COLORADO MESA
UNIVERSITY

Department of Health Sciences

MSN
Student Handbook

Table of Contents

Program Overview

Masters of Science in Nursing

The Masters of Science in Nursing (MSN) program is designed to prepare nurses for advanced practice roles as a leader and educator in health care or academic settings. Graduates are prepared to formulate clinical, administrative or policy decisions to promote health with patients experiencing wellness, acute or chronic illness and to develop, manage, and evaluate the care within communities and health care systems. This program is structured to provide a foundation for career paths for future leaders in advanced nursing practice.

The MSN program is designed for students already possessing a baccalaureate degree in nursing. MSN graduates will be prepared to advance to higher levels of nursing education including Doctor of Nursing Practice (DNP) or Doctor of Philosophy in Nursing (PhD) programs.

The MSN program requires completion of 36 credits, including 18 credit hours of core courses giving students a foundation in advanced practice nursing knowledge. Students can choose from two 15-credit cognates (Advanced Nursing or Nurse Educator). The final semester includes a three-credit capstone course which requires a clinical practicum and a capstone project.

The curriculum is delivered in a hybrid format, providing flexibility for students to remain in their current work positions and home communities using online course delivery methods. This format also provides opportunities for personal interaction with faculty and peers in focused intensive sessions at selected points during each semester.

Doctor of Nursing Practice

The Doctor of Nursing Practice (DNP) degree is designed for nurses who are interested in assuming an advance practice nursing role as a Family Nurse Practitioner (FNP). DNP graduates are prepared as clinical experts in the delivery of primary care, with a focus on critical thinking, leadership, and political policy skills needed to advocate and create changes in healthcare practice at all levels. The program includes 1000 hours of immersion in clinical practice to build and assimilate knowledge for advanced practice at a high level of complexity. These clinical experiences also provide the context within which the final DNP scholarly project is completed.

Graduates prepared for an advanced practice nursing role as a FNP will demonstrate practice expertise, specialized knowledge, and expanded responsibility, and accountability in the care and management of individuals and families.

The DNP degree is built upon the generalist foundation acquired through a baccalaureate in nursing. The post baccalaureate program consists of 72 total credit hours and is designed to prepare nurses for the highest level of practice in the clinical or leadership areas. There is an option for advanced placement of applicants possessing a prior MSN or NP (at a master's level). Candidates desiring advanced placement should meet with an advisor to determine a plan of study.

The DNP program includes 24 credit hours of foundational core courses, 36 credit hours of

advanced nursing practice coursework, six credits dedicated to the final scholarly capstone project, and three credit hours of elective coursework giving students an opportunity to focus learning in an area of interest depending on their clinical practice setting.

The program is delivered in a hybrid format, providing flexibility for students to remain in their current work positions and home communities using online course delivery methods; this format provides also opportunities for personal interaction with faculty and peers in focused intensive sessions at selected points during each semester.

Clinical coursework and immersion experiences will be arranged in primary care settings across regional settings. Students will likely complete most clinical requirements in their home community, but may need to travel for specialized clinical experiences including rural health care settings.

CMU Masters Outcomes

A student graduating with a Master's degree from CMU will:

1. Contribute to scholarly advancement in the chosen field by completing projects individually and collaboratively. (Specialized Knowledge/Applied Learning)

2. Employ discipline-specific logical, mathematical, statistical methods, or other analytical processes to address a topic or issue. (Quantitative Fluency)

3. Create oral and written arguments or explanations, well-grounded in discipline-specific theories and methods, for specified audiences. (Communication Fluency)

4. Formulate and evaluate hypotheses as related to research problems, issues, concepts, and various perspectives. (Critical Thinking)

5. Synthesize, evaluate, or refine the information base of various scholarly sources. (Information Literacy)

6. Articulate moral, ethical, legal, or professional challenges within the discipline. (Ethical Reasoning)

Program Goals, Mission, and Expected Student Outcomes (ESOs)

Master of Science in Nursing:

Mission: The program prepares nurses to provide expert leadership in the delivery of healthcare services and programs to individuals, families, and communities across the lifespan in a variety of settings. Graduates are prepared to practice as nurse educators and leaders with the critical thinking skills and knowledge necessary to promote the profession of nursing through guiding clinical practice, teaching, research, program development and implementation, and

scholarship.

The **goals** of the MSN program are designed to prepare graduates as:

1. leaders and educators in health care systems or academic settings.
2. seekers of new knowledge by means of critical thinking, creative reasoning, and scientific investigation in relation to nursing theory, science, and practice.
3. disseminators of nursing knowledge and research to consumers and other health care professionals.
4. leaders capable of determining effective strategies to promote change within the profession and leading to a more effective management of the health care delivery system.
5. decision-makers who consider ethical principles in serving the needs of diverse individuals, populations, and society.
6. learners who possess the foundation for doctoral education.

The **expected student outcomes (ESOs)** for the MSN program are:

Synthesize advanced theoretical, empirical, and ethical knowledge to engage in systematic critical inquiry for a chosen domain of nursing (MSN Essential I, IV).

Incorporate leadership skills and behaviors to foster best practices, promote professional growth, interprofessional collaboration, and positive change in people and systems within health care and education (MSN Essential II, VII).

Apply current evidence-based knowledge to inform and/or initiate change in educational, clinical, and organizational environments (MSN Essential IV).

Appraise the impact of social determinants, culture, diversity, values, and globalization in the delivery of population health (MSN Essential VIII).

Develop strategies to improve individual and population health outcomes based on health promotion and disease reduction principles (MSN Essential VIII, IX).

Evaluate quality improvement and safety initiatives, accountability and communication to improve patient outcomes (MSN Essential III).

Utilize information systems, technology, and patient data for ethical, clinical decision-making that promotes cost effectiveness and positive health care outcomes (MSN Essential V).

Advocate for policies to improve the health outcomes of populations and the quality of the health care delivery system as it impacts professional nursing practice (MSN Essential VI, VIII).

Doctor of Nursing Practice:

Mission: The program prepares experts in advanced practice to utilize specialized knowledge and evidence-based nursing to influence and deliver primary care to diverse populations. Graduates will translate scientific findings, evaluate programs and outcomes, produce clinical scholarship, and transform health care systems and policies.

The **goals** of the DNP program are to prepare graduates to:

1. assume clinical leadership roles in service and academic settings.
2. influence health policy and systems of health care in local, state, regional, and national forums.
3. use information technology and analytic methods to evaluate multiple sources of outcome data.
4. utilize current practice guidelines and policies, care delivery models and strategies to impact health outcomes.
5. develop therapeutic approaches to reduce disparities in the care of families, communities, and populations.
6. design evidence-based, ethical, safe, and cost-effective strategies that improve health care outcomes for individuals or populations.
7. incorporate strategies to stay abreast of health care policies and issues.

The **expected student learning outcomes (ESOs)** for the DNP program are:

Integrate advanced knowledge of nursing theories, methods of inquiry, humanities, and sciences in the delivery of care to individuals, families, and communities (DNP Essential I; NONPF Scientific Foundation Competencies).

Facilitate intra- and interprofessional collaboration to address health disparities and to improve health-care quality across diverse populations and cultures (DNP Essential VI; NONPF Leadership Competencies).

Critique complex primary care clinical situations and health care systems to promote optimal outcomes through evidence-based practice (DNP Essential III; NONPF Practice Inquiry Competencies).

Advocate for social justice, equity, and ethical policies in health care (DNP Essential V; NONPF Ethics Competencies; NONPF Policy Competencies).

Employ advanced nursing practice to facilitate the delivery of quality, cost-effective primary care for families across the lifespan and population health outcomes with a focus on underserved individuals, families and communities (DNP Essential VII; NONPF Independent Practice Competencies).

Appraise organizational and system leadership principles in the analysis, delivery, and management of nursing care for safe practice environments (DNP Essential II; NONPF Leadership Competencies; Health Delivery System Competencies).

Evaluate current and emerging health technologies to improve care delivery and organizational systems (DNP Essential IV; NONPF Technology and Information Literacy Competencies).

Design practice environments that support quality improvement, a culture of safety, accountability and communication to improve patient outcomes in diverse settings (DNP Essential II; NONPF Quality Competencies).

Original Date of Implementation: 01/11, Revised 09/11, 04/12, 9/14

Professional Standards and Guidelines that guide the curriculum(s): The graduate
programs at are founded on the following professional standards and national guidelines related
to graduate nursing education:

- The rules and regulations of the Colorado State Board of Nursing (CSBON) stipulate the
  legal requirements for advanced nursing practice; the requirements can be found online
  (http://cdn.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-
  Disposition&blobheadername2=Content-
  Type&blobheadervalue1=inline%3B+filename%3D%22Colorado+Revised+Statutes+for+
  Nurses%2C+effectivve+July+1%2C+2011.pdf%22&blobheadervalue2=application%2Fp
  df&blobkey=id&blobtable=MungoBlobs&blobwhere=1251847640996&ssbinary=true)

- AACN - *The essentials of master's education for advanced practice nursing* (2011);
  *Consensus model for APRN regulation: Licensure, accreditation, certification, and
  education* (2008); *The essentials of baccalaureate education for professional nursing
  practice* (2008); *The essentials of doctoral education for advanced nursing practice*
  (2006).
  (http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-
  resources/overview)
  NOTE: courses in both programs were developed to create opportunities for students to
  integrate AACN's *Essentials.* Each publication provides the necessary curricular
  elements and framework, regardless of focus or intended practice setting. Further, the
  Essentials support the outcomes expected of graduates from each program.

- ANA – *Nursing administration: Scope and standards of practice* (2010).
  (http://library.brcn.edu/upload/docs/BRCN/Library/ANA/eBk_SL%20Nursing%20Scope%
  20%20Standards%202e%202010.pdf)

- CCNE – *Standards for accreditation of baccalaureate and graduate degree nursing
  programs* (2013) (http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-
  resources/baccalaureate-graduate/standards)

- NLN – *Nurse educator: competencies: Creating an evidence-based practice for nurse
  educators* (2007) (http://www.nln.org/profdev/corecompetencies.pdf)

- Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*.
  (http://books.nap.edu/openbook.php?record_id=12956)

- NONPF - *Nurse practitioner core competencies* (2014) (http://c.ymcdn.com/sites/nonpf.site-ym.com/resource/resmgr/Competencies/NPCoreCompsContentFinalNov20.pdf)

- *Population –focused nurse practitioner competencies* (2013; http://www.nonpf.org/associations/10789/files/PopulationFocusNPComps2013.pdf); *Adult-gerontology acute care nurse practitioner competencies* (2012; http://www.nonpf.org/associations/10789/files/Adult-GeroACCompsFinal2012.pdf); *Practice doctorate nurse practitioner entry-level competencies* (2006; http://www.nonpf.org/associations/10789/files/DNP%20NP%20competenciesApril2006.pdf);

- NTF - *Criteria for evaluation of nurse practitioner program* (2012) (http://www.nonpf.org/associations/10789/files/NTFEvalCriteria2012Final.pdf)

- QSEN - *Quality and safety education for advanced nursing practice* (2012; http://www.aacn.nche.edu/faculty/qsen/competencies.pdf)

Revised 09/11, 04/12, 06/13, 01/15

Academic Advising

Purpose:
1. To explain the roles of the student and the advisor in the academic advising relationship.
2. To insure that students make satisfactory progress toward a degree.
3. To set standards for satisfactory progress in the nursing program.

Policy:
1. Academic Advising
   a. The Program Director will serve as the assigned advisor for each student as he/she progresses through the academic program. The student's advisor is listed on their MAVZONE page. Graduate students develop a degree plan with the Program Director that will be the basis for registration each semester. Course faculty will notify the Program Director if there are course difficulties.
   b. The Program Director and faculty are available to assist students as they progress through the program, but each student is ultimately responsible for his/her own education and contacting their Program Director or faculty as needed. Students are responsible for completing all curriculum requirements; additionally students assume the following responsibilities:

      i. Knowing the degree requirements as printed in the student handbook and program sheet.

      ii. Making the initial contact with the Program Director through email or phone contact.

      iii. Meeting with the Program Director (in person or via email or phone) for program degree plan review, advice if the student is having difficulty meeting course requirements, or encountering difficulties that might impede progression. A student experiencing academic difficulty should immediately seek out both the Program Director and his/her course. At any time during a course, the instructor may initiate a Report of Student Performance (RSP) for a student. If a student receives such a report, he/she should immediately make an appointment with both the faculty member and the Program Director.

c. Students are responsible for contacting the Program Director or a faculty member for advising prior to each semester's registration and at any other time that the student, Program Director, or faculty member may deem necessary.

d. Students are strongly encouraged to have the Program Director or faculty member review their course load; no signature is required registration.

e. Guidance from the Program Director or faculty member does not relieve the student of the fundamental responsibility for establishing and maintaining his/her own academic program. Students are responsible for full knowledge of the provisions of their program.

f. Colorado Mesa University faculty members maintain a minimum of five scheduled office hours per week. Online faculty members establish a process for regular contact with students in the online course environment.

g. Students must contact the Program Director or a faculty member to have the appropriate forms signed when adding or dropping classes or withdrawing from the program.

h. Students must contact the Program Director or faculty member regarding a possible leave of absence from the program, situations that may require medical clearance, or other situations that may affect progression. Students must obtain a Leave of Absence form from the Administrative Assistant and submit the completed form to the Program Director.

i. The Program Director will refer the student to the registrar regarding evaluation of courses for credit and other appropriate matters.

j. The Program Director and faculty member is available to discuss clinical placement issues or performance in the clinical area that may arise through the program. Faculty members have a wide array of clinical and academic resources readily available to students, as well as expertise in their own area of nursing practice. Students are encouraged to periodically contact the Program Director and faculty member for guidance regarding career planning and placement options.

k. Students are responsible for completing *Intent to Graduate* forms and for meeting with the Program Director the semester prior to graduation to complete the

program sheet and petition to graduate; these forms are available online.

      i. Students are responsible for assuring that copies of each transcript from other institutions are current and on file in the Health Sciences department. Student must provide a transcript evaluation from Registrar's Office if appropriate.

     ii. Students must provide a current Colorado Mesa University transcript obtained from the Registrar's Office.

2. Personal Counseling
    a. Students may choose to discuss personal problems with a faculty member or Program Director in a confidential, accepting atmosphere.
    b. Faculty will refer students for appropriate counseling when issues are beyond the problem solving abilities of the faculty and student.
    c. The Vice President of Student Services is available to provide counseling and referral services to students seeking personal, career or substance abuse counseling, and resources.

Original Date of Implementation: 01/11, Revised 09/11, Revised 07/13

Academic Dishonesty

Definition: Intentional act of fraud, in which an individual claims credit for work belonging to another individual.

Purpose: To identify policy related to cheating, plagiarism, or knowingly furnishing false information.

General Information:

Examples of cheating include, but are not limited to:
1. Looking at another individual's work with the intent to use the information on tests, assignments, or presentations.
2. Bringing notes to a testing situation on paper, books, or an electronic device. Faculty may revise this as deemed appropriate.
3. Sharing or posting course work/assignments for clinical on the internet other than organized group study guides for tests or authorized by the instructor.
4. Assisting others in cheating or plagiarizing.
5. Submitting of another individual's work as one's own whether it was obtained from print or electronic source.
6. Unauthorized collaboration.
7. Forging an academic document.
8. Taking someone's ideas during class discussion without citing the individual and circumstances of the lecture.
9. Paraphrasing without citing the source.
10. Submitting in whole or substantial portions written or oral academic work without appropriate citation.

Policy:

1. Upon entrance into the program, all students will be required to sign a statement regarding academic dishonesty. This is in effect for the entire program of study.
2. The signed form should be turned in to the administrative assistant to be kept in the student's file. Students should also read the *CMU Student Handbook* sections on student conduct: Cheating, Plagiarism, Academic Integrity, and Discipline as these apply to all CMU students. The handbook can be found online: http://www.coloradomesa.edu/studentservices/documents/MaverickGuide.pdf
3. Information of any kind used for any course/clinical remains the property of the CMU.
4. Faculty members may require students to submit their written assignments to a plagiarism software program, Turnitin, before submitting a copy to the course shell.
5. Group Work
   a. While the student might choose to participate in a study group, each student is responsible for his/her own assignment. Collaboration, rather than division of labor, is expected.
   b. Group presentations require the same standards as study group.
6. Sanctions and Disciplinary Action for Academic Dishonesty
   a. Faculty members reserve the right to enforce sanctions for academic dishonesty according to university guidelines. Such sanctions include, but are not limited to:
      i. Lowering grades or complete failure for assignments, tests, or the entire course.
      ii. Withdrawing a student from the course at any time at the discretion of the Program Director and Department Head.
      iii. Students identified as violating academic honesty will be subject to disciplinary action up to and including expulsion from the program.
7. Students who become aware of acts of academic dishonesty can file a written report and submit it to the Program Director.
8. Students may appeal sanctions for academic dishonesty reports made against them as stipulated in the *CMU Catalog* and *The Maverick Guide*: (http://www.coloradomesa.edu/shared/catalog/CMU_Catalog_1415.pdf) https://www.coloradomesa.edu/studentservices/documents/MaverickGuide.pdf)

Report of Student Performance (RSP):

Student Name: _____   Course: _____

1. If a student shows a pattern of unsatisfactory/inappropriate behaviors relating to clinical practice or failing to meet clinical objectives, the faculty member will initiate an RSP with the student. The RSP will serve as a learning contract between the student and the faculty member.
   a. The RSP will include the behavior(s) that led to the performance report, goals, expected outcomes, strategies and/or interventions to achieve the goals.

b. The student and the faculty member will specify a date to meet and evaluate the effectiveness of the RSP.
c. A 3% overall grade reduction will be applied in the course the RSP was initiated. Inability to meet the terms of the contract will result in a course grade of "F".
d. A student who fails a course as a result of performance in the clinical area may be given an RSP even though one was not completed earlier in the term.

2. Faculty members reserve the right to have a student immediately removed from a clinical setting based upon unsafe student performance. This can result in a course grade of "F".

□ **Written Warning**   □ **On-going review**   □ **Program Termination**

EVENT: Description, Date/ Time (add additional pages if necessary):

RECOMMENDATIONS FOR REMEDIATION (add additional pages if necessary):	
□ Apology □ Write paper □ Review Article/DVD □ Lab/Simulation □ Time Management Plan □ Dress Code □ Communication □ Professional behavior □ Other	Details:

Your signature indicates you have read and understand this document.

Student Signature: _____ Date: _____
Faculty Signature: _____ Date: _____
Faculty Signature: _____ Date: _____

STUDENT OUTCOME (add additional pages if necessary): DATE:

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IS THERE A NEED FOR ONGOING REVIEW?

  □ No, Student has attained expected level of performance following remediation

  □ Yes,   Date of next review: _____

  Additional dates of review: _____, _____,

_____, _____

(Document all reviews in Student Outcomes Box)

Date: _____   Initials: _____

Final Copies:
  Original should be completed, signed and placed in student file.

  Copies to Program Director, faculty completing the form, and the student

Original Date of Implementation: 07/13; Reviewed 01/15

Admission Requirements

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1. An undergraduate baccalaureate nursing degree from regionally accredited and discipline specific (ACEN or CCNE) accredited program.
2. Two copies of the official transcripts from each college or university attended. Official transcripts are those mailed directly from the registrar's office of the issuing institution to CMU. Send transcripts to:
    >Department Head
    >Department of Health Sciences
    >Colorado Mesa University
    >1100 North Ave.
    >Grand Junction, CO 81501
3. Minimum cumulative grade point average of 3.0 for the most recent 60 college or university semester hours.
    a. The Graduate Record Exam is required of those applicants whose cumulative undergraduate GPA is less than 3.0.
4. Completion of an undergraduate nursing research course with grade of C or better.
5. Completion of an undergraduate statistics course with grade of C or better.
6. Three (3) letters of reference, at least one of which is an academic reference.
7. Essay – see the Department of Health Sciences website for detailed instructions.
8. Copy of current and unencumbered nursing license. Out-of-state applicants must submit a copy of their current and unencumbered nursing license and must obtain a current Colorado nursing license prior to starting their program of study if doing clinical course work in Colorado. For more information contact:
    >Colorado State Board of Nursing
    >1560 Broadway, Suite 670
    >Denver, CO 80202
    >303-894-2430
9. International students must also satisfy requirements for admission according to the CMU Graduate Policies and Procedures Manual.

Original Date of Implementation: 01/11, Revised 09/11, Revised 01/15

Admission and Progression Technical Standards Requirements

Communication
1. A student must be able to communicate clearly and effectively in English with clients, teachers and all members of the health care team. Written and oral communication must use standard, professional medical terminology.
2. He/she must communicate with clients clearly and effectively in English to elicit information regarding history, emotional status and activity, and to perceive nonverbal communications.
3. Communication includes speech, hearing, reading, writing and computer literacy.
4. A student must be able to clearly and effectively report in English to members of the health care team. Additionally, students must be able to relay appropriate information to clients, as well as teach, explain, direct and counsel a wide variety of individuals.

5. In some instances the student will be required to provide clear, direct communication in English during highly stressful, crisis situations. These skills necessitate a strong command of the English language and prompt, timely interpretation of pertinent patient data.
6. Students must be able to communicate online in a timely, professional manner, e.g., enter an electronic medical record immediately after the patient visit.

Patient safety is of paramount concern. Despite these admissions policies, safety concerns are occasionally raised by clinical or other instructors regarding student English skills and concerns of potential risks to student and patient safety. Consequently all students who are observed to be unsafe in a clinical or simulation environment by qualified nursing or other health care personnel, are to be identified and reported to the Program Director and may be removed from clinical settings. Appropriate action will be taken regardless of previous courses completed satisfactorily, GPA, or proximity to graduation.

Observation
1. The student must be able to observe and participate in lectures, demonstrations, research, and practice situations in nursing.
2. He/she must be able to observe health assessments and interventions, diagnostic procedures and waveform readings to determine a patient's condition and the effect of therapy.
3. Observation necessitates the functional use of vision, hearing, tactile and somatic senses.

Motor Abilities
1. A student must have sufficient gross and fine motor skills, physical endurance, physical strength, mobility, vision, tactile abilities and sense of smell to carry out nursing procedures and to operate equipment safely.
2. He/she must have sufficient motor function to elicit information from patients by:
   - tactile palpation
   - auscultation using a stethoscope
   - direct hand percussion
   - indirect percussion using a percussion hammer
   - other diagnostic maneuvers
3. A student must possess sufficient fine motor skills to be able to perform basic laboratory tests (e.g. using a glucometer, slide preparation) and perform basic patient care procedures (e.g. tracheostomy care, urinary catheterization, insertion of intravenous catheters, giving intramuscular and subcutaneous injections, and using oxygen/respiratory equipment).
4. He/she must be able to execute motor movements reasonably required in a prompt, timely fashion in order to provide routine and emergency care to patients.
   a. Examples of emergency treatments required to be done in a prompt, timely fashion include but are not limited to:
      - cardiopulmonary resuscitation
      - administration of intravenous medications

- application of pressure to stop bleeding
- obtainment & interpretation of vital signs
- opening of obstructed airways
- notification of a change in patient status to the appropriate provider

b. Examples of routine treatments required to be done in a reasonable, timely fashion include but are not limited to:
- administration of scheduled and as needed medications
- obtainment of vital signs
- performing a basic head-to-toe physical assessment
- performing and assisting with activities of daily living

Intellectual, Conceptual, Integrative and Quantitative Abilities

1. The student must be able to read and understand written documents in English and to solve problems involving measurement, calculation, reasoning, memory, analysis and synthesis.
2. He/she must be able to synthesize knowledge, integrate and prioritize all aspects of patient care in a prompt, timely fashion. This includes synthesis of objective and subjective findings and diagnostic studies in order to formulate and initiate a plan of care integrating the gender, age, religious, physical and patient preferences.
3. The student must be able to integrate concepts of pathophysiology, pharmacology and fundamentals of nursing care in order to formulate a cohesive, multidisciplinary plan of care for desired patient outcomes appropriate to each clinical setting.
4. The student must be able to use this information to identify and develop a diagnosis, establish priorities and monitor treatment plans and care modalities.
5. The student must be able comprehend three dimensional and spatial relationships.
6. The student must be able to incorporate data from multiple patient sources (e.g. physical assessment, vital signs, lab values, interdisciplinary documentation) in a prompt manner in order to provide appropriate, safe patient care.
7. He/she must be able to recognize and respond rapidly and safely to changes in a patient's status based on a variety of sources such as physical assessment and pertinent laboratory findings. The student must be able to revise care to promote appropriate patient outcomes.

Behavioral and Social Abilities

1. A student must have the capacity to demonstrate full utilization of his/her intellectual abilities, emotional stability, exercise good judgment under stressful, crisis and non-crisis situations and promptly complete all responsibilities pertinent to the diagnosis and care of clients in a variety of settings.
2. The student must have the capacity to develop mature, sensitive and effective therapeutic relationships with clients in a variety of settings and from different cultures. Individual patient care must be performed regardless of the patient's race, ethnic group, age, gender, religious or political preference, ability to pay, gender or sexual orientation.

3. The student will be required to perform nursing care in many settings including acute care inpatient settings (e.g. medical surgical, obstetrics, psychiatric, pediatric) as well as outpatient settings (e.g. public health, outpatient clinics, long term care facilities, schools and homes). The student must have the ability to perform nursing care that may be outside their own personal level of comfort in these settings so that the patient's needs are a top priority.

4. He/she must be able to tolerate physically and mentally taxing workloads and function effectively under stress.

5. The student must be able to exhibit a level of consciousness and attentiveness that guarantees patient safety. Examples of unacceptable compromise include excessive somnolence, memory impairment, or an inability to retain pertinent details of a patient's situation.

6. As a component of nursing education, a student must demonstrate ethical behavior, including adherence to the professional nursing and honor codes.

7. Students are not required to be involved with medical procedures that are in disagreement with individual attitudes and values. Nevertheless, students are required to learn about these procedures and participate in the professional care of the patient before and after such procedures.

8. Although student safety is of utmost importance, students will be exposed to a variety of communicable pathogens and are expected to care for patients with communicable diseases using appropriate standard precautions and/or guidelines.

Health and Related Requirements

1. Students are required, according to agency and university policy, to provide current proof of having met all health related requirements prior to participating in any clinical activities. Students are responsible for maintaining all personal health records including current physical examination, immunizations, CPR (American Heart Association or American Red Cross BLS for Health Care Providers), OSHA and HIPPA documentation.

2. All entering students are required to complete a **background check** upon acceptance to the program and may be subsequently required by some agencies prior to clinical placement. This screening process may include fingerprinting and a drug screen to comply with a clinical agency requirement.

3. Graduate students must have evidence of an unencumbered Colorado nursing license (this includes evidence of having an unencumbered license from a compact state).

4. Certain chronic or recurrent illnesses and problems that could interfere with patient care or safety may be incompatible with nursing education or practice. Some illnesses may lead to a higher likelihood of student absences and should carefully be considered. Deficiencies in knowledge, judgment, integrity, or professional attitude may jeopardize patient care, and as a result could become grounds for delaying progression in the program.

5. All Health Science students must carry current health and liability/malpractice insurance

Clinical Competency Progression in the Nurse Practitioner Clinical Coursework

PURPOSE: To identify clinical competencies for progression in nurse practitioner (NP) coursework.

POLICY:

1. All NP students are required to complete clinical hours while completing Nurse Practitioner coursework. Students must follow the procedures described below in order to be assigned to a clinical site and complete a clinical/practicum course**. Note: generally students may enroll in only one clinical course per term. Exceptions maybe made with approval from the Program Director and course faculty.**

2. Students:
    a. Will register for the clinical courses in the semester prior to the clinical experience. A clinical contract (between CMU and the agency) must be established and current for each agency that the student wishes to be affiliated with.
    b. Students in the NP courses will submit a clinical request form **for the following semester** by the prior semester, to assist in identifying the appropriate clinical site to meet the student's identified needs.
    c. **All students must submit proof of nursing license, Nursing Malpractice Insurance, CPR certification, OSHA compliance, immunization history, and proof of health insurance to the Department of Health Sciences for inclusion in their files.** It is the student's responsibility to **update their files annually**. Students without this documentation on file will be prohibited from participating in the clinical courses.

3. Students must accomplish each of the essential advanced nurse competencies (as described in course syllabi).

4. Progression through each clinical course subsumes the competencies of the course(s) before it.

5. To progress to the next clinical course, the student must demonstrate all required competencies.
    a. The clinical faculty/preceptor/assigned representative will review the clinical evaluations with the student each semester to monitor the student's progress; the clinical faculty/preceptor/assigned representative will provide ongoing feedback. **Note:** assigned representatives will be utilized when a CMU faculty member is unable to access the clinical site (e.g. students living in distant states).
    b. Evaluations will be submitted and placed in the student's academic and advising file.

6. All students will submit clinical notes/write-ups to be graded by their clinical faculty or preceptor. Students in all NP clinical courses will submit, according to deadlines

identified in the course syllabus:

    a. An evaluation by the student's preceptor(s) for each clinical rotation.

    b. A clinical agency evaluation for each clinical rotation.

    c. All other requirements as listed in the syllabus (e.g., Clinical Log; Patient Care Activity Log).

7. If the student is judged to meet the outcomes, at the level required, outlined for the clinical course, he/she may then progress to the next clinical course.

8. If the student does not meet the outcomes for the advanced practice, the student will not be allowed to progress to subsequent clinical courses. The student will be required to complete additional clinical hours at the prerequisite level until he/she demonstrates proficiency for each level outcome (at the student's expense).

    a. A learning plan will be mutually discussed and agreed upon between the student and faculty member to identify and facilitate the student's learning needs and offer additional methods of evaluation, if appropriate.

    b. Students who fail to meet clinical outcomes at the level required may be required to retake a clinical course. The student will receive a failing grade for the clinical course.

    c. Failure of a didactic or clinical course will result in the repeat of both courses. Didactic course connected to the clinical component will be repeated at the same time.

    d. If a second failing grade (79 % or below) is earned, the student will not be allowed to progress in the program and will be administratively withdrawn from the program.

    e. Two failures (total) of a clinical or didactic course will result in withdrawal of the program.

9. By the end of the last clinical course, students must obtain a level of competence (as designated by advanced practice standards and guidelines) to be eligible for graduation from the DNP program.

Original Date of Implementation: 01/11, 10/11, 08/13

Blood borne Pathogens/Needle Stick Exposure/Injury Policy

PURPOSE

1. To provide a protocol for students in the Department of Health Sciences to receive appropriate treatment after exposure to a blood borne pathogen.

2. To provide systems and processes to minimize occupational exposure to blood borne pathogens

3. To comply with the OSHA Blood borne Pathogen Standard 29 CFR1910.1030

4. To provide guidelines for injury follow up

GENERAL INFORMATION

The Department of Health Sciences at Colorado Mesa University has established and maintains

the following Exposure Control Plan to eliminate or minimize occupational exposure to blood borne pathogens.

A copy of the Exposure Control Plan is kept in the department Policy and Procedure Manual. The plan is available to all employees upon hire and is reviewed for all employees during orientation and annually thereafter. All students are oriented to the policy before clinical rotations involving exposure to blood borne pathogens.

The Exposure Control Plan is reviewed and updated as needed, but no less than annually by the Policy Committee and designated employees to reflect changes in technology that eliminate or reduce exposure to blood borne pathogens and document consideration and implementation of appropriate commercially available and effective safer medical devices.

POLICY

1. *Program Administration:*
The Department Head is responsible for the implementation of the Exposure Control Plan (ECP). He/she will maintain, review and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
Employees and students who experience an exposure incident will immediately report their exposure as indicated on the Exposure Flow Chart and report to the facility's designated medical provider for confidential medical evaluation and follow-up.

2. *Exposure Determination:*
Classifications in which all students and employees have occupational exposure:
   a. Lab Instructors
   b. Clinical Instructors
   c. Students

Tasks and procedures in which occupational exposure may occur:
   a. Handling of blood, blood products or body fluids or contaminated objects
   b. Invasive procedures
   c. Phlebotomy or vascular access procedures and care thereof
   d. Contact with lab specimens
   e. Wound care
   f. Contact with mucous membranes or non-intact skin
   g. Handling or disposal of medical waste
   h. Cleaning or processing contaminated equipment
   i. Suctioning or sputum induction
   j. CPR
   k. Handling of soiled linen
   l. Cleaning or decontamination of environmental surfaces

3. *Methods of Implementation and Control*
   a. All applicable employees and students will utilize universal precautions and treat all blood and/or other potentially infectious materials as infectious regardless of the perceived status of the source individual.

      b. Engineering and Work Practice Controls as further described in this Exposure Control Plan

      c. Housekeeping

      d. Labels

      e. Hepatitis B Vaccination

      f. Post exposure evaluation and follow-up

      g. Employee Training

      h. Record Keeping

4. Engineering and Work Practice Controls:

CMU institutes appropriate engineering and work practice controls to eliminate or minimize employee exposure to blood borne pathogens. All clinical settings are also mandated to implement engineering and work practice controls. New developments in exposure control technology such as needleless systems are evaluated and implemented as they become available and/or on an annual basis. CMU also conducts ongoing evaluation of tasks and medical devices that carry a risk of exposure and solicits input from faculty and students during lab and clinical rotation in the identification, evaluation and selection of engineering and work practice controls.

All students and employees are instructed and trained in the appropriate use of engineering and work practice controls during orientation and at least annually and more often when necessary such as when new tasks are introduced, when tasks are modified or when job classifications are added or modified.

Engineering and Work Practice Controls that are instituted include:

      a. Hand washing practices including practices to be used in the absence of hand washing facilities.

      b. Provision of personal protective equipment

      c. Standard Precautions

      d. Needleless systems

      e. Containment of contaminated sharps and bio-hazardous waste

5. Work Practice Controls

Students and employees are instructed to wash hands after removal of gloves and whenever there is a likelihood of contamination. Contaminated skin area should be washed as soon as possible.

Waterless hand washing products are permitted for use before and after gloving. When hands/gloves become visibly contaminated with blood or other potentially infectious materials hands should be washed as soon as possible with antimicrobial soap and water. If blood or other potentially infectious material contacts mucous membranes, those areas should be washed or flushed with water as soon as possible following contact. Contaminated needles are not to be recapped, bent or broke off. Shearing or braking of contaminated needles is prohibited. They must be deposited in a sharps container immediately after use. If recapping is necessary, only a one-handed technique is allowed. Sharps containers are provided to students in the lab area and in all clinical settings. This ensures that they are puncture-resistant, color-coded or labeled with a biohazard warning label and leak-proof on the sides and bottom.

All sharps containers must be closed when they are 2/3 full prior to removal or replacement to prevent spilling or protrusion of the contents during handling or storage.

Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure such as patients' homes.

Food and drink must not be kept in refrigerators, freezers, shelves and cabinets or on countertops or bench tops where blood or other potential infectious materials are present.

All procedures should be carried out in a manner that minimizes splashing, spraying, splattering and generation of droplets of blood or other potentially infectious materials such as emptying of bedpans, commodes.

Specimens of blood or other potentially infectious materials are to be placed in fluid-proof, biohazard labeled shipping containers provided by the agency

Regulated waste material is to be placed in a biohazard labeled container, which is to be closed before removal to prevent spillage or protrusion of contents.

Equipment that may be contaminated with blood or other potentially infectious materials is to be examined and decontaminated as necessary prior to service of shipping. Employees and students should adhere to universal/standard precautions and use appropriate personal protective equipment when handling such equipment.

No parenteral or invasive procedures will be performed in the campus lab except on mannequins.

6. Personal Protective Equipment (PPE)

All PPE are provided to employees and students at no cost. PPE is chosen based on the anticipated exposure to blood or other potentially infectious materials. The PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used.

The follow personal protective equipment is provided at the clinical facility:

      a. Disposable gloves
      b. Safety goggles with side shields
      c. Face shields
      d. Masks
      e. Aprons
      f. Non-permeable disposable gowns
      g. Pocket mask for CPR with one-way valve

Gloves should be worn where there is a reasonable expectation of contact with blood, OPIM, non-intact skin and/or mucous membranes; when performing vascular access procedures, with a reasonable likelihood of blood exposure; and when handling or touching contaminated items or surfaces.

Hypoallergenic gloves or other similar alternatives shall be available to employees allergic to regular gloves.

Disposable gloves are not to be washed or decontaminated for re-use, and are to be replaced as soon as practical when they become contaminated or as soon as possible if they are torn, punctured or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves should be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Appropriate face and eye protection should be worn when splashes, sprays, spatters or droplets of blood or other potentially infectious materials pose a hazard to the eyes, nose or mouth.

All garments that are contaminated should be removed immediately or as soon as possible. All personal protective equipment should be removed and placed in a designated container prior to leaving the immediate patient care area.

7. *Housekeeping*

All environmental surfaces are cleaned with an EPA approved germicidal on a regular cleaning and decontamination schedule. Areas contaminated with blood or other potentially infectious materials should be:

    a. Cleaned with the use of appropriate PPE and a solution that is effective against Hepatitis B & C, HIV and OPIM

    b. Decontamination should be done with a 1:10 dilution of chlorine bleach (or other approved disinfectant) immediately after contamination (i.e. spill or leakage)

    c. Decontamination should be done for 10 minutes

8. *Handling of Waste Material:*

    a. Used sharps containers are to be closed, placed in a red plastic bag and transported to the agency office.

    b. The sharps container is placed in the large plastic container in the storage room for pickup by a contracted.

    c. Broken glass that may be contaminated should never be picked up by hand. Use mechanical means such as a brush and dustpan, forceps or tongs to pick up broke glassware.

9. *Laundry*

    a. Handle contaminated laundry as little as possible, with minimal agitation. Avoid contact of clothing with contaminated laundry or use barrier aprons or gowns.

    b. Wet contaminated laundry should be placed in leak-proof containers before being transported for laundering

    c. Contaminated linens should be washed with detergent in water at least 140-160 degree F for 25 minutes.

10. *Signs and labels:*

Warning labels are placed on containers of regulated waste, refrigerators containing blood or other potentially infectious materials and other containers used to store or transport blood or infectious materials and/or when appropriate, the used of red biohazard containers. The label will be a fluorescent orange or orange-red biohazard label as illustrated with lettering in a contrasting color.

11. *Vaccination:*

Students in the Health Sciences Programs are at increased risk for exposure to Hepatitis B. Prior to enrolling in the program, the student will be required to:

    a. Receive the Hepatitis B vaccination series (three vaccinations)

b. Vaccination is encouraged unless:
- There is documentation that the employee has previously received the series
- Antibody testing reveals the employee is immune
- Medical evaluation shows that vaccination is contraindicated

c. Sign a *Refusal of Hepatitis B Vaccination* declining the vaccination.

Students agreeing to receive the vaccination series must complete the series within the six month designated time frame. Students are responsible for getting the vaccination from their private physician and for covering the cost of the vaccinations. Verification of all vaccinations/immunity must be provided to the Department of Health Sciences. Vaccination status of all students will be maintained on file in the Health Sciences Department. It is the student's responsibility to keep their immunization records current.

12. PROCEDURE - POST EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, the student shall:
a. Wash the affected area with soap and water or other appropriate solution
b. Flush exposed mucous membranes with water
c. Contact the clinical instructor immediately. The appropriate incident forms for the agency must be completed.
d. The designated medical provider or emergency room (for after-hour's care) will immediately conduct a confidential medical evaluation and follow-up.
e. Faculty will document the incident and follow up for permanent record.
f. ***Please note: If the student participates in a non-contracted activity the cost for PEP is at the student's expense***

The written opinion of the treating physician will be limited to the following information:
a. The employee/student has been informed of the results of the evaluation
b. The employee/student has been told about any medical conditions resulting from exposure to the blood or OPIM, which requires further evaluation or treatment
c. ***All other findings shall remain confidential and will not be included in the Written Report***

13. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Department Head will review the circumstances of all exposure incidents to determine:
a. Engineering controls in use at the time
b. Work practices followed
c. A description of the device being used
d. Protective equipment or clothing that was used at the time of the exposure incident
e. Location of the incident
f. Procedure being performed at the time of the incident
g. Student/Employee's training

If it is determined that revisions need to be made, the Department Head will ensure that appropriate changes are made to this ECP.

14. FACULTY/STUDENT TRAINING

All students and clinical faculty who have occupational exposure to blood borne pathogens will receive training during orientation and at least annually thereafter. Clinical faculty may complete this at their primary workplace or campus.

Training will include at least the following information:
   a. The epidemiology, symptoms and modes of transmission of blood borne pathogen diseases
   b. An explanation of the OSHA standard
   c. An explanation of the exposure control plan and where employees can obtain a copy
   d. An explanation of methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infections materials, including what constitutes an exposure incident
   e. A review of the use and limitations of engineering controls, work practices and PPE
   f. An explanation of the types, uses, location, removal, handling, decontamination and disposal of PPE
   g. An explanation of the criteria for PPE selection
   h. Information about the Hepatitis B vaccine series including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine will be offered free of charge.
   i. Information on the appropriate actions to take and persons to contact if an exposure incident involving blood or other potentially infectious materials occurs, including the method of reporting the incident and the medical follow-up that will be made available.
   j. Information on the post-exposure evaluation and follow up that the employer is required to provide for the employee following an exposure incident.
   k. An explanation of the signs and labels and/or color coding required by the standard and used by this organization.
   l. An opportunity for interactive questions and answers with the person conducting the training session.
Training records are completed for each employee/student upon completion of training.
Training documents contain the following information:
   a. Dates and times of the training sessions
   b. Contents or a summary of the training sessions
   c. Names and qualifications of persons conducting the training
   d. Names, signatures and job titles of all persons attending the training sessions.
The original records are maintained in a secure file cabinet in the Health Sciences Department. Copies of documents verifying attendance at the training sessions become part of each employee's personnel record and student's personal file.
Training records are available upon request to the employee, the employee's authorized representative, those within the organization with access to medical records, to the Assistant Secretary of Labor for OSHA or designated representative or the Director of NIOSH or designated representative and as otherwise required/stipulated by law and regulation.
   15. *RECORDKEEPING*
        a. **Medical Records**
           Human resources is responsible for maintenance of the required medical record in accordance with 29 CFR 1910.20 "Access to Employee Exposure and Medical Records."
           The Director of Human Resources is responsible for maintenance of the required

medical records. These confidential records are kept in the Human Resource office for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Director of Human Resources.

b. **OSHA Recordkeeping**

The Director of Human Resources is responsible for maintenance of the OSHA 300 Log.

Individual facilities are responsible for maintenance of the Sharps Injury Log.

Original Date of Implementation: 01/11; Reviewed 01/15

Cardio-Pulmonary Resuscitation (CPR) Certification

Purpose: To assure that the student maintains certification.

Policy:

1. Students must have a current CPR card upon entry into the graduate nursing program. CPR certification must be either
    a. CPR/AED for Professional Caregiver (American Red Cross)
    b. CPR for the Healthcare Provider (American Health Association).
2. Students must maintain a valid CPR certification throughout the remainder of the program. The student must present a valid CPR certification card to the Graduate Nursing Program Director at the beginning of each academic year.

Original Date of Implementation: 01/11, 9/11; Reviewed 01/15

Collective Bargaining Activities

Purpose: To clarify the role of students in collective bargaining activities in clinical agencies.

Policy:

1. When functioning in the student role, individuals will maintain a position of neutrality in relation to collective bargaining activities at agencies used for clinical experiences.
2. In the event of a work stoppage, the faculty will evaluate the appropriateness of the site for the scheduled learning experience.
3. If it is determined that the facility would not provide the desired learning experience, alternate methods of meeting clinical objectives will be utilized.
4. If a faculty member or student is assigned to an institution where they are also an employee, as an independent professional, he/she will assume accountability for action regarding strike notice activities during non-working or non-clinical assignment hours.

Original Date of Implementation: 01/11; Reviewed 01/15

Confidentiality
Purpose: To provide guidelines about CMU's Department of Health Science's position on Confidentiality related to patient care issues.

General Information:

Confidential Nature of Medical Information
A confidential communication is one that contains information given by one person to another under circumstances of trust and confidence with the understanding that such information must not be disclosed. Clearly, information about a patient–gathered by examination, observation, conversation, or treatment is the type of confidential information the law has always protected. In the academic setting a patient may be extended to include a guest classroom speaker or individual whose knowledge or experience is used to assist with the students' learning. Thus, both nurses and physicians are legally and morally obligated to keep secret any information about a patient's illness or treatment that is obtained in the normal course of their professional duties. Indeed, the observance of confidentiality is one of the fundamental tenets of the Code for Professional Nurses adopted by the American Nurses' Association. In general, if information from a patient's chart is disclosed without the patient's express consent, or without a court order or express statutory authority, the hospital--as well as those who actually made the disclosure— may be held liable in damages should the patient be able to prove invasion of privacy or perhaps defamation of character. **Breach of confidentiality will result in disciplinary action up to and including immediate expulsion of the student(s) involved.**

Westrick, S.and Dempski, K. (2009) *Essentials of nursing law and ethics*, Sudberry, MA: Jones and Bartlett.

Invasion of Privacy
Our legal system has long recognized the distinctive right of every person to withhold his or her person, personality, and property from unwarranted public scrutiny. This right–called the right of privacy–includes the freedom to live one's life without having one's name, photograph, or private affairs made public against one's will. The legal concept of the patient's right of privacy is one with which every nurse should become familiar, since even a negligent violation thereof can have serious legal consequences.

All members of the health care team are duty bound to treat patients with decency, respect, and the greatest degree of privacy possible. At the very least, this means that the patient should be seen, examined, and handled only by those persons directly involved in his or her care and treatment. Unnecessary exposure of the patient's body or unwarranted discussion of his or her care with third parties will give rise to a legal cause of action for invasion of privacy, with appropriate damages assessed against the offending party. The nurse must always be alert to any witting or unwitting violation of the patient's right of privacy. In conclusion, when entering a hospital, a patient places the integrity of his or her person and reputation in the hands of all health care personnel who attend him or her, and they must always be aware of their legal and ethical responsibility to preserve and protect the patient's right to privacy.

Westrick, S.and Dempski, K. (2009) *Essentials of nursing law and ethics*, Sudberry, MA: Jones and Bartlett.

Statutes of Nurse Practice Act 12-38-117. Grounds for Discipline (1) The board has the power to revoke, suspend, withhold or refuse to renew any license, to place on probation a licensee or temporary license holder, or to issue a letter of admonition to a licensee in accordance with the procedures set forth in subsection (3) of this section, upon proof that such person: (k) Has

violated the confidentiality of information or knowledge as prescribed by law concerning any patient; State of Colorado, (2008). *Colorado nurse practice act*, Retrieved online May 5, 2009 from http://www.dora.state.co.us/nursing/statutes/nursepracticeact.pdf

Graduate Nursing Students
Graduate Student Nurses will be held liable for their own acts of negligence committed in the course of clinical experiences. If they are performing duties that are within the scope of professional nursing, they will be held to the same standard of skill and competence as registered professional nurses. A lower standard of care will not be applied to the actions of nursing students.

Westrick, S. J. and Dempski, K. M. (2009). *Essentials of nursing law and ethics*, Sudberry, MA: Jones and Bartlett.

Policy

1. At the beginning of the program faculty will review key ethical and legal considerations related to confidentiality.
2. In the beginning of each semester, students will review confidentiality.
3. In addition, students will complete all documentation required by individual clinical institutions regarding confidentiality.

Original Date of Implementation: 08/13; Reviewed 01/15

Course and Faculty Evaluation
Purpose: To assist faculty in strengthening course offerings and improving the quality of teaching in the nursing program.

Policy:

1. Course Evaluations:
    a. Each course in the curriculum is evaluated at the end of the semester it is offered. Students evaluate the course in relation to whether course objectives have been met, and whether the teaching methodologies were effective in fostering their learning.
    b. Students are requested to provide written comments and constructive suggestions for course improvement.
    c. Course evaluations are anonymous and not signed by the student evaluator.
    d. Forms for course evaluation are provided to the students by each course instructor.
    e. The course evaluations are analyzed by the instructor, the Program Director and the Department Head to determine student perceptions of course strengths and weaknesses.
    f. The results of the analysis are shared with the graduate nursing faculty at the close of each semester.
    g. The instructors consider student suggestions to strengthen course offerings in revising and updating courses and improving teaching methodologies.

2. Evaluation of Faculty:
   a. The process of evaluation for faculty is designated in the CMU *Handbook for Professional Personnel*.
   b. The students are encouraged to provide constructive feedback in relation to areas for improvement and to identify the strengths of the faculty member.
   c. Faculty evaluations need not be signed by the student evaluator.
   d. The student evaluations of faculty are analyzed and submitted to the Department Head and Program Director. The results are communicated in writing to the faculty member after the semester ends and grades have been submitted.
   e. Faculty members incorporate student suggestions which will strengthen the quality of teaching in the program.

Original Date of Implementation: 01/11, 10/11; Reviewed 01/15

Dismissal from the Program

The nursing faculty reserves the right to dismiss from the program any students who fails to meet academic and /or clinical standards. Further students who present physical or emotional problems that conflict with safety essential to nursing practice and do not respond to appropriate treatment or counseling within a reasonable period of time will be dismissed from the program. Student will be dismissed if they demonstrate behavior that is a threat to public health and safety. Unsatisfactory behavior may consist of a pattern of behavior of performance or a single incident, depending on the incident. Dismissal may occur at any point of the program which includes immediate dismissal if indicated. Such offenses may include but are not limited to patient safety, abuse, and/or criminal incidents.

Original Date of Implementation: 01/11, 10/11; Reviewed 01/15

Dress Code

Purpose: to set standards for student's appearance in the clinical setting.

Policy:
1. A professional appearance and attitude must be maintained while in clinical area.
2. The student is required to follow the dress code stipulated by each clinical agency. All dress for agency experiences should be clean and unwrinkled. In most clinical agencies, professional business attire and a laboratory coat is required during the clinical experience.
3. The Colorado Mesa University name pin (with first name and last initial), which is ordered shortly after school begins, must be worn during the clinical experience. Please note that some clinical sites may also require students to wear agency specific identification
4. Cosmetic make-up will be neutral colors.
5. Clean hair is worn short or arranged in such a manner that it does not interfere with nursing care. Long hair must either be anchored above collar level or restrained in an appropriate manner. Hair color should be a natural color.

6. The only acceptable jewelry includes a watch, wedding ring(s) and a maximum of 2 small, plain post style ear studs. No jewelry in any body part, except ear lobes, is acceptable. A laboratory coat is required at certain times during the clinical experience which must be waist or hip-length or longer and have ¾ length or longer sleeves. When wearing a laboratory coat, jeans, halters, shorts, leggings and exercise attire are not acceptable.

7. Because of the close and physical nature of direct care nursing, students are expected to be clean and odor free. If an offensive odor is noticed by faculty, staff, patients or peers, the student will be asked to take corrective action. We support a non-allergenic environment without perfumes or fragrances.

8. Student must make an attempt to cover any body art. (For example, arms must be covered with long-sleeved shirt)

9. Student's Uniform/Appearance
   a. Professional Business Attire and white lab coat is appropriate for most outpatient clinical settings. Clothing should not reveal any cleavage or anatomy from midriff to knees even when seated, bending or lifting. Hem of dresses must be at least knee length. Shoes should be clean and polished. No tennis shoes or open toe shoes or sandals allowed. Clogs must have a back strap for safety in patient care. Crocs are not allowed in some agencies.
   b. Nails must be clean, short and neatly trimmed and free of nail art. If polish is worn, it must be clear or a pale neutral shade and not chipped. No artificial nails (acrylics or tips) may be worn, because these harbor a wide variety of pathogens, and are not acceptable in the agency settings.
   c. Facial hair needs to be clean shaven or a well-trimmed a beard. Chest hair may not be visible, even when bending and lifting.
   d. Agency specific dress code policies should be consulted prior to the first clinical day. Some clinical agencies may require scrubs or other uniforms for clinical care.
   e. Colorado Mesa University polo shirt in solid color or unwrinkled long-sleeved button-down shirt with CMU logo is also available for purchase in the University bookstore for use in community-based clinical experiences (health fairs, community events, etc).

Original Date of Implementation: 01/11; Revised 10/11; Reviewed 01/15

Email Addresses

Purpose: To enhance relevant communication within the Department of Health Sciences.

General Information:

1. Electronic communication will facilitate information in a timely and consistent manner.
2. Students are given free email addresses as part of the university community.

3. As soon as student is admitted to CMU, many technology resources are made available. Students are able to send and receive email through the campus email system, log into the MAVzone - the campus portal, and use computers in the computer labs.

Policy:

1. To access information technology services, students will be assigned a network username and password in the CMU Acceptance Letter.
2. It is the student's responsibility to check his/her email address on a routine basis. Important student announcements and program information will be sent to all nursing students via CMU email.
3. Personal emails will not be accepted for correspondence in CMU courses or clinicals.
4. ***To forward your campus mail to another email system:*** This is handy for students who already are using another system, such as Hotmail, AOL or Yahoo, to get all of their mail at one address. To forward your campus email to another system:
    a. Log onto your campus email account per above;
    b. Click —Preferences;
    c. Scroll down to —Forwarding;
    d. Put a check mark in the box next to —Enabled;
    e. In the box next to —Forward to: type in the email address to which you want your mail forwarded;
    f. Scroll all the way to the bottom and click the —Apply box;
    g. Finally, run a test to make sure it is working by sending a test message to yourself at your CMU email address.
5. The Information Technology & Communications Help Desk (970-248-2111) is the primary point of contact for all IT related issues including:
    a. Usernames and passwords
    b. Online learning
    c. MAVzone
    d. Groupwise email
    e. Connecting to the wireless network

Original Date of Implementation: 01/11, 10/11; Reviewed 01/15

Grading Criteria
Purpose: To provide descriptions of the letter grades used in the Department of Health Sciences.

General Information
The following information provides guidelines for evaluation of clinical practice. The descriptions indicate how well the student has met outcomes or objectives for the course and/or clinical lab. The descriptors (a, b, c, d) are defined as:
1. Degree of supervision required for the selected course's level of clinical practice (considers safety and accuracy of student performance).
2. Competence of nursing care, such as problem solving, setting priorities, observation skills, and appropriateness in designing care strategies, dexterity, and interactions with clients, staff and peers.

3. Depth and breadth of preparation for clinical practice and ability to apply theory and skills in clinical setting.
4. Motivation and readiness for clinical practice as well as demonstration of interest and self-directed learning.
5. The A (4) student overall functions at the synthesizing level:
    a. Consistently functions with little or no guidance, except in very complex situations.
    b. Demonstrates outstanding performance of nursing care.
    c. Demonstrates superior knowledge and consistently integrates appropriate knowledge with skills.
    d. Is consistently self-directed in his/her approach to learning (*e.g.* initiates new learning experiences).
6. The B (3) student overall functions at the reflective level:
    a. Generally functions satisfactorily with minimum guidance in the usual clinical situation.
    b. Demonstrates above average performance of nursing care.
    c. Solidly demonstrates accurate and appropriate knowledge and usually integrates knowledge with skills.
    d. Recognizes learning opportunities but may require assistance in utilizing them.
7. The C (2) student overall functions at the acknowledge/comprehension level:
    a. Functions safely with moderate amount of guidance in the usual clinical situation.
    b. Demonstrates average performance of nursing care.
    c. Demonstrates adequate knowledge and requires moderate assistance in integrating knowledge with skills.
    d. Requires some direction in recognizing and utilizing learning opportunities.
8. The D (1) student:
    a. Usually requires intense guidance for the performance of activities at a safe level
    b. Clinical performance reflects difficulty in the provision of nursing care
    c. Demonstrates gaps in necessary knowledge and requires frequent assistance in integrating knowledge and skills
    d. Requires frequent and detailed instruction regarding learning opportunities
9. The F (0) student:
    a. Is considered unsafe to practice without constant, intense guidance
    b. Failed to meet clinical objectives
    c. Frequently lacks necessary knowledge and skills and is unable to integrate these into practice
    d. Requires constant, detailed instruction regarding learning opportunities and is often unable to utilize them

Original Date of Implementation: 01/11; Reviewed 01/15

Grading/Testing

Purpose: To describe the system for grading, the examination process and grade reporting.

Policy:

1. Instructors have the freedom to determine the grading scale for individual courses.
2. All sections of the same course will follow the same grading scale.
3. Instructors will determine the components that comprise the final grade in a course and include this information in the course syllabus, along with course expectations.
4. The grading scale is reflective of graduate course work. NO grade under an 80% will be accepted.
   A = 90 – 100%
   B = 80 – 89%
   C = 70 – 79%
   D = 60 – 69%
   F = 59% and below
5. Academic standards will be followed as explained in the *CMU Graduate Policies and Procedures Manual*:
   (http://www.coloradomesa.edu/graduate/documents/GraduatePoliciesProcedures.pdf).

6. Examinations
   a. The faculty member may administer unit, midterm and final examinations as part of the evaluation process.
   b. The faculty member may assign an alternate learning project to examine mastery of course content when appropriate.
   c. The class must meet during the final examination period to fulfill standard requirements for semester instructional time. In an online class, the class must have assigned tests or content mastery assignment during the finals period.
   d. Students are expected to take examinations at scheduled times. With prior approval of the faculty member, an examination may be taken at another time. The students and the faculty member must make specific arrangements for date and time and location.
   e. Special testing needs must have documentation provided by the appropriate campus student support services.
7. Grade Reporting
   a. Final grades must be submitted to the Records Office by the deadline. Grades are entered online and instruction is provided by the Registrar.
   b. Faculty members may not post grades unless written authorization is given by the students.
   c. Final grades are posted on MavZone section of the CMU website.
   d. A copy of the final grade submitted by faculty is kept on file in the department office.

Original Date of Implementation: 01/11, 10/11; Reviewed 01/15

Graduation

Purpose: to identify requirements for graduation from Colorado Mesa University with a MSN or DNP degree in Nursing.

Policy:

1. To graduate from Colorado Mesa University with a graduate degree, a student must:
    a. Satisfy all general and specific requirements of the university including the fulfillment of all financial obligations.
    b. Have removed from the official record all marks of deficiency in those subjects for credit toward graduation.
    c. The catalog used to determine graduation requirements is the academic year in which the student enrolls in the first graduate nursing course.
    d. Students are required to complete the curriculum or course of study in which they initially enroll, provided courses needed to complete the program are available. *The student cannot choose part of the program* from one catalog and part from another. If a student resumes study or begins a new course of study at Colorado Mesa University after having been absent from university for one academic year or more, the student must follow the curriculum or course of study at the time of re-enrollment unless the school concerned gives written authorization for the student to pursue a different curriculum or course of study.
    e. Colorado Mesa University reserves the right to evaluate on a course by course basis any credits earned prior to enrollment, which the student wishes to apply toward any degree.
    f. A GPA of 3.0 or higher must be maintained in all courses that apply to the MSN degree.
    g. An overall cumulative GPA of 3.0 is required for graduation.
2. Master of Science in Nursing degree requirements
    a. Students who meet requirements for the master's degree in nursing must complete a minimum of 36 semester hours and successfully pass an oral comprehensive examination.
    b. The MSN program sheets can be found at: http://www.coloradomesa.edu/academics/documents/MSN_AdvanceNursingPractice_1415.pdf

        http://www.coloradomesa.edu/academics/documents/MSN_NursingEducation_1415.pdf

3. Doctor of Nursing Practice degree requirements
    a. Students who meet requirements for the master's degree in nursing must complete a minimum of 72 semester hours and successfully pass an oral comprehensive examination.
    b. The DNP program sheet can be found at: http://www.coloradomesa.edu/academics/documents/DNP_NursePractice_1415.pdf

4. Guidelines for Completing Petition to Graduate:
   a. Obtain Intent to Graduate, Graduation Planning Sheet, and copy of current CMU transcript from Registrar's Office.
   b. Submit Intent to Graduate to Registrar by required date.
   c. Make appointment with Program Director.
   d. Bring copy of transcript (remember, they cannot get this online).
   e. Make sure all copies of transcripts from other institutions are in the file.
   f. Program Director will meet with student to complete the Program Sheet, including name, address, phone, signatures and date admitted to program. Faculty will assure that all transcripts, transcript evaluations, course substitutions, and outstanding grades from other institutions are in the student file before sending to the Program Director for review.
   g. Turn in following information to the Program Director by midterm of semester prior to graduation:
      i. Graduation Planning Sheet
      ii. Completed Program Sheet
      iii. Any transcripts from other colleges
      iv. Transcript evaluation from Registrar's Office
      v. Course substitution documents
   h. The Program Director will review the petition to graduate and forward to the Department Head for signature; the petition will then be forwarded to the Registrar's Office for processing.

Original Date of Implementation: 01/11, 10/11; Revised 01/15

Grievance and Appeals
Purpose: To provide guidelines for timely and fair resolution of complaints or problems related to grades or other academic decisions for students in Health Sciences programs at Colorado Mesa University.

Policy:
1. In the Department of Health Sciences, it is expected that the student will, within five (5) working days following the grade or decision of dispute, schedule a meeting with the clinical preceptor, instructor or faculty member. Meetings for online students can be conducted via telephone or using other electronic technology (i.e. skype or video call).
2. If the problem is resolved through the initial meeting, no further action is indicated.
3. Failing successful resolution, the student may wish to appeal, doing so within five (5) working days by filing a written appeal with the appropriate Program Director.
4. The Program Director will render a decision in writing, with explanation, within 10 days.
5. If dissatisfied with the Program Director's decision, within five (5) working days, the student will file a written appeal with the Department Head. The Department Head will investigate and render a decision in writing within 10 days.

6. If the student still does not believe the conflict has been resolved, the student is directed to the CMU Student Handbook for further steps to be taken; the Handbook can be found at: http://www.coloradomesa.edu/studentservices/documents/MaverickGuide.pdf
7. It includes information related to student appeal processes.
    a. Appeals related a Campus Judicial hearing or decision.
    b. Appeals related a Sanction for Academic Dishonesty.
    c. Appeals related a Student Grade.
8. If a student is appealing a grade, the student must demonstrate in writing that the grade was unfair based upon one or more of the following conditions.
    A. The grading decision was based on something other than course performance, (unless the grade was a result of penalty for academic dishonesty).
    B. The grading decision was based on standards that were unreasonably different from those applied to other students in the same section of that course.
    C. The grading decision was based on standards that differed substantially and unreasonably from those previously articulated by the faculty member.

Original Date of Implementation: 01/11; Reviewed 1/15

Immunizations
Purpose: To provide information and guidelines for vaccinations required for admission and ongoing progress in the nursing program.

General information:
1. Hepatitis B - Student must have received the series of shots in order to continue in the program. Documentation that student has started the series is required on admittance to the program and dates of completion of the series must be submitted to the department.
2. Tetanus - current Tetanus (Td) vaccination must be documented for admittance into the nursing program. Tetanus boosters are required every 10 years and must be current to continue in the program.
3. Measles, Mumps, Rubella - Documented immunity to Measles, Mumps, and Rubella are required for admittance into the nursing program. Immunity may be documented by one of the following:
    a. Born before 1/1/57 (date of birth)
    b. Documentation of physician-diagnosed measles
    c. Documentation of two doses of vaccine
    d. Laboratory evidence of immunity to measles (titer)
4. Tuberculosis - There is no recommended vaccination for tuberculosis. Students must obtain either a two-step TST or proof of negative TST documented yearly for 2 years (If the student has proof of a single two-step TST in the preceding year, a one-step TST should be done). *(TST's must be current within one year).*
5. Students who are pregnant are referred to their physician for advice re: safety of immunization during pregnancy. A written waiver for immunizations must be submitted to the department.

6. Due to increased risk of exposure during clinical or university environment, students are encouraged to obtain meningococcal, influenza and other vaccines recommended for health workers. Varicella may be required depending on clinical site requirements.
7. Annual Influenza immunizations are being required by health care facilities October through May. You may be required to obtain annual influenza vaccine at some health care facilities. If you are opposed to influenza vaccinations, it is your responsibility to find out if you can continue with clinical practicums during these high peak months.

Original Date of Implementation: 01/11, 10/11; Reviewed 01/15

Incomplete Grade Form

Colorado Mesa University
Faculty/ MSN & DNP Programs Student
Incomplete Agreement Form

CMU ID _____

Name (please print)_____

CMU Email_____

Phone_____

Current Program

____Master of Science   ____Doctor of Nursing Practice   ____ Non-Degree Seeking Student

Course Information

Course Number (e.g. NURS 500):_____   Credits_____

Course Title:

_____

Enrollment term/year (e.g. fall 2013): _____

Faculty Member: _____

The signatures below verify that the instructor and student agree to the following the terms and schedule for completion of the course.

Terms of Completion

_____

Deadline for Completion (max. length of time is defined as the next time the course is being offered)   _____

Please note: Your grade will revert to an 'F' if the 'Incomplete' is not completed by the deadline specified above. Exceptions maybe considered for special circumstances.

Student Signature_____ Date _____

Faculty Signature_____ Date _____

Routing: Original to student. Copy to faculty and student file.

Original Date of Implementation: 5/2013

Liability Insurance for Students
Purpose: To comply with Agency's requirements that all students entering clinical rotations must have proof of liability/malpractice coverage.

Policy:

1. According to agency mandate, the policy must be comprehensive general liability insurance covering bodily injury and property damage liability with minimum coverage limits of $1,000,000 per occurrence/$2,000,000 general total limit, and medical professional liability insurance with minimum coverage limits of $1,000,000 per claim/$3,000,000 annual aggregate. Each student shall be required to provide a Certificate of Insurance as evidence of such insurance coverage prior to participation in any clinical experience within the program.
2. Students are required to obtain this at their own expense and maintain throughout the program. Information will be provided by the Department of Health Sciences.
3. Documentation of current liability insurance must be maintained in the student file in the Department of Health Sciences.

Original Date of Implementation: 01/11; Reviewed 01/15

Preceptor Form:

The preceptor form must be completed the semester prior to the clinical placement. Please give the completed preceptor form to the Program Director for graduate student placements.

Colorado Mesa University
DNP Program
Preceptor Agreement Form

Please submit this form OR submit a current resume.

Name: _____ **Date:** _____

Place of employment: _____

Address of employment: _____

Work phone: _____ **E-mail:** _____

Type of site (rural clinic, private practice, public heath): _____

Characteristics of clients (gender, age, ethnicity): _____

Experiences available for student: _____

Preceptor's current position and responsibilities: **_____**

Unit/Department: _____

Length of time in current position: _____

Institution granting initial APN/MD preparation: _____

Graduation date: _____ **All academic degrees:** _____

License Number: _____ **Expiration date:** _____

Practice specialty certification (certifying body; number and expiration date):

_____

Years of practice in specialty area: _____

Have you previously preceptored CMU nursing students? _____

Professional activities (professional organization, committees, special interest):

_____

Please return completed form to Dr. Sandy Forrest, Colorado Mesa University,

Department of Health Sciences, 1100 North Avenue, Grand Junction, CO 81507 or fax

form to 970-248-1133.

For office use only: verification of certification/licensure completed _____

Original Date of Implementation: 07/13

Professional Behavior in the Academic and Clinical Setting

Policy: To provide guidelines for faculty concerning student behavior in the learning environment and the clinical setting.

Policy:
1. Professional behaviors, consistent with safe and ethical professional nursing practices, are expected in the learning environment and in the clinical setting.
2. Professional behavior and respect for classmates, faculty, preceptors and guest speakers is expected at all times. This is also addressed in individual course syllabi. Examples of non-professional behavior include:
   a. Disruption of the learning environment
   b. Use of profanity, name-calling
   c. Being rude and hostile to faculty or classroom presenters or in clinical setting
   d. Intimidating others
3. When student behavior interferes with the conduct of class or the clinical experience or when safety of members of the campus community is endangered, the Vice President for Student Affairs and/or campus police will be notified immediately.
4. Such behavior will result in disciplinary action up to and including immediate expulsion from the program.

Original Date of Implementation: 01/11, 10/11; Reviewed 01/15

Progression
Purpose: to set standards for satisfactory progress in the MSN and DNP program.

Policy:
1. All pre-requisite courses, generally, are completed prior to beginning graduate nursing courses. Some exceptions may be made by the faculty on an individual basis.
2. Students must attain at least a grade of B in all required courses in the curriculum, including electives, and maintain a cumulative grade point average (GPA) of 3.0 or higher for all graduate courses. This policy applies regardless of when or where the course was taken.
3. Any student without a passing grade of "B" or above in required nursing classes will have to re-take the course the next time it is offered as space is available.
4. Students enrolled in nursing courses having both theory and clinical components must take these components concurrently. If a student receives a grade of less than "B" in either component (theory and/or clinical) both components must be repeated. **The student may not progress to the next nursing course and will have to retake both components the next semester that the course is offered as space is available.**
5. All graduate nursing courses must be completed within **four** years for the MSN and **six** years for the DNP from the semester the first nursing course was taken.
6. Students must repeat any nursing courses if he/she receives a grade below a B. *If a student fails a second nursing course (below a B) he/she will be withdrawn from*

the program and will not be re-admitted. If a student fails more than one course in a semester, the situation will be reviewed by faculty and treated on an individual basis.

7. A student may not obtain credit by examination for a failed course.
8. A student may not obtain credit by examination to improve a grade.
9. Advisors will maintain a current progress record on the program sheet for each advisee.
10. Faculty members may withdraw a student due to unsafe clinical practice or behavior jeopardizing professional practice at any time during the semester.

Original Date of Implementation: 01/1; 01/15

OUT-OF-SEQUENCE PROGRESSION FOR GRADUATE NURSING DEGREE STUDENTS

On admission a curriculum plan is developed to ensure courses are sequenced in an academically sound manner and that graduation is timely. Students wishing to deviate from the curriculum plan developed at admission will have requests for revisions considered on an individual basis. Faculty has a responsibility to ensure the academic integrity of the student's curriculum, availability of clinical placements, and faculty availability to deliver the course/assume supervision in clinical settings. Therefore, careful planning is required for exceptions to standardized curriculum plans.

1. Students who wish to revise their curriculum plan will schedule a meeting with the Program Director to assess the feasibility of changing the existing plan.
2. The student completes the Petition for Revision of Curriculum Plan form (see attached document) and forwards it to the Program Director.
3. The Program Director consults with faculty and the Department Head as to the availability of resources for the proposed revised curriculum plan.
4. The Program Director informs the student in writing of the decision regarding the petition within ten (10) working days of receipt of the petition. If approved, a copy of the revised curriculum plan is included.
5. Written progression requirements will be monitored by the Program Director.

Original Date of Implementation: 9/15

Re-Admission

Purpose: to inform students who have been out of the program (for at least a year) of the policy/process for re-admission into the MSN or DNP program.

Policy:
1. All students petitioning to return to the program should complete an application for re-admission. These forms may be secured from the administrative assistant of Department of Health Sciences.
2. The number of spaces for returning students is limited and varies from semester to semester. Students seeking re-admission to the nursing program should submit applications for fall semester prior to April1 and for spring prior to November1.
3. Any nursing course may be repeated one time, if the faculty approve. A second failure within the nursing program means that the student must withdraw from the program, and the faculty believes the student should pursue alternate goals.

4. If a student fails a course due to unsafe physical or emotional care of patients, the faculty may decide to not allow the student to repeat the course.
5. Students will be admitted to the program only twice regardless of reason for leaving. Attendance in any nursing class or portion of nursing classes is considered "admittance".
6. Students who withdraw from or fail to complete the first nursing course must apply for admission into the program with the rest of the applicants to the program. These individuals will be considered according to the criteria utilized for the other applicants.
7. If a student is readmitted after having been absent for one academic year or more, he/she must follow the curriculum outlined in the catalog which is current at the time of re-enrollment and will be required to demonstrate knowledge and clinical competency from the previous coursework.
8. A student who fails a required clinical nursing course may be allowed to take nursing electives while waiting for space to become available.

Original Date of Implementation: 01/15

Releasing Contact Information to Outside Agencies

Purpose: To establish guidelines for Department of Health Sciences about releasing information about students.

Policy:
1. The Health Sciences Department will comply with the FERPA.
2. Any information needed about students will only be provided with written permission of the student (i.e. background checks, immunization records).

Original Date of Implementation: 01/15

Student Awards, Recognition and Scholarship
Purpose: To describe the process of nominating students for awards, special recognition and scholarships.

Policy:

1. The criteria and deadlines for nominations for awards and special recognition shall be communicated to all faculty.
2. An application form, if necessary will be distributed to qualified students by the faculty.
3. Who's Who in American Universities and Colleges:
    a. Department of Health Sciences faculty members are encouraged to nominate outstanding full time students with a cumulative GPA of 3.0 or better for academic recognition in '*Who's Who Among Students in American Universities and Colleges*'.

      b. Application forms are to be completed by the nominated students at the faculty member's request.

      c. The faculty member is responsible for insuring that the application includes a faculty endorsement.

      d. Completed applications are submitted to the department representative of the Who's Who Committee.

      e. Recipients selected by the CMU Who's Who Committee and confirmed by Who's Who Among Students in American Universities and Colleges will be announced to the faculty.

4. Nu Kappa Chapter, Sigma Theta Tau International

      a. Students may be invited to become members of Nu Kappa Chapter if they have demonstrated superior academic achievement in the nursing program and the potential for professional leadership.

      b. Nu Kappa Chapter By-laws outline the process for becoming a member.

5. CMU Scholarships:

      a. The criteria for awarding scholarships shall be communicated to all faculty as they are made known.

      b. The necessary forms shall be secured from the Office of Financial Aid. Students shall submit scholarship forms to financial aid office by March 1.

      c. Faculty review submitted applications and recommend nominees and alternates for the next academic year. The Program Director will submit the list of nominees to Director of Financial Aid. The list of recipients and alternates shall be announced by the CMU President.

6. Other scholarships and awards

      a. External scholarship information will be disseminated to students via university email.

      b. Other student awards and achievements will be recognized as available.

      c. Criteria will be established as appropriate.

Original Date of Implementation: 01/11, 10/11; Reviewed 01/15

Students' Response to Emergency Situations at Clinical Facilities

Purpose: To assure students know how to respond to emergency situations (*i.e.* fire, codes, security, etc.) at clinical facilities.

Policy:

1. Emergency procedures (i.e. fire, security, life-threatening emergencies) for clinical agencies is reviewed during clinical orientation period.
2. Students are expected to respond and assist in emergencies within their scope of practice.

Original Date of Implementation: 01/11; Reviewed 01/15

Student Representative to Faculty Meetings

Purpose: To outline the responsibilities of the student representatives at faculty meetings.

General Information:

1. Attendance at these meetings will provide experience for students in working with faculty related to department concerns. **Students may attend via conference call**. Please email your faculty or program director 24 hours in advance of meeting for phone number to call in for the meeting
2. The students serve as a liaison between the students and faculty.
3. Designated students may serve on ad-hoc committees.

Original Date of Implementation: 01/11; Reviewed 01/15

Substance Abuse

Purpose: To apprise the student of rules regarding substance abuse related to class and clinical attendance.

General Information:

1. Chemical dependency may impact all aspects of life negatively and is a condition that can be treated successfully.
2. Dependency may result from any mind-altering substance that produces psychological or physical symptomology. These include alcohol, over-the-counter or prescribed medication, illegal drugs, toxic vapors, or synthetic designer drugs.
3. According to the Colorado Mesa University Student Handbook, students must comply with state and federal laws concerning dangerous drugs. Offenses may result in prosecution by civil authorities and disciplinary action by the University.
4. Students are responsible for coming to the clinical area mentally alert and physically capable to care for assigned patients/clients.
5. The faculty has the responsibility to intervene when patient safety and clinical performance are compromised by a student who is chemically impaired.
6. Students who may have a substance abuse problem typically will exhibit a pattern of objective, observable behaviors that eventually compromise client safety and clinical standards of performance. In most cases the patterns of possible substance abuse emerge slowly over a period of several semesters; occasionally a faculty member will encounter a student who exhibits clear evidence of intoxication. Faculty should be alert for behavioral evidence of signs/symptoms of possible substance abuse (See list below).
7. Chemical dependency can be identified in a professional substance abuse evaluation and treatment programs are available to those with chemical dependency.
8. Students may be required to complete random drug testing at some clinical agencies. If a student is completing clinical hours at a clinical agency, and the clinical agency asks

that a random drug test be completed, the student will submit to the test. Failure to complete a drug test will result in removal of the student from the clinical setting.

Policy:

1. If an instructor suspects that a student has ingested any mind-altering substance which may interfere with safe clinical performance, the student will be asked to leave the clinical area. The instructor must objectively document the behavioral symptoms noted and indicate how client safety and clinical performance were compromised by the student's actions. Transportation should be arranged to take the student home safely or to a site for drug testing. Drug testing will be done at the student's expense as will transportation costs.

2. This action will count as an absence and an appointment will be scheduled for an informational meeting within three working days between the student, instructor(s), and department head.

3. A pattern of possible substance abuse may emerge slowly over a period of several semesters and observed by more than one faculty member. If an instructor identifies a suspected pattern of signs and symptoms of substance abuse, they are to objectively document the behavioral symptoms noted and consult with other faculty who have interacted with student to verify the suspected substance abuse.

4. Once a pattern is established that strongly suggests substance abuse, the student is contacted and an appointment is scheduled for an informational meeting within working three days between the student, instructor(s), and department head.

5. Informational meeting: The purpose of the informational meeting is to make the student aware of the faculty's suspicions and to review the policy and procedure. The informational meeting will include the student, faculty who identified the problem and the department chair. The faculty will present the documentation concerning the student's behavior and provide the student an opportunity to discuss the observations. The student's behaviors, faculty's recommendations for follow-up, student's written response to the allegations, and the date and time for the intervention meeting is documented and signed by all parties in the meeting. The original document is placed in the student file, and a copy is given to the student.

6. Intervention meeting: The purpose of the intervention meeting is to review the student's behavior and clinical performance, discuss the policy for impaired student nurses and its implementation, discuss the academic consequences related to the policy violation, and secure the student's agreement to seek a comprehensive substance abuse evaluation. The intervention meeting will include the student, faculty who identified the problem and the department chair, and a representative from student affairs. Documentation is completed that articulates the problem behaviors, any academic consequences, the students' agreement to seek a professional evaluation for a potential substance abuse problem, and the student's understanding that failure to abide by the recommended treatment plan will result in dismissal from the program.

7. The student will be referred to the campus affiliated behavioral counseling services for substance abuse evaluation. If the student refuses to obtain an evaluation, he or she is administratively dismissed from the program. There are three general outcomes anticipated from the substance abuse evaluation:

a. The evaluation DOES NOT substantiate the alleged substance abuse by the student. If this occurs, all documentation related to the alleged incident is removed from the student's file and the student may return to all courses without negative academic consequences.

b. The evaluation DOES substantiate the alleged substance abuse by the student, but the student refuses to abide by the policy of enrollment in a treatment program and ongoing monitoring. If this occurs, the student is dismissed from the program.

c. The evaluation DOES substantiate the alleged substance abuse by the student, and the student agrees to abide by the policy. If this occurs, the student signs an agreement to participate in a treatment program and to have his or her progress monitored by the Department Head. The student is allowed to continue in the program as long as he or she is compliant with the treatment contract.

Signs & Symptoms of Possible Substance Abuse

Psychological Problems
Irritability
Moodiness
Tendency to isolate self
Mental Status Changes
Forgetfulness
Confusion
Decreased alertness
Impaired judgment in the clinical area
Social Changes
Eats alone
Avoids social gatherings
Avoiding faculty/peers
Avoiding group work
Changes in Performance
Deteriorating productivity
Excessive absenteeism
A pattern of tardiness
Leaving clinical area frequently
Unsafe clinical performance/placing clients at risk

Late assignments with elaborate excuses
Intolerance of others for not meeting deadlines
General Behavioral Changes
Inappropriate responses
Nervousness
Elaborate excuses for behavior
Suspiciousness
Changes in Personal Appearance
Change in dress
Unkempt appearance
Flushed complexion
Red eyes
Swollen face
Hand tremors
SYMPTOMS
Odor of alcohol
Slurred speech
Unsteady gait
Errors in judgment

Original Date of Implementation: 01/1; 01/15

Transfer of Credit from Prior Degree Coursework

Students may transfer up to nine semester credit hours from another accredited institution into their Master's Degree Plan, or 18 semester credit hours for a doctoral degree program, provided they meet the General Transfer Policies of CMU and are approved by the Program Director and the Department Head. Refer to the *Graduate Policies and Procedures Manual* for additional information.

Health Assessment, Pathophysiology, and Pharmacology: transfer credit for these courses will be considered if completed within five years prior to admission to the program.

Original Date of Implementation: 01/1; 08/14

Withdrawal, Probation, and Suspension

Purpose: To identify conditions related to withdrawal, probation and suspension.

Policy:

1. The MSN and DNP program will follow the policies as outlined in the current CMU Catalog and the *Graduate Policies and Procedures Manual.*

Colorado Mesa University:
Student Agreement of Understanding
Graduate Student Handbook

I understand that it is my responsibility to read and understand all the policies and information continued in the MSN Graduate Student Handbook. This includes the policies related to Academic Honesty.

The faculty will provide electronic notices via email to your student account when additions or revisions have been made to the Handbook.

Printed name: _____

Signature: _____

Date: _____

Please indicate your cognate and when you expect to graduate:

Master of Science in Nursing (MSN): Advanced Nurse or Education

I expect to graduate   Spring_____   Fall_____, 20__

Submission of this signed page is required for progression in either of the graduate nursing programs. Please return signed form to the Department of Health Sciences office in room 167 Maverick Center or fax signed copy to 970-248-1133.

Disclaimer: The purpose of this Handbook is to provide students, faculty, and applicants to our program with consistent, current information about our program and policies. Information is updated at least once a year. While every effort has been made to ensure the accuracy of the information, the University reserved the right to make changes as circumstances arise. The contents of this Handbook do not, in whole or part, constitute a contractual obligation on the part of Colorado Mesa University, its employees or agents, nor does any part of this Handbook constitute an offer to make a contract. The information in this Handbook is provided solely for the convenience of the reader, and the University expressly disclaims and liability, which may be otherwise incurred.