Spring 2016 Student Handbook

Associate Degree Nursing Program

1/13/2016

Contents

Spring 2016 Student Handbook

The Associate Degree Nursing Program (ADNP) Student Handbook serves as a guide for the College of Southern Idaho (CSI) student nurse. The curriculum, philosophy, goals, policies, and additional information, was developed by nursing faculty with the assistance of student nurse input and CSI personnel. *It is important to keep the current ADNP Student Handbook available for reference throughout the program.*

The student nurse is required to read the current *ADNP Student Handbook* at the beginning of each semester as information may change. It is designed to supplement the CSI Catalog (CSI, 2015a) and CSI Student Handbook (CSI, 2015f) by responding to policies which are specific to the ADNP. Please refer to all three publications, as needed, to clarify CSI and ADNP policies and procedures. The student nurse is required to sign the current *ADNP Student Handbook Acknowledgement (Appendix A)* form each semester and submit to the current clinical instructor. *When there is a conflict between publications, the current ADNP Student Handbook takes precedence.*

The ADNP Nurse Administrator, in cooperation with all nursing faculty and administration, reserves the right to revise policy guidelines, as needed, if a change is deemed necessary for ADNP improvements. The student nurse   is notified of any change(s) through announcements on Blackboard or Eaglemail; there may also be an announcement in class.

Individuals who desire to serve humanity will find that nursing presents a stimulating and satisfying career. The CSI ADNP leads to an Associate of Science Degree. This intensive program combines general education courses in liberal arts and sciences with nursing theory, teaching and learning (T&L) labs and emphasizes strong clinical experiences. The ADNP takes place in online elements, classroom, skills lab, and clinical facilities. The student nurse may be subjected to procedures while in the ADNP. The student nurse   is required to sign the ADNP student nurse   *Procedural Consent (Appendix B)* form upon admission into the ADNP.

Upon satisfactory completion of the ADNP, the Student nurse   will receive an Associate of Science Degree. Completion of the ADNP qualifies the graduate to apply for the National Council Licensure Examination for Registered Nurses (NCLEX-RN). The National Council of State Boards of Nursing (NCSBN) (2015) offers information related to the NCLEX examination.

The ADNP is developed in accordance with criteria established by and received full approval from the Idaho Board of Nursing (IBN) (2010) 280 North 8th St., Suite 210, Boise, ID. 83720-0061, telephone (208) 577-2476, and the Accreditation Commission for Education in Nursing (ACEN) (2013) 3343 Peachtree Road NE, Suite 850, Atlanta, GA, 30326, telephone (404) 975-5000. The IBN and ACEN recommend that all candidates be apprised of the legal considerations involved when applying for the NCLEX-RN examination. The student nurse is encouraged to review and become familiar with the IBN; in addition, the student nurse   is required to read the *Rules of the Board of Nursing* with a specific focus on the Denial of License, Grounds for Discipline, and Standards of Conduct. The student nurse   is required to sign the *Student Nurse Legal Informatio*n (*Appendix C*) upon admission into the ADNP.

Welcome

The ADNP Nurse Administrator and ADNP Faculty would like to welcome you to the ADNP. We look forward to assisting you in attaining your educational goals through the upcoming months.

College of Southern Idaho Mission Statement

The College of Southern Idaho, a comprehensive community college, provides quality educational, social, cultural, economic, and workforce development opportunities that meets the diverse needs of the communities it serves. CSI prepares students to lead enriched, productive, and responsible lives in a global society. (CSI, 2015a, p. 7).

Associate Degree Nursing Program Mission Statement

The ADNP, an integral unit of CSI, educates graduate nurses from diverse populations who demonstrate knowledge, caring, and integrity through the nursing process, responds to the holistic needs of individuals in a variety of settings, and interacts professionally with patients, families, and health care providers within the community. The graduate nurse promotes optimal health in a safe and cost-effective manner as part of a multidisciplinary team that recognizes learning as a lifelong endeavor.

Philosophy

The nursing faculty believes that education is based on humanistic approaches that focus on integrity, respect, caring, and dignity of individuals. The nursing faculty views each student nurse as a unique person, and utilizes this belief to foster and promote critical thinking, caring, and life-long learning. Nursing education involves understanding and valuing human individuality and diversity in an ever-changing healthcare environment. The primary responsibility for active learning lies with the nurse. Nursing faculty guide and facilitate educational opportunities for the acquisition of evidence based knowledge, clinical reasoning, and professional role development. We believe in establishing a caring environment that cultivates the development of each unique individual.

Requirements

The ADNP Plan of Study (2015c) (Table 1) provides a reference for prerequisite and requisite courses for ADNP progression and graduation. Any general education courses the Student nurse   chooses to complete through the College Level Examination Program (CLEP) must be successfully completed before the completion of NURR 201.

Table 1

Plan of Study

Pre-Nursing		
Semester 1	**Course Description**	**Credits**
BIOL 227	Human Anatomy & Physiology 1	4
ENGL 101	English Composition 1	3
Math 143/153	College Algebra/Elementary Statistics	3
CHEM101	Introduction to Chemistry	4
		14

Semester 2	**Course Description**	**Credits**
BIOL228	Human Anatomy & Physiology 2	4
ENGL 102	English Composition 2	3
PSYC 101	Introduction to Psychology	3
BIOL 221	Introductory Microbiology	4
		14

Registered Nursing		
Semester 3	**Course Description**	**Credits**
SOCY 101	Introduction to Sociology	3
COMM101	Fundamentals of Oral Communication	3
NURR101	Beginning Nursing Intervention	7
		13

Semester 4	**Course Description**	**Credits**
NURR 104	Mental Health Nursing	4
NURR105	Intermediate Medical-Surgical Nursing	5
HUMMA GE	General Education Humanities	3
		12

NURR 100	**LPN Transition**	**1**

Semester 5	**Course Description**	**Credits**
NURR 201	Advanced Nursing Intervention	10
NURR 202	Issues in Nursing Practice	1
HUMMA GE	General Education Humanities	3
		14

Semester 6	**Course Description**	**Credits**

NURR 204	Maternal/Child Nursing	4
NURR 206	Advanced Med-Surg Intervention 2	4
NURR 208	Professional Nursing Intervention	3
		11
	Total	**78**

Note: To promote success on the certification or licensure examination(s), all required courses

must be passed with a grade of C or better (CSI, 2015c).

The student nurse   must comply with ADNP requirements prior to entering NURR 101 and NURR 201. The student nurse is responsible for ensuring requirements are complete and submitted accordingly.

Health Related

The Student nurse   must provide current proof of health insurance and sign *the CSI HSHS Health Insurance* (*Appendix D)* form each semester; submit to the current clinical instructor. A physical and dental exam is required upon admission; exams will be valid through the duration of the ADNP. Required immunizations include a) diphtheria, tetanus, and pertussis (DTaP); b) hepatitis B series; c) varicella; and d) measles, mumps, and rubella (MMR). Immune status must be current the beginning of fall or spring semester after acceptance with the exception of the influenza vaccine; influenza is required when available. *If circumstances prevent immunization, physician documentation is required.*

Annual Tuberculosis (TB) is also required for proof of absence of disease. If this is the first TB skin test, the two-step process must be completed. In the event of a positive result or a history of having received Bacillus Calmette-Guerin (BCG) vaccination, the student must pick up and return a completed annual waiver form from the HSHS office. Routine annual chest x-rays are no longer recommended for asymptomatic, tuberculin skin test "positive" students or students who have received a BCG vaccination. *Should a student nurse develop signs and symptoms of tuberculosis at any time, the student nurse must schedule a chest x-ray and notify the ADNP Nurse Administrator immediately.*

In the event of pregnancy, continuation in the ADNP is acceptable provided the student nurse   is receiving prenatal care and is able to function according to the expectations of the student nurse   at that level. As soon as state of pregnancy is determined, the student nurse must present a health care provider's statement of approval to continue in the ADNP to the HSHS office. The form is submitted to the HSHS Administrative Office with the health care provider's statement identifying the student may continue in the nursing program. In addition, the *Pregnancy* (*Appendix I*) form must be signed by the student nurse, releasing CSI from any responsibility for the safety and welfare of the unborn baby; the form is submitted to the HSHS Administrative Office with the health care provider's statement identifying the student may continue in the nursing program. In addition, the student nurse is required to submit the health care provider's statement of permission to function in the clinical area following delivery.

Skills and Abilities

The following essential skills and abilities are discussed so the student nurse is aware of the requirements of the ADNP. The student nurse performs a variety of skills and activities that utilize both mental and physical health. The student nurse must have the ability to perform activities requiring accurate and efficient interpretation and communication of written and verbal information in English; direct assistive personnel, read and record information, and respond to a health care provider orders. The student nurse must demonstrate the ability to analyze, calculate, and measure data. The student nurse must effectively perform under stress as evidenced by maintaining safe practice and sound clinical judgment. Other needed skills and activities include the ability to safely lift, bathe, position, and transport patients; perform life saving measures to an unconscious patient, and move efficiently to meet the needs of several patients in a timely fashion. In addition, the student nurse must effectively demonstrate activities requiring manual dexterity; performing injections, efficiently operate equipment and devices, and inserting and maintaining patient catheters, or other devices, within the scope of the student nurse.

To comply with the American Disabilities Act (ADA), pre-admission inquiries about medical or disabling conditions are prohibited. Any student nurse with a documented disability may be eligible for related accommodations. To determine eligibility and secure services, the student nurse should contact the Student Disability Services coordinator after course registration. It is the responsibility of the student nurse to provide any documentation of a disability to nursing faculty each semester (CSI, 2015e). In the event of a change in medical condition, the student nurse must provide documentation to the ADNP nurse administrator and course coordinator specifying fitness to return and meet ADNP requirements. If the student nurse is unsure if they are able to meet the ADNP requirements, or know they will need help in meeting the requirements, contact the CSI Student Disability Services for assistance.

Back Ground Check

A background check and drug screen test must be completed. The forms are included in the ADNP admission packet located in the HSHS office. The background check and drug screen test need to be completed only upon entrance into the ADNP. If a student nurse leaves the ADNP for any reason during a semester, they are required to repeat the background check and drug screen; in addition, students coming from other programs are required to complete the background check and drug screen. If the background check reveals previous criminal charges, the ADNP Nurse Administrator and the HSHS Instructional Dean will review the charges with the student and determine if the student will be allowed to enter the ADNP. A student with a positive drug and/or alcohol screening result will not be allowed into the ADNP per policy.

Malpractice Insurance

As a professional individual, even though in a learning situation, the student nurse is legally and financially liable if a person is injured as a result of error, omission or negligence on behalf of the student nurse. Acts that are held to be negligent are rarely deliberate; they are nearly always inadvertent. Whether a mistake is held to be professional or personal in nature, the student nurse can be held liable and may be sued individually or along with the provider, nurse, hospital, or

college. Malpractice insurance is designed to protect the student in the ADNP.   The malpractice insurance is provided by a departmental blanket policy.

Basic Life Support

The student nurse must provide documentation of current Basic Life Support (BLS) for Healthcare Providers Certification. The certification is required for two continuous academic years and must be valid through graduation.

Purpose

The CSI ADNP prepares the student nurse to function at the Associate Degree level. The following identifies the purpose of the ADNP (see Table 2).

Table 2

ADNP Purpose

Provide an education that meets the requirements for an Associate of Science Degree from CSI.
Provide instruction in the principles and practices of nursing care for individuals within their environment.
Provide experience in caring for unique individuals who are encountering health issues along the wellness-illness continuum, with focus on health promotion and disease prevention.
Providing nursing education and experience that provides for critical thinking, application of knowledge, use of technology, interpersonal skills, and career mobility.
Prepare competent graduate nurses who utilize evidence-based practice in their profession
Prepare the student nurse to take the NCLEX-RN.
Facilitate continuing education for nurses in the community.
Foster professionalism through application of accountability, integrity, confidentiality, and safety in nursing care.

Note. This table outlines the primary purpose of the ADNP; prepare the student nurse for nursing practice in a complex health care delivery system.

ADNP Principals

Education

Learning is an intrinsic, life-long process. Education is a process that encourages critical thinking through which a student nurse gains knowledge, understanding, and new skills. Individuals learn best when material is presented in an orderly sequence (i.e. simple to complex, unknown to known). This educational process encourages individual growth, development, and the spirit of inquiry, which leads to maturity and lifelong enrichment.

Education is a process which requires responsibility on the part of both nursing faculty and student nurse. The nursing faculty primary responsibility is to facilitate individual learning by providing supportive and challenging experiences. The student nurse responsibility, as an adult learner, is to develop self-discipline, independence, and self-direction toward achievement of realistic academic and career goals.

Integral to the concept of education is self-assessment, involving identification of individual learning needs. The ADNP curriculum reflects development consistent with current educational trends and community needs and is implemented by providing the necessary resources and experiences. Education involves academic counseling and objective measurement of student knowledge and performance.

Individual, Society, and Environment

Basic to the nursing profession is the view of the unique individual being in continuous interaction with the environment. This view includes consideration of diversity among individuals and the restoration or maintenance of an individual's optimum attainable level of health. There is a mutual influence between individuals and their society and environment, which is in a constant state of change. Observation and prediction of this changing social environment influences purposeful intervention.

Nursing

Professional nursing is an art and science, whose members possess the essential attributes of esthetics and caring. Nursing is a relationship profession and a service to society. Nursing demonstrates these characteristics through professional and therapeutic relationships that meet the unique needs of individuals to promote wellness, prevent illness, and attain, maintain, or regain an optimum attainable level of health. The registered nurse (RN) provides and manages patient care; in addition, the RN, with a broad nursing and science knowledge base, serves as a patient educator. The RN demonstrates critical thinking through utilization of the nursing process and is accountable for professional behavior by accepting responsibility for outcomes of nursing care while serving as a member of the interdisciplinary health care team.

Nursing Education

Nursing education is a process of facilitating learning through the presentation of organized sequential content materials through which the individual acquires knowledge, experience,

understanding, attitudes, and skills which are applied to nursing practice. This process follows a continuum from wellness to illness and is accomplished by utilizing integrated curricula which progresses from simple to complex. Nursing education encompasses critical thinking and clinical reasoning appropriate for the role of the ADN.

Nursing education occurs in institutions of higher learning. A college-based education promotes personal and professional growth of the student nurse. The student nurse is responsible for their own learning by developing the knowledge, skills, and professional attitudes; providing a scientific foundation needed in nursing practice. In addition to college-based education, an education incorporating informatics is provided. An education in informatics assists the student nurse in improving health outcomes by optimizing information management and communication.

The community shares the education of the student nurse by providing interactive opportunities for clinical experiences. Although the community will be the eventual recipient of nursing services, the student nurse is considered a learner and will not be given the responsibility or compensation of an employee.

The ADN is concerned primarily with utilizing the nursing process to provide care for unique individuals with health issues that constitute the domain of nursing. Nursing involves the coordination of high quality, safe, evidence-based, and cost effective care within an interdisciplinary health care team.

ADNP Competencies

Upon completion of the ADNP, the graduate nurse will have the following competencies: Human Flourishing, Nursing Judgment, Professional Identify, Spirit of Inquiry, and Quality and Safety.

Human Flourishing

Human Flourishing can be expressed as an effort to achieve self-actualization and fulfillment within the context of a larger community of individuals; each with the right to pursue individual efforts. The process of achieving human flourishing is a lifelong existential journey of hope, regret, loss, illness, suffering, and achievement. Human flourishing encompasses the uniqueness, dignity, freedom, happiness, and holistic well-being of the individual within the larger family, community, and population. The nurse helps the individual in efforts to reclaim or develop new pathways toward human flourishing (NLN, 2010, p. 33).

Nursing Judgment

Nursing Judgment encompasses three processes, critical thinking, clinical judgment, and integration of best evidence into practice. Nurses must employ these processes to make decisions about clinical care, the development and application of research and the broader dissemination of insights and research findings to the community, and management and resource allocation (NLN, 2010, p. 34).

Professional Identity

Professional Identity involves the internalization of core values and perspectives recognized as integral to the art and science of nursing. These core values become self-evident as the nurse learns, gains experience, and grows in the profession. The nurse embraces these fundamental values in every aspect of practice while working to improve patient outcomes and promote the ideals of the nursing profession. Professional identity is evident in the lived experience of the nurse, "being," "knowing," and "doing" (NLN, 2010, p. 35).

Spirit of Inquiry

Spirit of Inquiry is a persistent sense of curiosity that informs both learning and practice. A nurse infused by a spirit of inquiry will raise questions, challenge traditional and existing practices, and seek creative approaches to problems. The spirit of inquiry suggests, to some degree, a childlike sense of wonder. A spirit of inquiry in nursing engenders innovative thinking and extends possibilities for discovering novel solutions in ambiguous, uncertain, and unpredictable situations (NLN, 2010, p. 36).

Quality and Safety

Quality and Safety is the degree to which health care services are provided in a way consistent with current professional knowledge, minimize the risk of harm to individuals, populations, and providers, increase the likelihood of desired health outcomes, are operationalized from an individual, unit, and systems perspective (NLN, 2010, p. 25).

Core Values and Integrating Concepts

The conceptual framework (see figure1) of the ADNP reflects the program's philosophy and is founded on the seven (7) NLN (2010) core values; Caring, Diversity, Ethics, Excellence, Holism, Integrity and Patient-Centeredness (see Table 3). These core values are organized around five (5) of the six (6) integrating concepts found in the NLN's Outcomes and Competencies for Graduates of [all types] Programs in Nursing (NLN Monograph, 2010). To meet the needs of the ADNP, nursing faculty elevated Quality and Safety to a program competency. The five (5) integrating concepts of nursing education include Context and Environment, Knowledge and Science, Personal and Professional Development, Relationship-Centered Care, and Teamwork.

Nursing practice varies from technical through doctoral levels. Differentiation among levels is viewed in terms of scope of practice and complexity of problems solved. The Associate Degree Nurse (ADN) makes a significant contribution to quality care. According to the National League for Nursing (NLN) (2010), the core values, inherent in the role of nursing practice, are identified as professional competencies for graduates of ADNPs. The following core values are defined by CSI Nursing Faculty as they relate to the CSI ADNP and student nurse (Table 3).

Table 3

ADNP Core Values

Caring: The student nurse will provide caring interventions while promoting health, healing, and hope in response to individual conditions.

Diversity: The student nurse will recognize that each patient is a unique individual with his/her own values, beliefs, and culture and will accept and respect the individual for who they are.

Excellence: The student nurse will demonstrate increasing involvement in the pursuit of excellence through demonstrating and increasing professional knowledge as it related to the nursing role.

Integrity: The student nurse will demonstrate a respect for all human beings through accepting personal accountability and responsibility for being a patient advocate.

Ethics: The student nurse will continue to provide knowledgeable healthcare while acting as a moral role model for not only their individual patients, but for society at large.

*Holism***:** The student nurse will plan, implement, and manage care for the unique individual.

Patient Centeredness: The student nurse recognizes the patient and family as unique individuals with independent needs deserving respect. The student nurse applies this to personal practice as they assist patient and families to achieve optimal health care outcomes.

Note. The ADNP student nurse competencies are derived from the NLN competencies (NLN, 2010, p. 11-14).

Context and Environment

Context and Environment in relation to organizations refers to the conditions or social system within which the organization's members act to achieve specific goals. Context and environment is a product of the organization's human resources, and also the policies, procedures, rewards, leadership, supervision and other attributes that influence interpersonal interactions. In health care, context and environment encompass organizational structure, leadership styles, patient characteristics, safety climate, ethical climate, teamwork, continuous quality improvement and effectiveness (NLN, 2010, p. 16).

Knowledge and Science

Knowledge and Science refer to the foundations that serve as a basis for nursing practice which, in turn, deepen, extend, and help generate new knowledge and new theories that continue to build the science and further the practice. Those foundations include a) understanding and integrating knowledge from a variety of disciplines outside nursing that provides insight to the physical, psychological, social, spiritual, and cultural functioning of human beings; b)

understanding and integrating knowledge from nursing science to design and implement plans of patient-centered care for individuals, families and communities; c) understanding how knowledge and science develop; d) understanding how all members of a discipline have responsibility for contributing to the development of that discipline's evolving science; and e) understanding the nature of evidence-based practice (NLN, 2010, p. 20).

Personal/Professional Development

Personal/Professional Development is a lifelong process that refers to learning, refining, and integrating values and behaviors that (a) are consistent with the profession's history, goals, and codes of ethics; (b) serve to distinguish the practice of nurses from that of other health care providers; and (c) give nurses the courage needed to continually improve the care of patients, families and communities and to ensure the profession's ongoing viability (NLN, 2010, p. 23).

Relationship-Centered Care

Relationship-Centered Care positions (a) caring, (b) therapeutic relationships with patients/families/communities and (c) professional relationships with members of the health care team as the core of nursing practice. It integrates and reflects respect for the dignity and uniqueness of others, valuing of diversity, integrity, humility, mutual trust, self-determination, empathy, civility, the capacity for grace, and empowerment (NLN, 2010, p. 27).

Teamwork

Teamwork means to function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision making to achieve quality patient care.

Figure 1

Conceptual Framework
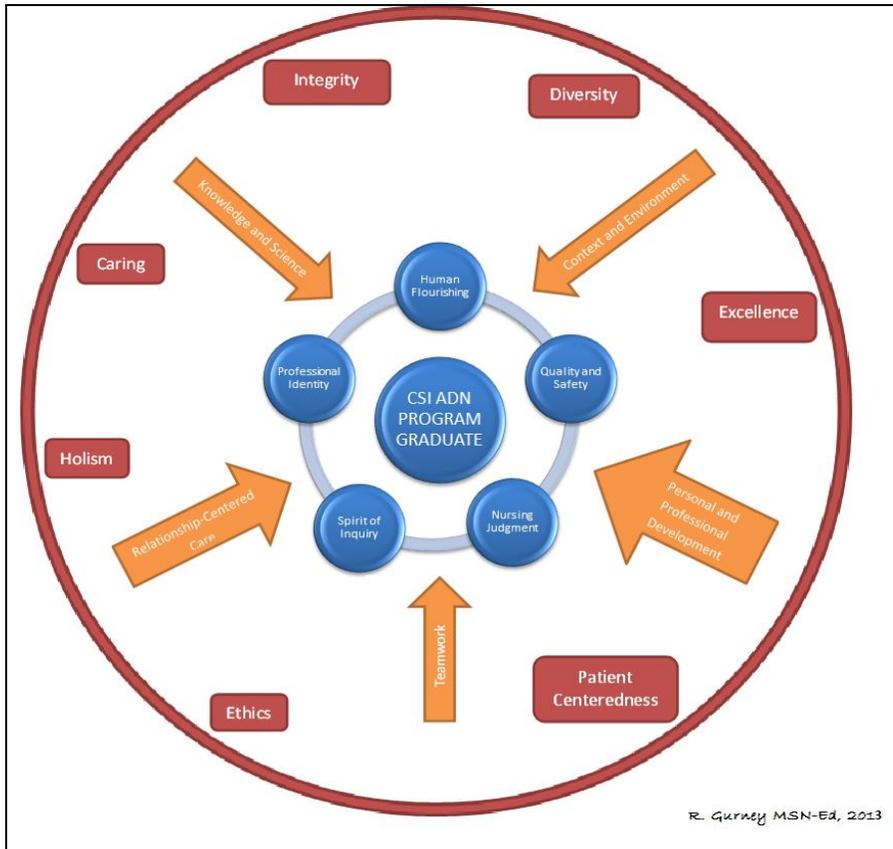
Figure 1. Graphic depiction of the ADNP Conceptual Model of Nursing Education describing the requisite input required for student nurse success as a CSI ADNP graduate.

The ADNP is concerned primarily with utilizing the nursing process that aligns with the American Nurses Association (ANA) Standards of Professional Nursing Practice to provide care for the unique individual with health issues that constitute the profession of nursing practice. Nursing involves the coordination of high quality, safe, evidence-based, and cost effective care within an interdisciplinary health care team. The ANA Standards of Professional Nursing Practice are embedded throughout the program and are reflected in the ADNP competencies and student learning outcomes (see Table 4).

Table 4

ADNP Competencies and Student Learning Outcomes and ANA Standards of Practice

Competencies	Student Learning Outcomes	ANA Standards of Practice
Human Flourishing • Human Flourishing can be expressed as an effort to achieve self-actualization and fulfillment within the context of a larger community of individuals; each with the right to pursue individual efforts. The process of achieving human flourishing is a lifelong existential journey of hope, regret, loss, illness, suffering, and achievement. Human flourishing encompasses the uniqueness, dignity, freedom, happiness, and holistic well-being of the individual within the larger family, community, and population. The nurse helps the individual in efforts to reclaim or develop new pathways toward human flourishing (NLN, 2010, p. 33).	• Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings. • Incorporate the knowledge and skills from didactic to excellence in clinical practice.	Standard 1. Assessment • The registered nurse collects comprehensive data pertinent to the healthcare consumer's health or the situation. Standard 2. Diagnosis • The registered nurse analyzes the assessment data to determine the diagnoses or issues. Standard 3. Outcomes Identification • The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer for the situation. Standard 4. Planning • The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes. Standard 5. Implementation • The registered nurse implements the identified plan. • 5a. Coordination of Care • The registered nurse coordinates care delivery. • 5b. Health Teaching and Health Promotion. • The registered nurse employs strategies to promote health and a safe practice environment. Standard 6. Evaluation • The registered nurse evaluates progress toward attainment of outcomes.

Nursing Judgment
- Nursing Judgment encompasses three processes, critical thinking, clinical judgment, and integration of best evidence into practice. Nurses must employ these processes to make decisions about clinical care, the development and application of research and the broader dissemination of insights and research findings to the community, and management and resource allocation (NLN, 2010, p. 34).

- Compare, contrast, and evaluate appropriate nursing judgment in practice.
- Substantiated with evidence that integrate nursing science in the provision of safe, quality care and promote the health of patients within a diverse family and community context.

Standard 1. Assessment
- The registered nurse collects comprehensive data pertinent to the healthcare consumer's health or the situation.

Standard 2. Diagnosis
- The registered nurse analyzes the assessment data to determine the diagnoses or issues.

Standard 3. Outcomes Identification
- The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer for the situation.

Standard 4. Planning
- The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Standard 5. Implementation
- The registered nurse implements the identified plan.
- 5a. Coordination of Care
- The registered nurse coordinates care delivery.
- 5b. Health Teaching and Health Promotion.
- The registered nurse employs strategies to promote health and a safe practice environment.

Standard 6. Evaluation
- The registered nurse evaluates progress toward attainment of outcomes.

Professional Identity

- Professional Identity involves the internalization of core values and perspectives recognized as integral to the art and science of nursing. These core values become self-evident as the nurse learns, gains experience, and grows in the profession. The nurse embraces these fundamental values in every aspect of practice while working to improve patient outcomes and promote the ideals of the nursing profession. Professional identity is evident in the lived experience of the nurse, "being," "knowing," and "doing" (NLN, 2010, p. 35).

- Implement one's role as a professional nurse in ways that reflect integrity, responsibility, and ethical practice as part of the healthcare team.
- Identify as a graduate nurse committed to evidence-based practice, excellence, caring, advocacy and safe quality care for diverse patients within a family and community context.

Standard 1. Assessment

- The registered nurse collects comprehensive data pertinent to the healthcare consumer's health or the situation.

Standard 2. Diagnosis

- The registered nurse analyzes the assessment data to determine the diagnoses or issues.

Standard 3. Outcomes Identification

- The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer for the situation.

Standard 4. Planning

- The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Standard 5. Implementation

- The registered nurse implements the identified plan.
- 5a. Coordination of Care
- The registered nurse coordinates care delivery.
- 5b. Health Teaching and Health Promotion.
- The registered nurse employs strategies to promote health and a safe practice environment.

Standard 6. Evaluation

- The registered nurse evaluates progress toward attainment of outcomes.

Spirit of Inquiry
- Spirit of Inquiry is a persistent sense of curiosity that informs both learning and practice. A nurse infused by a spirit of inquiry will raise questions, challenge traditional and existing practices, and seek creative approaches to problems. The spirit of inquiry suggests, to some degree, a childlike sense of wonder. A spirit of inquiry in nursing engenders innovative thinking and extends possibilities for discovering novel solutions in ambiguous, uncertain, and unpredictable situations (NLN, 2010, p. 36).

- Synthesize scientific evidence that underlies clinical nursing practice to challenge the status quo.
- Question underlying assumptions and offer new insights to improve the quality of care for patient/families and communities.

Standard 1. Assessment
- The registered nurse collects comprehensive data pertinent to the healthcare consumer's health or the situation.
Standard 2. Diagnosis

- The registered nurse analyzes the assessment data to determine the diagnoses or issues.
Standard 3. Outcomes Identification
- The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer for the situation.
Standard 4. Planning
- The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.
Standard 5. Implementation
- The registered nurse implements the identified plan.
- 5a. Coordination of Care
- The registered nurse coordinates care delivery.
- 5b. Health Teaching and Health Promotion.
- The registered nurse employs strategies to promote health and a safe practice environment.
Standard 6. Evaluation
- The registered nurse evaluates progress toward attainment of outcomes.

Quality and Safety
- Quality and Safety is the degree to which health care services are provided in a way consistent with current professional knowledge, minimize the risk of harm to individuals, populations, and providers, increase the likelihood of desired health outcomes, are operationalized from an individual, unit, and systems perspective (NLN, 2010, p. 25).

- Exemplify excellence through integrity and accountability in the provision of quality, and safe nursing practice.
- Identify and implement changes to continuously assure positive patient-centered outcomes.

Standard 1. Assessment
- The registered nurse collects comprehensive data pertinent to the healthcare consumer's health or the situation.

Standard 2. Diagnosis
- The registered nurse analyzes the assessment data to determine the diagnoses or issues.

Standard 3. Outcomes Identification
- The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer for the situation.

Standard 4. Planning
- The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Standard 5. Implementation
- The registered nurse implements the identified plan.
- 5a. Coordination of Care
- The registered nurse coordinates care delivery.
- 5b. Health Teaching and Health Promotion.
- The registered nurse employs strategies to promote health and a safe practice environment.

Standard 6. Evaluation
- The registered nurse evaluates progress toward attainment of outcomes.

Note. This table demonstrates the relationship between the ADNP Competencies and Student Learning Outcomes and the ANA Standards of Practice.

Competencies, Level Objectives, and Student Learning Outcomes

The ADNP established level objectives and outcomes to assist with the competencies desired in professional nursing practice. The ADNP level objectives and outcomes are explained below (see Table 5). The ADNP established competencies and level objectives to assist develop student learning outcomes desired in professional nursing practice. The ADNP competencies, level objectives, and student learning outcomes are demonstrated below (see Table 4).

Table 5

ADNP Competencies, Level Objectives and Student Learning Outcomes

Competencies	NURR 101Level Objective: The Student nurse will:	NURR104/105 Level Objective: The Student nurse will:	NURR 201/202 Level Objective: The Student nurse will:	NURR 204/206/208 Level Objective and Student Learning Outcomes: the Student nurse will:
Human Flourishing	Recognize the need for advocacy and identify ways the nurse can advocate for *diverse* patients and families in order to promote their self-determination, integrity, and ongoing growth as human beings. Incorporating *Patient-centeredness* and *holism.*	Explore and explain how the nurse advocates for *diverse* patients and families in ways that promote self-determination, *integrity,* and ongoing growth as human beings.	Develop, apply and analyze ways to advocate for patients and families in order to promote their self-determination, *integrity,* and ongoing growth as human beings.	Advocate for patients and families in ways that promote their self-determination, *integrity*, and ongoing growth as human beings. Incorporate the knowledge and skills from didactic to *excellence* in clinical practice.
Nursing Judgment	Identify critical thinking through recognition of appropriate ways to find supportive evidence for the practice of nursing. Begin integrating nursing science in developing and providing safe, *holistic*, quality *care.* Promoting health for patients within a *diverse* family and community context.	Identify critical thinking through application by differentiating and demonstrating appropriate nursing practice, including supportive evidence, and increasing integrating nursing science to provide safe, quality *care* and health promotion for patients within a *diverse* family and community context.	Apply critical thinking to form nursing judgment in practice. Integrating nursing science to provide safe, quality *care* and health promotion for patients within a *diverse* family and community context	Compare, contrast, and evaluate appropriate nursing judgment in practice. Substantiated with evidence that integrate nursing science in the provision of safe, quality *care* and promote the health of patients within a *diverse* family and community context.

Competencies	NURR 101 the Student nurse will:	NURR104/105 the Student nurse will:	NURR 201/202 the Student nurse will:	NURR 204/206/208 Level Objective and Student Learning Outcomes: the Student nurse will:
Professional Identity	Identify and describe the role of a professional nurse in ways that reflect *integrity*, responsibility, and *ethical* practice. Start to identify as a nurse committed to evidence-based practice, *caring*, advocacy and safe quality care for *diverse* patients within a family and community context.	Demonstrate and examine the role of a professional nurse in ways that reflect *integrity*, responsibility, and *ethical* practice. Start to develop an evolving identity as a nurse committed to evidence-based practice, *caring*, advocacy and safe quality care for *diverse* patients within a family and community context.	Start to apply, analyze and modify one's role as a professional nurse in ways that reflect *integrity*, responsibility, and *ethical* practice as a member of the healthcare team. Incorporate an evolving identity as a nurse committed to evidence-based practice, *caring*, advocacy and safe quality care for *diverse* patients within a family and community context.	Implement one's role as a professional nurse in ways that reflect *integrity*, responsibility, and *ethical* practice as part of the healthcare team. Identify as a graduate nurse committed to evidence-based practice, *excellence*, *caring*, advocacy and safe quality care for *diverse* patients within a family and community context.
Spirit of Inquiry	Identify evidence that underlies clinical nursing practice. Explain current assumptions and offer new insights to improve the quality of *care* for patient/families and communities.	Examine and explain scientific evidence to evaluate best nursing practice. Begin to question underlying assumptions and offer new insights to improve the quality of care for patient/families and communities.	Distinguish evidence that underlies clinical nursing practice and apply scientific evidence. Question underlying assumptions and seek creative approaches to improve the quality of care for patient/families and communities.	Synthesize scientific evidence that underlies clinical nursing practice to challenge the status quo. Question underlying assumptions and offer new insights to improve the quality of care for patient/families and communities.
Quality and Safety	Begin to develop an awareness of safe, ethical nursing practice in meeting the diverse individual's health care needs.	Investigate the implications of safe, *ethical*, and accountable nursing practice. Apply concepts of quality and safe *care* to increase the likelihood of desired outcomes.	Analyze and modify one's role as a member of the healthcare team to identify and respond to potential threats to patient safety and impediments to quality *patient - centered care.*	Exemplify *excellence* through *integrity* and accountability in the provision of quality, and safe nursing practice. Identify and implement changes to continuously assure positive *patient- centered* outcomes.

Note: This table provides comparative data for program level objectives and outcomes; course completion demonstrates continual growth and program progression. Italic terms represent NLN core values.

Associate Degree Nursing Program Outcomes

Performance on Licensure Exam

The program's three-year mean for the licensure exam pass rate will be at or above the national mean for the same three year period.

Program Completion

Of each cohort admitted to the ADNP, at least 80% will complete the program

Graduate Program Satisfaction

Nine months after graduation, at least 80% of graduates responding to a questionnaire will express positive satisfaction with the ADNP methodology of study (instruction, delivery, and content).

Employer Program Satisfaction

Nine months after graduation and initial employment, 80% of employers who respond to a questionnaire will express positive satisfaction with the performance of CSI-ADNP

Job Placement Rates

Nine months after graduation, at least 95% of the graduates will be employed in nursing.

Course Syllabus

The course syllabus is available at the beginning of the semester in the ADNP. The syllabus includes, but not limited to, the semester calendar, theory and clinical objectives, and course assignments. The syllabus is available on the course Blackboard website.

Method of Evaluation and Computation of Final Grade

The learning for each semester encompasses a variety of assignments designed to develop a sound knowledge/performance foundation for the student. Computation of a final grade for a semester is a multi-step process. **Step One** requires the student achieve a minimum of 92.0% on the Dosage Calculation Exam each semester (the student is allowed three (3) attempts at passing the dosage calculation exam during the semester following remediation). **Step Two** requires that the student achieve a minimum of a 70% average on theory tests. **Step Three** averages in quizzes with theory exams; and this must once again average 70% or higher. **Step Four** requires that the student achieve a 70% or higher in all written work and an "S" in all clinical performance behaviors (see clinical evaluation form). **Step Five** is the final calculation of the semester grade. Students must achieve a final grade of 70% or higher to successfully pass the course. **Step Six a**fter a student nurse has achieved a 70.0% grade average, the student nurse passing the proctored ATI exam at the benchmark, will receive 1% to the final grade average. **Step Seven** after a student nurse who has achieved a 70.0% grade average, maintained membership in NSNA, and actively

participated in activities as outlined in the CSI ISNA bylaws will have 1% added to the final grade of the last course of the current semester.

Dosage Calculation Exam

NURR101: The dosage calculation exam consists of 25 questions. Students are allowed to miss a maximum of two questions to receive a passing proficiency. The exam is scored as Pass (P), Fail (F) and Pass-Remediation (R). If the student receives a passing proficiency on the exam but has missed questions (R), they are required to see their clinical instructor to remediate the questions missed to avoid repeating the error in the future. Students who pass but require remediation will have one week from the date they successfully complete the exam to remediate the calculations missed or the student will not be allowed to attend clinical until such time as the remediation has been completed. Students are allowed three attempts to achieve a passing proficiency with mandatory remediation after each failed attempt. Students who fail to achieve a passing proficiency after three attempts will be dismissed from the ADNP. The dosage calculation score is not added into the calculation of the final course grade.

NURR104/105: The dosage calculation exam consists of 25 questions. Students are allowed to miss a maximum of two questions to receive a passing proficiency. The exam is scored as Pass (P), Fail (F) and Pass-Remediation (R). If the student receives a passing proficiency on the exam but has missed questions (R), they are required to see their clinical instructor to remediate the questions missed to avoid repeating the error in the future. Students who pass but require remediation will have one week from the date they successfully complete the exam to remediate the calculations missed or the student will not be allowed to attend clinical until such time as the remediation has been completed. Students are allowed three attempts to achieve a passing proficiency with mandatory remediation after each failed attempt. The dosage calculation score is not added into the calculation of the final course grade. Students must achieve a passing proficiency by end of business (1700) on the first Friday of the semester or they will not be allowed to continue in the ADNP.

NURR201/204/206/208: The dosage calculation exam consists of 25 questions. Students are allowed to miss a maximum of two questions to receive a passing proficiency. The exam is scored as Pass (P), Fail (F) and Pass-Remediation (R). If the student receives a passing proficiency on the exam but has missed questions (R), they are required to see their clinical instructor to remediate the questions missed to avoid repeating the error in the future. Students who pass but require remediation will have one week from the date they successfully complete the exam to remediate the calculations missed or the student will not be allowed to attend clinical until such time as the remediation has been completed. Students are allowed three attempts to achieve a passing proficiency with mandatory remediation after each failed attempt. The dosage calculation score is not added into the calculation of the final course grade. Students must achieve a passing proficiency by end of business (1700) on the first Friday of the semester or they will not be allowed to continue in the ADNP.

Quizzes and Exams

Quizzes may be announced or unannounced and must be completed in the allotted time. If the quiz is not completed within the allotted time the student nurse will receive credit for only the work completed. Quizzes may be made up at nursing faculty discretion if prior arrangements have been made. Exam dates are posted on the calendar in the course syllabus. The student nurse is expected to take exams as scheduled unless indicated otherwise; grades are delivered via Blackboard. For written exams, the answer marked on the scantron form will be considered the student's final answer. The student nurse, with documented accommodations related to testing, will take the exam in the testing center. The student nurse experiencing or suspects that an error has occurred during the exam (i.e. computer glitch) should raise their hand to notify nursing faculty at the time of the occurrence.   Language dictionaries are not allowed during a quiz or exam.

The student nurse must notify nursing faculty in advance if *unable to take the scheduled exam*. A voice-mail must be left for the faculty administering the exam with the name, date, time, and message. If the student nurse cannot telephone the department or switchboard due to unusual circumstances, documentation of said circumstances will be required and reviewed on an individual basis. The student nurse, *unable to take the scheduled exam,* will take the exam the first educational day, theory or clinical, upon returning to school with the exception of a final exam. A missed final exam must be completed by the end of final exam week. All make-up exams will be completed in the CSI testing center. The student nurse who *arrives late to the scheduled exam*, without prior arrangements or nursing faculty notification will not be allowed to enter the testing site and must take the exam at the testing center within the allocated remaining time for the exam. The student nurse who *misses the scheduled exam*, without prior arrangements or nursing faculty notification is not allowed to take the exam and will receive a zero for the exam score. The ADNP Course Coordinator, ADNP Nurse Administrator, and HSHS Instructional Dean will review extenuating circumstances.

The student nurse may not reenter the testing site or discuss the exam after completion nor participate in a classroom exam review prior to the issuance of an exam grade. There is no classroom exam review for a final. The student nurse may make an appointment with nursing faculty to review their exam prior to taking the next exam; the appointment will be limited to one 15 minute session.

Written Assignments

Written assignments need to demonstrate tidiness, clarity, and cohesiveness in presentation and composition. Written assignments, when applicable, will represent patients cared for in the clinical setting. Written assignments are turned in according to the course syllabus. The original typed copy, unless otherwise stated, is submitted and graded in accordance with the established rubric. Electronic submission, via Blackboard, of assignments may be accepted at the discretion of nursing faculty or part time faculty; an additional hard copy, printed by the student nurse, may be required. It is expected the student nurse use the current *Publication Manual of American Psychological Association* (APA) manual. Assistance for written assignment preparation may be found on the CSI library website. *It is the responsibility of the student nurse to maintain a copy of the original paper. If a duplicate is required, the student has 24 hours to re-submit the assignment.*

Grading Late Assignments

If an assignment is late, 10% of the total points possible will be deducted starting at the time that the assignment is due. An additional 10% is deducted each 24 hours, including weekends and holidays, up to the fifth day; no credit will be given after five days.

Total Testing Program

The ADNP utilizes a total testing program from Assessment Technologies Institute (ATI) to help the student nurse and the nursing faculty evaluates the effectiveness in meeting ADNP objectives and outcomes. Various exams, including a virtual ATI NCLEX success package, are part of the total testing program. The student nurse assumes the cost of these exams and payable with tuition each semester. These required exams must be completed by the deadline dates listed in the course syllabus. The student nurse will take the proctored exam and attempt to pass at the benchmark proficiency level. Once the student nurse has achieved a passing grade in the course, one percentage point will be added to the final grade for each proctored ATI exam passed at the benchmark. If the student nurse does not meet the benchmark proficiency level, the student nurse will submit a written remediation plan, which must be completed prior to taking the remediation exam. A period of 24 hours between each exam is required in order to give the student nurse time to study. The remediation exams can be taken on any computer that has internet access. The student will continue the remediation and testing until a score of at least 90% is achieved. Failure to complete the ATI test requirements specified in each individual course calendar will result in an *Incomplete* for the course until the benchmark is obtained. The *Comprehensive Predictor* is a graduation requirement and is accessed through the NURR 208 website.

Theory

Theory is a teaching and learning environment of mutual respect. Please do not hold side conversations when Nursing Faculty, guest speaker, or peer is addressing the class. Inappropriate or distractive behavior is unacceptable and the student nurse (s) may be asked to leave the environment.

The student nurse is expected to arrive to theory early so the class may start on time. Late arrivals are unprofessional and disruptive to the teaching and learning environment; late arrivals, after the beginning of class, are not acceptable. The door may be locked on the hour prior to the beginning of the class at the discretion of nursing faculty. The student nurse is expected to attend all theory classes; notification of absence is appreciated.

Clinical

Teaching and Learning Lab

If the student nurse is absent from or misses a portion of a teaching and learning lab (T&L), no make-up lab will be held; the student nurse is responsible for the information presented in the lab. The student nurse is responsible for meeting with assigned clinical instructor the *first day back* to identify learning needs. *Make-up* options, nursing faculty or clinical instructor discretion, will be assigned with a deadline of *one week* from the first day back or the student nurse will not be allowed to go to the next teaching-learning lab. *The number of T&L lab hours equal to a clinical day is considered a clinical absence.* The *T&L Practice/Remediation Referral* (*Appendix J*) form will be sent to necessary individuals when any T&L lab is missed.

Skills Check-Off

The student nurse is required to practice the skill prior to the evaluation date; skill evaluations are not to be considered a learning opportunity. The skill evaluation may include a video recording, demonstration, written and/or verbal explanations, or an assignment. The student nurse will not practice or demonstrate any invasive procedure on another person with the exception of those delineated in this handbook. The student nurse must successfully pass the skill evaluation before being able to perform that skill in the clinical area.

Many skills are video recorded. The deadline date for the video recorded skill will be found in the syllabus calendar; the student nurse is expected to meet this deadline. The student nurse must be in uniform, full *dress code,* while video recording a procedure; recordings will take place in the HSHS video labs.

The skill submission is at discretion of the clinical instructor. If the first submission is not successful, the student nurse will receive a *T&L Practice/Remediation Referral* (*Appendix J*) form denoting the deficiency and the student nurse is then given time to correct identified errors prior to submission of the subsequent and final attempt; late submission of video skills is considered an initial failure. The subsequent submission due date and time is at the discretion of the clinical instructor; if unsuccessful, will be considered a clinical failure and a "D" will be given as the course grade, the student nurse is not allowed to continue in the course, and a copy of the final failed submission becomes property of the CSI ADNP. *The student nurse is required to maintain skill competency throughout the program.*

The Lab-Facilitator is available to remediate student skills during teaching and learning lab or by appointment. The Lab-Facilitator does not grade or evaluate student skills videos prior *or* post submission.

Experience

All clinical learning experiences are carefully planned and arranged. The student nurse wishing to trade clinical days must submit the *Clinical Trade Agreement* (*Appendix K*) and submit to the course coordinator. The student nurse is expected to participate in all clinical assignments for the entire clinical experience, including post-conferences. The student nurse must remain at the clinical campus throughout the duration of the set clinical time unless otherwise directed by the clinical instructor. The student nurse is responsible for transportation; the student nurse driver is required to have a valid driver's license and liability insurance on the vehicle. The student nurse is required to sign the *Vehicle Liability Insurance* (*Appendix E*) form and submit upon admission into the ADNP.

Absences

The student nurse is responsible for notifying their clinical instructor of their absence prior to the scheduled clinical day. The student nurse is responsible to meet with their clinical instructor for remediation options. Should the absence exceed the equivalent of one 12 hour shift for semesters three and four or the equivalent of two clinical days for first and second semester, the student nurse would need to activate the *Clinical Absence Appeal* (*Appendix L*) process to continue in the ADNP.

Evaluations

The student nurse evaluation, by the clinical instructor, is a continuous process; however, evaluations occur at the end of the rotation or any other time deemed necessary. Progression to the next clinical rotation will not occur until evaluation process is completed and the student nurse is considered satisfactory. The clinical instructor will keep the student nurse and clinical instructor evaluations, clinical tally sheets, and any *Performance Improvement Plans*. The clinical instructor will sign the *Performance Improvement Plan* (*Appendix Q*) and return to the student nurse. If a student refuses to sign the *Performance Improvement Plan*, the student will not be allowed to attend clinical until such time as the *Performance Improvement Plan* has been signed. If a student is absent from clinical for more than the permitted clinical hours (see Absences section above), the student will be required to complete the *Clinical Absence Appeal (Appendix L)* process to continue in the ADNP, failure to do so will result in a clinical failure for the course and dismissal from the ADNP.

Health Care Agencies

Clinical experiences, in cooperating health care agencies, are coordinated with the learning content in theory and T&L labs. Clinical experience is planned and supervised by nursing faculty to meet course objectives, program outcomes, and needs of the student nurse. Through extensively planned clinical experiences, the student nurse learns to deliver evidenced-based nursing care, based on scientific principles, to a diverse population with medical, surgical, obstetrical, and psychiatric diagnoses. The ADNP utilizes health care agencies in Twin Falls and Burley Idaho; Cassia Regional Medical Center (CRMC), St. Luke's Magic Valley Medical Center (SLMVMC), St Luke's Canyon View Behavioral Health Center, Bridgeview Estates, and Twin Falls Center.

Other hospitals and community health agencies, including provider offices, clinics, and home health agencies, may also provide valuable experiences. Clinical experiences are under the supervision of ADNP clinical instructors.

If the student nurse requires additional patient information for the completion of an assignment after the clinical shift has ended, the student must obtain the *Request for Student Nurse Assignment Information* (*Appendix M*) for medical record review and have it   an ADNP faculty.

Students must call the medical records department and make appointment 24 hours in advance to obtain any additional information. Students are to follow the clinical site policy for review of patient medical records. Students will present for the medical record appointment in the full ADNP nursing student uniform.

Regulations

The student nurse is in a learning state while obtaining clinical experience. The student nurse collaborates and submits the *Patient Selection for Clinical Assignments* (*Appendix N*) to the clinical instructor. The student nurse obtains health care experience under the close supervision of ADNP clinical instructor, co-assigned registered nurse (RN), and other members of the multidisciplinary health team. The student nurse must observe the rules and regulations of the assigned clinical agency and must familiarize themselves with agency orientation and policies and procedures; policy and procedure information is available at each nursing unit and health care agency. The student nurse in clinical for more than four hours may have one fifteen minute break; greater than five hours may have a fifteen minute break and an additional 30 minute meal break. For students attending a clinical for eight or more hours they may have two fifteen minute breaks and one 30 minute lunch.

The student nurse is encouraged to limit strong scents of cologne, after-shave, perfume, or lotions. Gum chewing and tobacco use is prohibited in any clinical agency. Initiation of personal relationships with patients is prohibited while in the ADNP. The use of health care agencies, as a clinical laboratory, affects patients and nursing care schedules. The student nurse is expected to adhere to the following practices so patient care functions may continue smoothly as scheduled (see Table 6).

Table 6

Student Nurse Practice

Report to clinical area *ten (10) minutes* before start of shift time ready to actively participate and in a good state of health; tardiness is an unsatisfactory clinical behavior. The ill or tardy student nurse may be sent home, at the discretion of the clinical instructor, and counted as a clinical absence. The student nurse is expected to stay the entire clinical time; failure to do so will be regarded as an absence for the entire scheduled clinical.

When unable to attend clinical, the student nurse will personally notify the clinical instructor and the nursing unit assigned prior to the beginning of the clinical experience. *If the student nurse fails to notify the clinical instructor, prior to the beginning of clinical, the clinical instructor may determine the professional behavior unsatisfactory.* The student nurse will meet with the clinical instructor and course coordinator to discuss plans for successful continuation in the ADNP.

When assigned to an area requiring a change of uniform (i.e. surgical unit, recovery room, etc.), the student nurse must arrive in advance of the hours scheduled.

A full report of patients cared for must be given to the primary care nurse *before* the student nurse may leave the floor.

The student nurse shall report any accident, error or incident involving the patient, visitor, or self to the clinical instructor and charge nurse immediately. The student nurse, clinical instructor, and agency representatives will document in accordance with the CSI, ADNP, and agency guidelines.

Each incident will require a conference with the clinical instructor and course coordinator. The ADNP Nurse Administrator may become actively involved, at the discretion of the ADNP Nurse Administrator, after appropriate reports have been reviewed.

The student nurse involved in an incident or accident, including but not limited to, exposure to body fluids and/or patient involvement, the student nurse will follow agency policy and procedure. The student nurse will endure any associated costs.

The student nurse may not come to clinical after on call or working *any portion of* the preceding eight hours prior to the start of the clinical shift; the student nurse will be sent home.

The clinical instructor has the right to determine if a student nurse is capable of practicing safely; if deemed unable to practice safely, the student nurse will be sent home.

If the student nurse returns to a health care agency for medical record information, the student nurse must a) wear appropriate attire with CSI student identification according to agency preference, b) present appropriate signed authorization from the nursing unit or medical records, c) not function in the student nurse role by delivering care to patients and families.

The student nurse will be assigned to a variety of clinical times and rotations.

Note. The ADNP *Incident Report* (*Appendix O)* form is available as needed.

Uniform

The ADNP dress code has been designed to set the highest standards of professional appearance. The student nurse complete uniform is to be worn in the clinical area when giving patient care, unless otherwise specified by the agency, and *is not to be worn in public places.* The

student nurse will be sent home if failure to comply with dress code is observed. The dress code includes professional uniform, CSI picture identification badge, facility access badge (if applicable), shoes, accessories, and appearance.

The professional uniform is composed of a dark black bottom and white top. Skirts must be below the knee in length and pants must not be longer than the heel. Stretch and stirrup pants, capris, sweatpants, denim, or tight-fitting clothing are not acceptable. Uniform material must be of a thick enough density not to show underclothes and skin; appropriate under garments are required. The student nurse is required to wear only an all-white or all-black shirt under uniforms that does not extend beyond the length of the uniform top. The student nurse uniform is clean, free of stains, wrinkles, and odor.

The student nurse is required to wear all black or white shoes which have non-skid soles and a one piece and closed toe box and heel; clean and polished. Socks or hose must be clean and free of holes; full-length hose are required with skirts.

The student nurse is required to sew the CSI nursing emblem on the left sleeve, two inches below shoulder. In addition, chevrons indicating freshman or sophomore are to be purchased at the CSI Bookstore; the chevron is sewn at an approximate quarter inch below the nursing emblem. Other accessories include a wrist watch, bandage scissors, hemostat, stethoscope, penlight, and goggles (where appropriate). The CSI picture identification badge, taken in uniform, is part of the dress code. If sweaters or lab coats are worn, they must be solid white; the CSI emblem must be visible.

The student nurse is preparing for employment after graduation; a favorable first impression when attending clinical is an advantage. Frequent bathing and oral hygiene is necessary to avoid odor. The student nurse hair is clean, arranged, and appropriately worn to deliver patient care; long hair is to be restrained and away from the face. Hair must present a natural color and style; unadorned hair bands may be worn. The male student nurse is clean-shaved or facial hair is shaped and no longer than 2 inches in length. The male student nurse wears an undershirt that covers all chest hair. *Natural nails are to be short and clean and nail polish, if worn, is clear; artificial nails are prohibited.* The only jewelry allowed includes a plain ring band, watch, religious emblems, and medic-alert bracelets. No body piercing is allowed with the exception of one stud earring in each lobe. Tattoos will be kept covered while in clinical whenever possible by wearing appropriate clothing. If the tattoo is on an area difficult to cover, a nursing faculty team decision will be made at the beginning of the semester regarding if and how the tattoo will be covered. Clinical agency policies, as well as cultural and community sensitivity, will be considered in the nursing faculty decision.

Confidentiality

When a patient enters a health care agency, the agency assumes an obligation to keep in confidence all that pertains to the patient and his/her affairs; the responsibility is shared by all employees. The student nurse may hear information regarding doctors, nurses, patients, families, and others which must be considered confidential and not discussed with anyone else. The student

nurse is required to sign the *Clinical Confidentiality Contract (Appendix F)* at the beginning of each semester, prior to the first clinical day, while in the ADNP.

All information obtained regarding patients is to remain confidential regardless of location or interaction; information may include, but not limited to, care plans, concept maps, teaching plans, and case studies. *No patient record shall be photocopied or printed in part or total.* Failure to observe patient confidentiality is a breach of ethics that could involve the student nurse and/or others in legal proceedings and discipline. The cost of legal representation will be the responsibility of the student nurse.

Theory or Clinical Cancellation

In the event theory or clinical is canceled due to inclement weather, the announcement will be broadcast on radio, television, and posted on the CSI website. If class or clinical is canceled for any other reason, the student nurse will be notified as soon as possible; Eaglemail, Blackboard, or by telephone the day of clinical.

Theory and Clinical Performance

The ADNP teaching and learning environment is designed to assist the student nurse in meeting competencies, student learning outcomes, program outcomes, and complex health care delivery demands. It is the responsibility of the student nurse to be aware of theory and clinical performance and consult with nursing faculty accordingly. Calculation of a course grade is a sequential process as identified in the course syllabus.

The clinical instructors will conference with the student nurse to share concerns and the plan of action if an unsatisfactory clinical day is observed. The clinical instructor will notify the course coordinator, prepare and review *Anecdotal Record for Clinical Deficiencies (Appendix P)* with the student nurse, clinical instructor, and the course coordinator, and a written *Performance Improvement Plan (Appendix Q)*. The Performance Improvement Plan is developed by the student nurse and approved by the clinical instructor; the student nurse, clinical instructor, and course coordinator will sign the Performance Improvement Plan. If the clinical performance of the student nurse does not improve within the time frame established in the Performance Improvement Plan, an Unsatisfactory (U) is assigned on the Clinical Evaluation form. The student nurse receiving a U on the Clinical Evaluation form is assigned a "D" for the course and progression in the ADNP is prohibited. It is the responsibility of the student nurse to inform nursing faculty and clinical instructors of any current theory or clinical Performance Improvement Plan as they progress through the course/semester.

Dismissal

The student nurse is expected to demonstrate professional behaviors and level competency in the ADNP. The student nurse will be dismissed from the ADNP at any time for the following reasons listed below (see Table 7).

Table 7

ADNP Dismissal and Procedures

ADNP Dismissal
Academic grade below "C" in any of the required courses in the ADNP, or unsuccessful completion of prerequisite courses; refer to the *Plan of Study*. Unsatisfactory clinical performance is any unsafe practice in the clinical area or act that is harmful or potentially detrimental to the patient. Unsafe practice includes, but is not limited to, a) inability to apply theory to clinical; b) inability to determine capabilities and limitations; c) inability to follow written or oral instructions; d) inability to perform congruently with course and program outcomes; e) inability to communicate therapeutically or inappropriate behavior with a patient; f) inability to safely administer medications; and g) violation of the CSI Student Code of Conduct. False and fraudulent behavior disregards integrity, honesty, dependability and trust-worthiness; the most important characteristics of the nurse. Dishonesty in any form in any area (academic and/or clinical) denotes the lack of these characteristics. A determination that the student nurse has demonstrated dishonesty/cheating on exams, written work, and/or clinical work will warrant dismissal from the ADNP. *The student nurse dismissed from the ADNP for any of the above reasons is not eligible for readmission.* Any breach of confidentiality. Inappropriate relationships with a patient while a student nurse. Dismissal Procedures: When the student nurse is identified for dismissal from the ADNP, the following steps are initiated: a) behaviors are identified and discussed with the student nurse , nursing faculty or clinical instructor; b) risks discussed with the course coordinator, ADNP nurse administrator, and HSHS Dean; c) Student nurse is notified of nursing faculty decisions for dismissal. A copy of the dismissal summary is kept in the student nurse file. Should a student nurse wish to appeal, the process is outlined in the CSI Catalog.

Note. This table was created to inform the student nurse of behaviors warranting ADNP dismissal.

Withdrawal

The student nurse who exits the ADNP for any reason will contact the clinical instructor, course coordinator, and ADNP Nurse Administrator. Processes needed to drop or withdraw from a course are located in the CSI Catalog. The student nurse choosing to drop or withdraw from an ADNP will follow the CSI Catalog guidelines course and address all financial matters with the CSI business office.

Readmission and Process

Readmission

 The student nurse will be considered for one readmission to the ADNP; however, there is no guarantee that the student nurse will be readmitted. The final decision for readmission is the responsibility of the Readmission Committee. The student nurse who has been out of the ADNP for three consecutive semesters, from the last successful nursing course completed, is required to repeat that course; the grade received the second time will become the permanent grade. The student nurse who has been out of the program for four consecutive semesters is required to reapply to the ADNP and start with NURR 101, the student nurse who does not progress due to a lack of completed prerequisite will follow the readmission guidelines.

Process

 The student nurse who is unsuccessful in NURR 101 must reapply as a new applicant to the ADNP, complete all co-requisites with a C or above, and pass the *Test of Essential Academic Skills (*TEAS) at the proficient level within the last three years.

 The student nurse who does not complete NURR 104,105, 201, 202, 204, 206, or 208 will complete the following sequential steps; each step must be satisfactory before advancing to the next step, 1) drop any additional nursing courses in which you are enrolled/registered and contact financial aid if applicable; 2) complete the *Readmission Form (Appendix R)* reflecting an honest appraisal of individual weaknesses and/or personal concerns that led to the present circumstances and the need for reapplication; appraisal should reflect depth of thought and clear planning that will demonstrate how the student plans to be successful; must apply for readmission to the same course; 3) achieve a minimum of a 70% average on the previous semester comprehensive readmission exam (the student will have only one attempt); and 4) complete a satisfactory skill demonstration DVD (the student will have only one attempt); if necessary, the Student nurse may collaborate with the lab facilitator to practice skills before taping.

 The deadlines for the Readmission Application and successful completion of the comprehensive readmission exam and skills video will be by August 1st for fall semester and January 4th for spring semester. The readmission form, comprehensive exam, and skill DVD is submitted to the Readmission Committee. The Readmission Committee will review all information pertaining to the student nurse academic history and clinical performance evaluations. *The Readmission Committee requires general education courses to be completed prior to readmission. The student nurse will be readmitted based upon seat availability and a rank formula following: 1) prior professional performance and file notations; 2) highest comprehensive readmission exam score; and 3) highest cumulative grade point average (GPA).* Students who are not accepted for readmission because of a lack of available seats will be required to complete a new Readmission Application and will be re-ranked for readmission to the ADNP.

 If an ADNP student nurse was unsuccessful a second time, yet successfully completed the Practical Nursing (PN) program, the LPN may reapply for one more attempt at the ADNP;

after employed for one full year as an LPN and providing satisfactory supervisor evaluations. The Licensed Practical Nurse Transition Process, described earlier, defines the guidelines.

Student Concern Process

The student nurse is expected to follow the chain of command with concerns regarding nurse faculty, part time instructor, grading process, theory, or clinical. The student nurse will first address nurse faculty or part-time faculty involved in the concern and work together on a problem solving process. If a resolution or clarification of the concern has not occurred, the concern will be addressed and brought to the ADNP Nurse Administrator. Documentation of the concern and resolution process will be provided to the ADNP Nurse Administrator by the nurse faculty or part time faculty involved in the matter. If the concern is not resolved, the next chain of command is the Health Sciences and Human Services (HSHS) dean. If resolution is not possible at this point, a formal complaint may be sent by the student nurse to the Executive Vice President/ Chief Academic Officer. The chain of command dictates that the process for addressing concerns is followed and reported in an appropriate manner. The student nurse will be encouraged to follow the chain of command and will be referred back accordingly. *The concern will follow the chain of command until a resolution is achieved*.

Appeal Process

Notification of readmission denial, due to a breech in code of conduct, will be treated as a sanction. The student nurse wishing to appeal the Readmission Committee decision should refer to the *CSI Student Code of Conduct*.

Licensed Practical Nurse Transition Process

There are various steps needed for a LPN to transition into the CSI ADNP. The LPN must first notify the ADN Nurse Administrator, in writing, of the desire to begin the transition process. Second, the LPN must provide proof of current licensure to the nurse administrator. Lastly, the LPN registers for and successfully completes the LPN Transition course (NURR100); NURR 100 can be completed in the fall or spring semester. Completing the NURR 100 does not guarantee placement in NURR 201; there must be an available seat. In the event there is not an available seat, the LPN Transition student nurse will be placed on a wait list for admission into NURR 201 the following entry dates.

In order to enter NURR 201, the LPN Transition student nurse must meet ADN transition requirements including the Test of Essential Academic Skills (TEAS) test at the exemplary mark, successfully pass the NURR 100, intravenous (IV) certified in Idaho, completed all but three credits of ADN general education classes before entering NURR 201, and maintain a current LPN license while enrolled in the program. Credits for NURR 101, 104 and 105, 16 credits total, will be held in escrow until the LPN transition student nurse successfully completes NURR 201. After completion of NURR 201, an application for vertical credit of NURR 101, 104, and 105 is required at the records office; there is a fee per credit.

Employment

The ADNP recognizes the possible need of the student nurse to be employed. If the student nurse is to complete the ADNP within the appropriate time span, priorities must be determined. Nursing Faculty can assist the student nurse with decisions about time management and setting priorities. *Due to the rigorous schedule and demands of the ADNP, it is highly recommended that students work no more than 20 hours a week.* The student nurse may not come to clinical while on call or after working any portion of the preceding eight hours. *The student nurse who attempts to attend clinical after on call or working any portion of the preceding eight hours will be sent home.*

The student nurse employed as a nursing assistant, nurse apprentice, or LPN may not wear the CSI badge while employed. The CSI malpractice insurance is not effective during such employment.

The student nurse is encouraged to become familiar with the remuneration IBN *Rules of the Board of Nursing* related to the Nurse Apprentice. According to the IBN (2010), "A nurse apprentice is a currently enrolled nursing student who is employed for remuneration in a non-licensed capacity by a Board approved health care agency" and "A nurse apprentice may, under licensed registered nurse supervision, perform all functions approved by the Board for unlicensed assistive personnel as set forth in Section 490 of these rules" (p. 11). The Student nurse must recognize the legal liability of their actions, and therefore, should not accept responsibilities nor perform nursing actions beyond their knowledge, skills, and scope as an unlicensed assistive personnel as approved by the IBN.

Professional Conduct

Professional conduct includes behaviors that represent and create positive environments. The student nurse is expected to assume responsibility for individual behaviors. Nursing faculty or clinical instructors do not assume responsibility for student nurse behavior. *Violations of professional conduct may result in a verbal or written warning or performance improvement plan.*

Electronic Devices

All electronic devices must be *silenced* in the classroom and teaching and learning labs. All electronic devices must be turned off during exams, practice lab, and in the clinical setting. Clinical setting exceptions must be pre-approved by the clinical instructor. Laptops and other electronic devices brought to class should be used for classroom activities only and not distract the teaching and learning environment. Failure to comply with electronic device guidelines will result in an invitation to leave the classroom.

Audio Recording

The student nurse must request permission from nursing faculty, or guest speaker, to audio record; video recording is not allowed. All information is confidential, considered private property, and not to be shared outside the teaching and learning environment. Offenders may be

prosecuted for violation of intellectual property rights. For more information, please review the CSI Copyright and Intellectual Property Policy.

Children

Children of any age may distract the teaching and learning environment. Therefore, children are not allowed in the classroom, nursing laboratory, videotaping room, or clinical site, including spinouts.

Respect

As professionals, nursing faculty and clinical instructors treat the student nurse with respect that promotes an environment that supports human rights, values, and choice of cultural and spiritual beliefs. It is expected the student nurse treat nursing faculty and clinical instructors with the same respect. Disrespectful and disruptive behaviors are not acceptable in the ADNP.

Collaboration

Multidisciplinary collaborations are an expectation in the health care delivery system. Conflict may arise amongst peers or health care professionals. It is expected the student nurse and nursing faculty collaborate to resolve problems as they occur in a calm, polite, courteous, and cooperative manner.

Attire

Research studies indicate that dress can improve performance in the academic and work environment; in addition, attire can be a predictor for success. It is recommended for your attire in the academic setting should reflect the image of a healthcare professional, just as your uniform reflects professionalism in the clinical setting. Clothing should be professional and non-revealing.

Faculty Accessibility

Nursing faculty and part time instructors are responsible for providing the student nurse with an optimal learning experience. Nursing faculty and part time instructors are available for assistance during posted office hours; please review individual office hours as they vary. Questions received outside of the posted hours, are answered at the discretion of each nursing faculty or part time instructor. It is expected the student nurse plan accordingly and respect evenings, weekends, and holidays related to nursing faculty and part time instructors schedule outside of the ADNP operating hours.

Social Media

E-mail, voicemail, and text messaging are effective ways to communicate with nursing faculty and part time instructors during regular business hours; approximately 9:00am to 5:00pm.

Use of these communication methods to notify nursing faculty and part time instructors immediately related to clinical and academic events is acceptable. Non-emergent messages are answered at the discretion of each nursing faculty or part time instructor. Various social networks exist, such as Facebook. The scholarly relationship between nursing faculty, part time instructors, and the student nurse exclude these types of personal interactions.

Request for Recommendation

The student nurse wishing to obtain a recommendation from nursing faculty must submit the request in writing. The *Request for Recommendation* (*Appendix S*) authorizes CSI faculty to disclose any information related to the student nurse education or suitability for employment.

Professional Development

The student nurse is encouraged to seek professional nursing organizations of interest and actively participate in local, state, and national nursing endeavors to facilitate lifelong learning. Other forms of professional development include continued education for licensed health care professionals through program articulation with other Idaho colleges or universities. The College will facilitate program articulation, for 100% of students, from Licensed Practical Nurse (LPN) to ADN and ADN to a bachelors of science in nursing (BSN). Based on community need, the College will offer at least one class for licensed healthcare professionals each academic year.

Idaho Student Nurse Association

Pre nursing and ADNP nursing students are encouraged to hold Idaho Student Nurse Association (ISNA) membership and actively participate in local, state, and national student nurse endeavors as able. The student nurse enrolled in the ADNP share in the total educational, social, and cultural opportunities of the college. The student nurse is encouraged to participate in college clubs and associations that plan activities and social functions on campus. ISNA is a professional student nurse organization affiliated with the American Nurses' Association (ANA). Pre-nursing and student nurse s are encouraged to participate in the CSI chapter associated with CSI Student Activities.   The Idaho Student Nurse Association is an Idaho State Chapter of the National Student nurse s' Association (NSNA). *The ISNA Chapter functions under CSI Student Activities Clubs and Organizations.* The CSI ISNA chapter actively participates in campus, local, and community activities. Participation demonstrates professionalism, leadership, and team work; characteristics of the nursing practice. *The purpose, functions, benefits, and membership are located on the ISNA website; provided on the Reference page.* The student nurse who is an active member of NSNA and participates in activities as outlined in the CSI ISNA bylaws will have 1% added to the final grade of the last completed course of the current semester.

If an ISNA student is participating in an event that offers an opportunity to perform an invasive skill, one of the following requirements must be met:

- If the facility has a current *Clinical Contract* with CSI and the ADNP, with prior approval from the ISNA ADNP faculty advisor, the student can perform the invasive skill under the supervision of a Registered Nurse employed by the facility.

Or

- If the facility does not have a current *Clinical Contract* with CSI and the ADNP, the student can only perform the skill under the supervision of a faculty member from the ADNP, if no faculty member is present, then the student is not permitted to perform the invasive skill.

Student Governance

Student nurse representatives, from each nursing course, are invited to attend monthly course meetings during the academic year. During this meeting, the student nurse is asked to provide input to nursing faculty from classmates regarding concerns, questions, and suggestions. The student nurse representatives are given class time to report to classmates the outcome of these meetings.

Unlawful Discrimination and Harassment

The College of Southern Idaho is committed to maintain a working and educational environment which fosters appropriate and respected conduct and communication between all persons within the college community. The Board of Trustees and administration of CSI recognize that discrimination and harassment can subvert the mission of the College and may threaten the careers of students, faculty and staff; CSI does not condone discrimination or harassment. The ADNP adheres to CSI Unlawful Discrimination and Harassment policy.

Student Health Services

The College of Southern Idaho contracts with the Physicians Immediate Care Center to offer basic health care services to current full-time and part-time students who are enrolled in credit courses and have paid tuition and fees in full or have entered into a CSI Tuition Loan agreement. Some services are provided free of charge, while others may be available for a fee. Services provided are contingent on availability of funds. Students may be referred to other providers or various tests may be performed for a fee. Please take current Student ID. Services are not available between semesters. Immunizations and assistance with family planning are available through South Central Public Health District.

CSI Policies

Weapons

In addition to the CSI Weapons Policy, the ADNP student should be aware that weapons of any kind have been banned by all of the ADNP clinical sites. Any student who violates clinical site rules and regulations concerning weapons will be asked to leave the clinical site immediately and

will be held accountable to section seven of the CSI Weapons Policy, which states: "Violations of this policy may result in disciplinary action up to and including: expulsion for student offenses…Criminal violations will be referred to local law enforcement" (CSI, 2015g).

Alcohol and Drug

The HSHS alcohol and drug policy and procedures (Table 8) are an addendum to the CSI Drug-Free and Alcohol-Free Campus Policy as it includes policies and procedures related to clinical and practicum obligations. The student nurse is required to submit the *HSHS Alcohol/Drug Agreement* (*Appendix G*). Any student with a positive urine drug or blood alcohol screen will not be admitted to the ADNP. The student nurse presenting with a positive screen while in the ADNP will be subject to immediate dismissal. Readmission may be considered, by the Readmission Committee, following documented completion of rehabilitation.

Table 9

HSHS Alcohol and Drug Policy and Procedures

I. Statement of Purpose

A. The HSHS faculty supports the CSI Student Substance Abuse Policy

B. Further, agencies providing learning experiences for students require that students be alcohol and illicit drug free.

C. Patients/clients have a right to be ensured that any CSI HSHS student interacting with them is alcohol and illicit drug free.

D. HSHS faculty are responsible for assuring that students maintain an environment for clients/patients that allows decisions and procedures to be performed in such a way as to be in the clients/patients' best interest, while retaining records and protecting both patients/clients and students' privacy in accordance with state and federal laws.

II. Policy

A. Policy Criteria:

1. CSI HSHS Department strictly prohibits possession, sale, transfer, attempt to sell or use of illicit/prohibited drugs or alcohol while at a clinical/practicum site as a CSI student. Should any illegal substance be found in the possession of a student at a clinical site, it should be immediately brought to the attention of the designated security authority at the site. Appropriate law enforcement agencies will then be contacted to take possession of the substance and take further legal action as is indicated by the circumstances.

2. Students will not be permitted to interact with patients/clients with a detectable level of prohibited drugs/alcohol in their system. The basis for determining "under the influence" and/or "detectable level" is, for the purposes of this policy, a positive test result for drugs and/or alcohol. A positive result for alcohol shall be 0.02 concentration or more.

Prohibited drugs include both illegal and legal substances, including alcohol or prescription drugs that have not been specifically prescribed, and used as prescribed, by a licensed physician or other health care provider, for specific treatment purposes of the student at that time.

B. Violations of this Policy:

1. Any of the following shall be considered student misconduct and grounds for disciplinary action, including, but not limited to, suspension, a report to administration, or termination from the Program: a) A confirmed positive drug test and/or positive alcohol test. For the purposes of the alcohol test, a positive result shall be 0.02 alcohol concentration or more; b) A student's refusal to provide a sample or submit for testing; and/or, c) A student adulterates or attempts to alter a sample by adding a foreign substance for the purpose of making the sample more difficult to analyze; or d) The student's submission of a sample that is not his or her own.

C. Substance Testing:

1. To support the objectives of the HSHS Department and this policy, testing for substances may be performed under the following circumstances: a) Baseline: A baseline drug and/or alcohol test will be done by all students prior to entering designated HSHS programs; b) Per clinical/practicum agency protocol: All students will follow clinical/practicum agency protocol when at the clinical/practicum site; c) Random: Random drug and/or alcohol test may be done during the school year by designated HSHS programs. d) Reasonable Suspicion:

A student will be required to submit to a drug and/or alcohol test when at least one designated/trained supervisor has reasonable suspicion to believe that a student is under the influence of drugs and/or alcohol. These beliefs will be based upon specific emotional, physical, behavioral or performance indicators. A second witness, who is a trained supervisor, will either observe the student or concur by telephone with the decision to test. Both supervisors must concur with the decision to test.
D. Reasonable Suspicion Procedure:

1. The student's clinical/practicum supervisor will temporarily suspend the student's ability to interact with patients by removing the student to an area where they must wait safely while the supervisor follows up on the reasonable suspicion documentation and/or testing. If the student chooses to leave and he/she could be a threat to self or others, the appropriate law enforcement agency will be informed.

2. The student's clinical/practicum supervisor will contact his/her supervisor or another trained peer and request their physical presence at the site and assistance in making the decision of whether or not there is reasonable suspicion. If this is not possible then the concurrence to test will occur by phone and a supervisor/peer will immediately go the clinical site to relieve the clinical/practicum supervisor in order to facilitate step 5 below. If a second trained supervisor/peer is physically unable to go to the site, then the clinical/practicum will be cancelled and the on-site supervisor will continue with the testing procedure.

3. The student's clinical/practicum supervisor will complete the "Observed Behavior Record—Reasonable Cause" form.

4. If a decision is made to go ahead with student drug/alcohol testing, the supervisor will contact the HSHS Dean or Executive Vice President/Chief Academic Officer, if unable to reach the Dean informing him or her of the situation.

5. Observing discretion and confidentiality, one of the CSI supervisors or their designee will transport the student to the closest drug testing lab facility. In the case of a closed or unavailable lab facility, he or she will inquire at the site where testing might be done.

6. The instructor will suspend the student from the clinical/practicum site until the results of the test are available. The student is not allowed to drive him or herself home. The supervisor must arrange alternate transportation for the student by contacting a family member if possible, or arranging transportation through other mechanisms, i.e., a taxi service.

7. If the test is positive, the student will be responsible for the cost. If the test is negative, CSI will be responsible for the testing charge.

E. Right not to be Tested:

1. A student does have the right to refuse to be tested. However, refusal to submit to a test is grounds for disciplinary action including, but not limited to, suspension, being reported to appropriate CSI administrative personnel, and/or dismissal from the HSHS Program.'

Note. This table is an addendum to the CSI Student Handbook related to clinical and practicum components of HSHS programs.

Academic Integrity

The ADNP student nurse is expected to be honest in all endeavors and college education; upholding the CSI Academic Integrity policy located in the CSI Student Handbook, including but not limited to, cheating, plagiarism, fabrication, and falsification. The student nurse is expected to complete and is evaluated on individual work. The student nurse avoids academic dishonesty and misconduct in all its forms, including but not limited to cheating plagiarism, fabrication, and falsification. The College functions to promote the cognitive and psychosocial development of all students; therefore, all work submitted is final and expected to be a representation of the student's own ideas, concepts, and understanding. Anything less is

unacceptable and is subject to initial disciplinary action. Academic misconduct includes, but is not limited to, cheating, plagiarism, fabrication, falsification, and other. The student nurse is encouraged to review the *CSI Copyright and Intellectual Property Policy*.

Dishonest Behavior

Dishonesty is where a student attempts to give the appearance of a level of knowledge or skill that has not been obtained. Examples of dishonest behavior include copying another's work or allowing another to copy your work during an exam or assignment, the use of unauthorized materials during an exam or assignment, collaborating on an exam or assignment without authorization, and taking an exam or completing an assignment for another, or permitting another to take an exam or complete an assignment for you.

Plagiarism

Plagiarism is taking the work of others and submitting as one's own. Plagiarism includes self-plagiarism; submitting individual work that has already been submitted. Misrepresentation is defined as falsifying information, including but not limited to, presenting false academic qualifications, forging or using another individual's signature, or failure to accurately cite a source.

Fabrication and Falsification

Fabrication and falsification are forms of dishonesty where a student invents or distorts the origin or content of information used as authority. Examples include, but are not limited to citing a source that does not exist, citing information from a source that is not included in the source for which credit is given, and citing a source when it was neither consulted nor cited in the body of the paper. In addition, other examples include distorting the meaning or applicability of data, inventing data or statistical results to support conclusions, and completing a clinical assignment on a patient that was not assigned or did not exist during the current clinical rotation.

Other

Other academic dishonesty/misconduct includes dishonest, deceitful, or inappropriate acts that are committed. Some examples include: a) inappropriately providing or receiving information or academic work to gain unfair advantage over others; b) having another individual attend in situations where attendance and or performance are required; and c) planning with another to commit any act of academic dishonesty/misconduct. Other examples include: d) attempting to gain an unfair academic advantage for oneself or another by bribery or by any act of offering, giving, receiving, or soliciting anything of value to another for such purpose; e) changing or altering grades or other official educational records; and f) obtaining or providing to another, through any means, any information regarding a test. Lastly, academic dishonesty/misconduct may also include: g) breaking and entering into a building or office for the purpose of obtaining unauthorized materials; h) continuing work on an exam or assignment after the allocated time has elapsed; and i) submitting the same work for more than one class without disclosure and approval.

Computer Offenses

A computer offense is any deliberate or conscious disregard of college policy concerning the use of college computing resources; including giving out passwords or other confidential information concerning the computer or network security system without authorizing consent.

Dishonesty/Misconduct Consequences

Consequences of academic misconduct may include any or all of the following steps depending on the severity of the offense: a) verbal warning; b) written plan for improvement; c) a zero on the affected assignment or test; d) course failure; or e) dismissal from the program. All forms of academic dishonesty/misconduct are documented and placed in the student nurse ADNP file. If the incident involves the violation of a public law, for example breaking and entering into an office or stealing an exam, the incident is reported to the College Security.

For the purpose of tracking, suspected or proven violations of the Academic Integrity policy will be reported to the HSHS Instructional Dean and the Dean of Students; detailing the name, incident, and action taken. If the occurrence is sufficiently egregious, or if a pattern of dishonesty/misconduct is discovered, additional action may be taken on behalf of the CSI Office of Instruction.

Attendance

Student attendance at CSI is the responsibility of the student; however, the instructor has the ability to assess and take reasonable course action related to attendance and course requirements (CSI, 2015a). Students missing class related to required participation in a verified school event, is not considered an absence; however, any student missing class is responsible for course requirements (CSI, 2015a). The course instructor has the authority to send a conference memo as a warning to a student whose missed hours exceed course credit hours (CSI, 2015a). The CSI Catalog (2015a) states "When the number of class hours absent exceeds twice the number of course credits, the instructor has the authority to fail the student in the course" (pp. 16-17).

Campus Telephone Numbers

The College 733-9554; toll free 1-800-680-0274. The ADNP 732-6700, 732-6701 or 732-6702; fax 736-4743. Nursing faculty and clinical instructors direct number or through college extensions. The Burley office 678-1400, or 732-6460; Blaine Outreach Center 788-2033 or 732-6462; and North side Gooding 934-8678 or 732-6461.

Appendix A

ADNP Student Handbook Acknowledgement

I _____ have read and will adhere to the *ADNP Student*

Handbook *Fall/Spring 20____. I _____ understand these

policies and procedures are subject to change, and it is my responsibility to review the updated

ADNP Student Handbook each semester throughout my nursing education at CSI.

_____   _____
Student Nurse Signature   Date

Circle semester and enter the year in the space provided

Appendix B

Student Nurse Procedural Consent

As a CSI ADNP student nurse, I _____ give my consent to

receive and to administer the following invasive procedures: a) physical assessment; b) blood

glucose tests; and c) administration of sterile saline eye drops.

_____   _____

Student Nurse Signature   Date

Appendix C

Student Nurse Legal Information

I have read and will adhere to the IBN *Rules of the Board of Nursing* with a specific focus on

Denial of License, Grounds for Discipline, and Standards of Conduct. As a student nurse, I

understand that I am held accountable for the same standards.

_____   _____

Student Nurse Signature   Date

Appendix D

CSI HSHS Health Insurance

I hereby, show my signature, that I have health insurance in place at this time, and that I will

continue to keep this coverage in effect throughout this semester and until the completion of the

Health Sciences and Human Services Program in which I am currently enrolled.

_____   _____

Student Nurse Signature   Date

Appendix E

Vehicle Liability Insurance

I hereby show, my signature, that passengers, the automobile and myself (driver) are covered by liability insurance in an amount at least equal to that required by the laws of the State of Idaho. My signature also indicates that I have valid driver's license from the state of which I am a legal resident.

_____   _____

Student Nurse Signature (driver)   Date

College of
Southern
Idaho

Appendix F

Clinical Confidentiality Contract

The student nurse will uphold their legal and ethical responsibility and comply with the Health Insurance Portability and Accountability Act (HIPAA). HIPAA protects the confidential nature of the data contained in all patient records, electronic, paper or otherwise and prohibits unauthorized access or use of patient information.

I, _____, will not divulge information about clients and/or their families that I am exposed to as a result of my position as a student.

This would include, but is not limited to, information presented in classroom discussions, post-conferences, clinical practice, and agency visits. I may only divulge such information to fellow health care professionals as is necessary and useful to enhance delivery of care and education. I will omit client/agency identification data in all written work. *In addition, as a condition to receiving a computer sign-on code and allowed access to a system in any agency, I agree to comply with the following terms and conditions.*
1. My sign-on code is equivalent to my *legal signature* and I will not disclose this code to anyone or allow anyone to access the system using my sign-on code.
2. I am responsible and accountable for all entries made and all retrievals accessed under my sign-on code, even if such action was made by me or by another due to my intentional or negligent act or omission. Any data available to me will be treated as confidential information.
3. I will not attempt to learn or use another's sign-on code. I will not use my sign-on code from CSI's clinical education experience in my personal employment and vice versa. I will only chart under my sign-on code. No one else will chart with my sign-on code.
4. If I have reason to believe that the confidentiality of my sign-on code from my CSI clinical education experience has been compromised, I will immediately inform my clinical instructor.
5. I will not leave a secured computer access application unattended while signed on.
6. I will not take or submit any unauthorized media of any patient (digital pictures, copies of charts, etc.).

Any breach of confidentiality or unauthorized access is considered unsatisfactory clinical behavior and will result in a meeting with the clinical instructor, course coordinator and the ADNP Nurse Administrator and may result in dismissal from the program.

_____   _____
Student Nurse Signature   Date

Appendix G

Acknowledgement of Receipt of Alcohol/Drug Policy and Agreement to Abide by the Policy

I, _____(print name) hereby acknowledge that I have received a copy of CSI's HSHS Department Alcohol/Drug Policy for the Clinical/Practicum Site (referred to hereafter as the Policy) and acknowledge the following:

I have read the Policy and have had the opportunity to ask questions about the Policy and the consequences for violating any terms of the Policy.

I understand that my compliance with all terms of the Policy is a condition of my remaining in the HSHS Department Program, and I agree to abide by all terms of the Policy.

I authorize the lab and/or Medical Review Officer or designee retained by CSI to release test result information to the HSHS Dean or his/her designee.

_____   _____
Student's Signature   Date

_____   _____
Parent's Signature if student is under 18   Date

Witnessed by:

College of Southern Idaho HSHS Department Representative

By_____   Date_____

Appendix H

St. Luke's Medications and Students: Frequently Asked Questions

I acknowledge having read and understood the St. Luke's Magic Valley (SLMV) *Medications and Students: Frequently Asked Questions* document which outlines privileges of a Nursing Student at SLMV pertaining to medication dispensing, administration, and documentation. While participating in clinical rotations at SLMV I will adhere to the SLMV Nursing Student Medication administration standards.

Student Signature: _____   Date:_____

Appendix I

Pregnancy

I acknowledge that during my clinical experience I may come into contact with individuals with

serious illnesses or treatments. I am aware that I am responsible for the health of my unborn child

and I absolve the College of Southern Idaho and the Associate Degree Nursing Program from any

responsibility for the safety and welfare of my unborn child.

_____   _____

Student Nurse Signature   Date

_____   _____

Course Coordinator Signature   Date

Appendix J

T&L Practice/Remediation Referral

Student Name _____Date _____

Reason for referral _____

Activities to be completed in the lab under supervision of the Lab Facilitator or Clinical

Instructor via appointment:

_____

_____

_____

Additional activities/assignments to be completed on own time:

_____

_____

All activities must be completed satisfactorily by: Date_____

Lab activities have been completed satisfactorily under my supervision

_____   _____
Lab Facilitator/Clinical Instructor   Date

_____   _____
Student Nurse Signature   Date

All additional activities/assignments have been completed satisfactorily

_____   _____
T&L Lab Instructor   Date

Appendix K

Clinical Trade Agreement

Pending instructor approval, the student nurse wishing to trade an assigned clinical day with another student nurse, do the following:
1. The trade must be done as soon as possible after clinical groups are assigned and posted
2. Contact a classmate in the desired clinical day and ask if they would be willing to trade
3. Complete the following form and submit to the course coordinator.

I, _____ agreed to trade clinical groups with _____.
    Printed name asked to trade #1   Printed name making request #2

We understand this trade is applicable for the entire clinical rotation.

_____   _____
Student Nurse Signature #1   Date

_____   _____
Student Nurse Signature #2   Dates

_____   _____
Clinical Instructors Signature #1   Date

_____   _____
Clinical Instructor Signature #2   Dates

_____   _____
Course Coordinator Signature   Date

The student nurse will be informed via e-mail or by phone upon approval.

Appendix L

Clinical Absence Appeal

I_____, have been absent for the following clinical hours

(date/hour) and for the following reason(s):

_____

_____

I request to return to the theory/clinical teaching and learning experience to continue my nursing education.

_____   _____
Student Nurse Signature   Date

Nursing Faculty decision attached
- Current theory average: _____
- Current written work average: _____
- Number of current theory absences: _____
- Clinical absences from previous courses: _____
- History of no call/no show: _____
- Tardiness history: _____
- Clinical performance evaluation by current Clinical Instructor

Full-time nursing faculty and clinical instructor will be polled by the Course Coordinator for above absence(s) with the following choices:
- Dismissal
- Remain - written warning that one more absence, regardless of cause, is reason for dismissal.

The student nurse will be informed in writing of nursing faculty decision. A copy of this decision form will be placed in the student nurse file.

Results of votes:
1.   _____

2.   _____

Recorded by: _____

Method of Voting: _____

Coordinator: _____

Appendix M

Request for Student Nurse Assignment Information

College of Southern Idaho

Nursing Department

Medical Record #_____Date of Care: _____

I have given my approval for the use of this medical record by the student named below. The information will be used for a student nurse care plan assignment and for no other purpose.

Date_____

Instructor Signature_____

The above named patient whose medical record I have requested to access for a student nurse care plan assignment is in no way related to me, and is not a personal friend.

Student Nurse Signature_____

Appendix N

Patient Selection for Clinical Assignments

Primary Diagnosis _____

Nursing diagnosis or diagnoses selected for focus _____

Date(s) assigned to this patient_____

If I change to another patient, I will complete another form.

_____   _____
Student Nurse Signature   Date

_____   _____
Clinical Instructor Signature   Date

Appendix O

Nursing Incident Report

An incident is any happening that is not consistent with the educational practices of the CSI nursing programs, or one in which the safety of the patient is jeopardized. It may involve an act of commission or omission.

Student Name: _____Date:_____

Level of Student:

PN   NURR101   NURR104 NURR105   NURR201   NURR204   NURR206   NURR208

Clinical Agency: _____Unit:_____

Clinical instructor description of the incident:

_____

_____

_____

Student nurse description of the incident:

_____

_____

_____

Student plan of action agreed upon by the Clinical Instructor:

_____

_____

If the incident involved medications: Please be specific:
- Was the drug given late or early?
- Was the drug omitted?
- Was the drug given to the wrong patient?
- Was the drug given by the wrong route?
- Was the drug given in the wrong form of dosage?
- Was the error involving correct documentation?
- Other:

Was the incident reported to the Course Coordinator by the Clinical Instructor?
Method: _____

_____   _____
Student Nurse Signature   Date

_____   _____
Clinical Instructor Signature   Date

_____   _____
ADNP Nurse Administrator Signature   Date

Appendix P

Anecdotal Record for Theory & Clinical Performance

Student Name: _____

Date: _____

Rotation: _____

Agency: _____

Instructor: _____

Your clinical performance (Need Improvement) or is (Unsatisfactory) in the following areas:

_____

_____

_____

_____

_____

I have been notified of my clinical deficiencies and will submit a plan of action for remediation as outlined in the Student Handbook.

_____
Student Nurse Signature

_____
Clinical Instructor Signature

_____
Course Coordinator Signature

Appendix Q
CSI ADNP Performance Improvement Plan

Area or Objective in Need of Improvement	Specific Activities or Actions to be Accomplished	Required Outcome	Available Resources	Date for Review/Action Accomplishment

Student Nurse Signature _____   Date _____

Clinical Instructor Signature _____   Date_____

Appendix R

Readmission Application

Student Name:

ID number:

Address:

Home Phone Number: Work Phone Number:

Date of exit from ADNP:

Nursing Semester you are applying to reenter:

NURR 101____ NURR 104/105____ NURR 201____ NURR 204/206/208____

Answer each of the following as completely as possible:

1. State the reason for the interruption of your nursing education and why you are reapplying (include an honest appraisal of the weaknesses and/or personal problems or concerns that led to this interruption) and your plans for remediation specifically addressing these weaknesses or concerns if applicable:

2. What do you consider a realistic plan for your successful completion of the nursing program? (Please be specific, include details that demonstrate growth and careful consideration of your plan for success. Also, refer back to those things covered in # 1 in your plan).

3. During the time that you have been out of the nursing program, what steps have you taken in preparation for success? (Please give as much detail as possible, provide a timeline and documentation of completion, including transcripts if applicable).

Student Signature: _____ Date:_____

Appendix S

Request for Recommendation

TO: _____
    (Faculty Member)

I am requesting a Letter of Recommendation from you. It should be sent to:

I authorize the College to respond to reference request and to disclose any information about me regarding my education or suitability for employment.

    Student Signature _____

    Date _____

    CSI Program _____

Appendix T

Definition of Terms

Accountability: "State of being answerable for one's own actions" (Potter, Perry, Stockert, & Hall, 2013, p. 1296)

Assessment: The first step in the nursing process requires data collection, validation, interpretation of the data gathered, and documentation with the end purpose of gathering the vital information required for health problem identification and treatment (Potter et. al., 2013, p. 1297).

Aesthetics: Qualities of objects, events, and persons that provide satisfaction. Demonstrate attitudes and personal qualities that reflect appreciation, creativity, imagination, and sensitivity. Professional behaviors would adapt the environment so that it is pleasing to the client, create a pleasant work environment for self and others, and present self in a manner that promotes a positive image of nursing.

Caring: "promoting health, healing and hope in response to the human condition" (NLN, 2010, p. 11)

Clinical Reasoning: According to Noll et al. (2001), "clinical reasoning is the process of applying knowledge and experience to a clinical situation to develop a solution" (Carr, 2004, p. 851).

Clinical skills: Focuses on psychomotor skills and clinical decision making and application of theoretical knowledge to provide care to unique individuals in a variety of settings.

Community: A group of individuals and/or families located within a specific geographical boundary sharing specific characteristics.

Critical Thinking: A cognitive approach to inquiry that uses intellectual curiosity in a holistic manner for the purpose of making goal-directed decisions and solving problems with respect to the process of nursing. This holistic approach draws upon clarity, relevance, and logic as well as emotion, belief structure, and culture. The process can be carried out autonomously or cooperatively with a goal of reaching a conclusion which can be evaluated through validation.

Healthcare system: An interacting, interrelated, interdependent cyclical phenomenon approach that assist the client/community in a collaborative manner to restore a continuum of balance and purposeful direction within the environment.

Informatics: The use of information and technology to communicate, manage knowledge, alleviate error, and support decision making (QSEN, 2015).

Legal responsibilities: Intentional acts within the context of nursing that adhere to the ANA code of nursing policies as well as the Idaho Nurse Practice Act for the purpose of safeguarding the public.

Nursing Process: A multifaceted-broad framework using cognitive knowledge which includes: *a)* assessment; b) definition of the problem; c) plan of action; d) implementation of the plan of action; and e) evaluation of the implementation which leads to a reassessment.

Quality: In nursing is the degree or measurement of the net positive benefit associated with a nursing action.

Safety: Reduces risk of harm to providers and patients through system effectiveness and individual performance (QSEN, 2015).

Spiritual: The non-physical element of the mind-body-spirit triangle that involves a belief in something greater than the self and a faith that positively affirms life.

Unique individual: A view that encompasses the bio-psycho-social-spiritual-cultural aspects of an individual.

References

Accreditation Commission for Education in Nursing (ACEN) (2013). *Accreditation manual*.

Retrieved from http://www.acenursing.org/

American Nurses Association (2015). Nursing World. Retrieved from

http://www.nursingworld.org/

Carr, S. (2004). A framework for understanding clinical reasoning in community nursing.

Journal Of Clinical Nursing, 13(7), 850-857. doi:10.1111/j.1365-2702.2004.00959.x

College of Southern Idaho (2009). CSI Copyright and Intellectual Property Policy and

Procedures. Retrieved from http://copyright.csi.edu/IP_Policy.pdf

College of Southern Idaho (2015). *Student Code of Conduct*. Retrieved from

http://www.csi.edu/StudentHandbook/pdf/StudentCodeOfConduct.pdf

College of Southern Idaho (2015a). *2015-2016 Catalog.* Retrieved from

http://www.csi.edu/catalog/catalog1415.pdf

College of Southern Idaho (2015b). Human Resource Department: *Preventing harassment*.

Retrieved from http://hr.csi.edu/Orientation/Harassment2.htm

College of Southern Idaho (2015c). *Nursing, plan of study*. Retrieved from

http://advising.csi.edu/resources/pdfs/2014-2015/Nursing%20Registered%20AS.pdf

College of Southern Idaho (2015d). Student activities. Retrieved from

http://www.csi.edu/studentActivities/

College of Southern Idaho (2015e). Student disability services. Retrieved from

https://www.csi.edu/Disabilities/

College of Southern Idaho (2015f). *Student Handbook*. Retrieved from

http://www.csi.edu/studentHandbook/

College of Southern Idaho (2015g). *Weapons Policy.* Retrieved from

>   http://www.csi.edu/security/weaponspolicy.pdf

Idaho Board of Nursing (2010). *Rules of the Idaho Board of Nursing*. Retrieved from

http://adminrules.idaho.gov/rules/current/23/0101.pdf

Idaho Student nurse s Association (n.d.). Welcome to ISNA! Retrieved from

>   http://www.idahostudentnurses.org/index.html

National Council of State Boards of Nursing (2015). *For the nursing community*. Retrieved from

>   https://www.ncsbn.org/index.htm

National League for Nursing (NLN). (2010). *Outcomes and competencies for graduates of practical/vocational, diploma, associate degree, baccalaureate, master's, practice doctorate, and research doctorate programs in nursing.* New York, NY: National League for Nursing.

Potter, P.A., Perry, A.G., Stockert, P.A., & Hall, A.M. (2013). *Fundamentals of nursing* (8th ed.). St. Louis, MO: Mosby.

QSEN Institute (2015). *Competencies: pre-licensure knowledge, skills, and attitudes.* Retrieved from http://qsen.org/competencies/pre-licensure-ksas/#safety