Department of Health Sciences
Moss School of Nursing
Practical Nurse Student Handbook
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Mission

The program prepares graduates having met state licensure requirements to practice in a collaborative manner as:

- provider of care
- manager of care
- member of the discipline
- lifelong learner

This Certificate of Practical Nursing program is designed to respond to the emerging health care needs of individuals, families, and groups and provide a foundation for excellence in nursing practice. Practical nurses are an integral component of the nursing profession and are accountable for the ethical, personal, and professional standards that guide their delivery of care.

This program prepares a proficient practitioner who is prepared for entry into practice to function as technical nurses and interact with individuals in a caring manner. Graduates are able to practice safe, ethical, noncomplex bedside nursing in a structured health care environment under the direct supervision of a registered nurse. As a health care provider this individual is concerned with the promotion of well-being of the individual and is respectful of the dignity, worth, and autonomy of each person. Additionally, this person appreciates the value of advanced education in terms of personal and professional growth.
Philosophy

The philosophy of the PN program is consistent with the general purposes of liberal education at CMU. The program prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning which support the ongoing attainment of clinical skills. The primary role of the entry level graduate of the program is to provide nursing in a caring manner in structured health care settings for individual patients who are experiencing common, well-defined health problems with predictable outcomes. This is achieved through supervised clinical practice founded upon basic nursing theoretical concepts and introductory content from the various sciences. These experiences provide a foundation for advancing on the career ladder.

Each learner possesses unique experiences, interests, values, attitudes, motivations, learning styles and capabilities that must be recognized and cultivated. Students have a responsibility to actively participate in the educational process, and join faculty in planning for this approach. Faculty utilize alternative and traditional teaching-learning strategies, in accordance with academic requirements of the university, recognized standards of practical nursing practice, and societal expectations to enhance learner needs. Learning is achieved through progression from simple concepts to complex concepts in an environment that is conducive to teaching-learning. The faculty further believes in continuous quality improvement in nursing education, which is apparent in outcomes based assessment of the program’s mission and goals.

The faculty identifies patients, as the recipient of care across the lifespan, as those who are ill, injured, convalescent, or disabled who are in:

- hospitals
- medical offices
- nursing homes
- clinics
- private and group homes
- other health care institutions.

Patients are unique with basic needs, whose condition is stable and predictable, and whose well-being is influenced by internal and external environmental factors.

Health, when viewed on a continuum, is distinguished by patterns of interrelationships with the environment. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. Health is a positive state of well-being; illness is an altered state which may threaten the individual’s ability to gratify basic needs. A desired outcome is for each individual to be able to function at his/her optimum level of wellness. Within this framework, the delivery of health care resources is an interdisciplinary collaborative effort among health professionals.

The environment, as defined by each individual, family, group, community, is the total context or health care milieu, in which people exist. Environments encompass the physical surroundings, and social, and personal beliefs that influence people’s perceptions and interactions in regard to health. Environments change in response to: biologic factors; societal values and needs; gender, racial, ethnic and cultural diversity; technological advances; health care legislation; defined scope of practice; and consumer expectations.

Practical nurses, as members of a profession, provide nursing care for individuals experiencing common well-defined health problems in structured settings. Within this setting, the practical nurse meets specific patient needs as directed and there is recourse for assistance and support from the full scope of nursing expertise. The degree of supervision that is required is subject to change as the health state or condition of the patient changes. This form of decision making requires the use of critical thinking, communication, data gathering and assessment, and technical skills that are characteristic of a health care professional. This structure allows the practical nurse to contribute to a
plan of care that is respectful of human diversity and maintains a deliberate caring relationship. The relationship is
designed to uniquely preserve and enhance the integrity, dignity, and worth of individuals. Practical nurses accept
the responsibility for the provision of humanistic nursing care. In addition, they uphold ethical, legal, and moral
doctrines. It is critical to collaborate with other providers to assure delivery of safe and effective care. A commitment
to enhance the discipline is demonstrated by remaining active in professional organizations as well as in the political
and regulatory processes.

**Professional Standards, Guidelines, and/or Competencies used by PN Curriculum**

The PN curriculum uses the following professional standards, guidelines, and or competencies:

Program Outcomes (POs):

1. **Program Completion**: Eighty-five percent of students who enter the Practical Nurse (PN) program will complete the program within two semesters.

2. **Performance on Licensure Exam**: Graduates will pass the NCLEX-PN on their first attempt at a rate equal to or greater than the National NCLEX-PN pass rate for first time candidates.

3. **Program Satisfaction**:
   - **Graduate/Alumni Satisfaction**: Eighty-five percent of graduates or alumni will express satisfaction with their preparation for practice as indicated on the graduate survey.
   - **Employer Satisfaction**: Eight-five percent of Employers will express satisfaction with graduate’s preparation for practice as indicated by the employer survey.

4. **Job Placement**: Ninety percent of new graduates will be employed as LPNs within one year of graduation.

Student Learning Outcomes (SLOs):

1. **Professional Behavior**: Function as a competent practical nurse within a legal and ethical framework to provide holistic care to patients from diverse backgrounds.

2. **Communication**: Promote a therapeutic environment supporting communication across the lifespan for vulnerable and diverse populations.

3. **Assessment**: Demonstrate clinical decision-making and critical thinking skills to provide effective nursing care for individuals throughout the developmental stages across the lifespan.

4. **Planning**: In a collaborative manner, organize and incorporate assessment data (using critical thinking) to plan/revise patient care based on established nursing diagnoses, assessments, and evaluation data.

5. **Caring Interventions**: Utilize knowledge of the nursing process, patient needs, and the role of the nurse when providing safe, effective, and individualize patient care, which respects values, culture, and expressed needs.

6. **Managing**: Collaboratively organize patient care through shared planning, decision making, problem solving, and goal-setting, employing therapeutic nursing interventions to stable patients in a variety of health care settings.
Practical Nurse Framework

Licensed Practical Nurse

Program Outcomes
1. Program Completion
2. NCLEX Pass Rate
3. Program Satisfaction
4. Job Placement

Student Learning Outcomes
- Professional Behavior
- Planning
- Communication
- Caring Intervention
- Assessment
- Managing

QSEN Competencies
- Critical Thinking
- Quality Improvement
- Caring
- Information Management
- Communication
- Professionalism

NLN Competencies
- Human flourishing
- Nursing Judgment
- Professional Identity
- Spirit of Inquiry

National Patient Safety Goals

Guides Program
1. QSEN
2. International Council of Nursing
6. (2014,). Accreditation, Health Care, Certification | Joint Commission
8. Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs, (2010), NLN certificate for Nurse Educators
Student Nurses Scope of Nursing Practice

12.1 Operating within appropriate scope of practice: The client’s wellbeing is the highest priority. By performing procedures or interventions that the student is not ready to perform, the student and faculty are placing the client’s wellbeing in jeopardy. The student must inform the faculty or clinical preceptor assigned to supervise the clinical experience whenever they are unprepared to safely provide an assigned intervention or procedure. This allows the faculty or clinical preceptor to provide the needed information for safely conducting the procedure.

National Student Nurses' Association, Inc., Code of Ethics: Part II Code of Academic and Clinical Conduct and Interpretive Statements

Adopted by the NSNA Board of Directors, October 27, 2009 in Phoenix, AZ (page 8)

Find complete code of ethics at

Scope of Practice:

**Definition of Nursing Delegation:** Delegation of nursing function is per occurrence and is limited to patients that are stable and where the outcome of the delegated task is predictable. It is the responsibility of the delegator to verify adequate skills of the delegatee. Delegation of care is only allowed within the RN scope of practice.

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<table>
<thead>
<tr>
<th>REGISTERED NURSE</th>
<th>LICENSED PRACTICAL NURSE</th>
<th>NURSING ASSISTANT</th>
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<tr>
<td></td>
<td><strong>ASSESSMENT</strong></td>
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<tr>
<td>Independent, dependent and interdependent functions</td>
<td>At the direction of RN, APN, licensed physician, dentist, or podiatrist</td>
<td>At the direction and under the supervision of RN or LPN</td>
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<tr>
<td>Assess and evaluate health status of individuals:</td>
<td>Contribute to assessment of health status:</td>
<td>Collect, report and record basic objective and subjective data</td>
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<tr>
<td>Collect objective and subjective data</td>
<td>Collect, report, and record objective/subjective data</td>
<td>Observe and report change in signs and symptoms or deviations from normal health status</td>
</tr>
<tr>
<td>Analyze, report and record data</td>
<td>Observe conditions or change in condition</td>
<td></td>
</tr>
<tr>
<td>Validate, refine and modify data</td>
<td>Collect data and report signs and symptoms of deviation from normal health status</td>
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**IDENTIFICATION OF HEALTH CARE PROBLEMS**

<table>
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<tr>
<th>REGISTERED NURSE</th>
<th>LICENSED PRACTICAL NURSE</th>
<th>NURSING ASSISTANT</th>
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<tbody>
<tr>
<td>Utilize all data to identify and document health care problems</td>
<td>Assist in formulating lists of needs/problems</td>
<td>Provide basic patient information which assists the licensed nurse in making lists of problems and needs</td>
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<tr>
<td><strong>ESTABLISHES GOALS</strong></td>
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</tbody>
</table>
| Collaborate with patient, family, significant others and health team to:  
Identify present and predicted needs  
Establish short and long-term goals  
Set realistic and measurable goals | Contribute to setting realistic short and long-term goals | Provide basic information regarding the patient which assists the licensed nurse in setting goals |

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<tr>
<th><strong>PLANNING A STRATEGY OF CARE</strong></th>
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| Develop a written care plan to include:  
Cultural, ethical, spiritual aspects and decisions regarding treatment  
Measures to support human functions and maintain hygiene, comfort and safe environment  
Educational and counseling needs to promote maintain, restore health  
Utilize community resources for continued care  
Prioritize needs  
Review and revise care plan as necessary | Participate in development of written care plan  
Recognize, understand, respect cultural, spiritual, religious backgrounds, beliefs, needs/rights to choice  
Assist in identification of measures to support human function and maintain hygiene and comfort  
Maintain environment conducive to well-being  
Assist in assuring access to community resources  
Participate in identification of priorities  
Participate in reviewing and revising plan of care | Contribute to the development and revision of the plan of care by providing basic information regarding the patient which assists the licensed nurse in the development and revision of the plan of care |

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<tr>
<th><strong>IMPLEMENTING STRATEGY OF CARE</strong></th>
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| Consider complexity of care, educational preparation and facility policies when delegating* care  
Remains responsible for all delegated* acts  
Delegate* /assist staff in implementing care  
Delegate*/assign duties as specified in rules and regulations  
Initiate, provide, assist with delegated* care  
Verify medical orders are accurate, properly authorized; no documented contraindications  
Administer prescribed medications and IV therapy  
Develop and initiate plan to provide patient education and counseling  
Document interventions and responses  
Communicate interventions and responses  
Make judgments, decisions and modify care as needed | Carry out functions taught in approved PN program  
Assist patient with ADLs; encourage self-care  
Provide direct care, comfort measures, emotional support to patients whose condition is stable or predictable  
Under Direct Supervision: Provide care, interventions; and communicate response for patients whose condition is complex or unstable  
Assist with rehabilitation (e.g., ROM, alignment, body mechanics)  
Provide environment conducive to safety and health  
Administer prescribed treatment and medication, except by intravenous route (IV certified LPNs - see Advanced Educational Preparation)  
Perform selected IV therapy functions as delegated* and supervised by RN  
Document prescribed interventions and responses  
Assist and provide reinforcement with patient teaching | Carry out functions taught in approved nursing assistant programs  
Complete basic duties assigned by a licensed nurse  
Provide total personal care or assist patient with ADLs; encourage self-care  
Provide physical care, comfort measures, emotional support to patients whose conditions are stable or predictable  
Assist with basic restorative nursing, bladder training  
Provide a safe and healthy environment  
Repeat patient teaching instructions as given by the RN  
Document and communicate completion of assigned duties and patient responses |
## MAINTAINING SAFE AND EFFECTIVE CARE

<table>
<thead>
<tr>
<th>Evaluate environment and initiate plan to provide a safe environment</th>
<th>Maintain safe environment</th>
<th>Maintain safe environment</th>
</tr>
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<tbody>
<tr>
<td>Institute standard procedures to stabilize patient's condition or prevent serious complications in emergency situations</td>
<td>Consult/seek guidance from RN and others as necessary</td>
<td>Seek guidance from a licensed nurse as necessary</td>
</tr>
<tr>
<td>Act as patient advocate</td>
<td>Initiate standard emergency procedures until RN or physician is available</td>
<td>Perform CPR when necessary</td>
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<tr>
<td></td>
<td>Apply principles of asepsis and infection control</td>
<td>Follow principles of asepsis and infection control</td>
</tr>
<tr>
<td></td>
<td>Participate in development, revision and implementation of policies and procedures</td>
<td>Share pertinent information with a licensed nurse</td>
</tr>
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## EVALUATING RESPONSES TO INTERVENTIONS

<table>
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<tr>
<th>Utilize identified goals to: Determine data needed to evaluate outcome of care Document and communicate evaluation data Evaluate effectiveness of common treatments/tasks, document and communicate outcomes of care given Use evaluation data to reassess patient status, revise care plan to reflect needed changes in nursing intervention.</th>
<th>Evaluate effectiveness of common treatments/tasks, document and communicate outcomes of care given Assist with collection of evaluation data Contribute to modification of plan of care</th>
<th>Document and communicate patient responses Assist with collection of data</th>
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### MANAGING PRACTICE OF NURSING

| Provide direct care; assign and/or delegate* functions according to education and demonstrated competence | Assign duties to ancillary workers as specified in rules and regulations |
| Supervise staff to whom nursing functions are assigned delegated* | Assist ancillary workers to carry out assigned care |
| Provide leadership in formulating, interpreting, implementing and evaluating nursing service objectives and policies | Supervise ancillary workers to whom care is assigned |
| Direct and evaluate quality of nursing service | N/A |

### COLLABORATION WITH OTHER HEALTH PROFESSIONALS

| Communicate significant changes in patient status | Share pertinent information | Share pertinent information |
| Consult as necessary to meet patient needs | | |

### ADVANCED EDUCATIONAL PREPARATION

| Document completion of comprehensive program including supervised clinical; OR has previously acquired the additional knowledge/judgment/skill and can provide evidence thereof to employer | * * Complete Board approved IV certification course including supervised clinical; OR document completion of such from another state |
| Maintain evidence (both RN and employer) of original documentation and demonstration of acquired knowledge/judgment/skill | Maintains evidence (both LPN and employer) of original documentation and demonstration of IV knowledge/judgment/skill |
| Verify additional duties are within RN scope of practice | Follows written IV policies and procedures approved by medical staff, nursing and agency administration |
| Follow written policies and procedures approved by medical staff, nursing and agency administration | ** Advanced Educational Preparation for LPNs in Colorado is limited to IV certification. |
| | N/A |
NSNA Student Bill of Rights

1. Students should be encouraged to develop the capacity for critical judgment and engage in a sustained and independent search for truth.

2. The freedom to teach and the freedom to learn are inseparable facets of academic freedom: students should exercise their freedom in a responsible manner.

3. Each institution has a duty to develop policies and procedures which provide and safeguard the students’ freedom to learn.

4. Under no circumstances should a student be barred from admission to a particular institution on the basis of race, color, creed, national origin, ethnicity, age, gender, marital status, lifestyle, disability, or economic status.

5. Students should be free to take reasoned exception to the data or views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.

6. Students should have protection through orderly procedures against prejudiced or capricious academic evaluation, but they are responsible for maintaining standards of academic performance established for each course in which they are enrolled.

7. Information about student views, beliefs, political ideation, or sexual orientation which instructors acquire in the course of their work or otherwise, should be considered confidential and not released without the knowledge or consent of the student, and should not be used as a basis of evaluation.

8. The student should have the right to have a responsible voice in the determination of his/her curriculum.

9. Institutions should have a carefully considered policy as to the information which should be a part of a student’s permanent educational record and as to the conditions of this disclosure.

10. Students and student organizations should be free to examine and discuss all questions of interest to them, and to express opinions publicly and privately.

11. Students should be allowed to invite and to hear any person of their own choosing within the institution’s acceptable realm, thereby taking the responsibility of furthering their education.

12. The student body should have clearly defined means to participate in the formulation and application of institutional policy affecting academic and student affairs, e.g., through a faculty-student council, student membership or representation on faculty committees.

13. The institution has an obligation to clarify those standards of behavior which it considers essential to its educational mission, its community life, or its objectives and philosophy.
14. Disciplinary proceedings should be instituted only for violations of standards of conduct formulated with significant student participation and published in advance through such means as a student handbook or a generally available set of institutional regulations. It is the responsibility of the student to know these regulations. Grievance procedures should be available for every student.

15. As citizens and members of an academic community, students are subject to the obligations which accrue to them by virtue of this membership and should enjoy the same freedoms of citizenship.

16. Students have the right to belong or refuse to belong to any organization of their choice.

17. Students have the right to personal privacy in their living space to the extent that the welfare and property of others are respected.

18. Adequate safety precautions should be provided by nursing programs, for example, adequate street lighting, locks, and other safety measures deemed necessary by the environment.

19. Dress code, if present in school, should be established with student input in conjunction with the school director and faculty, so the highest professional standards are maintained, but also taking into consideration points of comfort and practicality for the student.

20. Grading systems should be carefully reviewed periodically with students and faculty for clarification and better student-faculty understanding.

21. Students should have a clear mechanism for input into the evaluation of nursing faculty.
**National Student Nurses Association, Inc.**

**Code of Academic and Clinical Conduct**

**PREAMBLE**

Students of nursing have a responsibility to society in learning the academic theory and clinical skills needed to provide nursing care. The clinical setting presents unique challenges and responsibilities while caring for human beings in a variety of health care environments.

The Code of Academic and Clinical Conduct is based on an understanding that to practice nursing as a student is an agreement to uphold the trust which society has placed in us. The statements of the Code provide guidance for the nursing student in the personal development of an ethical foundation and need not be limited strictly to the academic or clinical environment but can assist in the holistic development of the person.

**A CODE FOR NURSING STUDENTS**

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

1. Advocate for the rights of all clients.
3. Take appropriate action to ensure the safety of clients, self and others.
4. Provide care for the client in a timely, compassionate and professional manner.
5. Communicate client care in a truthful, timely and accurate manner.
6. Actively promote the highest level of moral and ethical principles and accept responsibility for our actions.
7. Promote excellence in nursing by encouraging lifelong learning and professional development.
8. Treat others with respect and promote an environment that respects human rights, values and choice of cultural and spiritual beliefs.
9. Collaborate in every reasonable manner with the academic faculty and clinical staff to ensure the highest quality of client care.
10. Use every opportunity to improve faculty and clinical staff understanding of the learning needs of nursing students.
11. Encourage faculty, clinical staff and peers to mentor nursing students.
12. Refrain from performing any technique or procedure for which the student has not been adequately trained.
13. Refrain from any deliberate action or omission of care in the academic or clinical setting that creates unnecessary risk of injury to the clients, self or others.
14. Assist the staff nurse or preceptor in ensuring that there is full disclosure and that proper authorization is obtained from clients regarding any form of treatment or research.
15. Abstain from the use of alcoholic beverages or any substances in the academic and clinical setting that impair judgment.
16. Strive to achieve and maintain an optimal level of personal health.
17. Support access to treatment and rehabilitation for students who are experiencing impairments related to substance abuse and mental or physical health issues.
18. Uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.

**National Student Nurses’ Association, Inc. Code of Ethics: Part II Code of Academic and Clinical Conduct and Interpretive Statements.** Adopted by the NSNA Board of Directors, October 27, 2009 in Phoenix, AZ


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**National Student Nurses Association, Inc.**
Policies

Academic Advising

I. Purposes:
   A. To explain the roles of the student and the advisor in the academic advising relationship.
   B. To insure that students make satisfactory progress toward a degree.
   C. To set standards for satisfactory progress in the nursing program.

II. Policy:
   A. Academic Advising
      1. Students are responsible for contacting their assigned advisor for initial advising prior to each semester's registration and at any other time that the student and advisor may deem necessary.
      2. Students are strongly encouraged to have their advisor review their course load, but the advisor's signature is not necessary for the student to proceed with the registration process.
      3. The help of a faculty advisor 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.
      4. For courses requiring "permission of the instructor" as an alternate to a stated prerequisite course, the students must receive such permission before registering for class. Instructors reserve the right to withdraw any student who does not have permission.
      5. Colorado Mesa University advisors maintain a minimum of 5 scheduled office hours per week, which are scheduled for the purpose of being available to students.
      6. Students must contact course instructors to have appropriate forms signed when adding or dropping classes or withdrawing from the program.
      7. The advisor will refer the student to the CMU registrar regarding evaluation of courses for credit and other appropriate matters.
      8. Students are responsible for completing Intent to Graduate forms.
      9. Students are responsible for making sure all copies of transcripts from other colleges/universities are current and on file in the nursing department. Student must provide a transcript evaluation from Registrar’s Office.
      10. Students must provide current Colorado Mesa University transcript obtained from the Registrar’s Office.
   B. Personal Counseling
      1. Advisors will refer students for appropriate counseling when the problems are beyond the problem solving abilities of the advisor and advisee.
      2. 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.

Academic Dishonesty

Definition of Academic Dishonesty from the Maverick Guide (page 16)

http://www.coloradomesa.edu/studentservices/documents/MaverickGuide.pdf#page=15

The protection of academic integrity requires clear and consistent standards and definitions, as well as confrontation and sanctions when individuals intentionally violate those standards. The most important of the definitions is that of academic dishonesty.

Academic dishonesty undermines the educational experience, lowers morale by engendering a skeptical attitude about the quality of education, and negatively affects the relationship between students and faculty. Academic dishonesty is the intentional act of fraud, in which an individual seeks to claim credit for the work and efforts of another or uses unauthorized material or fabricated information in any academic exercise. Academic dishonesty also includes, but is not limited to:
1. Forgery/fabrication/falsification/plagiarism of academic documents
2. Intentionally impeding or damaging the academic work of others
3. Assisting others in acts of academic dishonesty
4. Cheating in the classroom
5. Unauthorized attendance
6. Multiple submissions
7. Unauthorized collaboration

Sanctions for Academic Dishonesty
Students who have been sanctioned as a result of academic dishonesty should understand that they have violated the Colorado Mesa University Code of Conduct and are subject to appropriate disciplinary actions under that Code which may include suspension from Colorado Mesa University.

When acts of academic dishonesty occur, appropriate members of the academic community must understand and investigate to determine the facts and, if there has been academic dishonesty, decide on the degree of dishonesty and the sanction(s) that should be imposed.

Faculty members have the authority to impose sanctions for academic dishonesty. Incidents of academic dishonesty include, but are not limited to, plagiarism (submitting another’s work as one’s own) and cheating during exams (consulting a textbook, internet, notes, and/or other sources without permission). Professors have the leeway to handle such incidents as they see fit; they are not required to involve parties other than the offender(s). The penalties that lie within a professor’s prerogative include giving a reduced grade or failing the student for the plagiarized assignment/compromised exam, or failing the student for the course.

Attendance - Class/Clinical

I. Purpose: To outline student responsibilities regarding attendance in class and in clinical sessions.

II. Class Attendance:

A. Attendance and participation in class is expected. Students are responsible for preparing for class by completing reading and class assignments. Students will receive 10 points for each class attended, for a total of 150 points over the semester. Students who arrive late, leave early or are not participating will have 5 points deducted for that day of class. Students who are absent will receive a 0 for the day. It is the student’s responsibility to contact the instructor for any information that has been missed.

B. Your instructor reserves the right to require cell phones to be turned off during class.

C. Test Days:

You must contact the instructor immediately if you will be absent for any test. All tests must be made up within 24 hours. Late arrival for any test will be an automatic deduction of 5 points from that test.

On testing days all backpacks will be placed at the front of the room. The desks will be cleared. All cell phones must be turned off during testing.
III. Clinical Attendance:

A. Clinical attendance on time is required. Students are responsible for preparation for and caring for selected patients. The amount of time needed to prepare and attain competency will vary. Practice outside of scheduled clinical time may be needed. Please talk with the nursing faculty if something is needed.

B. All assignments will be submitted by the due date.

C. Clinical hours are required and must be made up; this includes ALL clinical settings and lab times. Therefore, students must take all measures to avoid clinical absence. In the rare event that clinical absence is necessary it is the student’s responsibility to coordinate with the instructor all make up hours and clinical paperwork.

D. Clinical agencies and faculty members must be notified one hour prior to the clinical experience if this experience will be missed.

E. Five percentage points will be subtracted off the final clinical grade for each of the following:
   1. Tardy more than twice
   2. Missing more than one clinical day
   3. If a student is unprepared for a clinical assignment (e.g., inappropriate dress, incomplete preparation) she/he will be sent home.
   4. A no-call/no-show in clinical.

Bloodborne Pathogens/Needle Stick Exposure/Injury Policy

I. PURPOSE
   a. To provide a protocol for students in the Department of Health Sciences to receive appropriate treatment after exposure to a bloodborne pathogen.
   b. To provide systems and processes to minimize occupational exposure to bloodborne pathogens
   c. To comply with the OSHA Bloodborne Pathogen Standard 29 CFR1910.1030
   d. To provide guidelines for injury follow up

II. POLICY
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 bloodborne pathogens. A copy of the Exposure Control Plan is kept in the department Policy and Procedure Manual 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 bloodborne 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 bloodborne pathogens.
   • Document consideration and implementation of appropriate commercially available and effective safer medical devices
A. 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.

B. Exposure Determination:
Classifications in which all students and employees have occupational exposure:
- Lab Instructors
- Clinical Instructors
- Students

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

C. Methods of Implementation and Control
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. Engineering and Work Practice Controls as further described in this Exposure Control Plan Housekeeping Labels Hepatitis B Vaccination
- Post exposure evaluation and follow-up
- Employee Training
- Record Keeping

D. Engineering and Work Practice Controls:
Colorado Mesa University institutes appropriate engineering and work practice controls to eliminate or minimize employee exposure to bloodborne 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.
Colorado Mesa University 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:

- Hand washing practices including practices to be used in the absence of hand washing facilities.
- Provision of personal protective equipment
- Standard Precautions
- Needleless systems
- Containment of contaminated sharps and biohazardous waste

E. 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 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.

F. Personal Protective Equipment (PPE)

All PPE is 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:

- Disposable gloves
- Safety goggles with side shields
- Face shields
- Masks
- Aprons
• Non-permeable disposable gowns
• Pocket mask for CPR with one-way valve

1. Gloves
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 exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

2. Other PPE
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.

G. 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:
• Cleaned with the use of appropriate PPE and a solution that is effective against Hepatitis B & C, HIV and OPIM
• Decontamination should be done with a 1:10 dilution of chlorine bleach (or other approved disinfectant) immediately after contamination (i.e. spill or leakage)
• Decontamination should be done for 10 minutes

H. Handling of Waste Material:
• Used sharps containers are to be closed, placed in a red plastic bag and transported to the agency office.
• The sharps container is placed in the large plastic container in the storage room for pickup by a contracted.
• 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.

I. Laundry
Handle contaminated laundry as little as possible, with minimal agitation. Avoid contact of clothing with contaminated laundry or use barrier aprons or gowns.
Wet contaminated laundry should be placed in leak-proof containers before being transported for laundering.
Contaminated linens should be washed with detergent in water at least 140-160 degree F for 25 minutes.

J. 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 use of red biohazard containers. The label will be a fluorescent orange or orange-red biohazard label as illustrated with lettering in a contrasting color.

K. 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:
   a. There is documentation that the employee has previously received the series
   b. Antibody testing reveals the employee is immune
   c. 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 Department of Health Sciences. It is the student’s responsibility to keep their immunization records current.

III. PROCEDURE
A. POST EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, the student shall: Wash the affected area with soap and water or other appropriate solution Flush exposed mucous membranes with water Contact the clinical instructor immediately. The appropriate incident forms for the agency must be completed.

- The designated medical provider or emergency room (for afterhours care) will immediately conduct a confidential medical evaluation and follow-up.
- Faculty will document the incident and follow up for permanent record.
- 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:
- The employee has been informed of the results of the evaluation
- The employee has been told about any medical conditions resulting from exposure to the blood or OPIM, which requires further evaluation or treatment

All other findings shall remain confidential and will not be included in the Written Report

B. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Department Chair will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used
- Protective equipment or clothing that was used at the time of the exposure incident
- Location of the incident
If it is determined that revisions need to be made, the Chair will ensure that appropriate changes are made to this ECP.

IV. FACULTY/STUDENT TRAINING
All students and clinical faculty who have occupational exposure to bloodborne 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:

- The epidemiology, symptoms and modes of transmission of bloodborne pathogen diseases
- An explanation of the OSHA standard
- An explanation of the exposure control plan and where employees can obtain a copy
- An explanation of methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials, including what constitutes an exposure incident
- A review of the use and limitations of engineering controls, work practices and PPE
- An explanation of the types, uses, location, removal, handling, decontamination and disposal of PPE
- An explanation of the criteria for PPE selection
- Procedure being performed at the time of the incident
- Employee's training

If it is determined that revisions need to be made, the Chair will ensure that appropriate changes are made to this ECP.
• 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. 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. Information on the post-exposure evaluation and follow up that the employer is required to provide for the employee following an exposure incident. An explanation of the signs and labels and/or color coding required by the standard and used by this organization.

• An opportunity for interactive questions and answers with the person conducting the training session.

• Training records are completed for each employee upon completion of training. Training documents contain the following information:
  - Dates and times of the training sessions
  - Contents or a summary of the training sessions
  - Names and qualifications of persons conducting the training
  - Names, signatures and job titles of all persons attending the training sessions.

The original records are maintained in a secure file cabinet in the Department of Health Sciences. 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.

V. 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.
Health Science student sustains an injury during assigned clinical/lab experience

Report to faculty immediately

Did the injury occur at a healthcare facility where we have an affiliation agreement?

YES

Did the injury occur at St. Mary’s Hospital?

YES Go to the emergency room triage

NO

Did the injury occur at a facility that indicates that students are to be treated the same as employees? i.e. VAMC & Community Hospital

YES

Follow the facility policy.

NO Refer student to nearest ER for immediate follow up of injury and/or to begin PEP Protocol (at their own expense)

Student will complete follow up as directed through the student health center or their health care provider at their own expense.

Faculty will report the incident to the Department Head at Colorado Mesa University within 24 hours.

Department Head will notify the VP of Student Affairs and VP of Academic Affairs.

Bring Exposure Paperwork and Report the incident to Human Resources at Colorado Mesa University within 24 hours of the incident to complete Workman’s Comp forms.
Immunizations

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

II. General Information

A. Hepatitis B:
   1. Hepatitis B is a common and serious disease which causes acute and chronic inflammation of the liver. It is spread by significant contact with blood, blood products or body secretions of patients who are either acutely or chronically infected with the virus. It may be spread by such contacts as needle sticks, household or sexual contact with Hepatitis B carriers, through hemodialysis, by receiving blood or blood products or concentrates, or by close contact with groups having a high incidence of this disease.
   2. There is now a safe, highly effective, licensed vaccine for the prevention of Hepatitis B. The vaccine against Hepatitis B, prepared from recombinant yeast cultures, is free of association with human blood or blood products. The vaccine is given in three injections. Following the initial injection one dose is given at one month and the third dose is given at a 6-month interval after the first.
   3. 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.

B. Tdap:
   A current Tdap vaccination must be documented for admittance into the nursing program. Tdap boosters are required every 10 years and must be current to continue in the program.

C. 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:
   1. Born before 1/1/57 (date of birth)
   2. Documentation of physician-diagnoses measles
   3. Documentation of two doses of vaccine
   4. Laboratory evidence of immunity to measles (titer)

D. Tuberculosis:
   There is no recommended vaccination for tuberculosis. Student must obtain a two-step PPD (TB skin test) on admission to the program and maintain yearly documentation of negative PPD status or negative chest X-ray.

E. Varicella (Chicken Pox):
   Students must submit proof of having had the disease - verified by a Primary Care Provider OR submit proof of one Varicella vaccination OR submit proof of a “Titer” proving immunity.

F. Influenza
   Students must submit proof of an influenza vaccine yearly.

G. Due to increased risk of exposure during clinical or university environment, students are encouraged to obtain a meningococcal vaccine.

Student 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.

Bringing Children to Class

I. Purpose: To ensure a conducive learning environment for all students.

II. General Information

A. Children should not be brought to class. It is unreasonable to expect children to maintain decorum for lengthy class periods. Material presented may not always be appropriate for children.
B. In an emergency situation, and only with course instructor’s permission, a child may be brought to class. If the child’s behavior becomes disrupting or distracting, the child’s parent must immediately remove the child from the classroom.

**Cardio-Pulmonary Resuscitation (CPR) Certification**

I. Purpose: To assure that the student maintains certification.

II. General Information:
   A. Students must have a current CPR card upon entry into the nursing program.
   B. Students must maintain a valid CPR certification throughout the remainder of the program.

III. Procedure:
   A. The student must attend a basic CPR course approved by the American Red Cross or the American Heart Association, as follows:
      - BCLS-C (Healthcare Provider) from the American Heart Association (OR)
      - CPR for the Professional Rescuer from the American Heart Association.
   B. The student must present a valid CPR certification card to the PN program coordinator at the beginning of each academic year.

**Collective Bargaining Activities**

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

II. Policy:
   A. 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.
   B. In the event of a work stoppage, the faculty will evaluate the appropriateness of the site for the scheduled learning experience.
   C. If it is determined that the facility would not provide the desired learning experience, alternate methods of meeting clinical objectives will be utilized.
   D. 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.

**Confidentiality**

I. Purpose: To provide guidelines about Colorado Mesa University’s Department of Health Sciences position on confidentiality and protection of privacy

II. Policy
   A. 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. Nurses 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. The observance of confidentiality is one of the fundamental tenets of the Code for Professional Nurses adopted by the American Nurses' Association and is also addressed in the NSNA Code of Academic and Clinical Conduct.
   B. Students will receive initial and ongoing education about confidentiality and patient privacy during their nursing education.
      1. The confidentiality form must be signed and a copy returned to the Department to be placed in student’s file before being allowed to attend clinical.
      2. PN students will provide evidence of confidentiality training at their respective institution.
   C. In the academic setting, a patient may be extended to include a guest speaker or individual whose knowledge or experience is used to assist with the students’ learning in the classroom or clinical environment. Faculty may also ask students to maintain confidentiality during other learning experiences in which confidential or sensitive information may be shared (i.e. ASSIST training, group discussions or processes).
1. 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.

2. Only those individuals directly involved in care of a patient or client shall have access to patient records or information, whether in electronic or paper format.

3. Students may not access patient records of themselves, other students, family members, or patients unless they are directly involved in their care as a student.

4. Students may discuss patient information with their instructor and preceptor or other involved in assisting with care of a patient.

5. Students may discuss their patient with other students to assist with the students’ learning in the classroom or post-clinical conference. No discussions (e.g. direct conversations, cell phones, text messaging) can occur outside of these “confidential” settings, including lunchroom or break rooms, hallways, non-clinical settings, or in social networking media (i.e. Facebook, MySpace, YouTube, Twitter etc.).

6. 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.

D. Every person has the right 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. A negligent violation can have serious legal consequences. 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.

1. Students must protect the privacy of those they care for and not reveal patient names or identities on assignments, journals, or any other written or electronic means. Students may use a patient’s initials on assignments. “Identity” refers to age, sex, room number, name of hospital, physician, and date of birth.

2. Students may not take photographs of patients without prior written consent according to hospital policies.

III. Disciplinary action

A. 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.

1. Breach of confidentiality or patient privacy will result in disciplinary action up to and including immediate expulsion of the student(s) involved.

2. The department head and/or program coordinator will meet with the student(s) to discuss the breach and develop a disciplinary contract that will be in effect for the remainder of the student’s nursing degree program. Any subsequent breach of confidentiality or patient privacy will result in immediate administrative withdrawal from the nursing program.

3. The department head will notify the Vice President for Student Affairs to inform them of the disciplinary contract.

4. The department head and/or program coordinator will notify the chief nursing officer when a breach has occurred for a patient at a healthcare facility, and provide information to assist the agency in their investigation and reporting of the breach.

B. Colorado Revised Statutes, Title 12 Professions and Occupations, Article 38 Nurses, 12-38-117, Grounds for Discipline, revised July 1, 2013. http://cdn.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-
The board has the power to revoke, suspend, withhold, limit the scope of, or refuse to renew any license, to place a licensee or temporary licensee on probation, to impose an administrative fine on a licensee, or to issue a letter of admonition to a licensee in accordance with the procedures set forth in section 12-38-116.5 upon proof that such licensee has committed an act that constitutes grounds for discipline under section 12-38-117 or 12-42-113.

References:
http://www.dora.state.co.us/nursing/statutes/nursepracticeact.pdf

Course and Faculty Evaluation
I. Purpose: To assist faculty in strengthening course offerings and improving the quality of teaching in the nursing program.
II. Policy:
A. Course Evaluations:
1. Each course in the curriculum is evaluated on a rotating basis. Students evaluate the course in relation to whether course objectives have been met, and whether the teaching methodologies were effective in fostering their learning.
2. Students are requested to identify, strengthen and to make realistic suggestions for course improvement.
3. All course evaluations are done online and are anonymous.
4. The course evaluations are analyzed by the instructor to determine student perceptions of course strengths and weaknesses.
5. The results of the analysis are shared with the nursing faculty at the close of each semester.
6. The instructors consider student suggestions to strengthen course offerings in revising and updating courses.
B. Evaluation of Faculty:
1. The process of evaluation for faculty is designated in the Colorado Mesa University Handbook for Professional Personnel.
2. The students are encouraged to provide constructive feedback in relation to areas for improvement and to identify the strengths of the faculty member.
3. Faculty evaluations need not be signed by the student evaluator.
4. The student evaluations of faculty are analyzed and submitted to the Chair. The results are communicated to the faculty member.
5. Faculty members incorporate student suggestions which will strengthen the quality of teaching in the program.

Dress Code
I. Purpose: To set standards for students' appearance in the clinical laboratories.
II. General Information:
A. A professional appearance and attitude must be maintained while in clinical area.
B. The student is required to follow the dress code stipulated by each clinical agency. All dress for agency experiences should be clean and unwrinkled.
C. The Colorado Mesa University name pin (with first name and last initial), which is ordered shortly after school begins, must be worn with uniform or lab coat during the clinical experience. Please note that some clinical sites may also require students to wear agency specific identification
D. Gum chewing is not allowed on clinical units.
E. Anything which will cause offensive mouth odors should not be eaten prior to or during clinical experience.
F. Cosmetic make-up will be conservative.
G. 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.
H. 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.

I. Washable, plain, solid-color, and cardigan-style sweaters may be worn.

J. 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.

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

III. Female Student's Uniform/Appearance

Style
White standard dress, pantsuit, or skirt/pants uniform, clean and unwrinkled. Uniforms must be of a heavy weight material, so that underclothing cannot be seen. No white denim. Tuck-in tops are approved if of modest design. No sweat-like pants, and no dress shorts type uniforms allowed. Clothing should not reveal any cleavage or anatomy from midriff to knees even when seated, bending or lifting.

Length
Hem of dress uniform must be at least knee length.

Shoes
White (regulation) leather or nursing shoe type, clean and polished. No canvas tennis shoes, boots, sneakers, or sandals. Clogs must have a back strap.

Hose
White or natural hose are worn with a dress-style uniform. Students may wear either hose or white anklets in their shoes when wearing a pants uniform.

Nails
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 may be worn, because these harbor a wide variety of pathogens, and are not acceptable in the agency settings.

IV. Male Student's Uniform/Appearance:

Style
White uniform top and white pants, clean and unwrinkled. Uniforms must be of a heavy weight material, so that underclothing cannot be seen. No white denim. Clothing must not reveal anatomy from midriff to knees even when seated, bending or lifting.

Shoes
White (regulation) leather or nursing shoe type, cleaned and polished. No canvas tennis shoes, boots, sneakers, or sandals. Clogs must have a back strap. Crocs are not allowed in some agencies.

Socks
White only.

Facial Hair
Facial hair needs to be clean shaven or a well-trimmed beard. Chest hair may not be visible, even when bending and lifting.

Nails
Must be clean, short and neatly trimmed.

V. Uniform Code Modifications:

Pants
Black/khaki (Dockers style); no Capri's or denim

Skirts:
Knee length or full length, no denim

Shirts:
Colorado Mesa University polo shirt in official Colorado Mesa University solid colors only (i.e. black, maroon, white. This shirt will be ordered the first semester of the program) or unwrinkled long-sleeved button-down shirt with CMU logo.

Electronic Media and Communications

I. Purpose: To define appropriate use of electronic media in classroom and clinical settings

II. General Information:

A. Electronic communication devices (cell phones, texting), which can facilitate sharing information in a timely and consistent manner, may also create the potential for breaching patient privacy in clinical settings.

B. Electronic media (cell phones, smart phones, laptops, PDAs, I-Pads) can facilitate the learning process in the classroom setting; however, can also create the potential to interfere with the classroom learning environment.

C. Social networking media (i.e. Facebook, YouTube, Twitter, and Myspace) are public forums which can facilitate networking and communication. Unprofessional and unethical communications by nurses in such public forums has led to serious consequences with their employers and the state Board of Nursing. In addition, confidential information about a patient discussed by a nurse at any time represents a violation of the Health Insurance Portability and Accountability Act (HIPPA) (Nursing 2010, Jan. 2010, p. 10).

III. Policy:

A. Students may not use cell phones, smart phones, or laptops in hospital clinical facilities to protect patient and staff privacy. Electronic device(s) should remain in the student’s car or in the designated location for student backpacks/coats/personal belongings. Students may use electronic devices outside of the clinical facility, however,
should use discretion when patients or families are present and avoid all circumstances that might breach patient confidentiality or privacy.

B. Students in community based clinical rotations may carry a cell phone for emergency communication purposes, however, should use discretion when patients or families are present and avoid all circumstances that might breach patient confidentiality or privacy.

C. Students shall use the pager system to contact their instructor for assistance during their clinical experience. In the event of an emergency, families or day care providers may contact a student during clinical or classes according to the Emergency Contact policy.

D. Faculty will inform students in each class of the appropriate uses of electronic media in the classroom settings for note taking, reviewing power point slides, in-class assignments or research.
   1. Faculty has the right to restrict student use of electronic media during examinations.
   2. Faculty has the right to restrict student use of electronic media when students are using the device for non-academic purposes in the classroom setting (i.e. email, Facebook, Twitter, texting).
   3. Faculty may develop performance improvement contracts for students who violate the privilege of using electronic media in the classroom or clinical setting.

E. Communications in social networking media which violate the PN Student Handbook policies (i.e. Code of Academic and Clinical Conduct, Confidentiality, or Ethics) will lead to disciplinary action according to the respective policy.

**Email Addresses**

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

II. General Information:
   A. Electronic communication will facilitate information in a timely and consistent manner.
   B. Students are given free email addresses as part of the college community.

III. Policy:
   A. Student must have a CMU email account upon entering the program, which may be obtained from the Computer Lab in the Library.
   B. 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 email.

   **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:
   - Log onto your campus email account per above;
   - Click “Preferences”;
   - Scroll down to “Forwarding”;
   - Put a check mark in the box next to “Enabled”;
   - In the box next to “Forward to:” type in the email address to which you want your mail forwarded;
   - Scroll all the way to the bottom and click the “Apply” box
   - Finally, run a test to make sure it is working by sending a test message to yourself at studentname.mavs@coloradomesa.edu.

**Emergency Communication**

I. Purpose: To identify a process for facilitation of emergency communications between students, families, and faculty members.

II. Policy
   A. Students and faculty who are in hospital clinical settings will not have access to use of cell phones for emergency communications from family members, day care providers, or others.
   B. Clinical faculty will create a handout at the beginning of each semester with emergency contact information (pager numbers) for students to share with family, day care providers, and schools.
   C. Clinical faculty will carry a pager that can be activated when a student (or faculty) needs to be contacted in the event of an emergency.
      1. To activate a faculty pager – **970-298-7606; enter pager id number for the faculty member; enter your call back number.** The faculty member will call you back from a phone at the clinical facility.
2. In the event of an emergency, family members or day care providers can also call the Department of Health Sciences during normal business hours (Monday-Friday, 8:00-5:00) at 970-248-1398.

3. In the event of an emergency outside of normal business hours, family members or day care providers should contact the on-call Program Director for assistance at the following emergency pager number: 970-298-7606; enter pager ID number 2255; enter your call back number. The on-call Program Director will call you back from a phone at the clinical facility.

D. Clinical and class schedules and emergency contact numbers for all students and faculty will be maintained in the Department of Health Sciences and updated each semester to facilitate rapid communication in the event of an emergency.

**Ethics**

I. Purpose: To define the obligation and responsibility for nursing student and faculty ethical behavior.

II. General Information

A. “Having a code of ethics has long been a hallmark of disciplines considered to be professions. A code of ethics is an implied contract through which the profession informs society of the principles and rules by which it functions” (B. The Code of Ethics for Nurses with Interpretive Statements (ANA, 2010) is the nursing profession’s expression of its ethical values and duties to the public.

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

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

3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.

5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to main competence, and to continue personal and professional growth.

6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

C. Students of nursing have a responsibility to society in learning the academic theory and clinical skills needed to provide nursing care. The NSNA Code of Academic and Clinical Conduct is based on an understanding that to practice nursing as a student is an agreement to uphold the trust which society has placed in us. The statements of the Code provide guidance for the nursing student in the personal development of an ethical foundation and need not be limited strictly to the academic or clinical environment but can assist in the holistic development of the person.

D. Human dignity and respect for persons is the foundation of ethical principles used in nursing practice

1. Autonomy is based on the assertion that individuals have the right to determine their own actions and the freedom to make their own decisions.

2. Beneficence is defined as “the doing of good” and is often thought to be the most critical ethical principle in health care. The student nurse should always consider one’s actions in the context of promoting good for others.

3. Non-malfeasance is defined as the duty to do no harm. The student nurse must not knowingly act in a manner that would intentionally harm another.
4. Veracity is defined as “telling the truth” and is the foundation for development of trust between human beings. Student nurses are expected to be accountable in telling the truth with their patients, peers, agency staff, and faculty.

5. Fidelity refers to faithfulness or honoring one’s commitments or promises to patients. A student nurse accepts certain responsibilities as part of the contract with society by upholding the NSNA Code of Academic and Clinical Conduct.

6. “Justice states that equals should be treated the same, and that unequal’s should be treated differently. Student nurses should treat people the same, unless they differ in ways that are specific to a situation (i.e. disability, cultural or age differences)” (Professional Nursing, Chitty, 2007).

III. Policy:
   1. Nursing students will be held accountable for demonstrating ethical behavior.
   2. Concerns about unethical behavior by a student nurse should be immediately reported to a faculty member and/or the Program Coordinator.
   3. Self-reporting of unethical behavior demonstrates accountability and will be considered in the disciplinary process.
   4. The identity of a student who reports suspected unethical behavior by another student or faculty will be protected in the investigation process.
   5. The faculty member and/or Program Coordinator will investigate in a timely fashion the reported behavior to determine if there is evidence that a violation of the Ethics Policy has occurred.
   6. The faculty member and/or Program Coordinator will develop a performance improvement plan that includes disciplinary sanctions that address the specific violation.
   7. A recurrent pattern of unethical behavior by a student nurse may lead to administrative withdrawal from the program.

Exit – PN Kaplan Diagnostics Examination

I. Purpose: To define the obligation and process for the exit examination.

II. General Information
   A. In July of 1985, Article XII of House Bill 1187, enacted by the Colorado General Assembly, mandated that institutions of higher education in Colorado demonstrate student’s improvement in knowledge, capacities and skills between entrance and graduation.
   B. The PN-Kaplan Diagnostics Examination will be given in the last semester of the year of expected graduation.
   C. Students must achieve a passing score on the PN-Kaplan Diagnostics Examination for the Practical Nurse program.
   D. Students will be notified of the required score for passing the PN-Kaplan Diagnostics Examination at the start of the semester.

III. Policy:
   A. The dates for the taking of the PN-Kaplan Diagnostics Examination will be announced to students.
   B. Students are able to view their results immediately upon completion of exam.
   C. See Kaplan testing policy below:

Kaplan is a supplement to learning paid for by student fees. The Kaplan Proctored tests are a strong predictor of the NCLEX. Students will begin to work on Kaplan non-proctored tests over the course of the semester. All students are encouraged to remediate proctored tests. Students need to achieve at least a 93% on the non-proctored test to receive the entire 5%. Non-proctored tests need to be taken no closer than 2 days apart. A proctored test will be scheduled close to the end of the semester.
FERPA - Releasing Contact Information to Outside Agencies

I. Purpose: To establish guidelines for Department of Health Sciences (NARS) about releasing information about students.

II. General Information:
   A. The Department of Health Sciences will comply with the FERPA (following).
   B. Any information needed about students (i.e., social security numbers) will only be provided with written permission of the student.

Family Educational Rights and Privacy Act (FERPA)

GENERAL POLICY
The Family Educational Rights and Privacy Act (FERPA) provides students who are enrolled in an institution of postsecondary education the right to inspect, review, and challenge their educational records. Colorado Mesa University has the responsibility of maintaining and protecting the confidentiality of students’ official educational records. Colorado Mesa University also supervises the access to and/or release of educational records of its students. FERPA now covers enrolled and former students, including deceased students. Students who are not accepted to Colorado Mesa University, or if accepted, do not attend, have no rights under FERPA.

PRIVACY
No person shall have access to, nor will Colorado Mesa University disclose any personal identifiable information from, a student’s records without the written consent of the student except:
1. To school officials, including faculty, staff, and student workers, who have a legitimate educational or administrative interest in the records (i.e., performing appropriate task related to position, student’s education, service, etc.).
2. To other schools in which the student seeks to enroll.
3. To certain officials of the U.S. Department of Education, and state and local educational authorities, in connection with certain state or federally supported educational programs.
4. In connection with a student’s request for or receipt of financial aid, as necessary to determine the eligibility, amount or conditions of the financial aid, or to enforce the terms and conditions of the aid.
5. To organizations conducting certain studies for or on behalf of the university.
6. If required by a state law requiring disclosure that was adopted before November 19, 1974.
7. To accrediting organizations to carry out their functions.
8. To comply with a federal judicial order or a lawfully issued subpoena having jurisdiction over Colorado Mesa University (upon reasonable effort to notify the student of the order or subpoena in advance of compliance, unless ordered by subpoena not to do so).
9. To parents of an eligible student who claim the student as a dependent (according to Internal Revenue Code of 1954, Section 154) for income tax purposes on their most current federal tax return.
10. To appropriate parties in a health or safety emergency (if necessary to protect the health and safety of students or other persons).
11. After completion of the university disciplinary process, to parents of students under 21 years of age, and to certain victims of student misbehavior as defined by FERPA.
12. As it relates to Directory Information unless the student restricts Directory Information in writing.

DIRECTORY INFORMATION
Colorado Mesa University may, without the consent of the student, release to persons outside the institution information designated as Directory Information in accordance with the provisions of FERPA. Directory Information shall include information in an educational record which would not generally be considered harmful or an invasion of privacy if released, including but not limited to:
1. Student name, address, telephone number
2. Date and place of birth
3. Major fields of study
4. Participation in officially recognized activities and sports
5. Weight and height of athletic team members
6. Photograph
7. dates of attendance to include enrollment status (i.e., full time or part time)
8. degrees and awards received
9. most recent educational institution attended
10. e-mail address

Note: At any time, a student may request to the Registrar’s Office that Directory Information not be released to other parties without written permission. This request will be honored until the student requests in writing that Directory Information be disclosed.

ACCESS TO STUDENT EDUCATIONAL RECORDS

FERPA provides current, former students, and parents of dependent students the right to inspect, review, and challenge their educational records. Students are permitted to inspect and review their educational records with a maximum of 45 days after the request is received. Students may not review financial information received from their parents or guardians, confidential letters and recommendations placed in their files prior to January 1, 1975, academic records containing information regarding other students, administrative, disciplinary, law enforcement, student health records, and/or records which are maintained in the sole possession of the maker. While students who have a financial hold or past due account (all holds included) have a right to inspect their academic records, no transcript will be released to the student or other party until holds are reconciled. Bankruptcy, however, removes any financial obligations the student has to Colorado Mesa University.

PROCESS TO CORRECT RECORDS

Upon review, a student may request to the Registrar, in writing, to have his/her educational records amended due to inaccuracies, misleading information or a violation of privacy rights. If the request is denied, the student will be notified in writing and informed of the right to a formal hearing with a hearing officer who is a disinterested party. This hearing officer, however, be an official of the university. Should a hearing be requested, the student may pick up the appropriate forms at the Registrar’s Office. The decision of the hearing officer will be final. PLEASE CONTACT THE REGISTRAR’S OFFICE (970-248-1555) IF YOU HAVE ANY QUESTIONS REGARDING THIS POLICY.

Grading/Testing

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

II. General Information
   A. Instructors have the freedom to determine the grading criteria for individual courses.
   B. All sections of the same course will follow the same grading criteria.
   C. 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.
   D. The commonly used grading system in nursing is:
      
      | Grade  | Percentage |
      |--------|------------|
      | A      | 93-100%    |
      | B      | 85-92%     |
      | C      | 76-84%     |
      | D      | 70-75%     |
      | F      | 69 and below |

III. Academic Standards
   Academic standards will be followed as explained in the Colorado Mesa University Catalog.

IV. 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.
   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.
V. Grade Reporting
   A. Final grades must be submitted to the Records Office by the deadline. Grades are entered online and instructions are 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 Maverick online section of the CMU website.
   D. A copy of the final grade submitted by faculty is kept on file in the department office.

**Grading System Clarification for Department of Health Sciences**

This shows the grading system in the *Department of Health Sciences* in comparison to that of CMU, in general. These grading systems are different. However, the grades that appear on the transcript appear the same.

**General university the grading system is:**

- 90-100% = A .............................................................. 4 quality points
- 80-89% = B ................................................................. 3 quality points
- 70-79% = C ................................................................. 2 quality points
- 60-69% = D ................................................................. 1 quality point
- 59 and below = F ......................................................... 0 quality points

**For all Nursing programs, the grading system is:**

- 93-100% = A .............................................................. 4 quality points
- 85-92% = B ................................................................. 3 quality points
- 76-84% = C ................................................................. 2 quality points
- 70-75% = D ................................................................. 1 quality point
- 69 and below = F ......................................................... 0 quality points

**Graduation**

I. Purpose: To identify requirements for graduation from Colorado Mesa University with a Practical Nurse Certificate.

II. Policy:

   A. PN Graduation requirements
      To graduate from Colorado Mesa University with a certificate in Practical Nursing a student must:
      1. Have been regularly enrolled for at least 2 semesters, including the semester during which graduation requirements are met, and must have earned a minimum of 16 semester hours at Colorado Mesa University for a certificate.
      2. Meet with their advisor to complete their program sheet.
      3. After the program sheet is approved by the Department Head, the student must file with the Registrar an application for graduation *during the semester preceding the semester in which graduation requirements are to be met*.
      4. Satisfy all general and specific requirements of the university including the fulfillment of all financial obligations.
      5. Have removed from the official record all marks of deficiency in those subjects for credit toward graduation.
      6. The catalog used to determine graduation requirements is the academic year in which the student enrolls in the first nursing course.

   B. Scholastic requirements
      1. Only lower division courses will be accepted in fulfilling general education requirements.
      2. 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 the 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.
3. Colorado Mesa University reserves the right to evaluate on a course by course basis any transfer credits earned 15 or more years prior to enrollment, which the student wishes to apply toward any degree.

4. Nursing course credit which is earned 5 or more years prior to the semester of graduation and meets degree requirements must be revalidated. (See Revalidation of Nursing Courses Policy.)

5. Science courses (BIOL 209 and 209L, BIOL 210 and 210L) required as prerequisites by the PN program, must have been taken within the last five (5) years to fulfill graduation requirements. If the course was not taken within the last five (5) years, the course must be re-taken or competency proven by a challenge examination. The challenge examination process may only be accomplished if a university-level course has been successfully completed previously with a letter grade of "C" or higher awarded. The final approval for all accepted support course requirements and/or challenge examination will be made by the Department of Health Sciences.

7. A GPA of 2.0 or higher must be maintained in all courses that apply to the PN certificate.

8. An overall cumulative GPA of 2.0 is required for graduation.

**Grievance and Appeals**

I. **Purpose:**
   To provide guidelines and a process for timely and fair resolution of complaints or problems related to grades, school and departmental policies/rules/regulations, or academic decisions for students in Health Sciences programs at Colorado Mesa University.

II. **Policy:**
   A. 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.
   B. If the problem is resolved through the initial meeting, no further action is indicated.
   C. 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.
   D. The Program Director will render a decision in writing, with explanation, within 10 days.
   E. 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.
   F. If the student still does not believe the conflict has been resolved, the student is directed to the Colorado Mesa University Student Handbook for further steps to be taken.
   G. The Colorado Mesa University Student Handbook, which can be found at: [https://www.coloradomesa.edu/studentservices/documents/MaverickGuide.pdf](https://www.coloradomesa.edu/studentservices/documents/MaverickGuide.pdf) includes information related to student appeal processes.

**Appeals related to a Student Grade.**

**Challenge Exams**

Certain courses may be challenged for credit. If credit has not already been earned, it is possible to challenge out of a total of 30 hours of coursework, if the student feels qualified. See the full list of CLEP courses at CMU at [http://www.coloradomesa.edu/testing/CLEP.html](http://www.coloradomesa.edu/testing/CLEP.html). Also, obtain a copy of “Colorado Consortium for Independent Study via Correspondence.”

Check with the appropriate department to get approval BEFORE registering for a specific course.

**NOTE:** Returning RNs from non-NLN accredited programs and PNs from technical schools are limited in the number of hours they may challenge.

**Professional Behavior in the Academic and Clinical Setting**

I. **Policy:** To provide guidelines for faculty concerning student behavior in the classroom and the clinical setting.

II. **General Information:**
   A. As students prepare for transition into professional life, certain behaviors are expected, consistent with safe and ethical professional nursing practices in the classroom and in the clinical setting.
B. Professional behavior and respect for classmates, faculty, preceptors and guest speakers is expected at all times. This is also addressed in individual course modules. Examples of non-professional behavior include:

- Tardiness to class and clinical
- Sleeping in class
- Interruption of class by talking, passing notes, use of cellular phones, pagers, etc.
- Use of profanity, name-calling
- Being rude and hostile to faculty or classroom presenters or in clinical setting
- Intimidating others

C. Assigned coursework should be original for each class or clinical.

D. When student behavior interferes with the conduct of class or the clinical experience or when safety of members of the campus community is endangered, such behavior will result in disciplinary action up to and including immediate expulsion from the program.

See clinical syllabus for clinical attendance.
REPORT OF STUDENT PERFORMANCE

Student Name: _______________________    Level/ Year: _____/_____   Course: __________

☐ Clinical    ☐ Lecture    ☐ Other: __________________     1st RSP: ☐ 2nd RSP: ☐ 3rd RSP: ☐

1. REPORT OF STUDENT PERFORMANCE (RSP): If a student shows a pattern of unsatisfactory/inappropriate behaviors relating to class/clinical practice or failing to meet clinical objectives, the instructor will initiate an RSP with the student. The RSP will serve as a learning contract between the student and the instructor.
   a. The RSP will include the behavior (s) which led to the performance report, goals, expected outcomes, strategies and/or interventions to achieve the goals.
   b. The student and the instructor will specify a date when they will meet to 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. Doing so may assist the student in planning for readmission.

2. Refer to specific nursing course syllabus/clinical evaluation tool/Nursing Student Handbook to identify what comprises a deficiency which may result in an RSP being initiated.

3. Faculty members reserve the right to have a student immediately removed from a class or from a clinical unit based upon unsafe student performance. This can result in a course grade of "F".
   ☐ Written Warning    ☐ Verbal 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
- □ Dress Code
- □ Communication
- □ Professional behavior
- □ Other

### Details:

Your signature indicates you have read and understood this document.

Student Signature: ______________________________ Date: _______________

Faculty Signature: ______________________________ Date: _______________

Faculty Signature: ______________________________ Date: _______________

### STUDENT OUTCOME

(Add additional pages if necessary)

STUDENT OUTCOME: ____________________________ Date: _______________
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 form, and student.
**Progression**

I. Purpose: To set standards for satisfactory progress in the nursing program.

II. General information:
   A. All program prerequisite and general education courses must be completed before beginning the nursing program.
   B. Students must attain at least a grade of C in all required courses in the curriculum, including electives, and maintain a cumulative grade point average (GPA) of 2.0 or higher for all university courses. This policy applies regardless of when or where the course was taken. A “D” grade or lower in any required course is not acceptable.
   C. Any student without a passing grade of "C" or above in required nursing classes may not progress to the next nursing course and will have to re-take the course the next time it is offered as space is available. This requirement also pertains to non-nursing pre- or co-requisite courses.
   D. 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 "C" 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.
   E. All nursing courses must be completed or revalidated within 5 years from the semester the first nursing course was taken. This includes transfer of nursing courses from other institutions.
   F. Students must repeat any nursing courses if he/she receives a grade below a C. If a student fails a second nursing course (below a C) he/she will have to withdraw 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.
   G. A student may not obtain credit by examination for a failed course.
   H. A student may not obtain credit by examination to improve a grade.
   I. Advisors will maintain a current progress record on the program sheet for each advisee.
   J. Faculty members may withdraw a student from courses due to unsafe clinical practice or behavior jeopardizing professional practice at any time during the semester.

**Re-Admission**

I. Purpose: To inform students of the policy/process for re-admission into the nursing program.

II. General Information:
   A. All students petitioning to return to the program should complete an application for re-admission. These forms may be secured from the administrative assistant for Practical Nursing.
   B. 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 by March 1 for fall admission.
   C. Any nursing course may be repeated one time, if the faculty approve. A second failure in any nursing course means that the student must withdraw from the program, and the faculty believes the student should pursue alternate goals.
   D. 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.
   E. For a returning student who failed in any semester, proficiency of clinical nursing skills will need to be demonstrated prior to any clinical rotation. Proctored skills check-offs including but not limited to catheterization, vital signs, head to toe assessment, and medication administration will need to be passed on the first attempt.
F. 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 an admittance.

III. Process:
A. 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.
B. Students who withdraw from or fail to complete any clinical nursing course may petition for re-admission. If space is available, re-admission will be considered.
C. 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.
D. In rare situations, a student who fails a required clinical nursing course may be allowed to take nursing electives while waiting for space to become available.
E. Student must complete re-admission form.

**Student Awards, Recognition and Scholarship**

I. Purpose:
To describe the process of nominating students for awards, special recognition and scholarships.

II. General Information:
A. The criteria and deadlines for nominations for awards and special recognition shall be communicated to all faculty.
B. An application form, if necessary will be available to qualified students in the department.

III. The Pharo’s Award
A. Criteria for award – the student nominee consistently displays the following characteristics:
   1. Positive attitude
   2. Compassion
   3. Respect for others
   4. Integrity, initiative, creativity, and tenacity

IV. Student of the Year
A. Criteria for award – the student nominee consistently displays the following characteristics:
   1. Excellent role model
   2. Shows respect to self, peers, staff and the environment
   3. Shows empathy to all
   4. Shows a willingness and enthusiasm for learning
   5. Has integrity
   6. Fully engages in school life

V. 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 Colorado Mesa University’s website or the Financial Aid office.
C. Students shall submit scholarship interest form to the Financial Aid office by March 1.
D. Faculty review submitted applications and recommend nominees and alternates for the next academic year. The Chair will submit the list of nominees to Director of Financial Aid. The list of recipients and alternates shall be announced by the Colorado Mesa University President.

VI. Other:
A. Other student awards and achievements will be recognized as available.
B. Criteria will be established as appropriate.
**Student’s Liability Insurance**

I. Purpose: To comply with Agency’s requirements that all students entering clinicals must have proof of liability/malpractice coverage.

II. General Information:

A. 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.

B. 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.

**Student Criminal Background Investigation**

**POLICY:**

I. Purpose: To maintain a safe and productive educational and clinical environment, potential students who have been accepted into one of the health sciences programs will undergo criminal background investigation.

II. General Information:

A. Beginning in 2004 the Joint Commission on Accreditation of Hospital Organizations (JCAHO) began requiring criminal background checks on all employees and students who attend a JCAHO accredited hospital for clinical laboratory experience. Some agencies may request a copy of background information or complete their own background investigation including drug screening. Clinical agencies have the right to refuse clinical rotations to any student based on adverse information noted in the background investigation.

B. To comply with agency requirements, the Department of Health Sciences at Colorado Mesa University will begin criminal background checks on applicants prior to admission to the programs.

C. All acceptance into the program is provisional, pending successful completion of the criminal background investigation.

D. Health science programs may conduct follow up background investigation at selected intervals throughout the program to comply with clinical placement requirements.

E. Colorado Mesa University has partnered with Certified Background (www.CertifiedBackground.com) to provide these background checks.

F. The criminal background investigation will include a record of all convictions. Only conviction information will be considered. A “conviction” is considered to be a verdict, a guilty plea or a Nolo Contendere ("No contest") plea. If the investigation reveals information that could be relevant to the application, the designated individual or committee within the Department may request additional information from the applicant. If the investigation reveals more than minor traffic convictions, it shall be reviewed by the designated committee.

G. The existence of a conviction does not automatically disqualify an applicant from entering the programs. Considerations may include, but are not limited to: the date, nature and number of convictions; the relationship the conviction bears to the duties and responsibilities of the position; and successful efforts toward rehabilitation. Any decision regarding admission is at the discretion of the Department Head and Background Check Committee.
H. Information obtained for the purpose of and during the background investigation will be
retained by the Department Head in a separate file from the student’s records. Reasonable
efforts will be made to ensure that results of criminal background checks are kept as
confidential as possible with a limited number of persons authorized to review results.
I. It is the responsibility of the student to divulge any criminal behavior listed below upon
applying to the program and at any point after admission to the program that an offense has
occurred.
J. The following criminal offenses that appear on a background investigation may disqualify an
applicant for admission to the Health Sciences program.
   1. A crime of violence as defined in §18-1.3-406. C.R.S.
   2. Crimes against persons (homicide, assaults, kidnapping and unlawful sexual behavior)
      as defined in Title 18-3-101 through 18-3-405.5 and 18-6.5-101.C.R.S.
   3. Any act of domestic violence, as defined in Title 18-6-800.3. C.R.S.
   4. Any crime of child abuse or incest, as defined in Title 18-6-401 and 18-6-301. C.R.S.
   5. Any offense involving moral turpitude (prostitution, public lewdness, indecent
      exposure, etc.), unlawful sexual behavior as defined by Colorado law.
   6. Any crimes of theft, burglary or robbery except misdemeanor shoplifting.
   7. Felony crimes of arson, criminal mischief, fraud or forgery.
   8. Any felony conviction for drug abuse or distribution in the 10 years prior to application.
   9. Multiple Driving under the Influence (DUI) or Driving with Ability Impaired (DWAI)
      offenses.
  10. Any felony or misdemeanor in another state, the elements of which are substantially
      similar to the elements of any of the offenses listed above.

III. Procedure
   A. Upon notification for need for background investigation the incoming health sciences student
      will access the Certified Background website www.CertifiedBackground.com. Applicants who
      refuse to complete this section or who do not answer truthfully and fully will not be allowed to
      enter any of the programs.
   B. Individuals must complete the application online including payment of associated fees directly
to Certified Background (approximate cost $55.00).
   C. Certified Background will update the status of the background check report via their website.
      Administrative Assistants and the Director of the Department have login access to the
      administrative site to review and process the background check. The Applicant may review the
      criminal background investigation information completed by using their Certified Background
      login and password created when the background check was ordered.
   D. A flagged background check will be reviewed initially by the Department Head. Additional
      information related to the offenses may be requested from the applicant for consideration by
      the Department Head and Background Check Committee. If the applicant feels that there are
      extenuating circumstances to be considered, he/she may submit a written request to the
      Department Head.
   E. Additional information must be submitted to the Department Head within 10 business days.
      The Background Check Committee will review all criminal background investigation results and
      additional information submitted by the student within 7 business days. The committee will be
      responsible for making the final decision regarding whether results will disqualify an applicant
      from admission. The Background Check Committee may make exceptions where it is deemed
      to be in the best interests of the Colorado Mesa University Department of Health Sciences.
   F. The applicant will be notified in writing of the Background Check Committee decision.
G. If the applicant disagrees with the accuracy of information obtained, he/she may request in writing a review of the accuracy of the information. The process of application will be on hold pending results of the review.

H. The applicant has the right to appeal the decision of the Department Head and/or Background check Committee to the Vice President for Student Services within 10 days. The decision of the Vice President for Student Services is final.

I. Students are responsible for self-reporting offenses that occur after admission to a health sciences program to the Department Head. The Department Head will review offenses with the respective Program Director and Background Check Committee to determine whether the student can continue in the program. Failure to self-report an offense may lead to immediate removal from the program.

J. Clinical agencies have the right to refuse clinical rotations to any student based on adverse information noted in the background investigation process.

K. Background checks revealing offenses after admission to the health science programs will be reviewed by the Department Head and Background Check Committee per the procedure noted in E - G above. In order to comply with agency requirements, the Department Head will notify clinical agencies about students’ offenses that occur after admission to the program.

L. Follow up background investigations for PN students will occur at the following intervals to comply with clinical agency requirements:
   i. VA hospital will complete a background check and fingerprinting will be conducted by Colorado Bureau of Investigation during the first semester of courses. The VA hospital will require a repeat background check every six months.
   ii. SMH hospital will complete a background check prior to beginning clinical rotations in the first semester.
   iii. Prior to beginning clinical rotations in the school district, students must contact the Colorado Bureau of Investigation, print off an updated online background check, and submit the background check to the Department. The cost for this is $6.85, paid online with a credit card at: https://www.cbirecordscheck.com/index.aspx

Student Physical Examination

I. Purpose:
   A. To provide information submitted by the student regarding health status
   B. To comply with requirements of selected clinical agencies

II. General Information:
   A. Student will submit required completed physical examination after acceptance into the program and yearly during the program.
   B. The form may be completed by a physician or by a Certified Nurse Practitioner.
   C. Physical examination form may be obtained at the office of the Department of Health Sciences.
   D. The student is responsible for the cost of physical exam and immunizations.

Student Representative to Faculty Meetings

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

II. General Information:
   A. Attendance at these meetings will provide experience for students in working with faculty related to department concerns.
   B. The students serve as a liaison between the students and faculty.
   C. Designated students may serve on ad-hoc committees.

III. Procedures:
   A. Two student representatives shall be elected to attend faculty meetings.
B. A representative from the Student Nurse Association (SNA) is encouraged to attend.
C. Students will be elected as determined by SNA procedure.
D. The representative from the Student Nurse Association will be selected by the membership.
E. One of the student representatives will attend a Nurse Advisory Council meeting each semester.

**Substance Abuse**

I. Purpose: To apprise the student of rules regarding substance abuse related to class and clinical attendance in the Colorado Mesa University Department of Health Sciences.

II. General Information:

A. Chemical dependency may impact all aspects of life negatively and is a condition that can be treated successfully.
B. 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.
C. 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/or disciplinary action by the university.
D. Students are responsible for coming to the clinical area mentally alert and physically capable to care for assigned patients/clients.
E. The faculty has the responsibility to intervene when patient or student safety and clinical performance are compromised by a student who is chemically impaired.
F. 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 or the influence of a chemical substance. Faculty should be alert for behavioral evidence of signs/symptoms of possible substance abuse (See list below).
G. Chemical dependency can be identified in a professional substance abuse evaluation and treatment programs are available to those with chemical dependency.
H. After acceptance to the Department of Health Sciences, students must refrain from any illicit drug use or alcohol abuse. Peers and/or classmates are encouraged to report any suspicions of substance abuse to the faculty. Those reporting such information will remain anonymous.
I. Students may be subjected to drug screening prior to participating and at random during clinical rotations at some health care facilities.
J. The Department of Health Sciences expect their students to be ambassadors for CMU at all times when professional uniforms are worn, both on campus and off campus (i.e. scrubs, CMU polo shirts). Illegal drugs and/or alcoholic beverages must not be consumed when professional attire is worn, neither on campus nor in the community.

III. Procedure:

A. If an instructor suspects that a student is under the influence of 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. If any student is suspected of drug or alcohol abuse, the student may be required to submit to a drug and/or urine screening at the student’s own expense, immediately after the occurrence. Transportation should be arranged to take the student home safely or to an appropriate treatment facility.
B. 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.
C. 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. 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.

D. 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.

E. 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.

F. 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.

G. The student will be referred to the campus affiliated Student Health Services and/or PsychHealth 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:

1. 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.

2. 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.

3. 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 Chair. 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

Social Changes
Eats alone
Avoids social gatherings
Avoiding faculty/peers
Avoiding group work

General Behavioral Changes
Inappropriate responses
Nervousness
Elaborate excuses for behavior

Mental Status Changes
Forgetfulness
Confusion
Decreased alertness
Impaired judgment in the clinical area

Changes in Performance
Deteriorating productivity
Excessive absenteeism
A pattern of tardiness

Changes in Performance
Leaving clinical area frequently
Unsafe clinical performance/placing clients at risk

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
Test Blueprint

I. Purpose: To provide description of test plan structure that will be followed for each nursing course.

II. General Information:

   Knowledge of course content that is evaluation via written test will follow Bloom's Taxonomic Classification System, as follows:

   A. Knowledge — Verbatim recall of specific information that has been presented in class through lecture, handouts, videos, computer programs, etc. EXAMPLE OF VERBS USED: to define, distinguish, recall, list, recognize

   B. Comprehension — Paraphrasing information; does not imply understanding. EXAMPLE OF VERBS USED: to translate, paraphrase, rephrase, restate, rearrange

   C. Application — Ability to use learned concepts in specific situations. This includes knowledge gained in a new situation. EXAMPLES OF VERBS USED: To apply, generalize, relate, organize, classify

   D. Analysis — To break an idea, problem, disease, communication, or any process into parts. This includes breaking apart something that is known and making it new learning for the student. EXAMPLES OF VERBS USED: To contrast, deduce, categorize, discriminate, analyze

   E. Synthesis — To take previously learned information, form new patterns or wholes and create something new. EXAMPLES OF VERBS USED: To propose, plan, produce, design, synthesize, formulate

   F. Evaluation — To make a value judgment regarding how actions or materials meet certain criteria. Should be a deduction made by students based on their studies. This step is not achieved through use of multiple choice questions and is not to be confused with the evaluation step in the nursing process. EXAMPLES OF VERBS USED: To judge, assess, validate, standardize, appraise
III. Procedure: Distribution of Content:

The percentage of test items assigned to each Client Needs category and subcategory in the NCLEX-PN Test Plan is based on the results of the study Report of Findings from the 2012 LPN/VN Practice Analysis: Linking the NCLEX-PN® Examination to Practice (NCSBN, 2013), and expert judgment provided by members of the NCLEX® Examination Committee.

<table>
<thead>
<tr>
<th>Client Needs</th>
<th>Percentage of Items from Each Category/Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safe and Effective Care Environment</strong></td>
<td></td>
</tr>
<tr>
<td>• Coordinated Care</td>
<td>16-22%</td>
</tr>
<tr>
<td>• Safety and Infection Control</td>
<td>10-16%</td>
</tr>
<tr>
<td><strong>Health Promotion and Maintenance</strong></td>
<td>7-13%</td>
</tr>
<tr>
<td><strong>Psychosocial Integrity</strong></td>
<td>8-14%</td>
</tr>
<tr>
<td><strong>Physiological Integrity</strong></td>
<td></td>
</tr>
<tr>
<td>• Basic Care and Comfort</td>
<td>7-13%</td>
</tr>
<tr>
<td>• Pharmacological Therapies</td>
<td>11-17%</td>
</tr>
<tr>
<td>• Reduction of Risk Potential</td>
<td>10-16%</td>
</tr>
<tr>
<td>• Physiological Adaptation</td>
<td>7-13%</td>
</tr>
</tbody>
</table>

![Distribution of Content for the NCLEX-PN® Test Plan](image)
Transfer Students
I. Purpose: To provide documentation saying that students left previous program in good standing.
   II. Policy:
       A. Student must have official letter saying that they left former program in good standing.
       B. Student may be asked to sign form giving permission to contact former school.
       C. Student must apply to Colorado Mesa University and request a transcript evaluation.
       D. Admission to PN program depends on space availability.
       E. Student may be asked to audit classes depending on length of time since attended nursing classes.

Withdrawal, Probation and Suspension
I. Purpose: To identify conditions related to withdrawal, probation and suspension.
II. Policy:
    Suspension and Probation policies found on page 63
    Total Withdrawal Form:
    [http://www.coloradomesa.edu/registrar/documents/TotalWithdrawalForm.pdf](http://www.coloradomesa.edu/registrar/documents/TotalWithdrawalForm.pdf)
Department of Health Sciences
Photographic Release
Simulation Lab

I. Purpose: Videotapes can and will be made at various times throughout simulation lab experiences. Media will be used for instructional purposes and will be destroyed at the end of each semester.

II. Student’s agreement for taping during the learning lab:

I understand that while participating in the Simulation Lab, videotapes can and will be made at various times throughout this experience. Those videotapes will be used for instructional purposes and may be used for:

- Project illustrations including fundraising
- Promotional materials
- Classroom presentations
- Academic Conference presentations
- Media publications

Students name may or may not be identified in these photos. Videotapes not used for purposes listed above will be destroyed at the end of each semester.

Upon signature of this photographic release form, student is granting Colorado Mesa University permission to use videotapes in any manner they deem appropriate. No remuneration will be provided to any student for the use of videotapes or still pictures derived from the videotape now or in the future.

I have carefully read this release form and fully understand and accept its contents.

_________________________________________  ________________________________
Student Signature                        Date

_________________________________________
Student Printed Name
I have read this handbook, completely understood all policies, procedures, and all other content. By signing this form I agree to fully comply with all said policies and procedures set forth herein while I am a student in the PN Program at Colorado Mesa University.

____________________________________
Print Student Name

____________________________________
Student Signature

____________________________________
CMU Student ID #

____________________________________
Date

(This form is to be signed by student and submitted to the PN Program Administrative Assistant)
Department of Health Sciences  
PN Program  
Readmission Application

This form must be completed by any student who deviates from the standard two semester progression of the PN program. The form is to be returned to the Program Director prior to enrolling in any nursing classes. **Any student who fails any two nursing courses is not eligible to continue in the nursing program or be readmitted.**

Name ________________________________    CMU ID # ___________________________

Address ________________________________________________________________________

Phone # ________________________________    Date ________________________________

Semester last attended Nursing Classes ____________    Year ____________

Reason for Being Off-Track From Standard Progression in the Program:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Corrective Actions Taken to Correct the Situation Causing the Deviation (if applicable):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Semester you wish to return ________________    Year ____________

Nursing courses you wish to enroll in upon returning. (If you failed a required course, you must re-enter taking that course.)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Department of Health Sciences
Readmission Agreement - Student PN Program

I ___________________________ agree to the stipulations as stated below for returning to the program. If for any reason the conditions are not met or the contract is broken the student will not be allowed back into the program.

Stipulations:

1. Pass proctored Kaplan examination at the mastery level for each nursing course completed when previously in the PN program.

2. Submit a detailed plan for success to the Program Director.

3. Meet all admission criteria at reentry to program

4. Submit a readmission application to Program Director.

I understand that my readmission to the PN Program is contingent upon space availability.

_________________________________________  __________________________
Student Signature                      Date

_________________________________________  __________________________
PN Program Director Signature          Date
Department of Health Sciences

PN Program

Readmission – Detailed Plan for Success - Student

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Student Signature  Date

PN Program Director Signature  Date