COLORADO MESA UNIVERSITY

Department of Health Sciences

Moss School of Nursing

Associate of Applied Science (AAS-RN) Student Handbook

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Mission/Vision

Vision: Provide highly trained nurses to meet the health care demands in western Colorado

Mission: Educate associate degree nurses through engagement, community collaboration, and advancing technology. Engage in life-long learning and education utilizing the career ladder approach. Prepare students as leaders and critical thinkers with a well-rounded education. Graduates incorporate values of cultural respect, accountability, safety, and professionalism.

Philosophy

The **philosophy** of the AAS nursing program is consistent with the general purposes of liberal education at CMU and with professional nursing standards and guidelines. The program integrates general education and nursing knowledge to formulate a basis for nursing practice; nursing faculty ascribe to the core competencies for nursing and nursing education. While firmly based in science and the arts, the essence of nursing is caring and compassionate patient centered care. Ethical standards, respect for individual dignity, and consideration of cultural context are implicit in the practice of patient centered care. The nurse advocates for patients and families in ways that promote self-determination, integrity, and ongoing growth as human beings. Nursing care is provided in collaboration with the patient, the family, and members of the health care team. The nurse displays a spirit of inquiry by examining evidence to improve quality of care, promote safety and improve patient outcomes. Nursing judgment is integral to making competent decisions related to the provision of safe and effective nursing care. Information management essential to nursing care is communicated via a variety of technological and human means.

Program Outcomes (POs)

1. **Program Completion:** Eighty-five percent of students who enter the AAS program will complete the program within four semesters.
2. **Performance on Licensure Exam:** Eighty percent of students that graduate the program will pass the NCLEX-RN on their first attempt.
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 RNs within one year of graduation.

Student Learning Outcomes

CMU SLO	AAS RN SLO
Outcome #1 **Locate, gather, and organize evidence on an assigned topic addressing a course or discipline-related question or a question of practice in a work or community setting (applied learning; specialized knowledge).**	**#1 Cultural Awareness** Exhibit professional nursing care to diverse patients across the life span.
Outcome #2 **Use program-level mathematical concepts and methods to understand, analyze, and explain issues in quantitative terms (intellectual skills - quantitative fluency).**	**#2 Information Management** Utilize health information systems to provide safe patient care throughout the health care environment.
Outcome #3 **Make and defend claims in a well- organized, professional document and/or oral presentation that is appropriate for a specific audience (intellectual skills - communication fluency).**	**#3 Communication** Incorporate therapeutic communication into all interactions.
Outcome #4 **Identify and gather the information/data relevant to the essential question, issue and/or problem and develop informed conclusions (intellectual skills – critical thinking).**	**#4 Logical Reasoning** Incorporate evidence-based practice in the application of care to provide safe quality outcomes.
Outcome #5 **Generate substantially error-free products or processes in the field of study (applied learning).**	**#5 Leadership in health care** Utilize principles of leadership and management skills in caring for patients throughout the lifespan.
Outcome #6 **Demonstrate personal and professional ethical behavior (specialized knowledge).**	**#6 Professionalism/Caring** Display accountability utilizing ethical reasoning. Incorporate compassionate and empathetic behaviors while providing care.
Outcome #7 **Reflect on and respond to ethical, social, civic, and/or environmental challenges at**	**#7 Information Literacy** Identify and utilize various information types within the health care delivery system to

local, national, and/or global levels (personal and social responsibility)	improve patient safety and promote positive patient outcomes.
Outcome #8 **Identify, utilize, and cite various sources of information in academic assignments, projects, or performances (information literacy)**	**#8 Personal & Social Responsibility** Demonstrate awareness of community related challenges and participate in service-oriented activities to improve local health-related outcomes.

Guiding Standards

Faculty use professional standards and guidelines as a basis for curriculum development and program evaluation. The rationale for choosing these guidelines is that they are the most comprehensive and widely used in the United States. Additional standards and guidelines are integrated into specific courses in relation to content and outcomes. These are identified in the course syllabi. Currently the following nursing standards and guidelines are incorporated into all courses:

American Nurses Association. (2010). *Nursing's social policy statement.* Retrieved from https://www.nursingworld.org/ana/

Department of Health and Human Services. (2020). *Healthy People 2020*. Retrieved from http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx

Fowler, M. (2015). *Guide to the code of ethics for nurses with interpretive statements: Development, interpretation, and application*. Retrieved from https://www.nursingworld.org/nurses-books/guide-to-the-code-of-ethics-for-nurses-with-interpretive-statements-develo/

Kelly, P., Vottero, B.A., & Christie-McAuliffe, C. A. (2018). *Introduction to Quality and Safety Education for Nurses Core Competencies*. New York, NY: Springer Publishing Company.

State of Colorado. (2019). *Colorado Nurse Practice Act: Title 12 professions and occupations, article 38 nurses.* Retrieved from http://cdn.colorado.gov/cs/Satellite/DORA-Reg/CBON/DORA/1251631690394

Accreditation Commission for Education in Nursing (2020). https://www.acenursing.org/

AAS Faculty Advisors

Having a good relationship with your faculty advisor can be highly beneficial! As an AAS student you should have an AAS Faculty advisor.

The purpose of a faculty advisor is to assist in the process of degree completion. Students are required to have a faculty advisor's signature on their Program Sheet and other graduation paperwork.

It is the student's responsibility to maintain his/her program sheet and to keep it up to date. Advisors are not responsible for failure to meet degree requirements.

Find Your Advisor
Advisor assignments can be found in MAVzone under the Student Academics tab. Students can view their Academic Profile in the top-center column by selecting the current term in the drop-down box at the bottom of the profile and clicking Go. This will cause the current program of study and advisor(s) to appear.

Faculty Can Help You Succeed as a Student

- Faculty can refer students to other staff, faculty, or services that may meet a student's needs or interests. Faculty can also be a great resource for information about on-campus clubs, organizations, and activities that can lead to future career opportunities or provide students with the necessary experience for prospective careers.

Faculty Can Help You Plan Your Future

- **Career Information & Internships:** Faculty can also be an invaluable resource for career information, experience, and contacts!
- **Letters of Recommendation:** Letters of Recommendation from faculty may be needed for career and scholarship opportunities. Faculty are more likely to recommend internships, letters or recommendation, and job opportunities to students they know--so make an appointment with your faculty advisor today!
- **Graduate School:** If a student is interested in going to graduate school, Faculty Advisors are the best resource for information. Faculty can advise students about the application process, course selection, activities that may be beneficial, and in identifying potential graduate programs.

NSNA Student Bill of Rights

The NSNA Student Bill of Rights and Responsibilities was initially adopted in 1975. The document was updated by the NSNA House of Delegates in San Antonio, Texas (1991); and item #4 was revised by the NSNA House of Delegates in Baltimore, Maryland (2006).

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 that provide and safeguard the students' freedom to learn.
4. Under no circumstances should a student be barred from admission to a particular institution based on 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 that 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 that 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. Nursing programs should adequate street lighting, locks, and other safety measures deemed necessary by the environment should provide adequate safety precautions.
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.

Scope of Practice for Registered Nurses (RN)

From: http://cdn.colorado.gov/cs/Satellite/DORA-Reg/CBON/DORA/1251631690394

In Colorado, the practice of professional nursing (including those listed on the advanced practice registry) includes the performance of both independent nursing functions and delegated medical functions. The Board of Nursing (BON) considers RNs to be independent practitioners.

Two things limit the independent scope of nursing practice:

- Task/practice must be within the field of nursing, and
- RN must possess the specialized knowledge, judgment and skill required to complete the job/task undertaken. There is no BON requirement for physician oversight of nurses during the course of independent nursing practice. However, individual facilities or physician practices may have policies requiring some level of physician involvement or oversight.

Dependent nursing function falls under delegated medical. CRS 12-38-103 (4) defines delegated medical function to include the RN implementation of a medical plan. ".a written plan, verbal order, standing order, or protocol - whether patient specific or not, that authorizes specific or discretionary medical action, which may include but is not limited to the selection of medication." The amount of physician oversight would be determined by the physician and nurse involved in this process.

Determining the scope of practice for an RN

The Board of Nursing has been working to empower Colorado nurses to determine their own scope of practice. The Board's mission is the regulation of nursing practice in Colorado; this regulation does not mean dictating how individual nurses should carry out that practice, but whether or not the practice meets the standards established by the Nurse Practice Act. Using the following guidelines and the attached flow chart, a nurse may decide what is within scope, and to make certain the task or practice is documented in facility or institution policies and procedures.

Begin by asking the following question: Is this task/practice within my scope of practice?

A. Basic Nursing Education Preparation

1. Was the skill/task taught in your basic nursing program?
2. If it was not included in your basic nursing education, have you since completed a comprehensive training program, which included clinical experience?
3. Has this task has become so routine in the nursing literature and in nursing practice (e.g. sharp wound debridement), it can be reasonably and prudently assumed within scope?
4. Is the skill/task in your hiring agency policy and procedure manual?
5. Does carrying out the duty pass the "Reasonable and Prudent" standard for nursing?

If you can answer "yes" to all the above questions, the task is within your scope of practice and you do not need to seek a practice question decision from the Board. If you cannot answer "yes" to all of the above, proceed to option B.

B. If you answer "no" to any of the questions above, consider two possible outcomes:

1. The task is not within your scope of practice - Omit task
2. The task may not be within your scope of practice - Request Board of Nursing advisory opinion if needed.

See form on next page

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 delegate. Delegation of care is only allowed within the RN scope of practice.**

REGISTERED NURSE	LICENSED PRACTICAL NURSE	NURSING ASSISTANT
ASSESSMENT		
Independent, dependent and interdependent functions Assess and evaluate health status of individuals: Collect objective and subjective data Analyze, report and record data Validate, refine and modify data	**At the direction of RN, APN, licensed physician, dentist, or podiatrist** Contribute to assessment of health status: Collect, report, and record objective/subjective data Observe conditions or change in condition Collect data and report signs and symptoms of deviation from normal health status	**At the direction and under the supervision of RN or LPN** Collect, report and record basic objective and subjective data Observe and report change in signs and symptoms or deviations from normal health status
IDENTIFICATION OF HEALTH CARE PROBLEMS		
Utilize all data to identify and document health care problems	Assist in formulating lists of needs/problems	Provide basic patient information which assists the licensed nurse in making lists of problems and needs
ESTABLISHES GOALS		
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

PLANNING A STRATEGY OF CARE		
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 choose 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

IMPLEMENTING STRATEGY OF CARE		
Consider complexity of care, educational preparation and facility policies when delegating* care Remains responsible for all delegated* acts Delegate* /assist staff in implementing care De1egate*/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	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	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 interventions and responses Communicate interventions and responses Make judgments, decisions and modify care as needed	**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	Document and communicate completion of assigned duties and patient responses
MAINTAINING SAFE AND EFFECTIVE CARE		
Evaluate environment and initiate plan to provide a safe environment Institute standard procedures to stabilize patient's condition or prevent serious complications in emergency situations Act as patient advocate	Maintain safe environment Consult/seek guidance from RN and others as necessary Initiate standard emergency procedures until RN or physician is available Apply principles of asepsis and infection control Participate in development, revision and implementation of policies and procedures	Maintain safe environment Seek guidance from a licensed nurse as necessary Perform CPR when necessary Follow principles of asepsis and infection control Share pertinent information with a licensed nurse
EVALUATING RESPONSES TO INTERVENTIONS		
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.	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	Document and communicate patient responses Assist with collection of data

MANAGING PRACTICE OF NURSING		
Provide direct care; assign and/or delegate* functions according to education and demonstrated competence Supervise staff to whom nursing functions are assigned! delegated* Provide leadership in formulating, interpreting, implementing and evaluating nursing service objectives and policies Direct and evaluate quality of nursing service	Assign duties to ancillary workers as specified in rules and regulations Assist ancillary workers to carry out assigned care Supervise ancillary workers to whom care is assigned	N/A
COLLABORATION WITH OTHER HEALTH PROFESSIONALS		
Communicate significant changes in patient status Consult as necessary to meet patient needs	Share pertinent information	Share pertinent information
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 Maintain evidence (both RN and employer) of original documentation and demonstration of acquired knowledge/judgment/skill Verify additional duties are within RN scope of practice Follow written policies and procedures approved by medical staff, nursing and agency administration	* * Complete Board approved IV certification course including supervised clinical; OR document completion of such from another state Maintains evidence (both LPN and employer) of original documentation and demonstration of IV knowledge/judgment/skill Follows written IV 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

Policies

Academic Advising

I. Purposes:
   A. To explain the roles of the student and the advisor in the academic advising relationship.
   B. To ensure 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 college registrar regarding evaluation of courses for credit and other appropriate matters.
      8. Students are responsible for picking up and completing *Intent to Graduate* forms from the Registrar's Office, and for making an appointment with their advisor the semester prior to graduation to complete the program sheet and petition to graduate.
      9. Students are responsible for making sure all copies of transcripts from other colleges 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. Students may discuss personal problems with an advisor in a confidential, accepting atmosphere.
      2. Advisors will refer students for appropriate counseling when the problems are beyond the problem-solving abilities of the advisor and advisee.
      3. 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

I. Definition per the CMU Maverick Guide: 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:

- Forgery/fabrication/falsification/plagiarism of academic documents
- Intentionally impeding or damaging the academic work of others
- Assisting others in acts of academic dishonesty
- Cheating in the classroom
- Unauthorized attendance
- Multiple submissions
- Unauthorized collaboration

II. Policy:

A. Each semester all students will be required to sign a statement of acknowledgement regarding academic dishonesty. This statement is in effect for the entire program of study.

B. The program director will maintain the security of the signed documents.

C. Course, laboratory, and clinical materials are intended to be for each student's personal academic use and remain the intellectual property of the AAS-RN Program.

III. The AAS-RN program has zero-tolerance for academic dishonesty of any sort on any quiz, exam, or assignment. The student has the choice to continue in the course during the appeal process, if initiated, except in cases where patient, student or other faculty and staff safety has been compromised or there is a potential of continued risk of safety. If the incident involves a clinical setting, the student will not be allowed to attend or participate in further clinical work toward course completion. A second act of academic dishonesty will result in termination from the AAS-RN program at the end of the semester the student is currently enrolled if the incident is uncontested and not overturned on final appeal with the institution. The student must follow the appeal process for academic dishonesty as outlined in the Maverick Guide.

(Per Steve Werman, 3-2015)
Rev. 3/15

Please print and sign the Academic Honesty Agreement in the appendix of this Handbook and return to the Department of Health Sciences office.

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. 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.

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.

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 labeled shipping containers provided by the agency

Regulated waste material is to be placed in a biohazard labeled container, which is to be closed before removal to prevent spillage or protrusion of contents.
Equipment that may be contaminated with blood or other potentially infectious materials is to be examined and decontaminated as necessary prior to service of shipping. Employees and students should adhere to universal/standard precautions and use appropriate personal protective equipment when handling such equipment.
No parenteral or invasive procedures will be performed in the campus lab except on mannequins.

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 used of red biohazard containers.

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

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:
    - There is documentation that the employee has previously received the series
    - Antibody testing reveals the employee is immune
    - Medical evaluation shows that vaccination is contraindicated
c. Sign a *Refusal of Hepatitis B Vaccination* declining the vaccination.

Students agreeing to receive the vaccination series must complete the series within the six-month designated period. 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 after-hours 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
- 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,

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 infections 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
- 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 are 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.

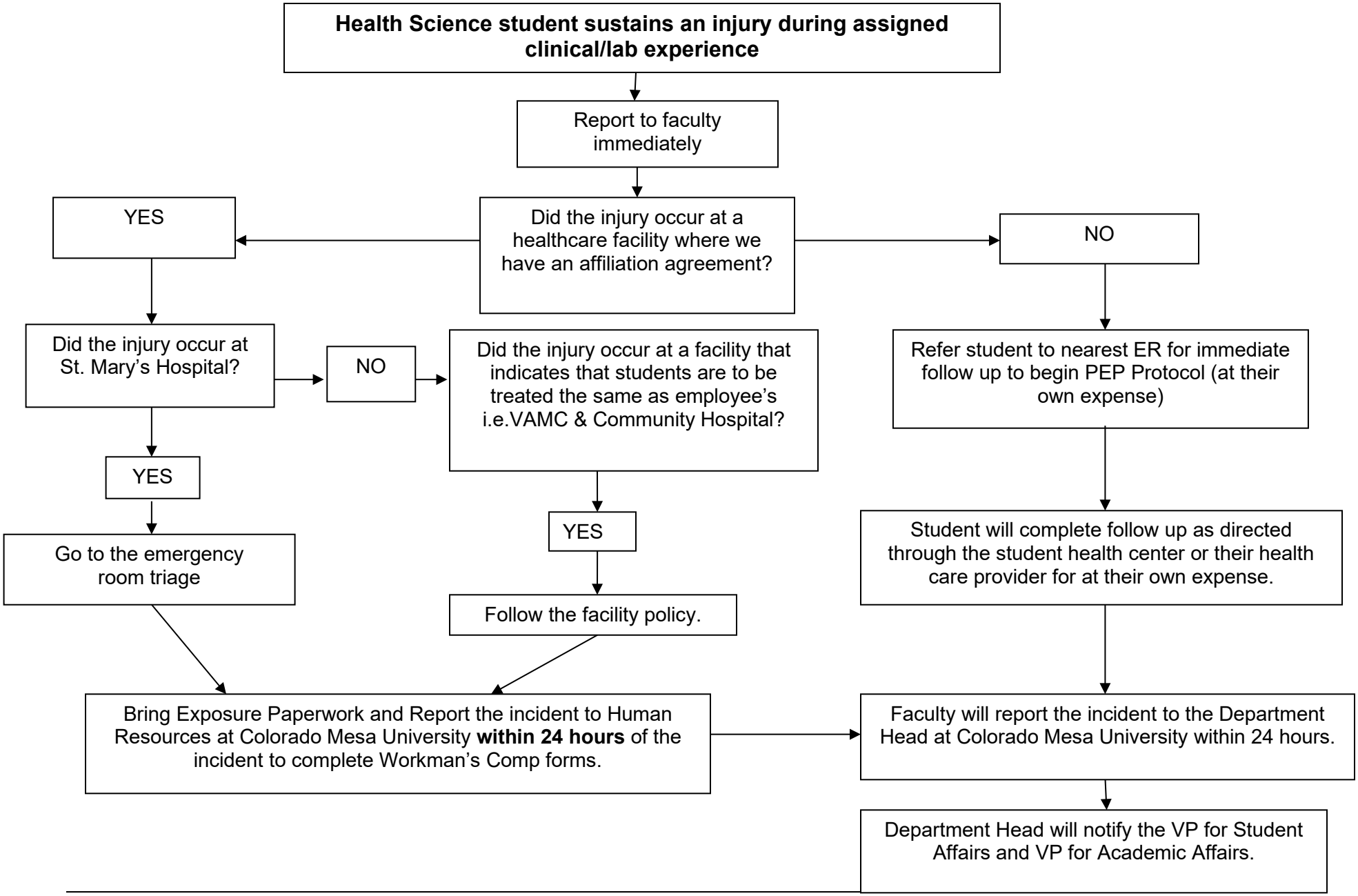
Individual facilities are responsible for maintenance of the Sharps Injury Log. **Purpose:**

To provide a protocol for students in all CMU nursing programs (PN, AAS, LPN-BSN, BSN, RN-BSN) who are injured or exposed to blood and body fluids.

Acute Injury or Blood and Body Fluid Exposure Procedure at a Clinical Site

1. The student will Immediately notify the CMU clinical instructor.
2. The clinical instructor will notify the house supervisor at which the event occurred to determine where the student should be assessed.
3. The clinical instructor will notify the CMU program coordinator.
4. If the coordinator is not available, the clinical instructor will notify CMU's Director of Nursing Education Programs.
5. The program coordinator will then contact CMU's Human Resources Department for further instructions related to care and paperwork (only available between 8-5 Monday through Friday)

NEEDLESTICK/INJURY DECISION TREE



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, 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 Heart Association, as follows:
      —BCLS-C from the American Heart Association
   B. The student must present a valid CPR certification card to the AAS program coordinator at the beginning of each academic year.

Class/Clinical Attendance

I. Purpose: To outline student responsibilities regarding attendance in class and in clinical sessions.
II. Class Attendance:
   A. Attendance during classes, examinations, and assigned experiences are mandatory for the Colorado Mesa University Department of Health Sciences. All students are required to be on time and participate in all scheduled classes.
   B. Failure to attend will cause missed opportunities that contribute to the education of safe nursing practice and may lead to patterns that will not be tolerated in the workplace.
   C. Specific to each course, each faculty member, and outlined in each syllabus will be mandatory guidelines in attendance. Failure to comply may result in a grade reduction and/or course failure.
   D. It is the student's responsibility to contact the course faculty member when an absence is anticipated.
      1. Students are expected to use their judgment with unsafe traveling conditions.
      2. Absence due to serious illness or strictly unavoidable circumstances will be handled on an individual basis.
      3. Should the student need to be absent, clinical agencies and/or faculty members must be notified one hour prior to the clinical experience if this experience will be missed.
   E. If a student is unprepared for a clinical assignment, tardy for a clinical assignment more than once, or is a no call/no show for a clinical assignment, specific consequences are outlined in the course syllabus. A consequence may include a grade reduction and/or course failure.
   F. Each absence over two for courses lasting an entire semester OR each absence over one for courses lasting half a semester or a condensed course will result in a grade reduction outlined in the course syllabus.

Code of Academic and Clinical Conduct

I. Purpose: To outline student responsibilities regarding adherence to the National Student Nurses' Association (NSNA) Code of Academic and Clinical Conduct.

II. Policy:

A. Nursing students will be held accountable for following the NSNA Code of Academic and Clinical conduct in the both classroom and clinical settings.

B. Violation of the NSNA Code of Academic and Clinical conduct should be immediately reported to a faculty member and the Program Director.

1. Self-reporting of a violation demonstrates accountability and will be considered in the disciplinary process.
2. The identity of a student who reports a suspected violation of the code by another student will be protected in the investigation process.

C. The faculty member and Program Director will investigate the reported violation to determine if there is evidence that a violation has occurred.

D. The faculty member and Program Director will develop a report of student performance.

E. Recurrent violation of the NSNA Code of Academic and Clinical Conduct may lead to dismissal from the AAS program.

F. Other policies in the AAS student handbook refer directly to specific behaviors in the NSNA Code of Academic and Clinical Conduct.

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.
2. Maintain client confidentiality.
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.

Adopted by the NSNA House of Delegates, Nashville, TN on April 6, 2001.

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. At the beginning of each semester, students will view the video, "Confidentiality: Ethical and Legal Considerations" by Medcom/Trainex, found in the Clinical Education Center (CEC).
2. At level I, the student will receive printed information about Confidentiality (see after this policy in this handbook) and will be required to sign a form stating agreement to comply with this policy.
3. The form must be signed, and a copy returned to the Department to be placed in student's file before being allowed to attend clinical.
4. In specified courses at each Level, students must re-view the video and receive proof from the CEC lab aid that the video was watched. Each semester, faculty will highlight specific issues regarding confidentiality that are unique to each clinical or academic course.

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 (e.g., Facebook, MySpace, YouTube, Twitter).
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, 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 director 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 director 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. Statutes of Nurse Practice Act 12-38-117. Grounds for Discipline

1. The board has the power to revoke, suspend, withhold or refuse to renew any license, to place on probation a licensee or temporary license holder, or to issue a letter of admonition to a licensee in accordance with the procedures set forth in subsection (3) of this section, upon proof that such person…has violated the confidentiality of information or knowledge as prescribed by law concerning any patient;

References:

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

State of Colorado, (2008). *Colorado nurse practice act*, Retrieved online May 5, 2009 from http://www.dora.state.co.us/nursing/statutes/nursepracticeact.pdf

Please print and sign the Confidentiality Agreement form, and return it to the Department of Health Sciences office.

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 available to the students for evaluation. 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. The student evaluator need not sign course evaluations.
4. Access to the course evaluations may be found on the Mav Zone website under the *Student Academics* tab, *Quick Links* section, *Others* option, *Evaluations, Surveys and Voting*.
5. The instructor to determine student perceptions of course strengths and weaknesses analyzes the course evaluations.
6. The results of the analysis are shared with the AAS faculty at the close of each semester.
7. 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 Trustees of the State Colleges in Colorado *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. The student evaluator need not sign faculty evaluations.
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 that will strengthen the quality of teaching in the program.

Criminal Background Investigation

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. The following criminal offenses that appear on a background investigation will 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.
11. Multiple arrests that may suggest a pattern of behavior that is of concern for a professional nurse.

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. The Department Head will review a flagged background check initially. The Department Head and Background Check Committee may request additional information related to the offenses from the applicant for consideration. 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.

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.

I. Clinical agencies have the right to refuse clinical rotations to any student based on adverse information noted in the background investigation process.
J. 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.
K. Student who do not pass a clinical agency background check, will be dismissed from all nursing classes and the nursing program. The student will not be allowed back into the nursing program until all background check issues are cleared.

Clinical Compliance: My Clinical Exchange (mCE)

Continuous clinical compliance through My Clinical Exchange is a Department of Health Sciences requirement for participation in clinical rotations with our community partners. All students must comply with each requirement at the beginning of each semester and as documents expire throughout the semester. While many documents require at one-time validation, others, such as flu shots, liability insurance and CPR certification may require an update after the first year of the program.

- Students that are out of clinical compliance may experience delays in completion of clinical rotations.
- Please contact the mCE Coordinator for assistance with updating your account if you are having trouble with validation of your updated documents.
- Failure to maintain clinical compliance will result in removal from the clinical schedule. All students are required to be fully compliant with mCE requirement 14 days before the beginning of each clinical semester and then throughout the entire semester.
- Only full compliance will allow re-entry to the clinical schedule.
- Prolonged non-compliance will impact clinical attendance and put students at risk for course failure.

Dismissal

I. Purpose: to set standards for students who may be dismissed from the AAS Program.
II. General Information:
    A. Once a student is dismissed from a Department of Health Sciences program for behavioral, safety or academic reason at Colorado Mesa University, the student is not eligible for re-admission to any of the Department of Health Sciences programs.
    B. See Academic Dishonesty Policy, section III.
    C. A student who has been dismissed from a Department of Health Sciences program and who seeks re-admission, but is denied re-admission, cannot appeal the re-admission decision.

Dress Code

I. Purpose: to set standards for student's appearance in the clinical settings.
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. Mohawk or similar style of cut is not allowed. Shaved impressions are also not allowed. Hairstyle should be kept in a professional manner. Hair color should be a natural color. Headbands, if needed, will be unadorned and in neutral tones: black, white or beige only.
H. The only acceptable jewelry includes a watch, wedding ring(s) and a maximum of 1 small, plain post style ear stud in each ear is preferred. Please use discretion with facial piercings and only wear a small, neutral, post or plug during clinical rotations that has been approved by the clinical instructor.
I. A laboratory coat is required at certain times during the clinical experience. Lab coats are worn over professional dress. Denim jeans, halters, shorts, leggings, exercise attire, flip flops, or open toed sandals are not acceptable.
J. Washable, plain, solid-color, and cardigan-style sweaters may be worn.
K. Because of the close and physical nature of direct care nursing, students are expected to be clean and odor free. If faculty, staff, patients or peers notice an offensive odor, the student will be asked to take corrective action.
L. Students must attempt to cover any body art. (For example, arms must be covered with long-sleeved white shirt)
M. The AAS patch must be sewn on the upper left sleeve of both the uniform and lab coat. Adhering the patch using a safety pin or Velcro is not allowed.

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. Student may not be sockless in clinical sites.
Nails	Nails must be clean, short and neatly trimmed and free of nail art. No polish or 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. If facial hair prevents Fit Testing, students must be clean shaven during clinical rotations.
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:	Polo shirt in official Colorado Mesa University solid colors only (black, maroon, white) with the 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) 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, 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 that violate the AAS 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 an 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 students.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 do not carry pagers unless they are provided by individual clinical sites. In most Montrose-Delta clinical sites faculty are students are asked to discreetly use their cell phone to communicate with each other, this is the only exception to cell phone use and should only be used when faculty are not readily accessible to you. Please keep your cell phone stowed away unless you need to contact faculty. Faculty are in direct communication with each other and students on clinical days and will always carry a cell phone.
   1. 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**.
   2. In the event of an emergency outside of normal business hours, family members or day care providers should contact the appropriate clinical faculty using the pager number provided.
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 (*Professional Nursing*, Chitty, 2007).
   B. The *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2001) 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 (p. 37) 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. Nonmaleficence 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 unequals 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 Director.
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 Director 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 Director 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.

Grading Criteria

I. Purpose: To provide descriptions of the letter grades used in the AAS Program.

II. General Information

The following information provides guidelines for evaluation of clinical practice. The descriptions indicate how well the student has met outcomes or objectives for the course and/or clinical lab.

The descriptors (1,2,3,4) are defined as:

1. Degree of supervision required for the selected course's level of clinical practice (considers safety and accuracy of student performance).
2. Competence of nursing care, such as problem solving, setting priorities, observation skills, and appropriateness in designing care strategies, dexterity, and interactions with clients, staff and peers.
3. Depth and breadth of preparation for clinical practice and ability to apply theory and skills in clinical setting.
4. Motivation and readiness for clinical practice as well as demonstration of interest and self-directed learning.

The A (4) student:

1. Consistently functions with little or no guidance, except in very complex situations
2. Demonstrates outstanding performance of nursing care
3. Demonstrates superior knowledge and consistently integrates appropriate knowledge with skills
4. Is consistently self-directed in his/her approach to learning (*e.g.* initiates new learning experiences)

The B (3) student:

1. Generally, functions satisfactorily with minimum guidance in the usual clinical situation
2. Demonstrates above average performance of nursing care
3. Solidly demonstrates accurate and appropriate knowledge and usually integrates knowledge with skills
4. Recognizes learning opportunities but may require assistance in utilizing them

The C (2) student:

1. Functions safely with moderate amount of guidance in the usual clinical situation
2. Demonstrates average performance of nursing care

3. Demonstrates adequate knowledge and requires moderate assistance in integrating knowledge with skills
4. Requires some direction in recognizing and utilizing learning opportunities

The D (1) student:

1. Usually requires intense guidance for the performance of activities at a safe level
2. Clinical performance reflects difficulty in the provision of nursing care
3. Demonstrates gaps in necessary knowledge and requires frequent assistance in integrating knowledge and skills
4. Requires frequent and detailed instruction regarding learning opportunities

The F (0) student:

1. Is considered unsafe to practice without constant, intense guidance
2. Failed to meet clinical objectives
3. Frequently lacks necessary knowledge and skills and is unable to integrate these into practice
4. Requires constant, detailed instruction regarding learning opportunities and is often unable to utilize them

NOTE Average score of all exams including unit exams and the final must be at least 76% in order to pass the course

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 scale for individual courses.

B. All sections of the same course will follow the same grading scale.

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:

93-100%	= A
85-92%	= B
76-84%	= C
70-75%	= D
69 and below	= F

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 the Registrar provides instruction.
   B. Faculty members may not post grades unless the students give written authorization.
   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 the Department of Health Sciences

Clarification of our grading system in the Department of Health Sciences in comparison to that of Colorado Mesa University, in general. These two grading systems are different. However, the grades that appear on the transcript appear the same. For the general college, 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

In the Department of Health Sciences, the grading system is:

Nursing		**Radiologic Technology**
93-100% = A	⇦ 4 *quality points* 4 ⇨	93-100% = A
85-92% = B	⇦ 3 *quality points* 3 ⇨	84-92% = B
76-84% = C	⇦ 2 *quality points* 2 ⇨	75-83% = C
70-75% = D	⇦ 1 *quality points* 0 ⇨	74% and below = F
69% and below = F	⇦ 0 *quality points*	

I. Purpose: To identify requirements for graduation from Colorado Mesa University with an Associate of Applied Science degree in Nursing.

II. Policy:

A. Graduation requirements

1. To graduate from Colorado Mesa University with an Associate of Applied Science degree, a student must:

    a. 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 an associate degree.

    b. Meet with their advisor to complete their program sheet.

    c. 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.*

    d. Satisfy all general and specific requirements of CMU including the fulfillment of all financial obligations.

    e. Have removed from the official record all marks of deficiency in those subjects for credit toward graduation.

2. The CMU 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 school 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. A cumulative GPA of 2.0 or higher must be maintained in all courses that apply to the AAS degree.
6. An overall cumulative GPA of 2.0 is required for graduation.

C. Associate of Applied Science Degree in Nursing requirements:

1. Students who meet requirements for the associate degree in nursing must complete a minimum of 74 semester hours.
2. All of the prerequisite and general education credits for the AAS degree must be fulfilled for graduation from the AAS-RN program.

D. Graduate with Honors

To graduate with Honors or Distinction, the student's cumulative grade point average will be used in the determination of inclusion in the Honors/Distinction categories listed below. Each year during formal commencement ceremonies Colorado Mesa University recognizes the following categories of academic achievement:

1. *With Distinction* – Associate degree graduates with cumulative grade point averages of 3.50 to 3.74.
2. *With High Distinction* – Associate degree graduates with cumulative grade point averages of 3.75 to 4.00.

The Academic Department Head or coordinator of the program of those students who are receiving a degree may recommend exceptions for students not explicitly meeting the criteria for a particular category to the Vice President for Academic Affairs. The grade point average for honors/distinction at commencement does not include final-term, in-progress courses. The ultimate honors/distinction recognition to appear on the permanent record/transcript will reflect the

appropriate category based on the inclusion of the final-term course grades required for the completion of degree requirements.

Grievance and Appeals

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

II. Policy:
   A. In the Department of Health Sciences, it is expected that the student will, within five (5) working days following the final course grade or decision of dispute, make a written request to appeal the grade with the AAS Nursing Program Coordinator.
   B. If the disputed grade is not resolved to the student's satisfaction, they must within five (5) working days of the program coordinators decision, request to appeal the grade through the Director of Health Science.
   C. A final grade should never be a surprise to students, it is always best to work through grade issues with the individual instructors at the time the grade is issued. Only the instructor of record can change a grade in the absence of using the appeal process.
   D. The student must demonstrate in writing that the grade was unfair based upon one or more of the following conditions. The burden of proof to support a grade appeal rests upon the student.
      1. The grading decision was based on something other than course performance, (unless the grade was a result of penalty for academic dishonesty).
      2. The grading decision was based on standards that were unreasonably different from those applied to other students in the same section of that course.
      3. The grading decision was based on standards that differed substantially and unreasonably from those previously articulated by the instructor.
   E. Only the final course grade can be appealed. If you have a grievance about an individual assignment, please schedule a meeting with the instructor of record begore contacting the AAS Nursing Program Coordinator.
   F. The Colorado Mesa University Student Handbook, which can be found at http://www.coloradomesa.edu/studentservices/documents/MaverickGuide.pdf includes information related to student appeal processes.

      1. Appeals related to a Campus Judicial hearing or decision, (page 8).
      2. Appeals related to a Sanction for Academic Dishonesty, (page 21).
      3. Appeals related to a Student Grade, (page 21).

Immunizations

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

II. General information:

A. It is the student's responsibility to submit proof of compliance to all required immunizations and paperwork including: TB Skin Tests (TST), TDaP, varicella, influenza, MMR, Hep B, yearly physical, health insurance, liability insurance, and American Heart Association BLS: Healthcare Provider CPR certification. Students who fall out of compliance at any time during the semester will not be allowed in the classroom or clinical setting until compliance is reestablished.

B. COVID

The CMU Department of Health Science and the AAS Nursing Program follow the current CDC guidelines regarding COVID Vaccination for healthcare professionals. These guidelines may change overtime as we move away from the COVID 19 Pandemic and into the future where COVID is ever present in our lives. Faculty and DHS staff will inform you of pertinent changes as they are announced. You may wish to monitor current COVID guidelines yourself at CDC COVID 19

C. Hepatitis B

Student must have received the series of shots in order to continue in the program. Documentation that student has started the series is required on admittance to the program and dates of completion of the series must be submitted to the department.

D. Tetanus

A current Tetanus, Diphtheria and Pertussis (TDaP) vaccination must be documented for admittance into the nursing program. Tetanus boosters are required every 10 years and must be current to continue in the program.

E. Measles, Mumps, Rubella, Varicella

Documented immunity to Measles, Mumps, and Rubella and Varicella are required for admittance into the nursing program. One of the following may document immunity:

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

F. Tuberculosis

There is no recommended vaccination for tuberculosis. Students must obtain either a two-step TST or proof of negative TST documented yearly for 2 years (If the student has proof of a single two-step TST in the preceding year, a one-step TST should be done). *(TST's must be current within one year).*

G. Students who are pregnant are referred to their physician for advice re: safety of immunization during pregnancy. A written waiver for immunizations must be submitted to the department.

H. Due to increased risk of exposure during clinical or college environment, students are encouraged to obtain meningococcal, influenza and other vaccines recommended for health workers.

Independent Study Courses in Nursing

I. Purpose: Permits the motivated student an opportunity to expand his or her body of knowledge beyond the scope of the standard curriculum.
II. Procedure: Students will follow Colorado Mesa University policy.

See Independent Study Contract at the end of the student handbook or online at CMU curriculum and policy manual.
http://www.coloradomesa.edu/faculty-senate/documents/Curriculum-Policies-and-Procedures-Manual.pdf

Liability Insurance for Students

I. Purpose: To comply with Agency's requirements that all students entering clinical must have proof of liability/malpractice coverage.
II. General Information:
   A. According to agency mandate, the policy must be comprehensive 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.

Math Competency

I. Purpose: to assure basic math competency to progress in the nursing program.
II. Math requirements at each semester
   A. Semester 1
      1. A math competency quiz may be given weekly in Nursing or clinical courses that will require a score of 90% or higher to demonstrate a competency level. If a score of < 90% is received, the student will be responsible to seek and verify tutoring and/or remedial studies to continue participation in the clinical portion.

   B. Semester II
      2. A math competency quiz may be given weekly in Nursing or clinical courses that will require a score of 90% or higher to demonstrate a competency level. If a score of < 90% is received, the student will be responsible to seek and verify tutoring and/or remedial studies to continue participation in the clinical portion.

   C. Semester III
      1. Prior to the beginning of the clinical portion of Advanced Medical-Surgical nursing, a math competency tests will be given which will require scores of 90% or higher to begin passing medications in the clinical area. The test may be retaken up to two times to attain the level of 90%. After that, remediation must take place before continuing in the program.

Report of Student Performance

I. Purpose: To provide written agreement between student and faculty to satisfy areas of needed growth for a particular course.

II. Procedure:

A. The faculty and student (and program director, if needed) will jointly establish

1. Area in need of improvement
2. Plan for improvement
3. Resources
4. Date for Completion
5. Outcome

B. Both parties will sign form

C. Faculty will make copy to place in student file and the student will receive a copy.

Colorado Mesa University
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 exhibits 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 student who fails a course because 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 Plan □ Dress Code □ Communication □ Professional behavior □ Other	Details:

Your signature indicates you have read and understand this document.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

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

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.

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.

Progression

I. Purpose: to set standards for satisfactory progress in the nursing program.
II. General information:
   A. All pre-requisite courses must be completed prior to beginning nursing courses. The Admission Committee on an individual basis may make some exceptions.
   B. All required 100 level nursing courses must be taken in sequence. All 100 level nursing courses must be completed before 200 level nursing courses may be taken.
   C. 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 college courses. This policy applies regardless of when or where the course was taken. A grade lower than a “C” is an “F” and not transferred into the program.
   D. 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.
   E. 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.
   F. In the event of a AAS course failure, the student nurse is required to meet with the program coordinator and sign the Acknowledgement of AAS Course Failure form. The Acknowledgement

of AAS Course Failure form serves to instruct and guide students who have experienced a course failure.

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

Re-Admission

I. Purpose: to inform students who have been out of the nursing program for one semester or more of the policy/process for re-admission into the AAS program.

II. General Information:

A. All students requesting a Leave of Absence from the AAS program must complete a *Request for Leave of Absence Form*. Students requesting re-admission must complete a *Request for Re-admission Form*. All forms are available on the Department of Health Sciences website.
B. Any student withdrawing from the AAS program must complete an *Intent to Withdraw from the AAS Program* form. Students withdrawing from the program may not request re-admission. All forms are available on the Department of Health Sciences website.
C. The number of spaces available for returning students is limited. Student re-admission is not guaranteed and is based upon space available, reason for leave of absence, and preparedness to return. Applications for re-admission are due February 15th for fall semester.
D. Students may apply for re-admission to the AAS program **once**. The AAS Program Director and select program faculty will review any second re-admission applications on a case-by-case basis.
E. Students are responsible for understanding the implications of a temporary leave of absence or permanent withdrawal from the program regarding financial aid, health insurance, and progression toward completion of the degree.
F. Failed nursing courses may only be repeated once.
G. Two failed nursing courses will result in dismissal from the program and the inability to apply for re-admission.
H. If a student fails a course due to unsafe physical or emotional care of patients, the student may not be allowed to repeat the course.
I. Criminal background check, drug screening, health records and BLS certification must be resubmitted prior to re-entry regardless of the length of time a student is out of the program.

III. Process:

A. Students who withdraw from or fail to complete any of the first semester course in the AAS program must **re-apply for admission** into the program. These individuals will be considered according to the criteria utilized for all other applicants.
B. Students who request a semester of absence from any other course(s) of the AAS program may submit a request for re-admission.
C. Students re-admitted to the AAS program may be required to successfully validate clinical skills and/or knowledge obtained from previous nursing courses. Re-validation may be required for re-admission for one or more semesters off. For students withdrawn for one semester, in good standing, no re-validation is required. Guidelines for re-validation requirements are listed below:
    a. Overall GPA for the AAS program less than 3.0.
    b. Foundational nursing course or lab grade in any completed level < 84percentage.
    c. More than one semester off.
    d. More than 2 consecutive semesters off will require revalidation of all levels up to re-admission level.

D. Once re-admission application has been reviewed, the Program Director will notify the student of their re-admission status.
E. Priority for re-admission applicants is based on space availability and the following guidelines:
    a. High priority: *leave of absence due to personal health reasons, family health reasons or military commitment*.
    b. Medium priority: *financial reasons.*
    c. Low priority: *academic issues, discipline issues, personal/family/elective issues.*
F. Other factors considered in re-admission approval include the following:
    a. Preparedness for re-admission.
    b. Successful completion of revalidation requirements.
G. Each applicant may be placed on a waitlist if space is limited.
H. If re-admitted, the student must follow the curriculum currently in place.
I. A copy of the application for re-admission can be found at the end of this handbook.

Revalidation of Nursing Courses
I. Purpose: To provide a mechanism whereby students will graduate from the AAS nursing program with current nursing knowledge and skill.

II. General information:
A. Revalidation of Nursing courses and/or labs may be required as part of the re-admission process.
B. Revalidation of a Nursing course will be evaluated by pass/fail. Pass is greater than 76%.
C. A student may attempt to revalidate a Nursing course once. If the attempt results in a failure the student will be required to repeat the course.

III. Process:
A. The Program Director will notify the student of courses that must be revalidated. The revalidation plan will be outlined on the AAS Program Request for Re-admission form.
B. A faculty member will conduct the revalidation and will notify the student of the assignment.
    a. Revalidation of a theory course may include a final examination or a comprehensive paper.
    b. Revalidation of a lab may include skills checkoffs.
C. The student is responsible for arranging for revalidation with the faculty member.
D. The plan for revalidation will be approved by the Program Director.
E. The fee for course revalidation must be paid prior to revalidation.
F. Upon completion of revalidation a copy of the revalidation plan will be placed in the student file.

See Readmission Application at end of Handbook

Releasing Contact Information to Outside Agencies

I. Purpose: To establish guidelines for Department of Health Sciences 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.

Revalidation of Nursing Courses

I. Purpose: To provide a mechanism whereby students will graduate from the Associate Nursing Program with current nursing knowledge and skill.

II. General Information:
   A. Nursing courses must be revalidated if they were taken more than five years prior to the semester of graduation.
   B. Revalidation of a course will be evaluated by pass/fail.
   C. The revalidation process will be completed by the end of the student's final semester.
   D. The student will be allowed to attempt to revalidate a course twice. If the second revalidation attempt results in failure, the student will be required to repeat the course in its entirety.

III. Process:
   A. The advisor will notify students of courses that must be revalidated by mid-term of the semester prior to the semester of graduation.
   B. The faculty member teaching the course will conduct the revalidation of the course(s) and will notify the student of the assignment.
   C. The student is responsible for arranging for revalidation with the faculty member.
   D. The contract for revalidation will be initiated by the student and approved by the faculty member and the Department Head.
   E. The fee for course revalidation must be paid before the revalidation form is issued. The Program Director should be contacted for further details.
   F. Upon completion of the revalidation process, a copy of the revalidation form will be given to the student and a second copy placed in the student's file.

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 distributed to qualified students by the faculty.

III. Who's Who in American Universities and Colleges:
   A. Department of Health Sciences faculty advisors are encouraged to nominate their outstanding upper division advisees who are full time students with a cumulative GPA of 3.0 or better for academic recognition in "Who's Who Among Students in American Universities and Colleges".
   B. Application forms are to be completed by the nominated students at the advisor's request.
   C. The student's advisor is responsible for insuring that the application includes a faculty endorsement.
   D. Completed applications are submitted to the department representative of the Who's Who Committee.
   E. Recipients selected by Colorado Mesa University Who's Who Committee and confirmed by Who's Who among Students in American Universities and Colleges will be announced to the faculty.

IV. Nu Kappa Chapter, Sigma Theta Tau International
   A. Students may be invited to become members of Nu Kappa Chapter if they have demonstrated superior academic achievement in the nursing program and the potential for professional leadership.
   B. Nu Kappa Chapter By-laws outline the process for becoming a member.
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 the Financial Aid office.
   C. Students shall submit scholarship interest form to 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 Colorado Mesa University President shall announce the list of recipients and alternates.
VI. Other:
   A. Other student awards and achievements will be recognized as available.

Criteria will be established as appropriate.

Students' Response to Emergency Situations at Clinical Facilities

I. Purpose: To assure students know how to respond to emergencies (*i.e.* fire, codes, security, etc.) at clinical facilities.
II. General Information:
   A. Emergency demonstration/training is included within the AAS- RN program.
   B. Information regarding security, fire, codes, etc., is included in clinical orientation for Medical/Surgical Nursing, as well as other nursing courses.

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. A student representative shall be selected from each class to attend faculty meetings.
   B. A representative from the Student Nurse Association (SNA) is encouraged to attend.
   C. Students will be selected as determined by SNA procedure.
   D. The representative from the Student Nurse Association will be selected by the membership.

Substance Abuse

I. Purpose: To apprise the student of rules regarding substance abuse related to class and clinical attendance.
II. General Information:
   A. Chemical dependency may affect 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 symptoms. 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 disciplinary action by the College.
D. Students are responsible for coming to class and the clinical area mentally alert and physically capable to care for assigned patients/clients.
E. The faculty has the responsibility to intervene when a student who exhibits chemically impairment compromises patient safety and clinical performance.
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. Faculty will 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 expects their students to be ambassadors for Colorado Mesa at all times when professional uniforms are worn, both on campus and off campus (i.e. scrubs, Colorado Mesa 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 has ingested any mind-altering substance, which may interfere with safe clinical performance, the student will be asked to leave the class or clinical area. The instructor must objectively document the behavioral symptoms noted and indicate how the learning environment, client safety and/or clinical performance were compromised by the student's actions. Transportation should be arranged to take the student home safely.
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.
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 behavioral health 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:
   - 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.
   - 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.
   - 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

Mental Status Changes

Forgetfulness

Confusion

Decreased alertness

Impaired judgment in the clinical area

Changes in Performance

Deteriorating productivity

Excessive absenteeism

A pattern of tardiness

Leaving clinical area frequently

Inappropriate responses

Nervousness

Elaborate excuses for behavior

Suspiciousness

Changes in Personal Appearance

Change in dress

Unkempt appearance

Flushed complexion

Red eyes

Swollen face

Hand tremors

Unsafe clinical performance/placing clients at risk

Late assignments with elaborate excuses

Intolerance of others for not meeting deadlines

SYMPTOMS

Odor of alcohol

Slurred speech

Unsteady gait

Errors in judgment

Withdrawal, Probation and Suspension

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

II. Policy:

The AAS program will follow the policies as outlined in the current Colorado Mesa University Catalog and Maverick guide.

APPENDICES

COLORADO MESA UNIVERSITY

Department of Health Sciences

AAS in Nursing Program

Agreement to Read Handbook

I have read and agree to comply with the policies in AAS Nursing Student Handbook for all semesters.

_____
Print Student Name

_____
Student Signature

_____
CMU Student ID#

_____
Date

COLORADO MESA
UNIVERSITY

Department of Health Sciences
Moss School of Nursing
AAS in Nursing Program

Acknowledgement of AAS Course Failure

I understand that:

_____ 1. During: _____, I failed _____
(Semester/Year) (Course name and number)

_____ 2. The reason for this failure is related to:
- ☐ Academics
- ☐ Academic dishonesty
- ☐ Clinical Performance
- ☐ Other _____

_____ 3. If I fail a second course, it will result in my dismissal from the AAS program.

_____ 4. I am responsible for scheduling an appointment and meeting with AAS Program Coordinator once each subsequent semester that I am in the AAS program.

_____ 5. The AAS Program Coordinator will communicate with faculty regarding my progress throughout the remainder of the AAS program.

_____ 6. It is my responsibility to know my grade and be aware of my standing in all of my AAS courses.

_____ _____ _____
Student Nurse Printed Name Student Nurse Signature Date

_____ _____ _____
AAS Program Coordinator Printed Name AAS Program Coordinator Signature Date

Department of Health Sciences
AAS in Nursing Program
Request for Leave of Absence Form

This form must be completed by any student who deviates from the standard progression of the AAS- RN Program from the program.

Name_____Date_____

Student ID 700_____Phone_____

Email Address_____

Starting Date of Leave of Absence_____

Current Level: Semester 1 □ Semester 2 □ Semester 3 □

Reason for Leave of Absence - *Check all that apply*:

□ Personal: Medical □ Family: Medical reasons
□ Military Commitment □ Financial
□ Required withdrawal – academic □ Required withdrawal – disciplinary
□ Elective – Academic □ Elective – Not sure of nursing
□ Person Elective □ Family Elective
□ Psychological– *recommendation by Counseling Center*
□ Other: _____

Readmission to the AAS- RN program is on a "space available" basis. If you choose a temporary leave of absence from the program, readmission is not guaranteed. If time away from program exceeds one semester, re-validation of skills and/or knowledge is required. All students considered for readmission must be in "good standing" at the time of Leave of Absence.

Anticipated Date of Readmission_____

Student Signature_____ Date_____

Program Coordinator Signature_____ Date _____

October 2014

Department of Health Sciences
AAS in Nursing Program
Intent to Withdrawal from the AAS Program Form

Any student who permanently withdraws from the AAS program must complete this form.

Name_____Date_____

Student ID 700_____Phone_____

Email Address_____

Date of Withdrawal _____

Current Level: Semester 1 □ Semester 2 □ Semester 3 □

Reason for Withdrawal - *Check all that apply*:

□ Personal: Medical
□ Family: Medical reasons
□ Military Commitment
□ Financial
□ Required withdrawal – academic
□ Required withdrawal – disciplinary
□ Elective – Academic
□ Elective – Not sure of nursing
□ Person Elective
□ Family Elective
□ Psychological– *recommendation by Counseling Center*
□ Other: _____

Students withdrawing from the AAS program may not request re-admission.

Student Signature_____ Date _____

Program Coordinator Signature_____ Date _____

October 2016

COLORADO MESA UNIVERSITY

Department of Health Sciences

AAS Sin Nursing Program

AAS PROGRAM REQUEST FOR READMISSION

Any student who deviates from the standard progression of the AAS Program must complete this form. Any student eligible for readmission should return the completed form to the AAS Program Coordinator by the request for readmission due date (Fall: , Spring:)

Semester Requesting Re-admission to: Fall ___ Spring ___

Level requesting re-admission to: Semester 1 ☐ Semester 2 ☐ Semester 3 ☐

Name: _____ CMU ID# 700_____

Email address: _____

Cell Phone/Home Phone: _____

Date of Leave of Absence: _____/_____/_____ thru _____/_____/_____

Last Semester Completed Semester 1 □ Semester 2 □ Semester 3 □

Reason for Leave of Absence- *Check all that apply*:

Health/Medical:

- ☐ Personal
- ☐ Family

Academic:

- ☐ Required withdrawal
- ☐ Disciplinary Issue
- ☐ Elective – Academic

☐ Military Commitment

Personal:

- ☐ Family
- ☐ Elective
- ☐ Financial
- ☐ Not sure of nursing

☐ Other: _____

Comments:

COMPLETED BY AAS PROGRAM COORDINATOR:

AAS Program Recommendation:

If space available, based upon listed criteria:

☐ High priority re-admission ☐ Medium priority re-admission

☐ Low priority re-admission ☐ Committee Review

☐ Denied, Reason for denial:

Re-Validation Plan:

☐ Prepared for re-admission.

☐ Skills check-off for last completed level. *List required checkoffs:*

☐ Skills check-off for previous levels. *List required checkoffs:*

☐ Final Exam(s) for last completed level. *List required exams:*

☐ Final Exam(s) for previous level courses. *List required exams:*

SIGNATURES:

_____ _____

Student Date

_____ _____

Program Coordinator Date

REVALIDATION RESULTS:

Course	Date of Revalidation	Instructor	Result : PASS/FAIL

10/2016