



# SAINT MARY'S COLLEGE OF CALIFORNIA

Nursing Program Handbook Associated Documents

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## **Introduction**

The Nursing Student and Faculty Handbooks have some relevant policies that, to reduce the size of the handbook, have been placed within this document. The handbook associated documents here is predominantly policies (and procedures) and information about nursing program committees. These are important documents for nursing students and faculty. If you find an item that you feel could use updating please alert the appropriate nursing program committee. Thank you.

## ***Policies and Procedures***

### **Content Expert Policy**

#### **Purpose:**

This policy is aimed at identifying the requirements and expectations of the BRN as the Program of Nursing at SMC identifies the role of the Content Expert in the areas of Medical Surgical, Obstetrics, Pediatrics, Geriatrics and Mental Wellness.

#### **Faculty Content Expert:**

The Board of Registered Nursing explains that 'Content expert' means an instructor who has the responsibility to review and monitor the program's entire curricular content for the designated nursing area of Geriatrics, Medical-Surgical, Mental Health/Psychiatric, Obstetrics, or Pediatrics.

Per the BRN, Regulation 1425(f) states that a content expert shall be an instructor with:

- (1) A master's degree in the designated nursing area; OR
- (2) A master's degree that is not in the designated nursing area and shall:
  - (a) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); And...
  - (b) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years •***Director's Handbook - See Section 8 - 5.0 Faculty Content Expert***

#### **Nursing Program Expectations:**

- The director or nursing will identify the content experts for each content area.
- Content Experts will serve on the Quality and Curriculum Committee
- Identification of the content expert/experts will be placed on the Program of Nursing's website.
- Content experts will lead a collaborative content review meeting at least once a year with faculty teaching in their specific content areas
  - Theory and Clinical Faculty will participate in these meetings to discuss current curriculum and review the need for changes pertaining to syllabi, textbook, teaching methodology, testing, remediation, etc.
- Content Expert will report out to the scheduled Quality and Curriculum committee for any recommendations to the course/courses

- All changes are approved within the quality and curriculum Meetings and reported out to the leadership committee
- Communication is then delivered to faculty and students as needed indicated

## **Faculty Clinical Competence and Remediation Policy**

In accordance with Section 1425.1(d), all nursing faculty members at Saint Mary's College must demonstrate clinical competence in the nursing area in which they teach. Faculty competence is verified through the Board of Registered Nursing (BRN) guidelines, including the document *Faculty Remediation Guidelines (EDP-R-08)* which outlines the standards and processes for attaining and documenting clinical competence.

### **Faculty Clinical Competence**

To ensure clinical competence, faculty must:

1. Possess the knowledge, skills, and experience equivalent to those of a staff-level registered nurse in the assigned nursing area (e.g., Geriatrics, Medical-Surgical, Mental Health/Psychiatric, Obstetrics, or Pediatrics).
2. Meet the following criteria for recent clinical experience:
  - One (1) year of continuous, full-time or equivalent direct patient care experience as an RN in the assigned nursing area within the past five (5) years; or
  - One (1) academic year of RN-level clinical teaching experience or equivalent in the assigned nursing area that demonstrates clinical competency.
3. Provide evidence of relevant continuing education within the past five (5) years to support their assigned area of instruction.

### **Faculty Remediation Plan**

If a faculty member is assigned to teach in a new content or clinical area for which they are not yet clinically competent, the following remediation process will apply:

1. **Individualized Remediation Plan Development:**
  - The Program Director, in consultation with the content expert and faculty member, will create a customized remediation plan with measurable theory and clinical objectives to validate competence in the new nursing area.
  - Activities to meet these objectives may include direct patient care practice, shadowing staff RNs, or completing targeted continuing education.

## **2. Implementation and Supervision:**

- The faculty member will work with the content expert or clinical agency representative to execute the remediation plan.
- Regular progress reviews will ensure objectives are met.

## **3. Competency Verification:**

- Upon completion, the faculty member will submit written verification of competency from the content expert or clinical preceptor to the Program Director. This verification must confirm that the faculty member meets the competency level of a staff RN in the designated area.

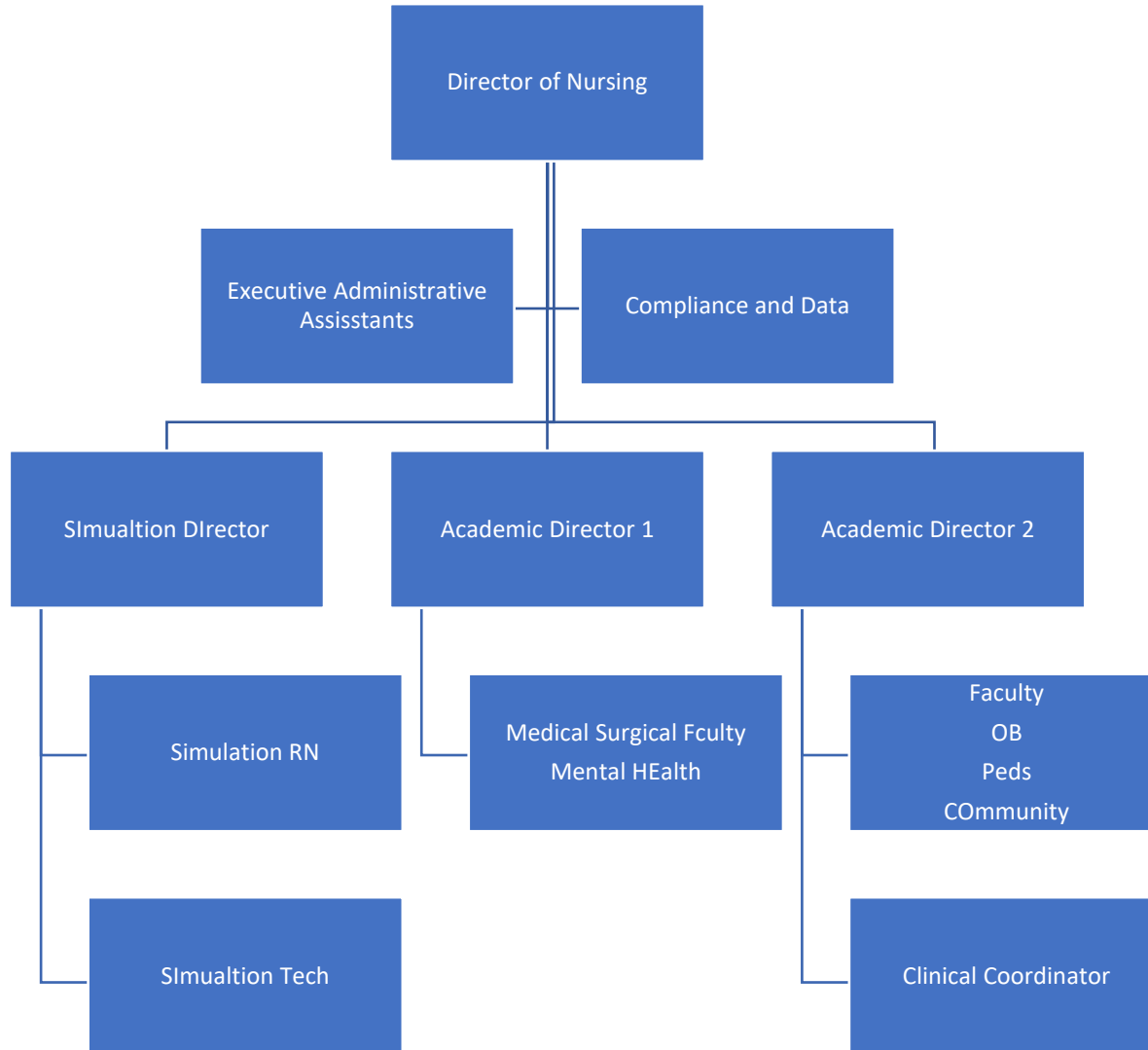
### **Submission to the BRN:**

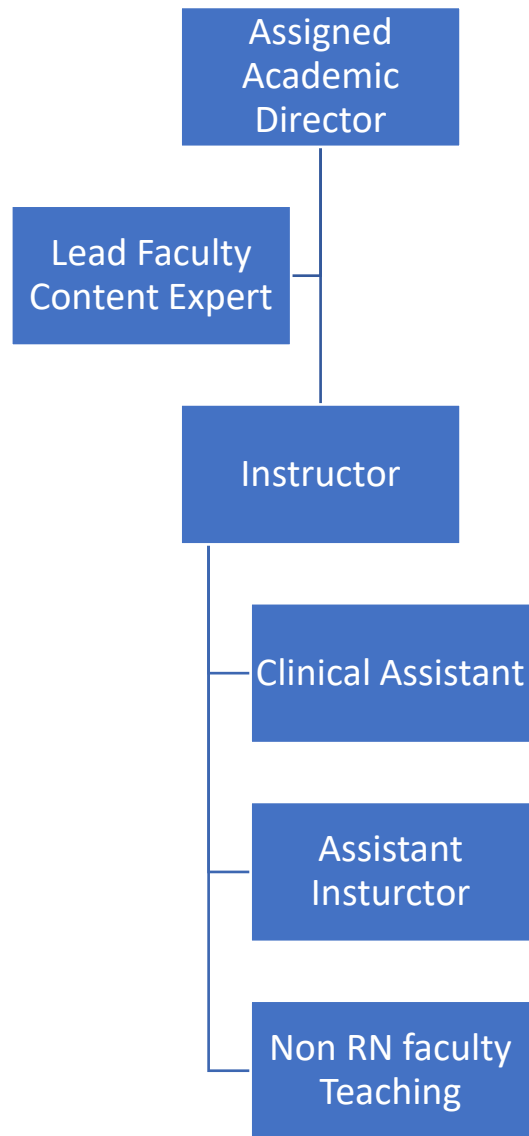
To finalize remediation, the following documents will be submitted to the BRN:

1. The completed remediation plan,
2. A written letter of competency verification, and
3. A faculty appointment form for the specified nursing area.

This policy ensures that faculty maintain the clinical expertise necessary to uphold the quality of nursing education, comply with regulatory standards, and support the success of Saint Mary's College Nursing Program students.

# Nursing Organization Structure





# Faculty Mentorship in the Nursing Program Policy

## Purpose

To establish a structured mentorship program for new and junior nursing faculty members that supports their development, facilitates professional growth, and fosters a collaborative learning environment. This policy provides guidelines for assigning mentors, defining their roles, and outlining the mentorship process to ensure consistent support for faculty success.

## Scope

This policy applies to all new and junior nursing faculty members, as well as experienced faculty designated as mentors within the nursing program.

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## Policy Overview

The faculty mentorship program is designed to support new and junior nursing faculty members by pairing them with experienced faculty mentors who provide guidance on teaching practices, academic responsibilities, and professional development. The program aims to foster an environment of mutual support, skill-building, and continuous improvement in nursing education.

### 1. Responsibilities

- **Nursing Simulation Director:** Oversees the mentorship program, assigns mentors, and ensures compliance with mentorship objectives.
  - **Mentor Faculty:** Provides consistent guidance, feedback, and support to mentees, helping them integrate into the nursing program and develop as effective educators.
  - **Mentee Faculty:** Actively participates in the mentorship program, seeks feedback, and works toward achieving professional goals.
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### 2. Mentor Selection and Assignment Process

- **Eligibility:** Mentors must be experienced faculty members who have completed at least two years of teaching in the nursing program and demonstrated excellence in teaching, leadership, and professionalism.

- **Assignment:** The Nursing Program Director or Simulation Director assigns mentors to new faculty members based on factors such as teaching specialty, schedule compatibility, and mutual professional interests.
  - **Duration of Mentorship:** Each mentorship relationship will last for a minimum of one academic year, with an option to extend based on the needs of the mentee.
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### 3. Mentor and Mentee Roles and Responsibilities

#### Mentor Responsibilities

- **Orientation Support:** Assist the mentee in understanding program policies, faculty expectations, and administrative procedures.
- **Teaching Guidance:** Provide feedback on lesson planning, classroom management, clinical supervision, and student assessment methods.
- **Professional Development:** Encourage mentees to engage in professional development opportunities such as workshops, conferences, and continuing education.
- **Evaluation and Feedback:** Regularly review the mentee's teaching materials, offer constructive feedback, and observe classroom or clinical sessions (when feasible).
- **Goal Setting:** Work with the mentee to set realistic short-term and long-term professional goals and create a plan for achieving them.

#### Mentee Responsibilities

- **Engagement:** Actively participate in all mentorship activities, including scheduled meetings and professional development sessions.
  - **Feedback and Reflection:** Be receptive to feedback and engage in self-reflection to improve teaching practices and professional skills.
  - **Goal Development:** Collaborate with the mentor to establish clear, achievable goals and actively work towards them.
  - **Program Participation:** Attend required orientation, training, and professional development events as directed by the mentor and program leadership.
- 

### 4. Mentorship Process and Structure

The mentorship program is organized in phases to provide structured support and foster effective communication between the mentor and mentee.

### **Phase 1: Initial Orientation (First Month)**

- **Introductory Meeting:** Mentor and mentee meet to discuss the mentee's background, goals, and expectations for the mentorship relationship.
- **Program Overview:** Mentor provides an overview of program policies, clinical requirements, and available resources.
- **Initial Goal Setting:** Mentor and mentee collaboratively set short-term goals for the first semester, focusing on teaching, student engagement, and program integration.

### **Phase 2: Ongoing Support and Check-ins (Months 1-6)**

- **Bi-Weekly Meetings:** Mentor and mentee meet at least bi-weekly to discuss progress, address challenges, and review teaching experiences.
- **Classroom/Clinical Observations:** Mentor observes the mentee's teaching sessions at least once per semester, providing constructive feedback on strengths and areas for improvement.
- **Resource Sharing:** Mentor introduces mentee to teaching materials, instructional resources, and technology tools to enhance their teaching.

### **Phase 3: Mid-Year Review and Developmental Feedback (Month 6)**

- **Formal Evaluation Meeting:** Mentor and mentee conduct a mid-year review to assess progress toward goals and identify any additional support needs.
- **Adjust Goals as Needed:** Mentor assists mentee in revising or setting new goals for the remainder of the year, based on observed progress and mentee reflections.

### **Phase 4: End-of-Year Reflection and Program Feedback (Month 12)**

- **Final Evaluation:** Mentor completes an end-of-year assessment, reflecting on the mentee's growth, accomplishments, and areas for further development.
- **Self-Assessment by Mentee:** Mentee completes a self-assessment to reflect on their professional growth and the effectiveness of the mentorship program.
- **Program Feedback:** Mentor and mentee provide feedback to the Nursing Program Director on the mentorship experience, offering suggestions for program improvement.

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## **5. Documentation and Evaluation**

- **Mentorship Log:** Mentors are required to maintain a mentorship log that records all meetings, topics discussed, and key feedback provided to the mentee.

- **Progress Reports:** Mentor submits a brief progress report to the Nursing Program Director at the end of each semester.
  - **Final Evaluation:** At the end of the mentorship period, the mentor completes a final evaluation of the mentee, highlighting key achievements, challenges, and future recommendations.
- 

## **6. Program Evaluation and Improvement**

The Nursing Program Director will review feedback from mentors and mentees annually to evaluate the effectiveness of the mentorship program. Adjustments to the program will be made based on faculty feedback, mentee success rates, and evolving program needs.

### **Evaluation Criteria**

- Achievement of mentee goals and professional growth
  - Mentee satisfaction with the mentorship experience
  - Mentor and mentee feedback on program structure and resources
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## **7. Confidentiality**

All discussions, feedback, and evaluations within the mentorship relationship are confidential and intended solely for the professional development of the mentee. Only summary reports will be shared with the Nursing Program Director to ensure support without breaching confidentiality.

## **Faculty Qualifications and Approval Policy**

### **Purpose**

To establish that Nursing education at Saint Mary's College will follow all BRN regulations 1424 and 1425, for supervision, qualification, approval, and resignation of faculty.

1. All faculty will have EDP-R-02 submitted prior to hire and teaching.
2. All faculty will also have this form submitted within 30 days of termination of employment Form EDP-P-02
3. All directors and assistant directors will have EDP-P-03 submitted prior to assuming a leadership role.

1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director.

Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.

*Director of the Program shall meet the following (1425A):*

- (1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration.
- (2) One (1) years' experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h).
- (3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and
- (4) One (1) year's continuous, full-time or its equivalent experience direct patient care as a registered nurse; or
- (5) Equivalent experience and/or education, as determined by the board.

*The assistant director shall meet the education requirements(1425B):*

set forth in subsection (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.

*An instructor shall meet the following minimum qualification (1425C):*

- (1) The education requirements set forth in subsection (a)(1); and
- (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by:
  - One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or
  - One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency; and
- (3) Completion of at least one (1) years' experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.

*An assistant instructor shall meet the following minimum qualifications (1425d):*

- (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice.
- (2) Direct patient care experience within the previous five (5) years in the nursing

area to which he or she will be assigned, which can be met by:

- (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or
- (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency

*A clinical teaching assistant shall have at least one (1425e):*

(1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five (5) years as a registered nurse providing direct patient care.

*A content expert shall be an instructor and shall possess the following minimum qualifications (1425f):*

- (1) A master's degree in the designated nursing area; or
- (2) A master's degree that is not in the designated nursing area and shall:
  - Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and
  - Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.

## **Lead Faculty Policy and Procedure**

### **Policy:**

The following classes will have a lead faculty:

- classes that have clinical sections,
- nursing classes that have separate sections being taught by different instructors
- This designation may change from semester to semester; however, the lead faculty will be notified 4 weeks in advance that they are the lead faculty.

### **Purpose:**

- To ensure that there is coordination of content and teaching between clinical and theory classes.
- To ensure uniformity in content being delivered in nursing classes

- To ensure one person is responsible for all activities performed within theory and matching clinical rotations
- To ensure one person is responsible for reviewing/improving curriculum for the course before the semester, during and after the semester.

**Scope:**

- All Teachers assigned to be lead faculty must have appropriate training and expertise to be assigned this role.
  - Completed competency evaluation tool
- Each course requiring BRN “content Expert” approved will have one designated content expert listed who is responsible for overseeing the curriculum feedback provided by the lead faculty at the end of the semester

**Procedure**

**Before Course Starts**

1. Review all syllabus and course schedule and update as appropriate 4 weeks prior to the course.
  - a. Ensure current syllabus format is being used
  - b. Ensure there is a *signature assignment* within the course and that it is identified
  - c. If the course has a designated “content expert” this person must be contacted with any recommended changes or clarifications needed
2. Ensure all material is posted on Canvas 3 weeks before course starts
3. Ensure all assignments are posted in appropriate spot on the Learning Management System, with due date
4. Ensure all power points and other student material is posted prior to the class it will be utilized
5. Ensure that ATI/APEA is embedded within both class and home activities
6. If another instructor is teaching/co-teaching complete orientation to all above items prior to the course beginning.
7. Ensure all instructors teaching theory or clinical understand the expectation and importance of using ATI/APEA

**During Course**

1. Monitor that all class material is being posted ahead of time
2. Ensure faculty are reviewing ATI/APEA assignments prior to the students assigned dates
  - ALL ATI/APEA assessments or other items we are providing points for must have an area under assignments for the item to be uploaded.
  - All assignments need due dates
3. Review tests prior to administration, ensure they are being given on ATI platform
4. Complete test analysis post exam.

- if another instructor is teaching you should do this with the instructor teaching the course
  - If you are co-teaching you should complete this together
5. Verify that papers are being corrected on the learning management system

### **Co-Instructors**

At times, two instructors will be designated to co-teach a class. This is done to facilitate the learning process of the student and provide more support during lecture hours.

1. One instructor will be designated as the lead instructor.
2. Co-teachers are expected to teach together not independently
3. The work should be divided fairly between the two co-instructors. This includes lecture time and grading papers.
4. 80% of the time both instructors should be present during class (together)

### **Clinical faculty**

1. Meet with faculty for orientation to the expectations of the course, assignments, Canvas, resources, questions, etc.
2. Ensure clinical faculty are prepared for the start of clinical. Including understanding of the schedule and hours required.
3. Ensure they have read and understand the student's responsibilities and absence policy-
4. Clinical faculty need to report to lead instructor
  - Student Absence.
  - The student must complete a makeup assignment equivalent to the missed hours
  - For the Undergraduate program Only 3 clinicals can be missed for entire program
    1. If a clinical day must be canceled due to the facility/instructor, the lead instructor and Simulation and Academic Director needs to know, so rescheduling of clinical hours can be done if indicated.
  - If a clinical instructor knows they have a conflict they need to inform the lead instructor immediately so we can attempt to replace them
5. Ensure faculty understand all clinical days missed by students or canceled by faculty/hospital must be reported to the chair.
6. Ensure weekly evals. midterm and final evaluations are completed,
7. Ensure students complete Evaluation of faculty, Preceptors and clinical sites
8. Ensure all faculty complete their self/course evaluation and that it is submitted to the Academic Director
9. Ensure all grades are entered into on time

### **Post class Lead Faculty**

1. Review course along with feedback and analyze if changes need to be made.

2. Create and present summary report of evaluation of the curriculum for the course at the curriculum meeting once a year
  1. This includes recommended changes and if the course has no changes needed.
3. Review signature assignments and evaluate if the objectives listed for the assignment are being met and report out to curriculum committee
4. Make any changes needed for the course and submit them to the Director of Nursing after they have been approved by the curriculum committee.
5. Review all student and faculty feedback

## **Non-Faculty Clinical Instruction Policy**

[Policy for Compliance with SECTION 1424(i)]

### **Purpose**

To ensure clarity, accountability, and compliance with SECTION 1424(i) regarding the involvement of non-faculty individuals in the instruction and supervision of nursing students during clinical experiences. This policy outlines the process for documenting their responsibilities and maintaining records within the nursing program.

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### **Policy Statement**

non-faculty individuals who participate in the instruction and supervision of nursing students during clinical experiences must have their roles, responsibilities, and scope of supervision described in writing. This documentation will be reviewed, approved, and maintained on file by the nursing program.

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### **Definitions**

- **Non-Faculty Individual:** Any professional who is not employed as a nursing faculty member but participates in clinical instruction or supervision of students, including but not limited to clinical preceptors, adjunct clinical instructors, or healthcare staff.
  - **Clinical Experience:** Any educational experience occurring in a healthcare setting, designed to provide students with practical, hands-on nursing practice.
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### **Procedure**

1. **Identification and Selection**

- Non-faculty individuals participating in clinical instruction must be identified and approved by the nursing program administration.
- Qualifications must align with the clinical experience requirements and ensure alignment with program outcomes.

## 2. **Written Documentation**

- A formal document will be created outlining the following:
  - a. **Title and Role:** The individual's title and capacity in which they will contribute.
  - b. **Responsibilities:** Specific instructional and supervisory duties assigned to the individual, including expected contributions to student evaluation and skill development.
  - c. **Limits of Supervision:** Clearly defined boundaries of authority and areas requiring faculty oversight.
  - d. **Expectations:** Requirements for adhering to program policies, ethical standards, and confidentiality guidelines.
- The document must be signed by:
  - a. The non-faculty individual.
  - b. The nursing program director or designated representative.

## 3. **Record Maintenance**

- The signed documentation will be stored in a secure file by the nursing program for the duration of the individual's involvement and at least five years thereafter.

## 4. **Orientation and Training**

- The nursing program will provide orientation to non-faculty individuals, covering:
  - a. The program's educational objectives.
  - b. The clinical evaluation process.
  - c. Legal, ethical, and safety requirements.

## 5. **Monitoring and Evaluation**

- Faculty members will periodically observe and assess the non-faculty individual's adherence to the outlined responsibilities.
- Any concerns or changes in responsibilities must be documented and updated in writing.

## 6. **Compliance and Review**

- This policy will be reviewed annually to ensure compliance with regulatory requirements and alignment with program goals.

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## **Non-Compliance**

Failure to document or maintain written descriptions of responsibilities for non-faculty individuals participating in clinical supervision will result in corrective actions, including but not limited to:

- Immediate suspension of the individual's participation.
- Review and amendment of internal policies and procedures.

## **Review Cycle:**

Annually or as needed based on regulatory updates.

# **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 University we have a holistic approach to our admission process.

## **Purpose**

"Health inequities persist in underserved communities where access to care is limited and where 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 schools 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.

- Highschool Diploma/GED or equivalence
- 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

The following is relevant to students who decide to pursue admission to the BSN program:

Minimum requirements to apply for the BSN Nursing Program

- Overall GPA: 2.8 (minimum)
- Minimum grade of C or better in Chemistry, Microbiology, Statistics, and Writing as Inquiry (listed in attachment 1.)
- All pre-requisite courses must have a letter grade.
- 2.8 GPA cumulative in the required sciences (Chemistry, Microbiology, statistics, Anatomy, Physiology, Nutrition, Sociology, and psychology)
  - You must have a grade of C or higher in Chemistry, Microbiology, and statistics.

- You must have a B or higher in Anatomy, Physiology, Nutrition, Sociology, and psychology
- Science courses must have been completed in the last 7 years.
- Passing a diagnostic entrance exam (ATI-TEAS Test) with 70% or higher within 2 attempts
  - If you did not achieve 70% you may still apply for consideration by submitting a letter requesting consideration rationally. All of your application and grades will be evaluated for determination if you will move forward to the interview process.

See grading rubric for more information on points awarded.

## **Admission Policy Attachment 1**

Pre-Requisite courses Require 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

## **Nursing Program Faculty Full-time and Part-time Faculty Workload Document**

The Nursing Program will use the workload sheet approved by the Academic Senate.

Nursing Faculty workloads fit into 3 faculty classifications:

Distribution of responsibilities for a faculty member is dependent upon each person's faculty classification, however, final responsibilities for each faculty member are determined in collaboration with the Director of Nursing.

- Both Fulltime and Part time positions follow the SMC faculty handbook with some minor alterations listed within this policy

- Tenured/Tenure-Track: 50% - 75% teaching, including mentoring/advising; 15-40% intellectual contributions; 5-10% service.
- Non-tenure Track: 75 - 100% teaching, including mentoring/advising plus required basic service obligations.
- Part time Faculty 100% teaching

A full time, nine-month workload is defined as 24 workload units per academic year.  
A full-time twelve-month workload is defined as 28 workload units per academic year.

Teaching methods can vary widely and may include co-teaching, traditional teaching, supervision of internships, supervision of practica, online and blended course delivery, and site-based courses.

### **Workload Units**

- A three-unit theory course is equivalent to three workload units.
- A clinical course where the instructor is always present at the clinical site is worth one additional workload Unit for Full-time Faculty. Part-time staff are paid the listed unit amount
  - 303L
  - 304L
  - 310L
  - 311L
  - 320L
  - 402L
  - 403L
- Preceptorship classes or clinical classes where an instructor is not onsite the entire rotation will be paid at 0.33 per student.
  - 321L
  - 401L

### **Mentoring and Advising (a component of teaching)**

Description: Faculty members of the Nursing Program are expected to mentor and advise students in their respective fields.

### **Undergraduate Advising and Mentoring:**

SMC assigns every student to a major advisor (faculty member) and a Success Coach (staff), who work together to support the student in complementary ways. Nursing faculty collaborate with students and, when appropriate, refer students to appropriate support services to ensure that students receive timely resources to facilitate success during the nursing program.

### **Intellectual Contributions Description:**

**SMC** Nursing Program has adopted AACN recommendations in “Defining Scholarship for Academic Nursing-Task Force Consensus Position Statement, 2018” as the foundation for identifying intellectual contributions.

### Purpose

“As a practice discipline, nursing scholarship informs science, enhances clinical practice, influences policy, and impacts best practices for educating nurses as clinicians, scholars, and leaders. Addressing the complexities of contemporary practice, education, and research is typically interprofessional, involving scholars from many disciplines with a variety of terminal degrees (e.g., MD, PharmD, and DPT). The complexity of health services requires that nurse scholars engage in a high level of teamwork that is multidisciplinary (knowledge stays within disciplinary boundaries), interdisciplinary (harmonization and synthesis between disciplines in a coordinated and coherent whole), and transdisciplinary (integrating sciences that transcend disciplinary boundaries; Choi & Pak, 2006).

The preferred state is to create a system of recognition for nursing faculty who are scholars in research, practice, policy, and/or education. The system should value all scholarly contributions. To that end, the purpose of this position statement is to:

- 1) create a definition of scholarship that is inclusive and supports multiple ways of knowing.
- 2) address the scholarship of discovery or scientific inquiry, the scholarship of practice, and the scholarship of teaching; and
- 3) describe the integration of scholarship across institutional missions and how scholarship is promoted alignment with AACN, SMC Nursing Program has adopted AACN definition.” AACN, 2018

SMC Nursing Program has also adopted the four standards: scholarship of discovery or scientific inquiry, scholarship of practice, scholarship of teaching, and advancing the scholarship of discovery.

Every year, all full-time faculty members will determine with the director of nursing what his/her individual Intellectual Contributions will be for the purpose of meeting his/her intellectual scholarship activities. Documentation of scholarship and research must be provided. These individual Intellectual Contribution expectations will be included in the faculty member’s workload document.

- **Service Description:** Service encompasses a faculty member’s contributions to the nursing program, college, and/or university activities and/or to a faculty member’s academic and professional community beyond SMC. Required basic service obligations include participating in program, school, and college-wide functions, faculty committees, advising and mentoring, and academic ceremonies and/or events.

- Examples of service activities which count toward the service expectations include, but are not limited to, serving on School or University committees, service to the individual faculty member's professional community, Faculty Senate, Faculty sponsorship of university programs or committees, student recruiting and participation in community organizations as a representative of the School or University. These individual Service expectations will be included in the faculty member's workload document.
- **Administration Description:** Examples of administrative responsibilities include but are not limited to program director; program assistant director; and simulation director.
  - Workload reductions appropriate for each of these positions shall be negotiated with the director. The reductions will be included in the faculty members' workload document.

### **Policy Implementation**

As part of annual strategic planning efforts, the Director of Nursing, in consultation with faculty, is charged with determining and explicating the specific, collective expectations for the faculty's teaching, research, service, or other activities in the Program for the coming year. Typically, these expectations are established as multi-year expectations with little variation on a year-to-year basis. From those expectations, the Program Director will develop, in consultation with each individual faculty member, a written workload plan for each year. The workload plan is documentation of a faculty member's complete responsibilities for an academic year that includes a distribution of duties relating to teaching (including mentoring/advising), intellectual contribution, service, and administration, Reference.

American Association of College of Nursing "Defining Scholarship for Academic Nursing Task Force Consensus Position Statement March 26, 2018" Retrieved from [Defining Scholarship for Academic Nursing Task Force Consensus Position Statement \(aacnnursing.org\)](http://aacnnursing.org)

### **Retention Policy**

Purpose: This policy is to identify strategies used to ensure student retention of nursing students.

Focusing on activities faculty should incorporate into their practice individually and activities the department has in place to promote retention.

Policy:

1. The department of nursing has a policy "Identification of Students at Risk of Failure and Notification of risk."
2. ATI remediation policy is designed to ensure students are being prepared for critical testing moments with practice testing and remediation requirements

3. SafeMedicate is utilized to promote success in Numeracy literacy and ensure no one is failed due to math calculations
  4. Professional Practice Committee is designed to meet with students and help in the creation of an individual developmental plan
    - a. Mentors may be assigned to assist with Growth
    - b. Referrals to Academic Resources, STEM Center, and/or Academic Success Office
    - c. Referrals to Student Disability Services
    - d. Referrals to the Career Center
    - e. Referrals to the Library Services
  5. The Director of Nursing works with the Data specialists in gathering testing results of all Pre-tests in ATI and Proctored exams to identify group learning needs. This information on group gaps of knowledge is disseminated to instructors to provide teaching in the moment to “Gaps of Knowledge”
- Nursing Faculty
1. Faculty Orientation includes training on teaching pedagogy
  2. Faculty training using TeamSTEPPS
  3. Faculty training on Professional Role and Role Clarity
  4. Cultural and inclusivity training
  5. Diversity Committee
  6. Shared Governance Committee
  7. Faculty referring students early to the professional and practice committee for early interventions

## **Role and Responsibilities of Clinical Faculty and Preceptors Policy**

### Purpose

The purpose of this policy is to define the roles and responsibilities of clinical faculty and preceptors in the Saint Mary’s College Nursing Program to ensure high-quality clinical education that aligns with program objectives and supports student success.

### Scope

This policy applies to all clinical faculty, preceptors, and students participating in clinical courses within the Saint Mary’s College Nursing Program, including Community Health and Leadership courses. Clinical Faculty may only supervise students within the program assigned to them through a clinical rotation or preceptorship by SMC.

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## **Role of Clinical Faculty**

Clinical faculty are part-time or adjunct faculty responsible for working with students in clinical, skills, and simulation settings. Their primary roles include instruction, supervision, assessment, and facilitation of clinical learning experiences.

## **Responsibilities of Clinical Faculty:**

1. Instruction and Supervision:
    - Teach and demonstrate nursing skills, clinical reasoning, and professional practice.
    - Supervise students in clinical settings, ensuring patient safety and professional standards.
    - Assist students in applying theoretical knowledge to practical clinical scenarios.
  2. Student Assessment:
    - Evaluate student clinical performance, including skills competency and professional behaviors.
    - Provide timely feedback and recommendations to students for improvement or enhancement.
    - Validate findings and discuss student progress with other nursing faculty to ensure consistency in evaluations.
  3. Collaboration and Coordination:
    - Coordinate with nursing faculty to align clinical experiences with course objectives.
    - Collaborate with clinical agencies to support student learning opportunities.
  4. Presence and Accessibility:
    - Be physically present or immediately accessible to students during clinical assignments to provide guidance and address concerns.
- 

## **Role of Preceptors**

Preceptors play an essential role in the educational process by serving as mentors, role models, and facilitators of learning. They support students' clinical learning experiences, especially in Community Health and Leadership courses, and guide them in applying their nursing knowledge to real-world settings.

## **Responsibilities of Preceptors**

1. Mentorship and Role Modeling:
  - Demonstrate excellence in nursing practice and leadership.

- Provide guidance, support, and advocacy to students, helping them achieve their learning goals and course objectives.
- 2. Facilitating Learning Experiences:
  - Review course objectives and student goals to align clinical assignments with educational outcomes.
  - Orient students to the clinical agency, including policies, procedures, and expectations.
  - Help students understand the roles and responsibilities of nurse managers/leaders and other healthcare professionals.
- 3. Performance Evaluation:
  - Provide ongoing feedback to students about their clinical performance.
  - Offer constructive suggestions for improvement and celebrate successes.
  - Complete a comprehensive evaluation of the student's performance, including its impact on patients and the clinical setting.

## **Preceptor Qualifications**

- Hold active licensure and experience as a clinician in the designated nursing area.
- Demonstrate a commitment to student learning and professional development.
- Possess strong communication and evaluative skills, providing actionable and positive feedback.
- Maintain a willingness to continue learning and adapt to students' unique approaches, provided safety and professional principles are upheld.

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## **Collaboration Between Clinical Faculty and Preceptors**

Clinical faculty and preceptors collaborate to provide a cohesive learning experience for students:

1. Clinical faculty support preceptors by offering guidance, answering questions, and providing feedback.
2. Preceptors share insights and evaluations with clinical faculty to ensure alignment with program objectives.
3. Both roles work together to ensure students meet competency standards and progress successfully through the program.
4. See preceptor documents for students, preceptors and faculty

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## **Implementation**

1. Orientation: Clinical faculty and preceptors will participate in an orientation process that includes a review of program goals, policies, course objectives, and evaluation methods.
2. Resources: Clinical faculty and preceptors will have access to the Faculty Handbook, Preceptor Handbook, course syllabi, and evaluation tools.
3. Ongoing Support: Faculty and preceptors will receive regular check-ins, professional development opportunities, and mentorship to maintain high standards of clinical education.

This policy ensures that clinical faculty and preceptors provide a structured, supportive, and professional learning environment for nursing students, fostering their growth into competent and compassionate nurses.

# Safemedicate Toolkit Policy

Medication Simulation/Skills Module

This is done every Semester in designated classes and simulation.

Tool Kit

8 hours

AACN Essential 5 Quality and Safety

5.1 Apply Quality improvement principles in care delivery.

- 5.1a recognize nursing's essential role in improving healthcare quality and safety
- 5.1b identify sources and applications of national safety and quality standards to guide nursing practice

5.2 Contribute to a culture of patient safety.

- 5.2b articulate the nurse's role within an interprofessional team in promoting safety and preventing errors and near misses
- 5.d assume accountability for reporting unsafe conditions, near misses and errors to reduce harm
- 5.2f Use national patient safety resources, initiatives, and regulations at the point of care

**Objective 1.** Students will calculate accurate medication dosage and demonstrate conceptual competency, calculation competency and technical measurement competency.

- Presentation on Medication administration and Safety Introduction
- Safe Medicate Essentials Module
- Simulation/skills Module

**Objective 2.** Students will demonstrate safe medication administration incorporating patient safety and the use of 7 patient rights in simulation activity.

- Presentation on patient safety initiatives around medication safety
  - 2 identifiers
  - 7 Rights
    - The right medication
    - The right dose
    - The right patient
    - The right route
    - The right time
    - The right documentation
    - The right indication

Potter, P.A. & Perry, A.G. (2023). *Fundamentals of Nursing*. (11<sup>th</sup> ed.) St. Louis, MO: Elsevier.

- Just culture

- Reporting events and near misses
- Simulation Module
- Medication safety presentation

**Objective 3.** Students will complete the Essentials Skills Module post-test with 100%

**Clinical Judgment Model**

Systematic way of gathering and using information to plan and provide individualized care.

**Rights of Medication Administration**- right medication, right dose, right patient, right route, right time, right documentation, right indication

Course	Module	Grade	Notes
Fundamentals	<b>Essential module</b>	Must complete module 100% to pass	ADA 90% required and 100% AA proctored exam to pass (3 attempts)
Med/surg 1	<b>Bodyweight Calculations administered</b>	Must complete module 100% to pass	ADA 90% required and 100% AA proctored exam to pass (3 attempts)
Medsurg 2	<b>Injectable Therapy</b>	Must complete module 100% to pass	ADA 90% required and 100% AA proctored exam to pass (3 attempts)
Capstone	<b>Word problems</b>	Must complete module 100% to pass	AA internal exam
OB		Test 100% to pass	ADA 90% required and 100% AA proctored exam to pass (3 attempts)
Peds		Review Body weight Module 100% to pass	ADA 90% required and 100% AA proctored exam to pass (3 attempts)

**Policy for Nursing Skills/Simulation and Medication Administration Calculation**

safeMedicate™ Policy and Simulation

POLICY: SafeMedicate™ is a requirement of clinical courses and is to be completed by the semester’s specified due date.

**Purpose:**

To Outline procedure taken when a student:

1. Does not satisfactorily perform required nursing skills at the clinical site and/or
2. Receives a “NOT PASS” evaluation on a nursing skill in the laboratory setting and/or
3. Does not pass a Safe Medicate Authentic Assessment at 100% (proctored exam)

**General Statement:**

A student who is unable to satisfactorily perform nursing skills, including medication calculations, will be notified in writing by their clinical instructor of the need to improve the skill and will be given a remediation plan to complete. The purpose of the remediation plan is to give the student additional instruction and practice to successfully perform the skill.

Each student will independently complete the required self-study/practice modules as assigned per semester prior to the fns Assessment. The student must submit written proof of completion of these modules (aka safeMedicate™ Passport) and proof of obtaining 90% or higher on the assigned ADA PRIOR to testing. If this is not achieved by the scheduled date of the fns AA proctored exam the student will not be allowed to take the proctored exam and will be required to complete the practice your skills at 100% prior to testing.

Each student will need to achieve 100% on the specific semester's safeMedicate™ assessment prior to administering medications in the clinical setting. If the student does not achieve 100% by the second attempt, the student is to meet with their mentor and a remediation plan will be initiated. The student is expected to complete this remediation prior to the next scheduled test date. A safeMedicate™ Passport is required prior to sitting for each assessment.

If the student is unsuccessful in attaining a score of 100% on the specific semester's safeMedicate™ fns Assessment exam after the third attempt, the student will not be able to attend clinical until this criterion is met. Students who are not successful are at risk for an unsatisfactory clinical grade due to the inability to complete clinical course objectives. This may lead to a failure in the course and removal from the program.

#### **Standard Procedure Medication Administration Calculation assessment**

1. Students must pass the designated course required Safe Medicate Authentic Assessment (AA) (Proctored exam) at 100% before the student may pass medications in the clinical site.
2. If a student does not successfully pass the required AA the student must than successfully remediate according to the stated process.

#### **Medication Administration Calculation Remediation Process**

1. A remediation using the modules and Authentic Diagnostic Assessment (ADA) in Safe Medicate is to be completed within 7 days.
2. A score of 90% is required on the remediation ADA before retaking the proctored Authentic Assessment
3. Retesting of the AA will be done within 7 days after demonstrating 90% score on the ADA.
4. A score of 100% is required on the AA assessment (Proctored exam)
5. Students may repeat this cycle three times.

#### **Standard Procedure for Nursing Skills Laboratory Testing**

1. Each student must complete all clinical ATI modules at 85% or higher.
2. Students must complete assigned work, modules, simulation assignments prior to attending simulation.
3. Clinical skills tests are graded pass/no-pass.
4. Students are responsible to complete peer observation of skills prior to instructor testing.
5. Clinical instructors will only test one student at a time.
6. Students will perform the skill without any prompting from the instructor or note cards.
7. The student must pass the course skill sets identified in the syllabus.

8. If given a no-pass grade on a skill set, the student must successfully remediate that skill set before testing on subsequent skill sets.
9. Failure to successfully complete the tested skill will result in a NO-PASS grade and the initiation of a clinical remediation plan. The student must successfully execute the steps in the remediation plan to remove the NO PASS skills grade. Continued failure to successfully remediate the skill will result in course failure and dismissal from the program.

**Standard procedure for performance of nursing skills at the clinical site**

1. **Students must pass the clinical skills laboratory test prior to being permitted to perform the skill with patients/clients in the clinical agency.**
2. **Students must have completed the ATI module associated with the skill and passed the post-test with above 85%**
3. **Student are not allowed to start IVs, draw blood nor do Vaginal exams even if this skill has been demonstrated in skills lab**

**Clinical Skills Remediation Process**

If a student unsatisfactorily performs a previously tested skill in the clinical setting or fails a skills test for the first time, a nursing skills remediation will be initiated.

1. Within 7 days the student will remediate and retest the skill(s)
2. Remediation will be with designated skills lab instructors.
3. Re-testing will be by a different faculty member than the one who provided the student with the no-pass.
4. If the student does not pass for the second time, a new remediation plan may be created or the initial one utilized again.
5. If the student fails to successfully demonstrate the skill for the 3<sup>rd</sup> time the student will fail the clinical portion of the course and will go to the suitability to practice committee for further action

Course	Medication Skills in Course	Required Self Study Modules	Assessment	Remediation <u>Cycle limit: 3 rounds</u>	Preferred # Clinical Med Pass
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Fundamentals	<ul style="list-style-type: none"> <li>● PO Meds</li> <li>● SQ injections (insulin)</li> <li>● Removing Med from Vial</li> <li>● Mixing Meds – Insulin</li> </ul>	<ul style="list-style-type: none"> <li>● Foundation Numeracy (90%)</li> <li>● Essential Skills</li> </ul>	<ul style="list-style-type: none"> <li>● Essential Skills ADA Formative: 90% Required to take Essential Skills AA</li> <li>● Essential Skills AA (Type B): 100%</li> </ul>	<p>If &lt;100%,</p> <ul style="list-style-type: none"> <li>● Repeat Essential Skills Modules</li> <li>● Repeat Essential ADA Formative: 90%</li> <li>● Repeat Essential AA (format B): 100%</li> </ul>	2
NRSG Medsurg 1	<ul style="list-style-type: none"> <li>● IVP &amp; IVPB Med Admin</li> <li>● Reconstitute Meds</li> <li>● Add Meds to IV solution</li> <li>● Meds via Saline Lock</li> <li>● Meds via NG tube</li> <li>● Metered Dose Inhaler</li> </ul>	Body Weight	Essential Skills AA (Type A): 100%	<p>If &lt;100%,</p> <ul style="list-style-type: none"> <li>● Repeat Essential Skills Modules</li> <li>● Repeat Essential ADA Formative: 90%</li> <li>● Repeat Essential AA (Type A): 100%</li> </ul>	5
Medsurg 2	<ul style="list-style-type: none"> <li>● All to Date</li> </ul>	Injectable Advanced Skills	<p>Advanced Skill AA: Intermittent: 100%</p> <p>Advanced Skills AA: Continuous: 100%</p>	<p>If &lt;100%</p> <ul style="list-style-type: none"> <li>● Repeat Advanced Skill Modules</li> <li>● Repeat ADA Formative: 90%</li> <li>● Repeat Advanced Skill AA Intermittent</li> </ul> <p>If &lt;100%</p> <ul style="list-style-type: none"> <li>● Repeat Advanced Skill Modules</li> <li>● Repeat ADA Formative: 90%</li> <li>● Repeat Advanced Skill AA Continuous</li> </ul>	5
Leadership	All to Date	Word Problem Advanced Skills	<p>Advanced Skill AA: Intermittent: 100%</p> <p>Advanced Skills AA: Continuous: 100%</p>	<p>If &lt;100%</p> <ul style="list-style-type: none"> <li>● Repeat Advanced Skill Modules</li> <li>● Repeat ADA Formative: 90%</li> <li>● Repeat Advanced Skill AA Intermittent</li> </ul> <p>If &lt;100%</p> <ul style="list-style-type: none"> <li>● Repeat Advanced Skill Modules</li> <li>● Repeat ADA Formative: 90%</li> <li>● Repeat Advanced Skill AA Continuous</li> </ul>	5
OB	IM injections (Vitamin K for Newborns)	Advanced Skills	Advanced Skills ADA: 90% Required to take Advanced Skill AA		1
Pediatrics	ID injections (PPD)	Advanced Skills Pediatrics	<p>Advanced Skills Pediatrics Formative ADA: 90% Required to take AA</p> <p>Advanced Skills Pediatrics AA: 100%</p>	<p>If &lt;100%</p> <ul style="list-style-type: none"> <li>● Repeat Advanced Skills Pediatrics Modules</li> <li>● Repeat Advanced Skills Pediatrics ADA 90%</li> </ul>	2

				● Repeat Advanced Skills Pediatrics AA: 100%	
Capstone	Word problems: mimic NCLEX questions	Word Problems and Practice Assessments	None		

# Sites for Nursing Program Placements Policy

## Purpose

To ensure that all clinical sites used for nursing program placements provide a safe, supportive, and high-quality learning environment that meets the educational objectives, standards, and requirements of the nursing program and accrediting bodies.

## Scope

This policy applies to all clinical sites utilized by the nursing program for student placements, including hospitals, outpatient clinics, long-term care facilities, and other healthcare organizations.

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## 1. Policy Overview

The nursing program is committed to maintaining high standards for clinical education by evaluating clinical sites regularly. This policy outlines the criteria, process, and frequency of site evaluations to ensure that clinical placements provide effective and valuable learning experiences for nursing students.

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## 2. Responsibilities

- **Clinical Placement Coordinator:** Manages the evaluation process, schedules site visits, and maintains documentation of evaluations.
  - **Nursing Faculty:** Provides feedback on clinical site quality based on observations during clinical rotations.
  - **Students:** Submit feedback on their clinical experiences to contribute to the evaluation process.
  - **Clinical Site-** Evaluates Saint Mary's College placement of students at the end of each rotation
- 

## 3. Evaluation Criteria

The clinical site evaluation will assess the following areas:

- **Learning Environment:**
  - Provides a safe, supportive, and structured environment conducive to learning.
  - Offers opportunities for students to practice a variety of skills relevant to their educational level.
  - Ensures students have access to resources (e.g., patient records, diagnostic tools) needed for hands-on learning.

- **Preceptor and Staff Support:**
    - Preceptors and staff demonstrate a commitment to student learning and mentorship.
    - Preceptors have the knowledge, skills, and experience to support students' clinical growth.
    - Staff provide constructive feedback and foster a positive learning environment.
  - **Quality of Patient Care and Diversity of Cases:**
    - The site provides exposure to a range of patient populations and healthcare needs.
    - Ensures that students can apply theoretical knowledge to diverse clinical scenarios.
  - **Safety and Compliance:**
    - Site adheres to all relevant health and safety standards, including infection control protocols.
    - Clinical environment follows legal and ethical standards, including patient privacy (e.g., HIPAA compliance).
  - **Alignment with Program Objectives:**
    - Clinical experiences at the site align with the nursing program's curriculum goals and objectives.
    - Site activities contribute to students' development of core nursing competencies.
  - **Feedback and Evaluation Mechanisms:**
    - The site facilitates student feedback and provides an avenue for students to express concerns.
    - Preceptors and staff are open to program feedback and engage in continuous improvement.
- 

## 4. Evaluation Process

### Pre-Placement Evaluation

- Before establishing a new clinical partnership, the clinical placement coordinator will conduct an initial site assessment.
- This assessment may include an in-person visit, virtual tour, or meeting with site administrators and nursing leaders.
- Pre-Placement Evaluation Criteria:
  - Review of the site's facilities, safety protocols, and compliance with nursing program standards.
  - Verification of available resources and staff qualifications.

- Alignment of site's opportunities with the program's clinical objectives.

### **Ongoing Evaluation**

- Sites will be evaluated regularly, at least once per academic year, to ensure continued compliance with program standards.
- **Methods of Evaluation:**
  - **Site Visit:** The clinical placement coordinator or designated faculty will visit the site, observe the clinical environment, and engage with students, preceptors, and site leadership.
  - **Faculty Feedback:** Nursing faculty involved in clinical rotations will complete an evaluation form based on observations and student interactions.
  - **Student Feedback:** At the end of each rotation, students will complete a site evaluation survey to provide feedback on the quality of their learning experience.

### **Post-Rotation Evaluation and Review**

- At the end of each semester, the clinical placement coordinator will compile evaluations and feedback from students and faculty.
- A comprehensive review of each site's strengths and areas for improvement will be conducted.
- The clinical coordinator collaborates with the clinical site to obtain their evaluation of SMC nursing program performance.
- Feedback will be shared with the clinical site as part of an effort to enhance the clinical learning experience.

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## **5. Evaluation Documentation and Recordkeeping**

- The clinical placement coordinator will maintain records of all site evaluations, including:
  - Pre-placement evaluations, ongoing site visit reports, and completed evaluation forms from faculty and students.
  - Feedback summaries and action plans developed in response to identified areas for improvement.
- Documentation will be securely stored and reviewed during annual program evaluations and accreditation reviews.
- Evaluations will be completed within Trajecsys

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## **6. Site Improvement Plans**

- If an evaluation identifies areas of concern, the clinical placement coordinator will work with the site to create an improvement plan.
  - **Improvement Plan Process:**
    - Outline specific concerns and areas for improvement.
    - Establish timelines and measurable goals for addressing these issues.
    - Schedule follow-up evaluations to assess progress and determine if further action is required.
    - Address any programmatic concerns identified by our clinical partners by working with the quality and curriculum committee and the leadership committee.
  - If a clinical site fails to meet established standards and does not address concerns within the improvement plan timeline, the program may discontinue placements at that site.
- 

## **7. Policy Review and Reassessment**

- This policy will be reviewed annually or as needed to ensure alignment with program objectives, regulatory requirements, and best practices in clinical education.
- Feedback from students, faculty, and clinical site partners will inform policy updates.

## **Scheduling a Simulation Policy**

### **Purpose**

This policy is designed to provide instructions on how to plan and schedule a simulation or skills activity either on SMC Campus or off site at another partner site.

### **Policy**

Every simulation event is planned with the director of simulation and staff within this department. Each clinical course has a simulation schedule which provides the simulation and skills activities that are planned for the semester

- Core Classes planned simulations already have completed all forms necessary for the planned events
- Content experts review and approve these scenarios once a year for modifications needed
  - Simulation scenarios
  - Simulation Scripts
  - Simulation student materials
  - Debriefing Guidelines

All simulation events are completed using the Simulation Planning Form, Simulation Template and Simulation debriefing log

1. The simulation planning event scheduling forms are completed 8 weeks prior to the semester starting
  - a. This form is used for scheduling when these will occur and location (on site or off site)
  - b. Offsite locations need to be coordinated 8 weeks in advance to ensure dates and times are available

## Student Clinical Evaluations

<b>Student Name</b> <b>Professional Appearance</b> ( <i>Uniform, grooming, badge</i> ) <input type="checkbox"/> Yes (meets) <input type="checkbox"/> No (does not meet) Be specific	<b>Date</b> 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	<b>Site</b>	<b>Instructor</b> 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 academic director)
<b>Electronics/Cell Phone Policy</b> 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
<b>Final Score</b> Passing score 58 or above Below 58 is not passing Referral to PPC	<b>Scoring:</b> _____ 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:**

- Assess each student’s performance at the end of the clinical practicum experience each day and share results with 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 clinical coordinator if 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.

ITE M #	COMPETENCY CATEGORY	COMPETENCY CRITERIA	ASSESSMENT RATING	COMMENTS <i>Comment required for Developing (Meets minimal standard) &amp; Does Not Meet.</i>
<b>Safe &amp; Effective Care Environments</b>				
<b>1</b>	<b>Organization &amp; Time Management</b>	Organizes and implements plan of care (including review of EMR) within allotted time frame and makes modifications as necessary.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
<b>2</b> 2.3g	<b>Continuity of Care: Hand-Off (Transfer of Knowledge)</b>	Attends/receives report and receives and provides hand off prior to breaks and at the end of the clinical day. <i>(May also include delivery of SBAR hand-off).</i>	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	

<b>3</b> 2.3gc	<b>Communication Change in Status (transfer of Knowledge)</b>	Communicates changes in status in a timely manner to the precepting/primary nurse, instructor and/or intradisciplinary team members.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
<b>4</b> 5.2c 5.2d 5.2f	<b>Safety: Infection Control</b>	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	
<b>5</b> 5.2c 5.2f	<b>Safety: Patient Identification</b>	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	
<b>6</b> 1.2b 9.1a 9.3d 10.2b	<b>Professionalism: Attitude (Role Identity)</b>	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	
<b>7</b> 1.2e 2.2c 8.5a 9.1c 9.1e 9.1f 9.3c 9.5d	<b>Ethical Practice and Confidentiality (Role Identity)</b>	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	
<b>8</b> 2.1a 2.1b 2.1c 9.2b 9.2c	<b>Empathy &amp; Compassion</b>	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	
<b>Assessment: Recognizing Cues</b>				
<b>9</b> 2.3b,c	<b>Physical and/or Mental Health Assessment</b>	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	
<b>10</b> 2.3e	<b>Recognizes Cues</b>	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	
<b>11</b> 2.3c 2.8e	<b>Coping Strategies</b>	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	
<b>12</b> 2.2b	<b>Cultural Awareness</b>	Determines and incorporates cultural practices and beliefs into 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	

3.2c 6.4a				
13 2.2b 3.2c 6.4a	<b>Religion and Spiritual Influences</b>	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	
<b>Diagnosis/Analysis: Analyze Cues</b>				
14 2.4a	<b>Reviews and Analyzes Data</b>	Reviews data, recognizes patterns, determines what is concerning and decides if further data/assessment is needed. Links the recognized cues to individual's clinical presentation.	<input type="checkbox"/> Meets <input type="checkbox"/> Developing (Meets Minimal Standard) <input type="checkbox"/> Does Not Meet <input type="checkbox"/> Not Applicable	
<b>Diagnosis/Analysis: Prioritize Hypothesis</b>				
15 2.4b 2.4c 4.2c	<b>Forms hypothesis &amp; Prioritize Hypothesis</b>	Forms hypotheses and ranks them according to priority <i>(Should be able to provide evidence for the hypothesis cues + pathophysiology).</i>	<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	<b>Identifies Outcomes</b>	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	<b>Anticipate Potential Complications</b>	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	
<b>Planning: Create Solutions</b>				
18 2.5a 4.2c	<b>Identifies Care Options</b>	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	<b>Defines Interventions</b>	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	<b>Identifying Evidence (Rationale)</b>	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	
<b>Implementation: Take Action</b>				
21 2.6a	<b>Implementation: Take Action</b>	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	<b>Readiness to Administer Medications</b>	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, reviews information with 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	<b>Therapeutic Communication</b>	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	<b>Patient/Family/Community Education</b>	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	<b>Documentation of Care (Transfer of Knowledge)</b>	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	<b>Interprofessional Collaboration</b>	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	
<b>Evaluation: Evaluate Outcomes</b>				
27 2.7a	<b>Evaluation of Care</b>	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	<b>Modify Plan of care</b>	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	
<b>Role Identity and Caring</b>				
29 1.1	<b>Role Identity and Understanding</b>	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	<b>Role Identity and Understanding</b>	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	<b>Role Identity and Understanding</b>	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	<b>Role Identity and Understanding</b>	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	

## **Student Orientation Policy**

**Purpose:** It is important to establish an organized targeted approach to the onboarding of new nursing students.

**Policy:**

1. Onboarding begins with the acceptance by the student to attend the nursing program
2. Immediately upon students accepting the formal offer into the nursing program the student will receive all health and safety student policies and instructions for completing all physical health requirements.
3. Students will receive the schedule for the 2-day required orientation class upon acceptance into the nursing program
4. A 2-day orientation will be held prior to classes beginning to assist in the student having an organized start to the semester/program. These is not in any specific order
  - a. Welcome introduction by leaders and faculty
  - b. Social time to get to learn their cohort
  - c. Academic Support Services (may include but is not limited to info on STEM Center, CWAC, TASC, Advising, & Success Coaches)
  - d. Library resources orientation
  - e. Career Center
  - f. Health Center
  - g. Student Disability Services
  - h. Financial Aid/ Registrar
  - i. safeMedicate
  - j. ATI
  - k. iPad
  - l. IT department
  - m. Canvas
  - n. Student Handbook
  - o. Grading Rubrics
  - p. Semester Syllabi
  - q. Simulation orientation
  - r. Clinical Orientation
  - s. TeamSTEPPS
  - t. Professional Role and Role Clarity

## **Student Orientation Simulation**

**Purpose**

To ensure that students are provided with information regarding the purpose of simulation and are prepared to participate in the activities in a safe and professional manner.

## Policy

1. At the beginning of each new cohort Team Steps training will be provided and incorporated into simulation/skills/ theory activities during the first semester to assist with students' performance in communication
2. At the beginning of each new cohort students will receive a general orientation that includes
  - a. Tour of physical space
  - b. Hours spaces are available for utilization
  - c. Contact information for the director of simulation
  - d. Use of space and equipment
  - e. Review of all pertinent policies and procedures related to clinical and simulation
  - f. Sign the Simulation confidentiality agreement
3. Prior to each simulation event, staff/faculty will provide students with a pre-brief which will include
  - a. General objectives
    - i. To provide a safe place to practice assessments, skills, communication while demonstrating professional role behaviors appropriate to their level of training
    - ii. To provide an opportunity for student growth through discussions and reflections during the pre-brief, simulation and formal debriefing.
  - b. Staff/faculty will review the agreement of confidentiality, and this is to be a physical and psychological safe space
  - c. Staff/faculty will review the professional role and expectations of behaviors throughout the experience
4. Prior to each simulation scenario an orientation will occur to the learning environment, manikin, capability and purpose of the equipment being used in the simulation room. Below is a basic guidelines and other items may also need to have orientation.
  - a. Bed Operation
  - b. Bedside cart & supplies
  - c. Working Headwall
  - d. Equipment & Monitors
  - e. Task Trainers
  - f. Observers behind the one-way mirror
  - g. Location of orders/Mar
  - h. Medication dispensing Machine
5. The following resources will be included in simulation, debriefing and Skills sessions
  - a. Resource book in the room
  - b. TeamSTEPPS tools
  - c. Patient Report and Patient Orders
  - d. Student roles and responsibilities (review prior to event starting)
  - e. Review time out process and time that will be allotted for group huddle as needed

## ***Nursing Committees***

### **Community of Interest Board Charter**

- I. Purpose** The Community of Interest Board works collaboratively with the nursing faculty to promote excellence in nursing education by providing practice-relevant insight that has the potential of shaping the direction of nursing programs. The Community of Interest Board is composed of leading health care leaders and decision-makers. Through strategic guidance, this board aims to enhance curriculum development, technology utilization, curriculum design, and educational outcomes, fostering innovation and excellence in nursing and health science education.
- II. Function** SMC Nursing Program Community of Interest Board's role is purely advisory. The board has no administrative, management, personnel, or budgetary authority or responsibility, and is not a policy making body. The sole function is to provide support and advice for the nursing education program.
- III. Defined** The community of interest is defined as an internal and external Group. The internal community is composed of current students, faculty and the university at large. The external community includes Alumni, students, nurses, nursing leaders, local care agencies, Community health care agencies, funders, health care associations, designated sororities and designated specific community groups.
- IV. Authority and Scope** The Community of Interest Board provides information on needs of our clinical partners and community in relation to our students transitioning to the workforce. This committee helps provide direction, and support to the nursing program with the goal of providing excellence in healthcare education.
- III. Reporting Structure: The Community of interest Board is overseen by the Director of Nursing and information gathered from these meetings are reported out to the leadership committee and the Quality and Curriculum Committee.
- IV. Reporting Structure** The Community of interest Board is overseen by the Director of Nursing and information gathered from these meetings are reported out to the leadership committee and the Quality and Curriculum Committee.
- V. Priorities and Goals**
- Identify the needs of our community and clinical partners
  - Identify innovative technology or opportunities into our program
  - Identify additional educational opportunities we can provide our participate in within or community or with our partners

- Provide a forum for our clinical partners to meet with us and share different perspectives
- Identify possible new partnerships or ventures

## **VI. Identify opportunities**

- To improve evidence-based practice
- Determine the effectiveness of our curriculum as the students and faculty complete clinical rotations
- Gain feedback regarding new graduates they have hired –without names
- Promote evidence-based standard practices.
- Evaluate proposed new services to ensure a current need and maintain quality and service
- Develop processes and priorities

## **VII. Meeting Frequency**

- Twice a year
- Additional smaller meetings may occur with targeted projects. These activities will be reported back to the larger committee.

## **VIII. Committee Membership (being developed)**

- Chair: Dr. Pamela Stanley RN, Director of Nursing
- Co-chair: TBD
- Nursing Faculty:
- IT: James Johnson
- Health Science Faculty:
- Administrative Support: Carrie Carter
- Student Representative:
- SVP of Academic Affairs and Provost (ad hoc):
- Representation from our Clinical Partners and Apple Representative

## **Diversity Equity and Inclusion (DEI) Committee**

The Nursing Program DEI Committee is a standing committee of nursing.

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/Toolkits/2020-2023%20AACN%20Toolkit%20for%20Diversity,%20Equity,%20and%20Inclusion.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”.

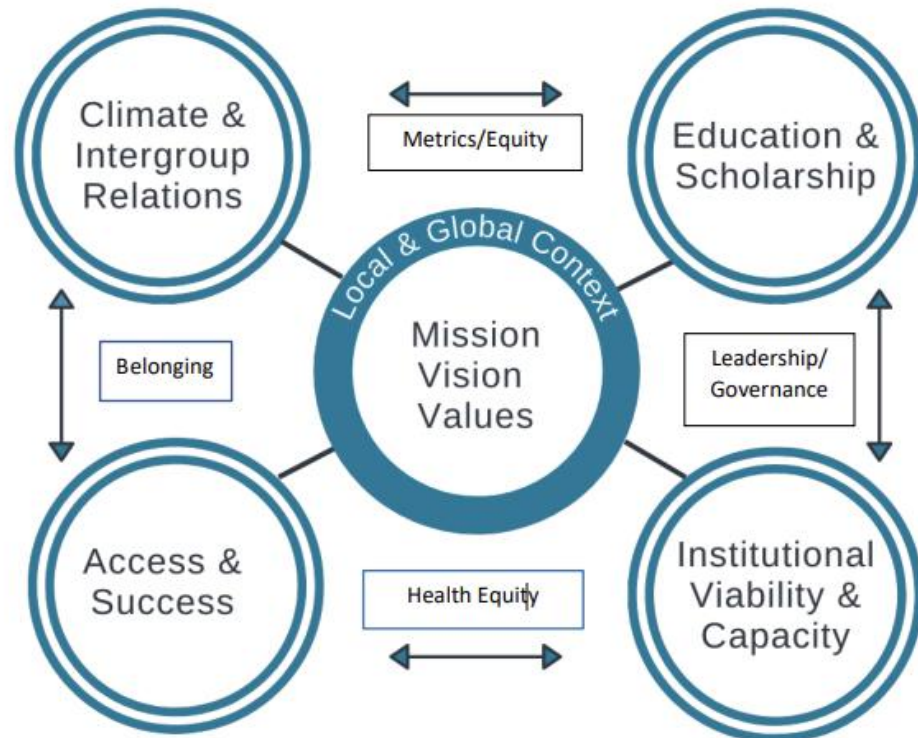
1. Education and Scholarship

- 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 experts.
  - 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

## Table Inclusive Excellence Ecosystem for Academic Nursing (AACN)



### 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 the nursing program. The arrows are dual directional to depict the connectivity, intersection, and influence of all dimensions of the ecosystem. For example, it is not sufficient that a nursing program transition to a holistic admissions process; It is imperative that the school 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 school 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 school'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 education, 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 school'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

Source: Williams, D.A., Berger, J.B., & McClendon, S. A.. (2005). [Toward a Model of Inclusive Excellence and Change in Post-Secondary Institutions](#). Association of American Colleges and Universities. Washington DC.

## **Faculty Development Committee Policy**

**Policy Title:** Faculty Development Committee Policy

**Policy Owner:** Simulation Director

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### **Purpose**

The Faculty Development Committee (FDC) was established to oversee and facilitate faculty orientation, mentoring, and development activities. This committee supports the professional growth and effectiveness of faculty members in alignment with institutional goals and standards, reporting directly to the Simulation Director.

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### **Scope**

This policy applies to all faculty members within Nursing Program and governs the operations of the Faculty Development Committee.

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### **Policy Statement**

The FDC shall be responsible for:

**1. Faculty Orientation:**

- Designing, implementing, and updating a comprehensive faculty orientation program.
- Ensuring new faculty understand the institution's mission, policies, simulation-based learning practices, and role expectations.
- Providing resources to help new faculty transition effectively into their roles.
- Reviews and updates Orientation policy and training program annually

**2. Faculty Mentoring:**

- Establishing a structured mentoring program that pairs new or junior faculty with experienced mentors.
- Monitoring mentor-mentee relationships to ensure alignment with professional growth objectives.
- Providing ongoing training and resources for effective mentorship.
- Reviews and updates Faculty mentoring program policy
- Monitors the mentoring program throughout the year

### **3. Faculty Development:**

- Identifying and addressing faculty development needs, including teaching, research, and simulation pedagogy.
- Organizing workshops, seminars, and continuing education programs.
- Evaluating the effectiveness of faculty development initiatives through feedback and performance metrics.

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## **Committee Structure**

### **1. Membership:**

- The FDC will consist of 3 nursing faculty members one member must be part-time
- Members will serve a two-year term, with staggered appointments to ensure continuity.
- This group may be increased to 5 and then 7 as the program size increases

### **2. Leadership:**

- A Chairperson will be elected from among the committee members annually.
- The Chairperson will liaise with the Simulation Director and oversee the committee's operations.

### **3. Meetings:**

- The FDC will meet monthly or as needed to review progress, address challenges, and plan activities.
- Minutes will be documented and submitted to the Simulation Director.

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## **Responsibilities**

- **Faculty Development Committee:**

- Develop and execute faculty development programs.
- Evaluate the success of orientation, mentoring, and development initiatives and report findings to the Simulation Director.
- Ensure alignment of faculty programs with institutional standards, including NCSBN and CCNE guidelines.
- **Simulation Director:**
  - Provide strategic direction and oversight to the FDC.
  - Review and approve committee recommendations.
  - Advocate for resources and institutional support for faculty development initiatives.

### Reporting and Accountability

The FDC will provide:

- **Quarterly Reports:** Updates on orientation, mentoring, and development activities to the Simulation Director and the quality and curriculum committee
- **Annual Review:** A comprehensive review of faculty development initiatives, outcomes, and future plans will be provided at the annual retreat.

### Evaluation and Review

This policy will be reviewed annually by the Simulation Director and the Faculty Development Committee to ensure continued relevance and effectiveness.

### Approved By:

Simulation Director \_\_\_\_\_

Lucinda Allen

Date

Chair of Faculty Committee \_\_\_\_\_

TBD

Date

Nursing Director \_\_\_\_\_

Pamela V Stanley

Date

Provost \_\_\_\_\_

Date

Policy Title:

## **Nursing Program Accreditation Committee Policy**

**Policy Owner:** Nursing Program Director

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### **Purpose**

The Nursing Program Accreditation Committee (NPAC) is established to ensure compliance with accreditation and regulatory standards for the undergraduate Registered Nursing (RN) program. This includes adherence to the California Board of Registered Nursing (BRN) requirements and the AACN Essentials Level 1 standards. The committee will lead efforts to maintain accreditation, foster program excellence, and support continuous quality improvement.

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### **Scope**

This policy applies to all faculty and staff involved in the undergraduate RN nursing program and governs the activities of the NPAC.

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### **Policy Statement**

The NPAC, led by nursing faculty with the Nursing Program Director serving as a key member, is responsible for overseeing the accreditation process, ensuring program compliance with the California BRN and AACN Essentials Level 1 standards, and supporting ongoing program evaluation and improvement.

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### **Responsibilities of the Committee**

**1. Regulatory Compliance:**

- Ensure alignment with California BRN regulations for undergraduate RN programs.

- Interpret and implement AACN Essentials Level 1 standards across the curriculum and program practices.
- 2. Accreditation Preparation and Maintenance:**
- Develop and maintain an accreditation timeline and action plan.
  - Coordinate the preparation and submission of required reports, self-studies, and documentation to the California BRN and AACN.
  - Lead the program through site visits and accreditation reviews.
- 3. Program Evaluation and Improvement:**
- Regularly review program outcomes and student performance to ensure compliance with accreditation standards.
  - Facilitate data collection and analysis for ongoing program assessment and improvement.
  - Recommend changes to the curriculum, policies, or processes to address identified gaps or emerging standards.
- 4. Communication and Reporting:**
- Provide updates to the Nursing Program Director and relevant stakeholders on accreditation progress.
  - Develop clear communication channels to disseminate accreditation-related information to faculty and staff.
- 

## **Committee Structure**

- 1. Membership:**
- The committee shall consist of at least 3 nursing faculty and one assistant director.
  - The Nursing Program Director shall serve as an ex-officio member, providing guidance and institutional oversight.
  - Additional members may include clinical partners and student representatives
- 2. Leadership:**
- A Chairperson will be elected from among the nursing faculty members annually.
  - The Chairperson will coordinate committee activities, liaise with the Nursing Program Director, and lead meetings.
- 3. Meetings:**
- The NPAC will meet monthly or as required to address critical accreditation deadlines and updates.
  - Minutes will be recorded and distributed to all members and the Nursing Program Director.
-

## Reporting and Accountability

- **Quarterly Reports:** The committee will submit progress updates to the Nursing Program Director, outlining activities, challenges, and next steps.
  - **Annual Review:** The committee will provide a comprehensive report on accreditation status, program compliance, and improvement recommendations at the annual retreat
  - **Action Plan:** The NPAC will maintain a detailed action plan that aligns with California BRN and AACN accreditation cycles.
- 

## Evaluation and Review

This policy will be reviewed every two years by the Nursing Program Director and the NPAC to ensure continued relevance and alignment with accreditation standards.

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### Approved By:

Nursing Director \_\_\_\_\_

Pamela Stanley

Date

Chair of Committee \_\_\_\_\_

TBD

## Professional Practice Committee

Professional Practice and Capacity to Practice as a Registered Nurse

### 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 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**

Director of Nursing, (1) Assistant Director of nursing, Faculty member involved with current referral process, Data and Compliance officer, simulation director.

- Faculty/administrator outside of nursing for any egregious events

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

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.
  - Speaking poorly of other students, faculty, staff or the university in any clinical/class setting is prohibited.
- 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 assignment, abandonment of a clinical site, or failure to comply with Health and Safety requirements will result in a referral to the committee and possibly result in removal from the program.
1. 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.
  2. 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.
  3. 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.

## **Quality and Curriculum Committee**

The Nursing Program Quality and Curriculum is a standing committee of the nursing program.

Purpose: The purpose of this committee is to establish a group of faculties who oversee the quality and curriculum within the program and classes in a proactive manner. Data from testing, evaluations and other metrics gathered will be used to make evidence-based decisions regarding adjusting the curriculum on an ongoing basis. This group along with the content experts is responsible to introduce new emerging technology or care practice changes that should be updated within the curriculum.

10. The responsibilities of the Nursing Program Quality and Curriculum Committee are to:
  - Monitor the content of the curriculum and identify opportunities for improvement
    - Syllabi review annually for recommended changes
    - Review end of course evaluations of both the students and faculty

- Review testing both class and ATI to determine areas where curriculum should be enhanced for student learning
  - Audit the curriculum to ensure mapped concepts are being included (i.e. Pain, communication, abuse).
  - Review signature assignments and gather exemplar
11. Ensure the program reflects current relevant standards
    - a. AACN essentials
    - b. NCLEX test plan 2023
    - c. Title 22
    - d. Title 16
    - e. Section 2725
    - f. Professional practice Model
    - g. DEI focused
    - h. Act on recommendations received to establish, terminate or change content within the nursing curriculum
  12. Documentation of curriculum evaluation and changes made
    - a. All classes will be reviewed once a year to determine changes needed
    - b. Student outcomes will be assessed as part of the decision making for recommendations and decisions
    - c. Faculty teaching the classes will complete an evaluation of the class taught and make recommendations
  13. Monitor the quality of the curriculum using data to make decisions
    - a. Review NCLEX Program reports
      - i. Create a yearly summary and action plan
    - b. Review ATI data for determining benchmark able recommended changes
    - c. Review data from graduate surveys
    - d. Track RN licensing and employment rates within 6 months
  14. Oversee the content expert meeting process, gather information regarding recommended changes, disseminate information regarding changes to all faculty
    - a. Ensure one meeting a year occurs for each content expert group
    - b. Report out to the leadership committee on recommended changes, challenges and opportunities for improvement
    - c. Ensure there is an updated Content expert list annually
      - i. Medical Surgical and Geriatrics
      - ii. Mental Health
      - iii. OB
      - iv. Pediatrics
  15. 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
  16. The membership of this committee will include one director and 5 faculty members elected by their peers
    - a. Terms will be for 2 years
    - b. Faculty may serve multiple years with no term limits

- c. Monthly meetings will occur 10 months of the year.
  - i. July and August will not have meetings
  - ii. If there is an urgent need a meeting can be added in these months

## Nursing Program Performance Improvement Plan Student

Name \_\_\_\_\_

Course Title \_\_\_\_\_

Date: \_\_\_\_\_

To ensure compliance with Regulatory Agency requirements, this corrective action plan was implemented.

**(S)** Situation: Briefly describe the current situation. Give a clear, succinct overview of pertinent issues.

**(B)** Background: Briefly state the pertinent history. What got us to this point?

**(A)** Assessment: Summarize the facts and give your best assessment. What is going on? Use your best judgment.

**(R)** Recommendation: What actions need to occur? What should happen next?

Follow-up Action (Next Steps):

Student Response:

FACULTY SIGNATURE\_\_\_\_\_

STUDENT SIGNATURE\_\_\_\_\_

## SHARED GOVERNANCE COMMITTEE BYLAWS

### ARTICLE I - Name of organization

Section 1. The name of this organization shall be the  
Saint Mary's College Student Coordinating Committee (SCC)

### ARTICLE II - Purpose and function

Section 1. Purpose

- A. To provide shared governance, professional accountability, and peer review by creating a foundational culture of strong nursing professionals contributing to nursing education to provide the highest quality of health care.
- B. To provide programs representative of peer interests and concerns to nursing students.
- C. To aid in the development of the whole person, including his/her professional role, his/her responsibility for the health care of people regardless of gender, color, religion, sexual orientation, national origin, ethnicity, age, marital status, disability, or economic status.

Section 2. Function

- A. To have direct input, output, and feedback into processes and standards of nursing education and assist in guiding the education process.
- B. To influence health care, nursing education, and practice through policy and legislative activities.
- C. To promote, encourage, and engage participation in community affairs and activities relating to health care and societal issues.
  
- D. To represent nursing students to the consumer, to institutions, and to other organizations.

- E. To promote, encourage, and engage students' participation in interdisciplinary activities.
- F. To promote and engage in recruitment efforts, participation in student activities, and educational opportunities regardless of a person's race, color, creed, national origin ethnicity, age, gender, marital status, lifestyle, disability or economic status.
- G. To promote and engage in collaborative relationships with nursing students and health related organizations.
- H. To foster a collaborative relationship between staff and faculty, providing ongoing educational forums, which openly discuss communication, strengths, weaknesses, opportunities and threats within Saint Mary's College and the community.
- I. To serve as spokesperson for this committee to other committees as appropriate.

## **ARTICLE III - Membership**

### Section 1. School Constituent

- A. SCC membership is composed of active students of the Saint Mary's College nursing programs and the Director of Nursing, who will be the standing Chairperson of this committee.
- B. SCC shall be composed of a minimum of a 3-member student committee or at least one student representative from each of the Nursing Programs offered at Saint Mary's College.
- C. The ND chair will maintain oversight of the SCC.

### Section 2. Categories of Constituent Membership

Active members of the SCC shall be:

- A. Students currently enrolled in a Saint Mary's College nursing program.
- B. Students who applied for the position.
- C. Students who have been appointed by the Chair of the Program for a term of one year.
- D. The Chair may request administrative support to compile minutes, calendar meetings, and forums and provide input from the nursing operations perspective.

### Section 3. Membership Responsibilities

- A. Attend all SCC meetings
- B. Serve as spokesperson for this committee to other committees as appropriate,
  - a. including Student Forums.
- C. Promote student involvement as evidenced by increased team activities, relationships, and Saint Mary's College student participation in on and off-campus events
- D. Promote quality measures, encourage participation in course evaluations, and garner appropriate feedback.
- E. Present to other nursing committees all proposed resolutions or amendments to bylaws or policies proposed by this committee.

- F. Keep informed as to all current and proposed resolutions at Saint Mary's **College** and report information to this committee membership at regularly scheduled membership meetings.

## **ARTICLE IV - MEETINGS**

### Section 1. Membership Meetings

- A. A plurality vote of members present at each shall set meeting dates  
For the previous meeting.
- B. Meeting location and time will be decided on and approved by a plurality  
vote of members presents at each meeting.
- C. The Chair shall have the authority to convene a special meeting at such time  
as is deemed necessary and shall notify the general membership of such  
meeting, location, and time.

### Section 2. Absences from SCC meetings or duties

- A. Members of the SCC who have missed more than two regularly scheduled  
meetings of any current term year without prior notification and who offer  
no valid reason for such absences may be removed from office.
- B. A member may also be removed from office by a plurality vote of the  
members of the SCC if that member is deemed negligent in the functions of  
that office as stated in these bylaws.

Date adopted:, 2024

**Forms**

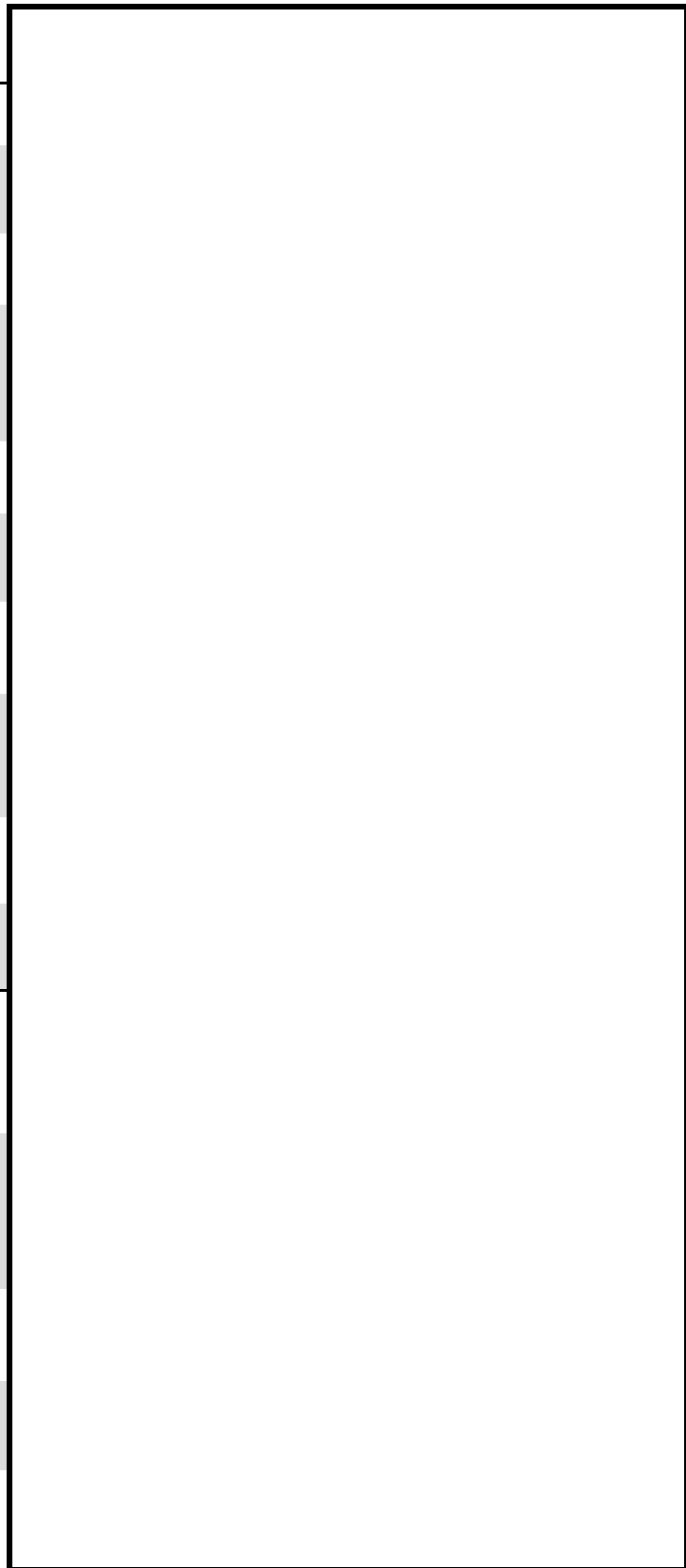
**EVALUATIONS**

**Creighton Simulation Competency Evaluation Tool**

**Creighton Competency Evaluation Instrument (CCEI) Used for Simulation**

Student Name:	0= Does not demonstrate competency 1= Demonstrates competency NA= Not applicable	Date: ___ / ___ / ___
Staff Nurse Instructor Name:		MM / DD / YYYY
<p><b>ASSESSMENT</b></p> <p>Circle Appropriate Score for all Applicable Criteria -                  If not applicable circle NA</p> <p>1. Obtains Pertinent Data</p> <p>2. Performs Follow-Up Assessments as Needed</p> <p>3. Assesses the Environment in an Orderly Manner</p>	<p>0      1      N                                A</p> <p>0      1      N                                A</p> <p>0      1      N                                A</p>	<p><b>COMMENTS:</b></p>
<p><b>COMMUNICATION</b></p> <p>4. Communicates Effectively with Intra/Interprofessional Team (TeamSTEPPS, SBAR, Written Read Back Order)</p>	<p>0      1      N                                A</p>	
<p>5. Communicates Effectively with Patient and Significant Other (verbal, nonverbal, teaching)</p>	<p>0      1      N                                A</p>	
<p>6. Documents Clearly, Concisely, &amp; Accurately</p>	<p>0      1      N                                A</p>	
<p>7. Responds to Abnormal Findings Appropriately</p>	<p>0      1      N                                A</p>	

8. Promotes Professionalism	0	1	N A
<b>CLINICAL JUDGMENT</b>			
9. Interprets Vital Signs (T, P, R, BP, Pain)	0	1	N A
10. Interprets Lab Results	0	1	N A
11. Interprets Subjective/Objective Data (recognizes relevant from irrelevant data)	0	1	N A
12. Prioritizes Appropriately	0	1	N A
13. Performs Evidence Based Interventions	0	1	N A
14. Provides Evidence Based Rationale for Interventions	0	1	N A
15. Evaluates Evidence Based Interventions and Outcomes	0	1	N A
16. Reflects on Clinical Experience	0	1	N A
17. Delegates Appropriately	0	1	N A
<b>PATIENT SAFETY</b>			
18. Uses Patient Identifiers	0	1	N A
19. Utilizes Standardized Practices and Precautions Including Hand Washing	0	1	N A
20. Administers Medications Safely	0	1	N A
21. Manages Technology and Equipment	0	1	N A
22. Performs Procedures Correctly	0	1	N A



23. Reflects on Potential Hazards and Errors	0	1	N A	
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**COMMENTS**

Revised for DEU use 8/20/2013

**Total Applicable Items:**

\_\_\_\_\_

\_\_\_\_\_

**Earned Score**

\_\_\_\_\_

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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 will result in **FAILURE** of the course, and the student will be dropped in accordance with Nursing education policy at Saint Mary's College.

**\*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.