resolution informally among those involved, failing this, more formal steps may be taken. Academic appeals fall broadly into three categories:

1. Those concerning a grade or a requirement in a particular course.
2. Those concerning penalties resulting from late assignments or violations of academic honesty.
3. Those concerning academic disqualification from the Nursing Program.

Process of Academic appeals concerning a grade or requirement in a particular course:

Step 1. The student will first contact the instructor who assigned the grade in question or is responsible for determining course requirements. This step must be taken no later than the end of the academic term immediately following the term in which the problem arose. Usually, students will resolve their concerns informally at this point.

Step 2. If the question remains unresolved, the student may initiate the formal appeal process by submitting a written appeal to the ND program. The Nursing Director will investigate the matter, meeting with those involved at their discretion. The Nursing Director may convene the PPC to meet with the student(s) and faculty to review the situation in question.

Within fifteen (15) working days of receiving the written appeal, the Nursing Director will report in writing to the student their findings and decision.

Step 3. The student may, within fifteen (15) working days following receipt of the Nursing Director's decision, direct a written appeal, including supporting evidence, to the provost.

Within fifteen (15) working days of receiving the student's appeal, the provost will respond in writing to the student their findings and decision. The decision of the provost is final even if a decision against the student will result in academic disqualification. There is no further University appeal.

Academic appeals concerning penalties resulting from violations of academic honesty:

Step 1. The student will first contact the instructor who assigned the grade in question or is responsible for determining course requirements. This step must be taken no later than the end of the academic term immediately following the term in which the problem arose. Usually, students will resolve their concerns informally at this point.

Step 2. Within fifteen (15) working days of receiving notification of the penalty from the instructor, the student may initiate a formal appeal process by submitting a written appeal to the Nursing Director. The ND will investigate the matter, meeting with those involved at their discretion. This may include activating the PPC committee. Within fifteen (15) working days of receiving the written appeal, the ND will report in writing to the student their findings and decision. A copy of this report will be sent to the Academic Affairs Office



and placed in the student's SMC file and a copy will be added to the student's nursing file.

- Step 3. The student may, within fifteen (15) working days following receipt of the Nursing Director's decision, direct a written appeal, including supporting evidence, to the provost. The provost will investigate the matter, meeting with those involved at their discretion. Within fifteen (15) working days of receipt of the student's appeal, the provost will report in writing to the student their findings and decision. A copy of this report will be placed in the student's file. The decision of the provost is final even if a decision against the student will result in academic disqualification or dismissal. There is no further University appeal.

Academic appeals concerning academic disqualification from the Department of Nursing:

- Step 1. Students who are disqualified from the nursing department will receive a letter within 15 days of the initial event or investigation that led to dismissal.
- Step 2. The student may, within fifteen (15) working days following receipt of the Nursing Director's decision, direct a written appeal, including supporting evidence, to the provost.
- Step 3. Within fifteen (15) working days of receiving the student's appeal, the provost will respond in writing to the student their findings and decision. The decision of the provost is final even if a decision against the student will result in academic disqualification. There is no further University appeal.

Non-academic Student Complaints:

SMC Nursing Program has a Chain of Command document which is included in both Faculty and Student Handbooks that describes the chain of command for any concern; see Chain of Command Policy. This process is used for both academic and non-academic complaints. The student is oriented to this process at the beginning of the program. This information is in the Nursing Student Handbook, SMC Academic Catalog, and the SMC Student Handbook. SMC and the Nursing Program utilize practices from Restorative Justice Principles to address instances of conflict that arise.

Reports of Conduct and Student Discipline Hearings (Nursing addendum):

1. Anyone, including but not limited to students, staff or faculty, may make a report of conduct involving a student or student organization that may be in violation(s) of the Code and/or other College policies. A report of such conduct can be made either orally or in writing and shall be sent to the Nursing Director. All reports of conduct must be made prior to the actual physical receipt by the respondent of the terminal degree from the College. A report of conduct should include:
 - The name of the student(s), or student organization, alleged to have violated the Code or



- other College policy.
 - A clear factual statement describing the nature of the conduct (date, time, place, witnesses); and
 - The name(s), address(es) and telephone number(s) of those filing the report.
2. The Director of Nursing, or designee, will review all reports on conduct to determine which sections of college policies, Code of Conduct, nursing policies or state regulation were allegedly violated.
 3. If a nursing student has allegedly violated the code of conduct, the Professional Practice Committee (PPC) will handle the matter. Nursing students are referred to the PPC committee for investigation, decision, developmental plan and actions taken. Students are active participants in this process.

The PPC or designated lead of the Committee will meet with the students who have been alleged to violate the Code of Conduct, other college policy, Hospital policy, ANA standards, ANA code of Ethics or BRN standards.

The PPC will meet with the student to:

- Review and discuss the report of alleged conduct.
- Investigate the case thoroughly and ask questions of the complainant, respondent, and relevant witnesses.
- Burden of Proof- The burden of proof must be established that the individual or group were very likely to have committed the alleged violation prior to determining sanction
- Establish the appropriate findings are violations of specific policies or regulations
- If found responsible, impose appropriate sanctions.
- The outcome will be communicated to the respondent in writing generally in (7) calendar days; however, unavoidable delay in providing notice of outcome is not grounds for appeal.
- For certain cases of violence, the administrative hearing officer for the college will be contacted for assistance in managing the investigation.

Every reasonable and appropriate effort will be taken by all involved staff to protect the privacy of all individuals involved in a student discipline proceeding, as well as the confidentiality of the details and content of the student discipline process, including, but not limited to the preliminary investigation, DHB hearing, appeal process, and except where permitted by College policy and consistent with applicable law, the sanctions imposed and on whom. However, the College cannot guarantee absolute confidentiality. Students involved in the student discipline process, either directly, or as a witness, are expected to maintain the confidentiality of the process and be mindful of the privacy of others involved. Additional Process Information with one additional change.

- Review of Record: due to the nature of an offense, records may be required to be copied and submitted to the Board of Registered Nursing.
- Confidential and Privacy: In addition, the Nursing Program may be required to report occurrences with the Board of Registered Nursing, State regulatory Agencies or Hospitals based on regulations violated and/or where the occurrence took place.
- The professional practice Committee may remove a student from the nursing department for



violations.

- Removal from nursing program and referral to SMC for follow-up decision on college standing. It is possible to commit a violation that only results in the dismissal from the nursing program and not the college at large.

Appeal Process

Students may appeal the decision of the Nursing program or PPC by contacting the provost and filing an appeal. The provost will make the final decision regarding the appeal with no further appeal process available to nursing students.

This appeals process is for both academic and non-academic concerns. All decisions by the provost are final with no additional appeal process.

Note: The Nursing Program only removes students from the nursing program not from Saint Mary's College. the school.

Reporting of Concerns

Additionally, students, faculty, and staff may also utilize the SMC website to report a concern regarding sexual harassment, unsafe conditions, financial and auditing concerns, theft, bribery, substance abuse, etc.

Students can register complaints by going to [Report a Complaint or Concern](#) to register a complaint both anonymously or with their name and contact information for feedback and personal follow-up.

If students believe their complaint warrants further attention after exhausting all the steps outlined in writing, and communicating with the Vice President for Mission Effectiveness or Vice President for Student Affairs and Enrollment Management, students may reach out to: The Western Association of Schools and Colleges (WASC) at <http://www.wascsenior.org/comments> if your complaint is about the institution's compliance with academic program quality and accreditation standards. WASC is the academic accrediting body for Saint Mary's College.

Most complaints made to media outlets or public figures, including members of the California legislature, Congress, the Governor, or individual Trustees of Saint Mary's College are referred to the College President's Office.

The Student Code of Conduct can be found here: https://catalog.stmarys-ca.edu/preview_program.php?catoid=24&pooid=4404&returnto=1719

The Nursing Program Student Handbook can be located on the Nursing Program Webpage and in Canvas



CHAPTER 8
PROGRESSION POLICY

For student in the nursing program, the following grade scale will be utilized:

GRADING

A grade is given solely based on the instructor’s judgment as to the student’s scholarly attainment. Instructors file course grade reports at the end of each term according to the following standard:

Grades are determined by a point system, which are converted to a letter grade as follows:

100 – 93 = A	89.9 – 87.1 = B+	79.9 – 77.1 = C+	69.9 – 67.1 = D+	Below 60 = F
92.9 – 90 = A-	83-87=B	73 -77 = C	67 – 63 = D	
	82.9 – 80 = B-	72.9 – 70 = C-	62.9 – 60- = D-	

BSN students must achieve a grade of no less than a B- in the nursing courses, and a semester GPA of at least a 3.0. If a student does not achieve a passing grade in a course (B- or above) they may repeat the course once. Students may only repeat one course in the program. Students who fail to pass a second course will be dismissed from the program. Note that it is understood that clinical courses have associated theory components and vice versa; for the purpose of this progression policy a clinical course linked to a theory course is conceptualized as one class. Students must maintain a 3.0 GPA to remain in the program. Cumulative exam scores must be 75% to pass a course. All ATI Proctored exams must have a level 2 to pass the class. Students are provided with 2 attempts to achieve a level 2 on the ATI proctored exam. Students must also score 90% or higher on the exit exam in the 5th semester on the first attempt to pass.

All assignments are due on the assigned date. Assignments not turned in on the assigned date will have points deducted for lateness. One point will be deducted for every day a paper is late, this could lead to a paper being worth negative points. If a paper is worth 5 points and you submit the paper 8 days late, you will continue to accrue minus 1 point a day making a 5-point paper that is 8 days late worth -8 points. This negative will be deducted from your cumulative grade. This could lead to a lower course grade and even result in failure of the course.

To pass the course, all papers must be turned in, even if there are no points assigned to the paper. Late papers that are worth no points will accrue negative points. i.e. 1 day late – 1 point, 2 days late, - 2 points etc.

Faculty will review students’ clinical and didactic performance at the end of each course and/or whenever deemed necessary using the theory and clinical evaluation tools. Students must achieve a passing grade in all courses within the nursing major.



Each graded assignment will have a point distribution, which will appear in the directions for the assignment. The final grade will be a compilation of the accrued points, which are then converted to a letter grade for the course.

Grades will be rounded to a whole number using the “0/5” rounding rule. For example, 25.5 – 0.9 rounds up to 26. 25.1 - 25.4 rounds down to 25.10

Policy regarding extra credit work, make-up work, late work & absences

There will be **no** extra credit offered in any of the classes. **All work** must be completed within the course to move forward. Late work results in a loss of 1 point per day. These points will continue to be deducted each day even if this results in a negative score.

Undergraduate students who do not pass any of the nursing courses, at the discretion of the Professional Practice Committee, may be allowed to repeat one course.

Satisfactory progress and continued progression through the nursing program requires passing all courses within the nursing major. Students will not be allowed to withdraw from an individual nursing course. Nursing courses are taken as a cohort. If a student wants to withdraw from the program prior to Institution withdrawal dates, the student needs to submit a request to the Professional Practice committee to determine if readmission to the program will be allowed. The student must withdraw from all classes in progress following SMC policies and process. Please Refer to the Student Dismissal Policy and Identification of students at risk of failure and notification policies for more information on progression and readmission policy.



Table: LEVEL I Pre-Licensure Nursing Curriculum

The required courses, which comprise the nursing major in **Level I** of the curriculums:

Course #	Course Name	Units
NURS 301	Intermediate Nursing Pathophysiology	3
NURS 302	Pharmacology	3
NURS 303	Population Driven Health: Assessment	2
NURS 303L	Population Driven Health: Assessment Lab	1
NURS 304	Fundamentals	2
NURS 304L	Fundamentals Clinical	3
NURS 305	Introduction to Professional Role: Identity Formation Theory, Professional Role Obligations and Practice in Nursing	3

NURS 304 and 304L math tests must be successfully completed to progress. Students have three attempts to pass the math test.

Each course in Level I must be successfully completed before students can progress to Level II

Table: LEVEL II Prelicensure Nursing Curriculum

The required courses which comprise the nursing major in **Level II** of the curriculum:

Course #	Course Name	Units
NURS 310	Population Driven Health: Adult Care Management	3
NURS 310L	Population Driven Health: Adult Care Clinical	3
NURS 311	Population Driven Health: Mental Health and Wellness	3
NURS 311L	Population Driven Health: Mental Health and Wellness Clinical	3
NURS 312	Theory of Scholarship and Professional Role and Practice Obligations	4
NURS 313	EMR/AI, Biotechnology and Ethics	2



NURS 310 and 310L math tests must be successfully completed in order to progress. Students have three attempts to pass the math test.

Each course in Level II must be successfully completed before students can progress to Level III.

Table: LEVEL III Prelicensure Nursing Curriculum

The required courses, which comprise the nursing major in **Level III** of the curriculum:

Course #	Course Name	Units
NURS 320	Population Driven Health: Advance Adult Care Management	3
NURS 320L	Population Driven Health: Advance Adult Care Management Clinical	3
NURS 321	Community Health/Faith Studies	3
NURS 321L	Community Health/Faith Studies Clinical	2
NURS 322	Population Driven Health: Caring for Aging Populations	2
NURS 323	Professional Role Obligations in Global Health, Advocacy and Ethics	2
NURS 401	Professional Role Driven Leadership Capstone	2
NURS 401L	Professional Role Driven Leadership Capstone Clinical	2
NURS 402	Population Driven Health: Care of Women Across the lifespan	3
NURS 402L	Population Driven Health: Care of Women Across the Lifespan Clinical	2
W403	Population Driven Health: Pediatrics	3
NURS 403L	Population Driven Health: Pediatrics Clinical	2

NURS 310 and 310L;403 and 403L math tests must be successfully completed in order to progress. Students have three attempts to pass the math test.



CHAPTER 9

GRADUATION AND CEREMONIES

Graduation Policy

Purpose: The purpose of this policy is to provide a procedure for the submission of board required forms for graduates of the program and to ensure students understand how to complete the process of scheduling NCLEX.

Policy:

1. Students will follow the SMC student handbook for submitting graduating forms to the college.
 - a. The nursing department does not submit any graduation requests to the college. St. Mary's students will follow the policy set forth by the college in petitioning for graduation. Please find the information here: [Undergraduate Graduation Information](#).
2. Please note that graduation from St. Mary's College is separate from the Department of Nursing Pinning Ceremony.
3. The nursing department will provide an orientation to how to complete the process to be eligible to sit for NCLEX.
 - a. A presentation will be given as part of the Leadership course
 - i. This presentation will be posted within the Leadership course
 - ii. The presentation will cover how to complete the BRN application and the Pearson Vue registration to sit for NCLEX
4. Four weeks prior to the established graduation date, the Director of Nursing will submit to the board a roster of names of students and their expected date of graduation.
5. The Director of Nursing will submit the names of the students who have successfully completed the program immediately upon confirmation from the registrar that the student is cleared for graduation.
 - a. The Department of Nursing will begin working with the registrar's office at the beginning of the final semester to verify all items are cleared and in place for expected graduation date.
 - b. All students who have successfully graduated will be submitted to the Board of Registered Nursing online platform within 5 days of graduation date.

Pinning Ceremony

This ceremony symbolizes the successful completion of the nursing program and the eligibility to sit for the NCLEX national exam. Pinning occurs at the end of a student's program in a Nursing Program and signifies the completion of their education and official initiation into the profession. The Pinning Ceremony is modeled from the ceremony in the 1860's when Florence Nightingale was awarded the Red Cross of St. George in recognition for her service during the Crimean War. Two pinning ceremonies are scheduled: One for the spring and then again in summer at the conclusion of the 5th semester.

Graduation

Once a year, the nursing students participate in St. Mary's College campus wide graduation ceremonies.

Sigma Induction

Founded in 1922 by six nursing students, Sigma Theta Tau International Honor Society of Nursing (Sigma) has more than 100,000 active members and 600 chapters at institutions of higher education and healthcare partners from Armenia, Australia, and Botswana to Thailand, the United States, and



Wales. Sigma members include clinical nurses and administrators, academic nurse educators and researchers, policymakers, entrepreneurs, and others working to fulfill the organization's vision of connected, empowered nurse leaders transforming global healthcare.

<https://www.sigmanursing.org/why-sigma/about-sigma>

Students who meet the honor society requirements will be invited to be inducted into the organization. The induction will occur during the pinning ceremony.



APPENDIX A
AMERICAN ASSOCIATION OF COLLEGES OF NURSING DOMAINS OF COMPETENCE

Domain 1: Knowledge for Nursing Practice

Descriptor: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.

Domain 2: Person-Centered Care

Descriptor: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.

Domain 3: Population Health

Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes.

Domain 4: Scholarship for Nursing Discipline

Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care.

Domain 5: Quality and Safety

Descriptor: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.

Domain 6: Interprofessional Partnerships

Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience and strengthen outcomes.

Domain 7: Systems-Based Practice

Descriptor: Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, equitable care to diverse populations.

Domain 8: Informatics and Healthcare Technologies

Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.



Domain 9: Professionalism

Descriptor: Formation and cultivation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflect nursing's characteristics and values.

Domain 10: Personal, Professional, and Leadership Development

Descriptor: Participation in activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership.



APPENDIX B NURSING PROGRAM ADMISSION POLICY AND PROCESS

Policy:

AACN identified diversity and inclusion as one of its strategic goals. To actively incorporate this goal into our nursing program here at Saint Mary's College we have a holistic approach to our admission process.

Purpose:

"Health inequities persist in underserved communities where access to care is limited and social determinants impact health outcomes. These areas tend to be poorer and more diverse than communities that are well-served. Currently, health care providers who come from more diverse backgrounds provide the bulk of care for this population of patients in the United States. Language and cultural barriers limit providers' ability to serve the needs of minority patients in ways that are linguistically and culturally relevant.

Diversity benefits all students – not just those who are underrepresented minorities. Educating students in environments that value diversity and inclusion produces graduates better prepared to practice in underserved communities and whose understanding of the cultural needs of patients improves patient satisfaction and trust.

Nursing students should possess the background, qualities and skills to provide culturally effective care and meet the needs of a rapidly diversifying patient population. These skills cannot be detected from grades and test scores alone. Holistic review can help programs identify key applicant experiences and attributes that will contribute to a more diverse class and a more effective nursing workforce." AACN

Principles:

1. Saint Mary's College selection criteria for admission to the nursing program are broad based. The admission process aligns with the mission and is focused on promoting diversity as an essential component in achieving excellence.
2. The selection process uses a variety of criteria as part of the process. The intent of creating a richly diverse candidate pool and cohort; is applied equitably across the entire candidate pool. Admission is not solely on academic standing.
3. Faculty and staff who participate in the admissions process examine all the students' attributes and examine how each applicant would contribute to the class experience and the profession.

Procedure:

Students need to submit documents to the nursing program:

- High School Diploma/GED or equivalent
- College Transcripts
- 2.8 GPA from all prerequisite coursework
- 2-Letters of recommendation (one faculty, one professional)
- TEAS Score 70% or higher, or a petition for consideration.
- Personal Statement

Students' initial documents will be reviewed:



- Panel Interview
- Writing assessment in person

Selection:

- Complete required Health and safety within 45 days of notice to be formally accepted.
- Pass background check within 45 days of acceptance
- Complete and pass drug test within 5 days of acceptance

Pre-Nursing

For a SMC student to declare they are a Pre-Nursing Student they must have a 2.8 GPA.

Minimum requirements to apply for the BSN Nursing Program:

- Overall, 2.8 GPA
- Minimum grade of C or better in Chemistry, Microbiology, Statistics, and Writing as Inquiry (listed in attachment 1.
- All prerequisite courses must have a letter grade.
- 2.8 GPA cumulative in the required sciences (Chemistry, Microbiology, Anatomy, Physiology, Nutrition, Sociology, and Psychology)
- Science courses must have been completed in the last 7 years.
- B- grade or higher in the sciences listed above.
- If a C is in one of the 4 courses (Chemistry, Microbiology, Anatomy or Physiology) you may apply to the program. If accepted, you will be required to complete the Nursing Science preparation course at SMC prior to entering the program and receive a pass in the class to start the nursing program.
- 1 class may be retaken with no deduction of points, more t han one retake will result in deduction of points
- Passing a diagnostic entrance exam (ATI-TEAS Test) with 70% or higher with 2 attempts
- If you did not achieve 70% you may still apply for consideration by submitting a letter requesting consideration with rationale.
- See grading rubric for more information on points awarded

Attachment 1: Courses requiring a C or higher

CHEM 105+L: Principles of Chemistry + Lab

BIOL 140+L: Microbiology + Lab

MATH 104: Intro Probability & Statistics

WRIT 101: Writing as Inquiry



APPENDIX C

TRANSFER/CHALLENGE/ADVANCED PLACEMENT INTO UNDERGRAD NURSING PROGRAM

Policy:

Under certain circumstances, academic credit earned in regionally accredited institutions of education for comparable pre-licensure courses will be accepted for transfer.

1. Transfer Credit may be granted for related previous education in the following courses.
 - a. Accredited registered nursing courses
 - b. Other courses determined by the college to be equivalent to courses in the undergraduate nursing program
2. Equivalency is determined based on catalog course descriptions. This includes hours, number of units and the syllabus content in comparison to the classes offered at SMC
3. Applicants must meet all general admission requirements of the SMC undergraduate nursing program.
4. Acceptance of transfer students is based on current space availability.
5. Who is eligible for advanced placement
 - a. Individuals who have successfully completed, within one year the following
 - i. Nursing courses from other accredited RN nursing programs
 - ii. Or other courses which the college has determined as an equivalent to current courses in the undergraduate program

Transfer Process:

1. Applicants interested in this process must email all transcripts to the director of nursing for preliminary evaluation of eligibility.
2. Applicants applying for transfer credit must submit the following materials verifying courses
 - a. Official transcripts from institution showing successful completion
 - b. Catalog description with equivalent course
 - c. Additional documents as requested: syllabi content outlines and letters of reference.
 - d. After the review of the applicant's record, the student is required to take a competency examination using ATI and a drug calculation exam using safeMedicate
3. Students will enter the undergraduate program at the point where equivalency has been determined and competency demonstrated.

Challenge by examination:

Credit via challenge by examination is available to qualified applicants of the undergraduate nursing program.

1. The challenge examination for credit based on previous education/experience must be accredited by the student at least eight weeks prior to admission to the nursing program.
2. Student requesting this must meet all the admission requirements
3. A maximum of 15 units may be challenged by examination
4. Acceptance of students wishing to challenge by examination is contingent on space availability

Process:

1. Individuals interested in the challenge by examination must schedule an appointment with the director of nursing to determine eligibility.
2. Students must file a written request to the director of nursing requesting to complete a course by challenge exam



3. Applicants with health-related education or experience, within one year wanting to complete a course with the challenge by examination must submit the following documentation as part of the process
 - a. Letter of reference from current employer attesting to applicants' knowledge and ability related to course expectations
 - b. Official transcripts from appropriate institutions demonstrating satisfactory completion of course work
 - c. Student must submit a written statement indicating the reason for the challenge
4. Upon confirmation that you may complete the challenge process the student must complete the following:
 - a. File with the SMC admission's department a petition for credit and pay the fee: once the school has sent confirmation to the nursing program the following items will be made available to the student for preparation of the challenge exam:
 - i. Course Syllabus; including course objectives
 - ii. Content outline
 - iii. Textbook and article list used within the class
 - iv. A practice exam for the content area they are testing in (a fee is charged for the student to take ATI practice and Challenge exams as well as SafeMedicate exams.)
 1. Students must obtain a level 2 on core-content challenge exams in ATI-
 - a. Core content areas include classes that have both a theory and clinical section
 2. Clinical challenges will need to pass a proctored simulation and skills exam. This exam needs 80% to pass and receive credit
 3. Students must pay SafeMedicate fee and complete challenge exam with 100%
 4. For a theory or clinical exam challenge the student
 5. All challenge exams are in person and supervised
5. After the results are confirmed, students will be notified of their results in writing. If applicants meet the minimum standards and pass the challenge exams credit will be awarded.



APPENDIX D
CHALLENGE/ADVANCED PLACEMENT FOR MILITARY & TRAINED HEALTHCARE PROFESSIONALS

Policy:

Individuals who have held Military Health Care positions i.e. Basic Technician Corpsman, Army Healthcare Specialist or other like position may achieve advanced placement into the second semester of the nursing program. The individual will need to provide documentation of education and experience that qualifies them for this placement. Upon review of the documents and approval the individual may take challenge exams for all 1st semester level one classes, Fundamentals, Health Assessment, Pharmacology, Pathophysiology. Students are not allowed to challenge the Professional Role Class. Accommodation would be made for the students to complete this along with their second semester classes.

1. Applicants must meet all the admission requirements for SMC undergraduate nursing program, this includes all prerequisites.
2. Acceptance of “challenge” students is always based on space availability.
3. Military must pass challenge written exams at 75%, ATI proctored exams at level 2 and SafeMedicate calculation exams at 100% with 3 attempts.
4. Military personal who has failed or withdrawn from another nursing program are not eligible for this option.

Process:

Students interested in exploring this option need to meet with the Director of Nursing, or designee, at least 8 weeks prior to the application period to determine possible eligibility.

1. Applicants must have all the prerequisites required already completed or will be completed prior to semester starting.
2. Applicants must meet all the admission requirements.
3. Applicants should have experience as Basic Medical Technician Corpsman, Army Healthcare Specialist or Air force Independent Duty Medical Technician.
4. All official transcripts from appropriate education programs for transfer credit must be submitted
5. Documentation of any military education training must be submitted
6. Documentation of military hands-on experience must be submitted
7. Letter of reference supporting the student’s acceptance from the military

Documents will be reviewed to determine if the applicant meets the qualification for admission and then determine if the student has satisfied the eligibility for completion of challenge exams.

If the student is determined to meet the qualification to take the challenge exams the following will occur.

1. The following materials will be available to the applicant
 - a. Syllabi and course objectives for Pharmacology, Pathophysiology, Fundamentals and Health Assessment.
 - b. Content outline for each of the above 4 classes
 - c. Textbooks and list of any other resources utilized for the classes
 - d. Practice tests with answers so students can see the style and format of exams.
2. Exams given for each challenge exam. This must be completed 6 weeks prior to the semester start date
 - a. One Pharmacology exam, need 75% to pass
 - b. One Pathophysiology exam, need 75% to pass



- c. Fundamentals ATI proctored exam level 2 achievement (2 attempts)
 - d. Simulation/skills exam includes the demonstration of a head-to-toe exam- this fulfills the health assessment class and fundamentals clinical, 80% required.
 - e. SafeMedicate calculation exam 100% 3 attempts provided
3. If the student passes the above exams, advanced placement will be given and a letter of confirmation of this placement will be sent.



APPENDIX E
30 UNIT OPTION POLICY AND PROCEDURE

In Compliance with CCR 1429

Purpose:

To ensure Saint Mary's College in compliance with CCR-1429 provides a 30-unit option to complete the RN degree program.

- Written information regarding this option for LVN's can be found on our website and within the nursing student handbook and within this policy.

Application requirements and process:

1. The applicant must have a valid California LVN license in good standing at time of application. The NCLEX-VN examination must have already been completed with the license received.
2. Applicant must have a valid BLS-for healthcare card
3. Must complete all the Health and Safety requirements for a nursing students (see policy)
4. Must have completed Microbiology and Physiology Prior to application
5. Testing will be completed using ATI to provide the student with information regarding current gaps in knowledge. These testing results will be reviewed with the student to assist them in making an informed decision regarding this option.
6. New applicants must specify this option prior to entry and enrolled students may not switch to this option.
7. Counseling of potential students wanting this option will be completed by the Director of Nursing.
 - a. Completion of this option does not equal a degree from the College.
 - b. Completion of this option means furthering your career through education will be extremely difficult
 - c. You will not be eligible for the public health certificate.
 - d. We do offer the ability for an LVN to complete a challenge exam to reduce the number of classes required
 - e. This RN license is not recognized outside of California
 - f. LVNs are welcome to apply for the traditional RN program and are given additional points for previous work experience
8. LVN students must pass the classes in the same manner as traditional students. This includes testing requirements, performance and behaviors.

Curriculum:

1. All theory and Clinical classes are concurrent and must both be passed to progress.
 - a. Failure of clinical results in failure of Theory
 - b. Failure of Theory results in Failure of Clinical
2. Classes must be taken with the cohort you enter with in time.
 - a. Medical Surgical 2 Theory and Clinical 6 units
 - b. Geriatrics 2 units
 - c. Mental Health 5 units
 - d. Capstone Leadership and Clinical 4 units
3. Basic Sciences
 - a. Biology 250/250I
 - b. Biol 140/140I



APPENDIX F DIVERSITY EQUITY AND INCLUSION (DEI) COMMITTEE

The Nursing Program DEI is a standing committee of the nursing program.

Purpose:

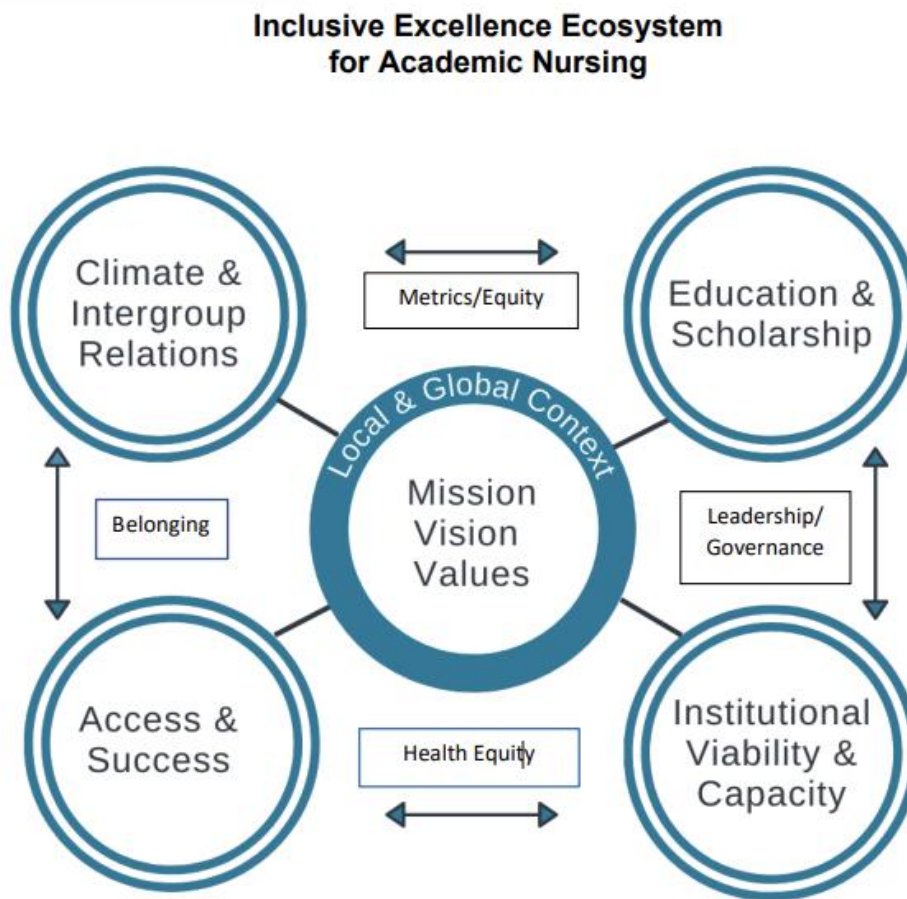
The purpose of this committee is to establish a group of faculty who oversee the DEI nursing program initiatives following AACN recommendations [Diversity-Tool-Kit.pdf \(aacnnursing.org\)](https://www.aacnnursing.org/Portals/0/ToolKit/2016-2017%20AACN%20Tool%20Kit.pdf) This group along with the content experts are responsible to improve the quality of education, address pervasive inequities in healthcare and enhance the civic readiness and engagement potential of nursing students.

The responsibilities of the DEI committee members are to ensure the AACN toolkit is utilized to promote an “Inclusive Excellence Ecosystem for Academic Nursing Framework”.

1. Education and Scholarship
 - a. Monitor the content of the curriculum and identify opportunities for improvement focused on the Education and Scholarship pedagogical approaches that embody diversity, equity and inclusion.
 - b. Cultural Competency and Humility
 - c. Social Justice
 - d. Systemic Racism
2. Access for Success goals based on the AACN toolkit
 - a. Recruitment
 - b. Admissions
 - c. Retention
3. Climate & intergroup Relations
 - a. Develop inclusivity strategies
 - b. Create safe Spaces
 - c. Assess the climate with evidence-based surveys
4. Set diversity and inclusion goals that align with the organization, mission, vision and values.
5. Set Clear and realistic objectives supporting tasks, and action steps required to achieve goals
6. Monitor the DEI elements within the curriculum using data
7. Oversee the content expert meeting process, gather information regarding recommended changes, disseminate information regarding changes to all faculty around DEI initiatives.
 - a. Ensure one meeting a year occurs for all content expected.
 - b. Report out to the leadership committee on recommended changes, challenges and opportunities for improvement
8. Participate in completion of documentation needed, with the Director of Nursing, to submit requested curriculum changes to the Board of Registered Nursing following rules and regulations regarding DEI initiatives
9. The membership of this committee will include one director, and 5 faculty members elected by their peers and 3-5 students from within the Nursing Program
 - a. Terms will be for 2 years
 - b. Faculty may serve multiple years with no term limits
 - c. Monthly meetings will occur for 10 months of the year.
 - i. July and August will not have meetings



Figure: Inclusive Excellence Ecosystem for Academic Nursing



Adapted from Smith, D.G. (2020) Diversity's Promise for Higher Education

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The Inclusive Excellence Ecosystem for Academic Nursing depicts a model for advancing diversity, equity, and inclusion within nursing programs. The arrows are dual directional to depict the connectivity, intersection, and influence of all dimensions of the ecosystem. For example, it is not sufficient for a nursing program to transition to a holistic admissions process; it is imperative that the nursing program also create a welcoming environment where all students feel that they belong and will advance academically. Equity and inclusion are essential components to achieving the promise that greater diversity brings to higher education and the future health workforce

The model's four dimensions - Institutional Viability and Capacity, Access and Success, Climate and



Culture, and Education and Scholarship - serve to widen the lens to allow a more comprehensive view that incorporates not only aspects of the overall institution on teaching and learning, but also the impact and influence of the communities in which the program is situated, the communities it serves, as well as the wider local, regional, national, and global contexts.

Each nursing program has an organizational structure grounded in its mission, vision, values, goals, and priorities. A focus on **Institutional Viability and Capacity** is necessary to examine the nursing program's infrastructure and allocation and utilization of resources to support alignment to build and support the capacity for diversity, equity, and inclusion. Leadership, accountability, strategic planning, and metrics are key drivers of sustainability, excellence, transformation, and success

Access and Success focus on access to nursing programs, inclusion and belonging, and success of historically underrepresented and marginalized groups. Nursing programs must critically examine the structures, policies, practices, and attitudes to ensure access, retention, and success for all faculty, students, and staff

The institutional Climate and Culture is critical to the experience of faculty, staff, and students within nursing programs. Fostering environments where diverse backgrounds are valued and respected is an imperative for achieving the mission-driven goals and commitments. Diverse, equitable, inclusive, and accessible environments where there is a collective sense of belonging and all individuals thrive and do their best work are critical to achieving the nursing program's commitment to diversity, equity, and inclusion.

Education and Scholarship are core competencies of nursing skills and reflect faculty capacity and pedagogical approaches that embody diversity, equity, and inclusion. The structure of these processes determines the educational experiences of all students who are invited to participate in the learning environment.

What is Inclusive Excellence?

The operational definition of *Inclusive Excellence* as introduced by the Association of American Colleges and Universities includes **four primary components**:

- 1. A focus on student intellectual and social development.** Academically, it means offering the best possible course of study for the context in which the education is offered.
- 2. A purposeful development and utilization of organizational resources to enhance student learning.** Organizationally, it means establishing an environment that challenges each student to achieve academically at high levels and each member of the campus to contribute to learning and knowledge development.
3. Attention to the cultural differences that learners bring to the educational experience and that enhance the enterprise.
4. A welcoming community that engages all of its diversity in the service of student and organizational learning.

Inclusive Excellence Ecosystem for Academic Nursing

The **Inclusive Excellence Ecosystem for Academic Nursing** depicts a model for advancing diversity, equity, and inclusion within programs of nursing. The arrows depicted above are dual directional to depict the connectivity, intersection, and influence of all dimensions of the ecosystem. For instance, it is not sufficient that a nursing program transitions to a holistic admissions process; it is



imperative that the program also creates a welcoming environment where all students feel that they belong and will advance academically. Equity and inclusion are essential components to achieving the promise that greater diversity brings to higher education and the future health workforce.

The model's four dimensions - **Institutional Viability and Capacity**, **Access and Success**, **Climate and Culture**, and **Education and Scholarship** - serve to widen the lens to allow a more comprehensive view that incorporates not only aspects of the overall institution on teaching and learning, but also the impact and influence of the communities in which the school is situated, the communities it serves, as well as the wider local, regional, national, and global contexts.

Source: Williams, DA, Berger, JB, McClenNursing Program, SA (2005). [Toward a Model of Inclusive Excellence and Change in Post-Secondary Institutions](#). Association of American Colleges and Universities, Washington, D.C.



APPENDIX G

NURSING PROGRAM PROFESSIONAL AND SAFE PRACTICE POLICY FOR SMC NURSING STUDENTS

Providing safe nursing care for clients is an ethical and legal responsibility for the Nursing Program. In the Nursing Program, this includes both faculty and students. **This policy covers situations in any Nursing Program context (in other words, a variety of types of classes/situations and in all the clinical settings).** Safe practice is mandated by the California Board of Nursing's Nurse Practice (rn.ca.gov/) and supported by the American Nurses Association, as well as individual professional nursing organizations. Individuals who do not meet the stated professional standards for ethical and legal conduct are held accountable to the College's and the Nursing Program's policies/procedures. Procedures are identified within the Department of Nursing for sanctions as well as within the College. The Nursing Program seeks consultation with the California Board of Registered Nursing (BRN) on matters that affect nursing practice and those that challenge ethical standards, criminal conduct, and unsafe clinical practice, and/or potential legal standards of the profession. **Unprofessional conduct, in any venue related to the Nursing Program's functioning, as well as situations that jeopardize others, are grounds for disqualification from the nursing major.**

If the student fails to maintain professional conduct, or if the student is considered unsafe by the faculty and/or agency in which the student is enrolled (e.g., classroom, simulation or clinical), that student is removed from the setting/agency. Any environment is defined as a classroom, skills lab, and/or a clinical setting. If the student is unsafe or unprofessional, this situation constitutes a NO CREDIT or non-passing final grade for the specified graded course (e.g. C or below, as a final course grade). Refer to the Nursing Program's current policy for grievance and disqualification located in the student handbook. Unsafe clinical and/or classroom practices are carefully managed at the administrative level so that the student and the fellow classmates are provided with maximum learning opportunities, while others (e.g. faculty/staff) are adequately protected.

If, in the opinion of the Professional Practice Committee the student fails to follow ethical/legal guidelines of the profession and the Nursing Program, disqualification from the major may be recommended. When that occurs and if the student so desires, must follow the College's policy and procedures for grievances which are outlined in the SMC Student and SMC Nursing Handbooks.

Students will be oriented to Professional and Safe Practice Policies during the first semester of enrollment in the major, and both faculty and students will review the policy prior to beginning all clinical rotations. All nursing students have access to the Student Handbook, which delineates these policies (see nursing website). Drug testing and criminal background checks are required for all nursing students before beginning clinical rotations.

A. POLICY:

- 1) A student whose pattern of behavior is found to be unsafe/unprofessional may be terminated from a clinical or a classroom setting for reasons of unsafe/unprofessional practice/s at any time during the semester and receive a grade of "no credit/non-passing or failure (F)" for the course.
- 2) If a student fails to maintain professional conduct, the student may be disqualified from the program, or other sanctions may be determined by appropriate parties.
- 3) Unsafe/unprofessional behavior deemed egregious by the professional practice committee may



be cause for immediate removal even if the first violation i.e. violence, taking pictures in a hospital setting, using social media where patient information is discussed even if no patient name is used. These are just examples not all inclusive.

B. DEFINITIONS:

The student will demonstrate patterns of professional behaviors which follow the legal and ethical codes of nursing; promote the actual or potential well-being of clients, health care workers, faculty, fellow classmates, and self in the biological, psychological, sociological, and cultural realms; demonstrate accountability for meeting course objectives and show respect for the human rights of individuals.

Indicators to be used as guidelines for evaluating safe practice and professional conduct in a clinical, classroom, or simulation setting include the following, but not limited to the following:

1. Guidelines: The student practices within the boundaries of the California State Nurse Practice Act (section 2725), the ANA Nursing Code of Ethics, the guidelines, and objectives of the Nursing Program, and follows the rules and regulations of the health care agency and/or all SMC Nursing guidelines.

Students are bound by (a) the rules and regulations of the health care agencies, as well as (b) the Nursing Program.

Examples of deviations from the accepted norms, include, but are not limited to, the following:

- a. Failure to notify the agency and/or instructor of absence on a clinical day (or violations of the absence policy on course syllabi from non-clinical courses).
 - b. Failure to adhere to the Nursing Program dress code.
 - c. Presenting under the influence of drugs and/or alcohol.
 - d. Failure to make up missed clinical experiences, if asked to do so.
 - e. Habitual tardiness – this applies to both classroom and to clinical.
 - f. Excessive utilization of faculty time by one student to the detriment of other students.
 - g. Inadequate and/or poor preparation for clinical or for class.
 - h. Abandonment of a patient care assignment
 - i. Language, or behavior or conduct not consistent with the profession harassment, bullying, gossiping that could be interpreted as hurtful, acting aggressively, confronting, using phone laptop when informed that this is not acceptable, being unresponsive to directions, lying, cheating, and stealing, etc....
2. Ethical: The student practices according to the American Nurses Association's (ANA) Code of Ethics, Standards of Practice, and the California State Nurse Practice Act. Examples of unsafe practice and/or unethical behaviors include, but are not limited to the following:
 - a. Inappropriate behavior in a classroom, clinical, or simulation setting.
 - b. Ignoring unethical behavior(s) of other persons in the clinical, classroom, or simulation setting(s).
 - c. Violating policies/guidelines for academic integrity (see the College's academic integrity policy on the College's website).
 3. Biological, Psychological, Social, and Culture Realms: Examples of unsafe practice or violations of this policy, include but are not limited to the following:
 - a. failure to display stable mental, physical, or emotional behavior(s) which may affect others' well-being.



- b. failure to follow through on suggested referrals or interventions to correct deficit areas which may result in harm to others (deficit areas defined in (3a) above).
 - c. Acts of omission or commission in the clinical care of clients, such as, but not limited to physical abuse; placing in hazardous positions, conditions, or circumstances; mental or emotional abuse; and medication errors.
 - d. Interpersonal relationships with agency staff, co-workers, classmates, or faculty resulting in miscommunications, or disruption of clinical, classroom, or simulation functioning.
 - e. Promoting lateral violence against others, displaying bullying, discrimination of others based on lack awareness of diversity of classmates, clients, faculty, staff, or others, violating diversity, equity, and inclusion policies (in classroom, clinical, and simulation settings).
 - f. Placing fellow classmates, faculty, and/or staff at personal and/or professional risk.
(For further information on weapons, firearms, or substances, see the College policies).
4. Accountability: The student is responsible for the preparation, documentation, and promotion of continuity in the care of clients. Accountability outside of the clinical area that pertains to academic issues is also an expectation of students in nursing. Examples of these practices include, but are not limited to, the following:
- a. Unable to communicate effectively.
 - b. Attempting activities without adequate orientation or theoretical preparation, supervision, or appropriate assistance (applies primarily to skills, simulation, and/or clinicals).
 - c. Dishonesty.
 - d. Failure of the student to take responsibility for corrective action.
5. Human Rights: The student's conduct shows respect for the individual, client, health team member, faculty classmates, and self, including but not limited to the innate legal, ethical, and cultural realms. Examples of unsafe practice include but are not limited to the following:
- a. Failure to maintain confidentiality of interactions.
 - b. Failure to maintain confidentiality of records.
 - c. Dishonesty in relationships and/or in actions.
 - d. Utilization of stereotypical assessments which are detrimental to others.
 - e. Failure to recognize and promote other people's rights.
 - f. failure to report client abuse across the lifespan or abuse related to faculty, classmates, and other professionals. This can be physical or verbal abuse.

C. PROCEDURE:

A student whose pattern of behavior or lack of academic integrity endangers the safety or threatens the integrity of a patient, peer, staff member, clinical or simulation instructor, faculty member, fellow classmates, or agency personnel will be given a verbal and written warning by the instructor, or by the Nursing Program Director or representative. Potential critical episodes require immediate actions, documented evidence from the student, faculty, and/or staff will be considered in the decision to terminate a student from a clinical practicum, classroom, or simulation setting; whether further action is needed will determine whether disqualification from the nursing program is warranted. Students may be required to have a medical and/or behavioral health evaluation before returning to the learning environment.

1. If circumstances warrant the student's disqualification, the director has the decision-making ability, in consultation with the Professional Practice Committee.



2. The student will be referred to the Special Progression/Disqualification Policy in the student handbook.

Additionally, the primary instructor in the designated course will:

- a. Provide instruction, guidance, and interpretation of the student's failure to either meet objectives or a violation of these professional and /or safe practices.
- b. Suspend the student from the course if the issue of safety or unprofessional conduct is of significant magnitude and/or if a situation potentially jeopardizes the well-being of patients, staff faculty, or classmates, until a decision has been obtained through the conflict resolution process.
- c. Document patterns of behavior related to attainment of course objectives. Documentation may include direct observations(s) by the course instructor (or in the case of a clinical situation the observations/comments of agency personnel and patient comments, as appropriate). Written work will also be evaluated.
- d. Give a verbal and written warning for unsatisfactory performance or remove a student from a situation if the student is placing others in unsafe situations.
- e. Refer the situation to the suitability to practice committee for determination of further actions needed

To that end, the instructor will:

- 1) Provide specific facts of problem areas or deficiencies in relation to course objectives, evaluation tool(s), and performance.
 - 2) Delineate corrective action and expected outcomes in writing with copies given to the student and the course instructor. The undergraduate coordinator will be notified. One copy of the written writeup will also be placed in the nursing student's file. The student and the instructor sign the written warning (however, if the student does not sign, the instructor will then document the form, that the student has had the opportunity to sign the warning and opted not to sign); pertinent discussion at the time the student reads the written warning should also be documented. Copies will be provided to the Nursing Program Director and Assistant Directors.
 - 3) Set a specific time for a change in the behavior to be accomplished in the writeup.
- f. Reevaluate progress: If attainment of expected outcome(s) is positive, then the student will be allowed to continue with the course. The warning may not be removed from the student's file until the completion of the program.
 - g. Provide the student an opportunity for input and/or data regarding the evaluation of his/her performance.
 - h. Consult with the Semester Chair and/or Director as needed for problem-solving and guidance.
3. The program conflict resolution process will be used in unresolved situations (see the Nursing Student Handbook Guidelines and College Student Handbook).



APPENDIX H TECHNOLOGY, SOCIAL MEDIA AND CELL PHONE POLICY

This policy is to establish guidelines for appropriate and professional use of electronic devices and social media (e.g., cell phones, smartphones, tablets, computers) during clinical use by nursing students. “Clinical” is defined as the various settings utilized in any clinical nursing course (for example, skills laboratory, acute care facilities, sub-acute care and rehabilitation facilities, long-term care facilities, clinics and physician offices, and community settings).

Social Media

Social media has become a more challenging area for nurses and nursing students to navigate. The line of personal story occurs and that of the professional story can be very blurry. Nurses across the country have lost their jobs in relation to social posting activity. Students are not allowed to post any information, regarding clinical or simulation experiences. Publicly posting (or privately posting where it can become public) will result in a referral to the Professional Practice Committee. Posting of information may also be required to the Board of Registered Nursing. Please see the Nurses Guide to the Use of Social Media produced by the NCSBN (National Council of State Boards of Nursing) https://www.ncsbn.org/public-files/NCSBN_SocialMedia.pdf Violations of the social media policy are referred to the Professional Practice Committee

Technology/Cell phones/electronic devices

Throughout the nursing program the use of cell phones, tablets, and computers will be incorporated in class, simulation and clinical. However, the utilization of this equipment is to enhance the learning and not be used for personal use in these settings. For example, this means checking Facebook accounts during class time would be a prohibited activity.

Technology within the classroom

- Cell Phones need to be placed on silence in class, simulation and clinical settings
- Cell Phones should not be removed from your pocket unless it is being utilized as part of the educational experience
 - Kahoot
 - Text messaging your clinical instructor
 - Looking up a medication during simulation
- Cellphones within the clinical setting are only to be used
 - to text message your instructor
 - Clock in and out *Trajecsys*
 - If you are a Diabetic utilizing wireless glucose monitoring (documentation of this condition has been given to the Director of Nursing)
 - Or under the direct supervision of a faculty member who tells you to utilize your cellphone for a clinical purpose
- No photographs/recording may ever be taken in the walls of a clinical, skills, simulation setting.

IPADS

IPADS will be used in class, simulation and a variety of clinical settings. These devices should only be utilized for academic purposes when you are within these listed settings and under the faculty’s instruction.



When using these devices, the following activities should not occur:

- Taking pictures or video of any kind unless approved by the faculty member
- At no time will pictures or video be taken in a clinical setting.
- As a student you should not be on personal sites unrelated to the academic experience
- Students who are seen on sites unrelated to the educational experience will be reported to the Professional Practice Committee for further consequences.

Regulations and Additional Information

- Students are responsible for adhering to the federal Health Insurance Portability and Accountability Act (HIPAA) and Information Technology for Economic and Clinical Health (HITECH) regulations regarding protected health information.
- Students are only allowed to view their assigned patient record per HIPPA. Looking at other patient charts, other than your own, is a violation of HIPPA.
- Students may not download or store any confidential client data on a personal electronic device
- Faculty members may at any time decide cellphones may not be utilized at all within any of the learning environments
- Cellphones and other electronics, including watches, are not allowed during testing. If you are seen within any of these devices during testing, it is an automatic failure and referral to the Professional Practice Committee.
- Clinical sites may provide direction to the program that prohibits cell phones from being brought onto the clinical site. Students will be notified of this and mandated to follow the clinical policy
- Students may not charge any devices in clinical settings.
- Students can Never use hospital computers for personal activities.

Violations of this policy and/or the policy of the clinical facility may result in clinical remediation or failure.



APPENDIX I

DRESS POLICY

Both the public, community and healthcare systems obtain many of its impressions regarding our program by the appearance and behaviors exhibited by our students. As a nursing student, you are representing the image of nursing, and it is an expectation you will maintain a positive and neat appearance.

Students are expected to wear full “program” purchased uniforms to all patient care clinical experiences. Uniforms are to be purchased through Meridy’s hyperlink which will be provided by the Nursing Program.

All students must also obtain an ID badge through the Program of Nursing office to be worn during all clinical experiences including simulation. You are also required to wear the required ID for the facility as instructed. Clinical faculty will not allow a student to remain in the clinical setting if a student arrives wearing inappropriate attire or is without the assigned ID badge, the student would be sent home, and this would count as a clinical absence. The student will also be referred to the Professional Practice Committee.

All students in clinical settings must follow the dress code and behavioral expectations of the clinical facility. A professional standard of dress and demeanor are expected to maintain client and student safety:

1. Students' dress, personal appearance and grooming must not disrupt or detract from the educational process or always constitute a threat to health or safety of the students or others.
2. Students are required to always wear closed toe shoes including in class. High heels and slippers are not allowed in class nor simulation activities.
3. All students must wear appropriate footwear in the clinical setting. White shoes require closed toes. No clogs. Footwear should be tied, fastened or buckled as appropriate.
4. Nails cannot extend beyond the tips of the fingers. No artificial nails, no fill, no gel and/or no nail polish is allowed in the classroom nor clinical setting.
5. In certain settings, you will not be wearing a uniform and will be instructed to wear “Street clothes”. Jeans are not allowed. Street clothes are black or blue pants and an appropriate top. Your instructor in these clinicals will advise you on colors allowed based on safety.
6. Sunglasses are not allowed in the clinical, simulation or classroom settings.
7. No pins, promotional buttons, or decorative items may be worn in class, simulation nor clinical.
8. Dress Personal Appearance: Students must comply with appropriate health and safety and sanitation standards. Good daily personal hygiene is a requirement, which includes daily bath, use of effective deodorant, no acrylic fingernails, no fingernail polish, fingernails need to be short and clean. Good oral Hygiene.
9. No chewing gum or use of lipstick/Chapstick in the clinical or simulation setting.
10. Tattoos must always be covered in clinical settings.
11. Make-up must be conservative.
12. Body Jewelry is limited to a watch, wedding/engagement ring (if appropriate/safe in the clinical setting) and one pair of tiny post earrings must not extend beyond the ear lobe. No jewelry is



- allowed in obstetrics, nursery, or mental health settings. No other jewelry is allowed.
13. Hair must be clean, simply styled and off the collar while in uniform. Beards and mustaches must be neatly groomed. Barrettes, bows, clips, ribbons and hair nets are not allowed in the clinical setting.
 14. Do not use perfumes or scented lotions in the clinical setting. Many people are allergic to these compounds.

If a student's clothing/appearance does not comply, the student will be sent home and will receive an absence for the day. This absence will count against regular attendance and could result in dismissal from the program. The student is expected to correct their appearance/dress violations and return the next scheduled day.

Refusal to comply with the dress code will constitute a referral to the Professional to Practice Committee and may result in removal from the program.

Smoking

Smoking is not permitted in the clinical nor simulation setting. Students may only smoke in designated areas if the hospital allows it and during their 30-minute break time.

Please see Residential Living Spaces in reference to smoking/vaping in St. Mary's College Student Handbook.



APPENDIX J POLICIES RELATED TO CLINICAL PLACEMENT

UNDERGRADUATE PRECEPTOR POLICY

Purpose: The purpose of this policy is to provide guidelines and processes for clinical rotations that utilize the preceptor model. (This model is utilized for Community and Capstone only.)

Organization –

Clinical Placement Coordinator/Designee will determine clinical sites that will be utilized for the courses of Community (NURS 321) and Leadership (NURS 404).

1. A contract will be in place prior to placement
2. The Clinical Placement Coordinator/Designee will make a site visit prior to the start of clinical
3. The Clinical Placement Coordinator will fill out Preceptor Site Agreement form and provide a copy to the preceptor/alternative preceptor, faculty assigned and student

Designated faculty-

Is defined as the assigned clinical instructor for the course

1. The designated clinical faculty will manage communications between the organization, student and the clinical site, including the assigned preceptors
2. The faculty member must obtain feedback from the preceptor prior to the midterm and final evaluation.
3. The clinical instructor will conduct weekly post-conferences with students
4. Faculty designated to oversee a preceptor rotation will be compensated per the workload document at a rate of 0.33 per student.
5. The faculty member will be responsible for the collection of Bio Sketch forms from the assigned preceptors
6. The faculty member completes the midterm and final evaluation for the course
7. If the faculty member is notified by the preceptor or other clinical site personnel that there are any concerns or questions, they will contact the assigned academic director to transfer the knowledge and get further direction.

Preceptor

1. Assigned preceptors will be identified by the clinical site or unit manager
2. The preceptor must review and understand the *Role of the Preceptor Policy*
3. *Complete Bio Sketch form and submit it to the designated faculty member*
4. *Must watch the preceptor training module*
5. Review the preceptor handbook
6. The site preceptor will be responsible for completing a student evaluation feedback form
7. If the preceptor has any concerns or questions regarding the student or expectations, they should contact the faculty immediately and not wait for the midterm or final feedback process.
8. If for any reason the preceptor cannot be present for an assigned shift, the preceptor or the unit manager may re-assign another preceptor for the student.

Students

1. Responsible for engaging in active communication with their assigned preceptor as part of their leadership and professional role.



2. Arriving on time to the clinical site
3. Respecting and abiding by the clinical site's rules and regulations
4. Students are assigned to a preceptor and unit; they may not leave their department unless it's a break/lunch or they are accompanying their preceptor
5. Will participate in post conferences as assigned by the assigned clinical instructor

Preceptor Documents/Information

- a. Bio sketch form
- b. Role of the Preceptor Policy
- c. Preceptor Training module
- d. Preceptor Handbook
- e. Student mid/final evaluations (faculty Only)
- f. Preceptor feedback evaluation form

Clinical Placement of Nursing Students Policy

Purpose:

To provide a structured, transparent, and equitable process for the clinical placement of nursing students, ensuring they receive high-quality experiential learning opportunities that meet educational standards and program requirements.

Scope:

This policy applies to all nursing students enrolled in the clinical phase of the nursing program, faculty, and clinical placement coordinators responsible for assigning, supervising, and evaluating clinical experiences.

1. Policy Overview

The nursing program will arrange clinical placements in collaboration with partnering healthcare organizations to support students' learning objectives and clinical competencies. The placements will adhere to the program's educational standards, accreditation requirements, and the policies of healthcare facilities.

2. Responsibilities

- **Clinical Placement Coordinator:** Responsible for managing clinical placements, liaising with healthcare facilities, coordinating schedules, and ensuring placements meet program objectives.
- **Nursing Faculty:** Evaluate students' clinical performance, provide mentorship, and ensure adherence to ethical and professional standards. Faculty meet all Health and Safety requirements.
- **Students:** Meet all placement prerequisites, including immunizations, health screenings, background checks, and clinical competency requirements.

3. Placement Eligibility Requirements



To be eligible for clinical placement, students must:

1. Successfully complete prerequisite coursework.
2. Provide proof of required immunizations, TB screening, and health assessments.
3. Complete a criminal background check and drug screening (as required by healthcare facilities).
4. Maintain current CPR/BLS certification.
5. Attend an orientation session on clinical expectations and responsibilities.

4. Clinical Placement Process

Step 1: Student Preferences and Program Assessment

- The clinical placement coordinator will assess clinical sites based on their alignment with educational objectives and student competencies.
- Students may submit placement preferences, which will be considered based on availability, program needs, and student progression.

Step 2: Assignment of Clinical Placement

- Placements will be assigned considering the following factors:
 - Student learning needs and academic progress
 - Site availability and capacity
 - Skill and competency requirements for the specific clinical rotation
 - Location and accessibility of the clinical site

Step 3: Communication of Placement Assignment

- The clinical placement coordinator will inform students of their placements at least 2-4 weeks before the start of the clinical rotation.
 - There may be delays in this based on clinical sites changes
- Students will receive a clinical placement packet with relevant site information, contact details, expectations, and any site-specific requirements.

Step 4: Pre-Placement Orientation

- All students must attend a mandatory orientation specific to their clinical placement. Orientation will cover:
 - Students and Faculty attend a orientation day in the simulation center prior to clinical site orientation
 - Clinical objectives and competencies for the rotation



- Professionalism and conduct expectations
- Health and safety protocols, including infection control
- Confidentiality and patient privacy policies (HIPAA compliance)

Step 5: Evaluation and Feedback

- **Weekly Evaluations and communication are completed** Documentation of communication and goals are documented in Trajecsys
- **Mid-Rotation Check-In:** Nursing faculty or preceptors will conduct a mid-rotation evaluation to review student progress and provide feedback. Students in danger of failing will be reported to the simulation director for support in promoting student success with early intervention.
- **Final Evaluation:** At the end of each placement, a comprehensive evaluation will assess the student's achievement of clinical competencies, adherence to professional standards, and areas for improvement.
- All evaluations are completed in Trajecsys
- **Student Feedback:** Students are encouraged to complete a post-placement survey to provide feedback on the
 - site
 - Faculty Support
 - overall learning experience.

5. Placement Changes or Cancellations

If a clinical placement site becomes unavailable, the clinical placement coordinator will make every effort to secure an alternative placement. If a student experiences conflicts or concerns at a placement site, they must notify the coordinator as soon as possible. Reassignments will be considered based on the following:

- Availability of alternative sites
- Feasibility of meeting clinical requirements within program timelines
- Specific circumstances and safety concerns of the student or site

6. Code of Conduct and Professionalism

Students are expected to adhere to the highest standards of professionalism, including:

- Punctuality and reliability in attendance
- Respectful and ethical behavior toward patients, staff, and colleagues
- Adherence to healthcare facility policies and procedures



- Proper attire and use of program or facility-issued identification

Failure to comply with these standards may result in disciplinary action or removal from the clinical placement.

7. Health and Safety Policies

Students are required to follow all health and safety guidelines, including infection prevention and control protocols. Personal protective equipment (PPE) must be worn as directed by the facility and nursing program policies. Any injury or exposure incident must be reported immediately to the clinical instructor and facility supervisor.

8. Documentation and Records

The clinical placement coordinator will maintain records of all student placements, evaluations, and any incidents related to clinical placements. Records will be securely stored in accordance with FERPA regulations and program policies.

9. Appeals Process

Students who wish to appeal their clinical placement assignment must submit a written appeal to the clinical placement coordinator and Simulation Director within one week of the placement announcement. The appeal will be reviewed by the nursing program director, who will make a final decision based on the student's circumstances and program requirements.



APPENDIX K IDENTIFICATION OF STUDENTS AT RISK

Policy

This policy has two purposes: identify struggling students early and create a remediation plan and secondly provide a formal notification process for students who have failed prior to the posting of their grade.

Identification procedures for Theory Classes

1. Teachers will send lists of students who have below 80% on cumulative testing after every examination given to the Director of Nursing and the academic directors.
2. Excessive tardiness or absence must be reported as a possible risk for failure
3. Excessive late assignments or incomplete assignments must be reported to the responsible Academic Director.
4. Students who have less than 80% after the midpoint of the semester will be referred to the practice committee for follow-up.
 - a. The practice committee will schedule a meeting with the student and determine possible interventions to assist the student in succeeding.
 - b. Developmental plans or summative emails will be sent to the student
5. The Director of nursing or designee will monitor the results of all ATI practice exams for identification of students possible at risk of failure.
6. Students will be contacted to determine if there are interventions which can assist students in meeting the expectations of the classroom
7. The leadership team will examine the information received and reach out to the students to discuss results and the risk of failure.

Identification of Clinical Failure

1. Clinical faculty will evaluate the students at regular weekly clinicals
2. If students are not meeting the expected standards by the mid semester evaluation the simulation director must be involved in the creation of the developmental plan.

Failure of Theory Classes

1. Students who fail a course name will be sent to the ND and a meeting will be scheduled with the faculty member and the professional practice committee.
2. Class exams will be looked at:
 - a. Tests will be examined to determine the student's overall average
 - b. Tests will be reviewed to determine legitimacy of the student's percentage standing
 - c. If recalculation is needed it will be completed
 - d. Loss of points due to late assignment deduction of points
3. ATI proctored Exam will be examined
 - a. Both the class exams and ATI exams will be evaluated to determine if failure is approved.

Clinical Failure



1. A meeting will be held with the clinical faculty and the simulation director along with PPC
 - a. PPC will evaluation information presented to determine if a failure is approved
 - b. The PPC may decide to meet with the student

Once Failure is approved

1. Students will be notified in writing that they have failed the class
2. Students will be encouraged to schedule a meeting with the ND
3. Students will be informed of actions needed regarding other classes which could include dropping
4. Students will meet with the ND or Academic Director to discuss options for readmission to the program and steps.
5. Students will be informed of their standing in taking the CNA certification exam



APPENDIX L

POLICY ON ATTENDANCE THEORY AND CLINICAL

Theory

Teacher Discretion

Students are expected to attend **all** weekly class sessions. These sessions may be in person or virtual. During virtual classes it is an expectation you have your camera on unless approved by your instructor to have it turned off. Any class meeting missed, regardless of cause, reduces the opportunity of learning and may adversely affect a student's achievement in the course. Students are required to attend at least 90% of theory class meetings to pass this course. Students missing more than 90% will need to meet with the course faculty member and assistant director to determine the next steps. Absenteeism may lead to failure of a class.

If a student fails a theory class, they also automatically fail the clinical class.

If a student fails a clinical class, they also automatically fail the theory class.

Clinical

Clinical attendance is mandatory. Clinical absences will jeopardize the student's ability to meet the clinical expectations. Students are required to adhere to policies and procedures of course and instructions provided by syllabus and clinical faculty. All students are required to complete required hours to pass.

- Students are expected to be prepared for clinical experiences. If a student fails to demonstrate evidence of preparation for the clinical assignment, the student will be dismissed from clinical. The clinical faculty member determines preparation. This will be considered an unexcused absence.
- Do not plan to leave early or arrive late. Travel arrangements must be made so as not to interfere with class attendance. Students are allowed ONE excused absence per semester (4 in total for the program). Excused absences are defined as follows:
 - Medical illness with a signed note from MD or NP stating that student is now able to return to clinical site without restrictions
 - Pregnancy with a signed note from MD or NP stating that student is now able to return to clinical site without restrictions
 - Bereavement of an immediate family member

All other absences will be considered unexcused and may result in failure of the clinical and theory course. In addition, for all absences (excused or not) the student will be required to:

1. During the 5-semester the student may not miss more than a total of 4 clinical days. Once the student misses a 4th day they will be referred to the Professional Practice Committee.
2. Meet with the Professional Practice Committee along with any accompanying documentation to review absence.
3. Complete a make-up assignment equivalent to twelve (12) clinical hours. The make-up assignment



will be assigned by the clinical faculty with a required due date. Failure or refusal to meet with the Professional Practice Committee and/or complete the make-up assignment by the required due date may result in failure of the clinical and theory course.

Students are expected to attend **all** clinical hours. If a clinical is missed a makeup assignment needs to be completed. If a student does not achieve the required direct care and indirect care hours for a course the student will fail regardless of the reason for the missed time. All students must have a minimum of 864 hours (500 direct care hours and 364 hours of indirect hours) to be allowed to sit for the boards. If you do not achieve these hours, you will not be able to successfully complete the program nor sit for your boards.

Tardiness

1. Students are expected to arrive at clinical at the time specified by your instructor on the first day of clinical; On time means at the assigned location 20 minutes before.
2. A student who arrives 5 minutes past the assigned start time will be considered “late” even though they have notified the instructor that they will be late.
3. You will receive a student advisory regarding your first incidence of tardiness.
4. On the 2nd incidence of tardiness, you will receive a written warning in the progressive discipline process.
5. On the 3rd incidence, you will be dismissed from clinical and therefore will fail the course and be forced to drop the theory course as well.
6. Leaving early is **not** allowed. It is important that all clinical hours are utilized. Any early release from clinical must be approved by the Director of the Nursing Program



APPENDIX M

HEALTH AND SAFETY REQUIREMENTS POLICY

Purpose: The purpose of this policy is to describe the Health and Safety requirements for all Nursing Programs and Clinical Faculty at St. Mary's College (SMC).

All students admitted to SMC Nursing classes/programs will be required to be compliant with all Health and Safety Requirements set forth by the Nursing Program at least 2 weeks prior to the first day of any healthcare class with a clinical component or 4 weeks prior to admission into a healthcare program where state required clinical hours are part of the program. Non-compliance will result in possible removal from the class or program.

You will be required to upload several documents into an online screening program called **Complio** as part of this process. The documents must be scanned (**No Pictures**) and uploaded by the student. The cost of using this system will be paid for by the nursing student with the exclusion of the CNA program and faculty.

The Nursing Program will **not** accept any documents emailed, scanned, faxed, or submitted directly to the program or Professor. *It is the student's responsibility to ensure that all Health and Safety Records are kept current during the program.* You must be compliant to register for each semester. The student who does not comply with this policy will not be allowed to enroll or continue clinical hours and could be dropped from the class. The student cannot begin clinical studies until documents have been reviewed and approved by the Nursing Program.

The Health and Safety Requirements are as follows:

1. Physical Exam completed within the last year-**renewed every 2 years if in a program.**
2. American Heart Association's Basic Life Support for Health Care (BLS) Professionals (back and front)-**renewed every 2 years.**
3. Hepatitis B-Titers within the last 8 years showing immunity- or declination; see Assistant Director or Clinical Coordinator for declination form.
4. MMR-Titers within the last 8 years showing immunity.
5. Varicella- Titers within the last 8 years showing immunity
6. Tdap-combined Tetanus, Diphtheria, and Pertussis vaccine. Tetanus Booster must be completed within the last 10 years. (**Tetanus and Diphtheria only will not satisfy this requirement.**)
7. Influenza –A current flu vaccine. Students or Clinical Faculty who decline flu vaccine must wear a mask when they are in clinicals-**renewed annually** or declination see Assistant Director or Clinical Coordinator for form (must always wear a mask within the hospital setting per regulations.)
8. Covid Vaccination-Upon request either by school or clinical site
9. TB Screening:
 - Initial 2-Step TB skin test with documented negative results for both.
 - TB screening **annually** thereafter. Documentation of negative results.



- TB test to be repeated if exposed to TB since last results.
 - QuantiFERON -TB Gold blood test result is only acceptable as a substitute for TB skin testing if QuantiFERON results are within the last 3 months (FACULTY Only)
 - If Positive TB results, a chest x-ray (within the last 5 years) required with a Chest x-ray report and a Healthcare Personnel (HCP) annual symptom TB screening form to be completed.
10. Background Check – All Students and Clinical Faculty upon admission and prior to the first day of class.
 11. A urine drug screen (students and Faculty only). Please inform the director of nursing or CNA director prior to taking the drug test if you are taking prescribed medication. Please refer to Background policy.
 12. Some clinical facilities have additional requirements, such as N95 mask fit testing, live-scan, or other requirements. Additional requirements will be addressed on a needed basis and could be at the student's expense. (Exception: fit testing will be a Nursing Program at SMC with no additional cost to the student.)
 13. Medical Insurance-you must carry medical insurance while in the nursing program

Students must scan and upload the appropriate documents into the designated space for each requirement into **Complio**. *Do not leave any requirements blank.*

The Nursing Program reserves the right to amend this policy any time during the year. Students will be notified of any changes in a timely manner.



APPENDIX N

LATEX SAFE ENVIRONMENT POLICY

Saint Mary's College (SMC) Nursing Program ensures a safe learning and working environment for the faculty, staff, and students. The Nursing Program's goal is to protect staff and students from unnecessary exposure to latex and to control, with limits, exposure of latex and latex based products.

To assure a "latex safe environment," SMC Nursing Program limits the use and direct exposure of latex-based products. In accordance with this policy, latex balloons, and latex based powered gloves are not allowed in any lab, class, or skills area. All gloves utilized are latex free.

If a student reports having a latex allergy, they will be required to complete the latex screening tool with their medical provider. This tool provides assessment documentation and formal diagnosis with medications being utilized for treatment.

Products produced with latex will be limited. If a product used does not have a latex alternative, the student should wear protective barriers to reduce exposure.

Items within the lab that may contain latex include but are not limited to PPE, tourniquets, Band-Aids, stethoscopes, wound drains, and blood pressure cuffs.

Within the simulation room human simulators may contain latex parts and the student should wear gloves for all contact with the simulators

It is the personal responsibility of individuals with a latex allergy to inform their dean and director, so additional precautions can be taken as needed.

Those allergic to latex should wear a medical-alert bracelet and carry any medications always prescribed for treatment. These medications should be available, both in clinical and simulation settings. It is imperative any student with a latex allergy requiring possible Epinephrine must always wear a medical alert bracelet at clinical sites. If your allergy requires the use of Epinephrine pen it is also imperative the instructor in simulation/skills know where the Epi pen is located for potential emergencies.

Reasonable Suspicion Testing

The Nursing Program at St. Mary's College requires that all potential nursing students who are applying to any of its nursing programs must submit to a drug screen as outlined in this policy and test negative before participating in any clinical activity associated with the Nursing Program at SMC. This testing is required by our clinical partners along with state regulations. Clinical sites have the right to turn down any student for clinical placement based on concerns about that student's ability to deliver safe practice.

St. Mary's College (SMC) Student Handbook has written specific policies that address the use of alcohol, drugs and the use of Cannabis. Please review the college's policy on Alcohol, Drugs and Cannabis.



Practicing safe delivery of care in all patient/client populations is the reason for drug testing. It is the policy of SMC's Nursing Program to fully comply with federal and state laws and regulations dealing with the usage and detection of drugs. This policy is subject to change at the sole discretion of the college and the Nursing Program and is meant to supplement the alcohol, drug and cannabis policies located in St. Mary's College Student Handbook.

The Nursing Program's policy is in force while nursing students are engaging in any nursing academic setting which includes classes, simulation, skills, clinical at hospitals, clinics, nursing homes, or other facilities on behalf of the College.

All nursing students will be required to submit to alcohol/drug screens and be expected to test negative for drugs at certain times in their nursing education: When this testing is ordered it will be completed within 120 minutes

- as requested by the Nursing Program for reasonable suspicion of use/under the influence;
- As requested from a clinical site; or
- After a major clinical event

*Unannounced drug testing may occur based on **reasonable** suspicion.

1. When a student is suspected being under the influence based on behavior or strong odor the student will be informed, they need to be tested immediately
2. If a clinical partner requests the testing due to their suspicion these results are reportable to the clinical site.
3. The student will be escorted to the testing location and not be allowed to drive
4. The Program Director of nursing and Assistant Program Directors will be notified
5. The student will consent for the testing
 - a. If the student does not consent, they will be excused from clinical/class and must have arrangements for getting home that do not include driving
 - b. The faculty will document the event and submit to the professional practice committee
 - c. The student needs to be informed this may lead to expulsion of the nursing program
 - d. Positive results for illegal substances must be reported to the Board of Registered Nursing

Students should not consume any alcohol or cannabis within 12 hours of simulation or clinical activities.

Students who are taking Prescription Medications:

1. Students need to notify the Director of Nursing and the Clinical Coordinator of any prescribed medications that are considered "mind altering" and interfere with operating a motor vehicle etc.
2. Students need to provide a note from the physician

While a student may be taking medications for a variety of medical conditions the consumption of these medications may not jeopardize patient safety.

- If the student is tested for suspicion of being under the influence and only a prescribed medication result is returned this will be referred to the professional practice committee for decisions and next steps.

By participating in the drug screening process, the student is authorizing release of the drug test results in accordance with this policy. In addition, a **Reasonable Suspicion Determination Report** will be completed by the individual who observed the suspicious behavior.



APPENDIX O

SELF-HEALTH ASSESSMENT FORM

Student Name _____ Email: _____
 Contact Numbers: (home) _____ (cell) _____
 BLS Expiration Date _____

Check the boxes below as the information applies to your health. Have you ever had problems, past or present, related to the following medical conditions? If so, state the year.

	No	Yes	Yr.		No	Yes	Yr.
Glasses/Contacts				Appendicitis			
Eye				Gallbladder/Stones			
Nasal or Sinus				Jaundice/Liver			
Hay fever/Allergy				Bowel/Colitis			
Ear or Throat				Dysentery			
Poor Hearing				Blood in stools			
Birth Defects				Piles/Rectal			
Headaches/Migraine				Frequent/Night Urination			
Frequent or Severe				Blood in Urine			
Head Injury				Kidney/Stones			
Skull Fracture/Concussion				Urinary/Bladder			
Dizzy Spells				Prostate			
Fainting Spells/Blackouts				Syphilis/Gonorrhea/STDs			
Convulsions/Epilepsy				Rupture (hernia)			
Meningitis/Polio				Painful/Swollen Joints			
A stroke'/Weakness in Leg/Arm				Rheumatism/Arthritis			
Nervousness/Breakdown				Knee Injury/Surgery			



Thyroid				Swelling of Ankles			
Chest/Lung				Foot Pain/Difficulty Walking			
Shortness of Breath/Asthma				Back or Spinal Injury			
Smoking				Backache/Immobility			
Pneumonia/Emphysema				Sciatica			
Tuberculosis				Osteomyelitis/Bone Infection			
Persistent Cough				Broken Bones (anywhere)			
Rheumatic Fever				Dislocated Joints			
Pain around the heart or angina				Skin/Rashes			
Heart Attack				Allergies – to what?			
High Blood Pressure				Diabetes-Type ____			
Gained or lost weight in last year				Anemia/Other blood disease			
Overweight/Underweight				Cancer			
Heartburn/Stomach				Growth/Tumors			
Abdominal pain				Permanent/Disability			
Varicose Veins				Artificial Limbs			

Please list below all operations (surgeries) performed on you. State the year.

____ Year
 ____ Year
 ____ Year

Are you under a health provider's care at this time for any ongoing health conditions?

Yes__No__

(If yes, please explain.)

Are you taking any drugs or medicines now? Yes____No____ (If yes, please list all drugs or medicines)

Please describe your present state of health: Excellent____Good____Fair__ Poor _
 If less than good, please explain:

Declaration: I have clearly understood the above questions, and the answers given by me are true



and correct to the best of my knowledge and belief. I consent to a complete medical examination by a healthcare provider; this examination will include and may not be limited to laboratory and x-ray testing.

I authorize the Nursing Program at St. Mary's College to share information regarding my health data (including but not limited to immunization status, immunity titers, and/or testing for x-rays for tuberculosis) that is requested by clinical agencies in which I am a student nurse.

Student _____ Date _____
Signature

Student _____ (print)
First Middle Last



**APPENDIX P
PHYSICAL EXAMINATION FORM**

To be completed by Health Care Provider

NAME: (Please print clearly) last first middle			
SOCIAL SECURITY: XXX - XX - XXXX		-	DATE OF BIRTH: - - Age:

Medical History:

Height	Weight	Allergies	Hearing Left
Hearing Right	Vision: Right 20/	Vision: Left 20/	Color Vision
B/P	Pulse	Temperature	RR

Systems Review (within normal limits (wnl) /abnormal (abn))

Ears/nose/throat	Musculoskeletal
Cardiovascular	Endocrine
Respiratory	Genitourinary
Gastrointestinal	Extremities

Clinical Findings



Medications and/or Treatments

In my opinion this applicant does not have any health conditions that would create a risk to him/her, patients, or fellow students or employees. Therefore, this student is clear for clinical without any limitations

Provider Signature: _____ Date _____

Provider Printed Name: _____ Title _____

Address: _____ Phone () _____

PLEASE PROVIDE OFFICIAL AGENCY AND/OR HEALTH CARE PROVIDER SIGNATURE STAMP.

Latex Policy/Assessment Form



APPENDIX Q BACKGROUND CHECK POLICY

Purpose: The purpose of this policy is to describe the background check requirements for all Nursing Programs at St. Mary's College (SMC).

Background checks are required to be completed for all SMC Nursing students. BSN students must have completed prior to beginning their first Nursing class and then annually. It is the student's responsibility to ensure their background checks are completed and maintained during the program. The fee for the background check is paid by the student.

The Nursing Program will provide the designated agency information for background checks to be completed. The Nursing Program will not accept background checks from any other agencies. If students do not complete their background checks as indicated in this policy or by the date indicated by the Nursing Program, he or she may be dismissed from the program, and may not be allowed to proceed with clinical studies.

The results of the background checks will be available for the Nursing Program to review. If a student is not cleared, the record will be reviewed by the Director, ND of the School, or designee. If a student's background check is not cleared, he or she can still enroll in theory classes. However, the clinical agencies can refuse to allow the student to complete their clinical at their institution. Failure to comply with this policy will jeopardize the student's status in the program.



APPENDIX R
COMMUNITY HEALTH GUIDELINES AND EXPECTATIONS

It is the responsibility of the SMC's Nursing Program to secure suitable Community Health placements for all students. Every effort is made to assign a student according to their preference. However, this cannot be a guarantee. If a student does not accept the assignment when given and all the other sites have been taken, the student will be at risk of not completing the required number of hours, subsequently failing clinical.

The student is required to do the following:

- Adhere to St. Mary's College (SMC) Code of Conduct and always maintain professionalism
- Attend orientation as scheduled by agency
- Be punctual for orientation and clinical day
- Notify the clinical instructor if you can't attend your pre-arranged clinical day (either email or phone call – instructor's preference).
- Notify clinical instructor of any schedule change
- Dress in Professional Attire
- Wear SMC Name Badge any time representing SMC or functioning as a student
- Submit logs weekly to clinical instructor for authentication (method is instructors' preference)
- Maintain all Health and Safety Requirements throughout the program

The student is expected **not** to do the following:

- Change Clinical days without notifying the instructor
- Schedule a day for clinical on a day you have a class and ask to leave early to attend
- Attend more than one Health Fair
- Attend one feeding session at City Team
- Complete clinical at place of employment
- Attend Clinical more than 2 days a week
- Show up for clinical without being scheduled
- Set up their own clinical (all clinical sites must be set up through the College, no exceptions)
- Use a cell phone during clinical hours (no calling, no texting, no taking pictures, no internet browsing)

I have read and understand these guidelines as stated above

Student Name (print) _____

Student Name (signature) _____ Date _____



APPENDIX S TESTING POLICY

Purpose:

To establish rules and regulations around ensuring a fair testing environment and process.

Policy:

1. All Class Exams and ATI proctored exams will be on campus, in person and supervised by faculty or designated personnel.
2. No water, no food or other items are allowed in the testing area.
3. No coats or backpacks are allowed in the testing area.
4. If you need to utilize the restroom or need water a staff member will provide this outside of the testing area.
 - a. A secured bathroom will be provided with escort, if needed.
5. No Cell phones, smart watches or personal belongings are allowed in the testing area. This includes:
 - a. Earbuds
 - b. Notes
 - c. Watches
 - d. Phones
 - e. Computers
 - f. Tablets
 - g. Sunglasses
 - h. Smart Glasses
 - i. Or glasses that are designed to record or access AI.
6. If you are discovered to have any of the above items, these items will be confiscated by faculty or designated person administering the exam and provided to the professional practice committee.
7. You will be referred to the professional practice committee.
8. If you violate this policy, you will be disqualified from the nursing program and not eligible for readmission.

Faculty Monitoring

1. Faculty will monitor testing and ensure cheating is not occurring.

Disability Accommodations

1. Students requiring accommodations will be addressed each semester to ensure we are meeting the needs of the student and ensuring the integrity of testing.
 - a. This may mean the student tests in a different location.
 - b. This may mean the student tests at a different time.
 - c. All accommodations need to be handled through the disability office.

Medical Accommodations

1. Medical accommodations will be made based on Board of Registered Nursing Accommodations
 - a. These needs are handled with the Nursing Director each semester.
 - b. You will need to have a 504 Plan in place.



APPENDIX T

ASSESSMENT TECHNOLOGIES INSTITUTE (ATI) POLICY

You have paid for this service and evidence demonstrates that using ATI tools throughout BSN education can significantly increase your chances of first-time success on the NCLEX-RN examination. This is a tool for success, make use of it – go on it as much as you can, use the tutorials, watch the videos, and go to the lab for Real-Life which is your tool for critical reasoning and clinical decision making. It's all on the NCLEX-RN – you need your ATI. It should become your best friend on this journey!

Courses:

Currently, the BSN nursing program requires ten ATI examinations, scheduled at various times:

- Fundamentals of Nursing
- Nutrition
- Mental Health
- Informatics
- Pharmacology
- Care Adult Health II Major Health Problems-
- Community Health
- Maternity
- Pediatrics
- NCLEX RN Comprehensive Predictor Examination (Passing score 90%)

Passing score is a level 2

- *Below Level 1*- indicates many gaps in knowledge and the student is unlikely to pass the state boards. (this is not a passing Mark for SMC)
- *Level 1*- indicates that the student shows minimal likelihood of passing the content area and *is not ready* to sit for the NCLEX-RN examination. (this is not a passing Mark for SMC)
- *Level 2*- indicates that the student has met the minimum expectations for that test, which *might* indicate a good probability of meeting the NCLEX –RN standards in that content area. (This is a passing score at SMC)
- *Level 3*-indicates that the student has a high probability of exceeding the NCLEX-RN standards in that content area. (This is a passing score at SMC)

Grading:

The importance of continuously assessing your own progress on your journey to the NCLEX-RN cannot be stressed enough. To pass a course, you must pass the ATI Proctored exam at level 2. The student has 2 attempts to pass the test and achieve the level 2 required. You also only have one attempt for the ATI exit exam to obtain a score of 90% or Higher. Failure to reach level 2 will result in failure in both the theory and clinical course associated with the examination.

Students are required to use their course textbooks, lectures, and ATI materials to remediate; while, completing practice examinations and proctored exams. Students are required to remediate after every practice exam and proctored exam. Failure to remediate will result in a referral to the professional practice committee.



Remediation:

Students must complete the remediation within two weeks of the initial test, or they will be given a “warning” from their instructor. This will be in the form of a statement of concern for non-compliance. If the student fails to remediate, they will be referred to the Professional Practice Committee, which oversees progression in the program.

A score of 90% proficiency on the Comprehensive Predictor Examination is indicative of a high probability of passing the NCLEX-RN examination and must be achieved on the first attempt.

NCLEX

Note: First attempt pass rates are very important! If you do not pass the first time the chance of you passing starts to decrease drastically with each additional attempt. You and your program will be evaluated on how many times it took you to pass the Boards! Practice, practice, practice! ATI is designed to help you in this journey, but like any tool, you must USE it for it to work.



APPENDIX U
NURSING PROGRAM ATI ASSESSMENT AND REMEDIATION POLICY

Purpose:

To establish a congruent policy and procedure related to the use of the ATI testing program throughout the Undergraduate BSN program.

Policy:

1. All students in the nursing program are required to participate in the ATI Testing Program. Each student pays a one-time fee (spread over the semesters) which covers the costs of 80% of textbooks, the computer tests (practice, proctored, and tutorials), the scoring, remediation, the study modules, Real-Life, and analysis of the data. The ATI package also includes a final Comprehensive Predictor Examination, which must be taken in the final class of the BSN Program.
2. ATI is an online program, and each student receives an access code. In addition, each student will be given a set of ATI books that cover all the topics found on-line and provide additional topic outlines and practice questions. Both the on-line access code and any hard copy materials are distributed by the nursing program.
3. All students are responsible for the ATI information and orientation resources that can be accessed from each student's home page. **It is highly recommended that all students spend time navigating these valuable orientation materials (Click on "How To").**
4. For every course throughout the BSN program, students will be assigned ATI Practice and Proctored Assessments and Tutorials specific to the objectives and learning requirements of each course.
5. For each Practice and Proctored Assessment in each course, students are required to complete an active learning/remediation plan per the grading rubric (see pages 3 & 4). Such a remediation plan is specific to each student's individual results and will allow for a focused review of content in an area that was not learned or not fully understood as demonstrated in an assessment.

Directions for Remediation:

1. Log onto ATI
2. Go to the "My Results" tab
3. Go to the appropriate tab – either "Proctored" or "Practice" Assessments and select the appropriate tab for the type of assessment report you want to access
4. Locate and click on the appropriate assessment you want to review
5. Click on "Focused Review"
6. Check the box "review all missed topics"
7. Click create review
8. The focused review will list all topics missed on the predictor exam with access to the remediation tools for that topic
9. Follow course faculty requirements for demonstration of remediation completion
10. Completion of remediation may not be cut and paste. It must be written.



Student Acknowledgement:

Initial all and sign below:

_____ I have received a copy of and have read the ATI Assessment and Remediation Policy

_____ I understand that it is my responsibility to utilize all of the books, tutorials, and online resources available from ATI.

Student signature: _____ Date: _____

Student printed name: _____



APPENDIX V
HEALTH AND SAFETY POLICY ACKNOWLEDGEMENT OF RECEIPT

I, _____, acknowledge that I have received and reviewed the Health and Safety Policy. I am aware that these policies may be amended at any time, and I will be notified of any changes in a timely manner. I will hold myself accountable for the new directives. Furthermore, I am aware that it is my responsibility to adhere to these policies for the duration of the program.

Signature

Date



APPENDIX W
STUDENT AGREEMENT AND ACKNOWLEDGEMENT

I _____, have thoroughly read and understand the Nursing Program student handbook and the SMC student handbook. I agree to comply with all the rules and regulations as set forth in these handbooks of St. Mary's College.

Signature:	Date:
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I have completed the following Modules and have thoroughly read and understand each of the topics listed below. I agree to comply with all rules and regulations pertaining to the topics below. I understand failure to comply with this handbook or failure to meet the standards of the topics below is grounds for referral to the suitability to practice. This referral may lead to dismissal from the program.

Signature:	Date:
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