



**DNP**  
Dakota Nursing Program

# **Dakota Nursing Program**

## **Nursing Student Handbook 2022-2023**

Certificate in Practical Nursing  
Associate in Applied Science in Nursing

Bismarck State College  
Dakota College at Bottineau  
Lake Region State College  
Williston State College



## Introduction and Welcome

Dear Dakota Nursing Program (DNP) Student:

Welcome to the Dakota Nursing Program! The faculty is committed to assisting you to be successful in the nursing profession. This handbook includes information you will need to navigate a smooth learning experience.

The mission of our nursing program is to provide quality nursing education which prepares you to practice nursing safely and effectively in our global community. The mission is consistent with currently accepted social, educational, and nursing standards, and the mission/vision and values of the consortium colleges.

The Dakota Nursing Program is a consortium of four community college nursing programs who offer a common curriculum for a Practical Nursing Certificate and for an Associate in Applied Science in Nursing. **The member colleges are Bismarck State College, Dakota College at Bottineau, Lake Region State College, and Williston State College.** Please see the DNP organizational chart located in this handbook.

By accepting a position as a nursing student at a DNP college, you are making a commitment to adhere to the student policies set by the Nursing Programs, the ND Nurse Practice Act, and the ANA code of ethics. It is expected that you review the policies in your handbook and on the syllabi at the beginning of each semester. Each of you will be asked to sign and return statements indicating you have read and intend to adhere to all DNP policies and guidelines contained in this handbook and in the syllabi. If you have any questions regarding any policy or guideline, please discuss them with your nursing program director.

You are responsible for your own success in this program. Please commit to spending the time needed to read, study, and become a safe and effective nurse. The health and welfare of your future clients depends on your knowledge of nursing science and how you can use clinical reasoning to provide excellent nursing care.

Congratulations on your entrance into this exciting and rewarding field! You will work hard but will also find that nursing is a satisfying and worthwhile lifetime commitment. The faculty, staff, and I are all looking forward to your time spent learning with us!

Sincerely,

Julie Traynor, MS, RN, CNE  
DNP Consortium Director

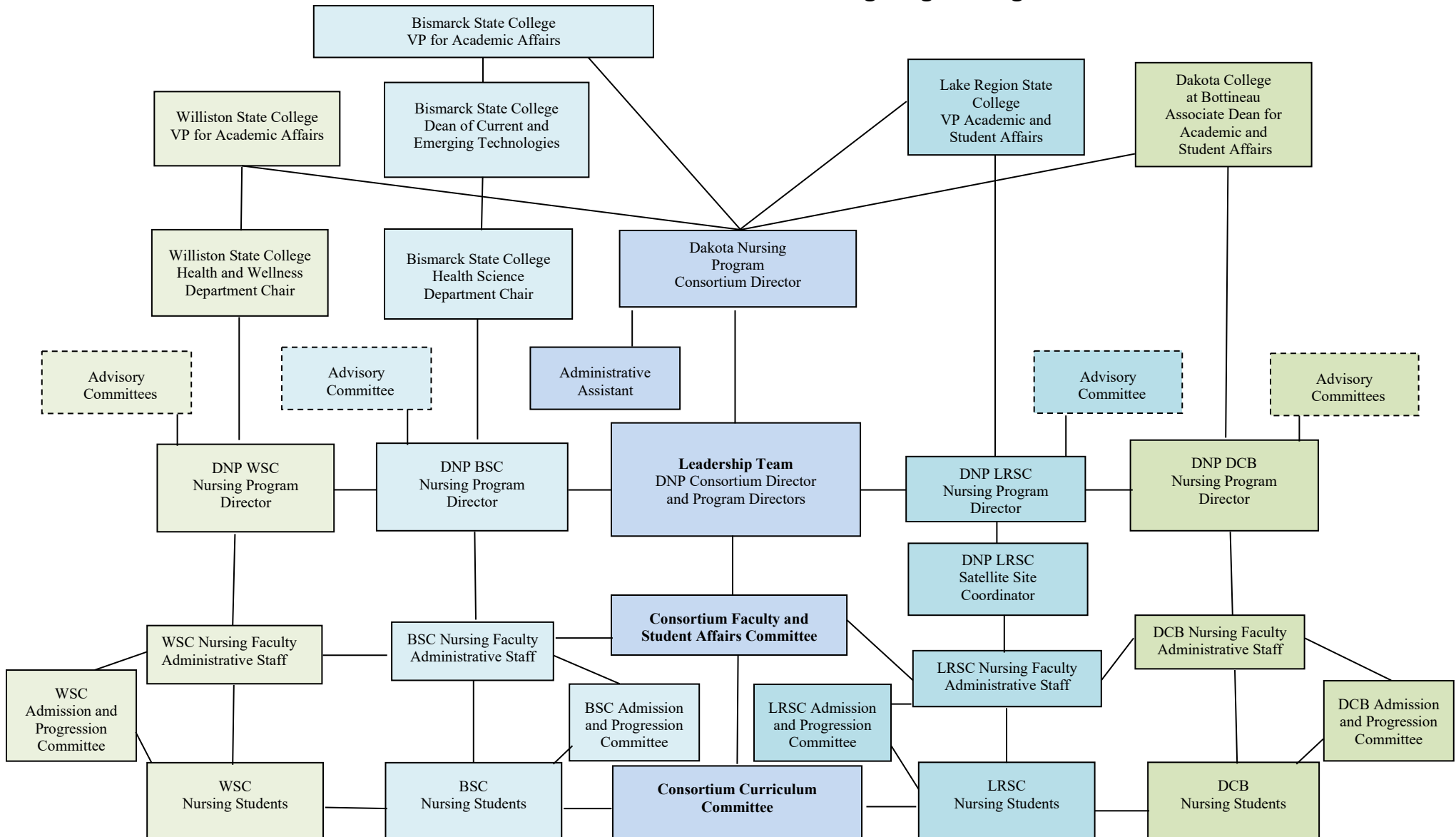
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## Dakota Nursing Program Organizational Chart



- - - = Information and input

— = Line of responsibility and accountability

\*Site Managers and learning Resource Facilitators are at satellite sites as needed

Originated 6/04

Reviewed annually, last on 6/2022

## Dakota Nursing Program

### Nursing Program Approval, College Accreditation and Discrimination Statement

The Dakota Nursing Programs (Practical Nursing Certificate and Associate Degree in Applied Science in Nursing) have continued full approval through April 2024 by the North Dakota Board of Nursing. [www.ndbon.org](http://www.ndbon.org) The ND Board of Nursing is a US Department of Education recognized state approval agency.

The Dakota Nursing Program consortium colleges are accredited by the Higher Learning Commission. Please see the following website for verification and dates for each college. <http://www.ncahlc.org/>



The **Bismarck State College** Associate Degree Nursing Program and the **Lake Region State College** Associate Degree Nursing Program have been accredited by the Accreditation Commission for Education in Nursing (ACEN). The most recent accreditation decision by the ACEN Board of Commissioners for the associate nursing programs is Continuing Accreditation. The associate degree programs at BSC and LRSC are accredited through Fall 2028.

For information on the accreditation process, contact ACEN at 404-975-5000 or at [www.acenursing.org/](http://www.acenursing.org/). You may also write the ACEN at:

Accreditation Commission for Education in Nursing  
3390 Peachtree Road NE, Suite 1400  
Atlanta, GA 30326

The **Williston State College** Associate Degree Nursing and the **Dakota College at Bottineau** Practical Nursing Certificate and Associate Degree Nursing Programs hold pre-accreditation status from the National League for Nursing Commission for Nursing Education Accreditation, located at 2600 Virginia Avenue, NW, Washington, DC, 20037, 202-909-2526 Holding pre-accreditation status does not guarantee that initial accreditation by NLN CNEA will be received.

The Dakota Nursing Programs do not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender, gender identity, information protected by the Genetic Information Nondiscrimination Act (GINA), marital status, disability, veteran's status or any other status protected by law in its admissions, student aid, employment practices, education programs or other related activities.in the provision of services. Please review your college specific nondiscrimination statements for additional information.

**\*The Nursing Student Handbook is specific to students in the Dakota Nursing Programs and supersedes your College Student Handbook in those areas where the nursing handbook policies are more stringent than your college policies.**



## **Dakota Nursing Program Purpose**

The purpose of the Dakota Nursing Program is to prepare students for nursing careers as LPNs or RNs who practice safely and effectively in health care systems to meet the needs of clients. Graduates of the program are eligible to take the National Council Licensure Examination (NCLEX PN® or NCLEX RN®) and are generalists who have a solid foundation for professional and educational advancement.

## **Dakota Nursing Program Mission**

***The Dakota Nursing Program provides quality evidence-based nursing education for practical and associate degree nurses, serves as a foundation for further professional advancement and contributes collaboratively to meet the diverse health care needs of the communities it serves.***

This mission is consistent with the missions of the consortium colleges (Bismarck State College, Dakota College at Bottineau, Lake Region State College, and Williston State College). The curriculum is based on liberal arts and biological sciences and integrates nursing content and clinical experiences. Nursing faculty strive to provide a learning environment which promotes active participation, a spirit of inquiry, self-determination, and evidence-based decision making. Integral to goal attainment of the nursing program is the continuing development of alliances in the community, which strengthen the colleges' mission to provide services that will improve quality of life for individuals of the communities they serve.

## **Dakota Nursing Program Philosophy**

In congruence with the purpose and mission of the Dakota Nursing Program, the philosophy is designed to meet the needs of communities by enhancing professional advancement, utilizing technology, and integrating quality and safety competencies. Students are recognized as diverse and unique individuals who are encouraged to achieve their optimal potential. Faculty is committed to excellence in maintaining expertise and ensuring holistic patient-centered care through evidence-based quality nursing education.

## **Dakota Nursing Program Outcomes:**

1. **Performance on NCLEX Licensure Examinations—**
  - i. The NCLEX-PN® pass rate for all first-time test-takers will be at least 80% each year from July 1 of one year to June 30 of the next.
  - ii. The NCLEX-RN® pass rate for all first-time test-takers will be at least 80% each year from July 1 of one year to June 30 of the next.
  
2. **Program Completion—**
  - i. At least 70% of all students who began the first nursing course in the PN program will complete the program within three (3) semesters, which is 100% of the usual timeframe for the PN program.
  - ii. At least 80% of all students who began the first nursing course in the AD program will complete the program within two (2) semesters, which is 100% of the usual timeframe for the AD program.
  
3. **Job Placement Rates—**
  - i. At least 80% of new practical nursing graduates will report employment as an LPN within one year of graduation.
  - ii. At least 80% of new associate degree graduates will report employment as an RN within one year of graduation.

***“You’ll rise, because your strength as a nurse is not determined by one grade, one shift, or one job – it’s an ongoing journey of learning, honor, humility, and a chance to make even the smallest difference in the lives of your patients.”***

American Nurses Association

## Practical Nursing End of Program Student Learning Outcomes

- 1. Teamwork and communication:**  
Participate as a member of the interdisciplinary health care team through effective communication in the delivery and management of client care.
- 2. Professionalism and leadership:**  
Incorporate professional standards and scope of practice as a certificate practical nurse while pursuing professional growth within legal, ethical, and regulatory frameworks.
- 3. Client-centered care:**  
Provide culturally competent care for clients while promoting their self-determination and integrity.
- 4. Evidence-based practice and nursing judgment:**  
Utilize the nursing process, science, and clinical reasoning to provide quality evidence-based client care.
- 5. Quality improvement and safety:**  
Employ evidence-based decision-making to deliver safe and effective client care and to evaluate client outcomes.
- 6. Informatics:**  
Utilize appropriate technology to communicate effectively and manage information in the delivery of client care.

## Associate Degree Nursing End of Program Student Learning Outcomes

- 1. Teamwork and communication:**  
Collaborate with clients and members of the interdisciplinary health care team to optimize effective communication, caring behaviors, and management of client needs.
- 2. Professionalism and leadership:**  
Adhere to professional standards and scope of practice as an associate degree registered nurse while pursuing professional growth and acting as a leader and change agent within legal, ethical and regulatory frameworks.
- 3. Client-centered care:**  
Provide culturally competent care and advocate for clients while promoting their self-determination and integrity.
- 4. Evidence-based practice and nursing judgment:**  
Implement nursing judgment to make safe, effective, and evidence-based decisions that integrate science and the nursing process in providing holistic client care.
- 5. Quality improvement and safety:**  
Incorporate a spirit of inquiry to make evidence-based clinical judgments and management decisions to improve the safety and quality of care across a variety of systems.
- 6. Informatics:**  
Integrate current technology to support decision-making and manage information in the delivery of client care.

## Curriculum Model

The National League for Nursing (NLN) Core Values, Outcomes, and Integrating Concepts for graduates of practical nursing and associate degree nursing programs, the National Council of State Boards of Nursing (NCSBN) integrated skills for practical nurses and registered nurses, and the Institute of Medicine (IOM) - Quality and Safety in Nursing Competencies (QSEN) are integrated into the Student Learner Outcomes and flow in a simple to complex manner through the curriculum of the Dakota Nursing Program. The paradigm of nursing links is set forth for the students in the first semester of the PN program. The competencies used to develop the Program Outcomes for the PN and AD programs are:

**Teamwork and Communication**  
**Professionalism and Leadership**  
**Client-Centered Care**  
**Evidence-Based Practice and Nursing Judgment**  
**Quality Improvement and Safety**  
**Informatics**

The NALPN Standards as well as the ND Board of Nursing Standards of Practice for LPNs define the role expectations, professional behaviors, and ethical comportment of the practical nurse. The ANA Code of Ethics and the ANA Standards of Practice along with the ND Board of Nursing Standards of Practice for RNs define the role expectations, professional behaviors, and ethical comportment of the registered nurse. Links to these standards are located in the Professional Conduct section of this handbook.

### Definition of Values, Outcomes, and Competencies within the Curriculum Model

#### QSEN Competencies

Quality and Safety Education for Nurses. (2020). *QSEN Competencies*.

<https://qsen.org/competencies/pre-licensure-ksas/>

- **Patient Centered Care** — Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs.
- **Quality** — Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.
- **Teamwork and Collaboration** — Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision- making to achieve quality care.
- **Safety** — Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.
- **Evidence-Based Practice** — Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
- **Informatics** — Use information and technology to communicate, manage knowledge, mitigate error, and support decision-making.

### NLN Core Values

National League for Nursing. (2010). *Outcomes and competencies for graduates of practical/vocational, diploma, associate degree, baccalaureate, Master's, Practice Doctorate, and Research Doctorate Programs in Nursing.*

- **Caring:** promoting health, healing and hope in response to the human condition
- **Integrity:** respecting the dignity and moral wholeness of every person without conditions or limitation
- **Diversity:** affirming the uniqueness of and differences among persons, ideas, values, and ethnicities
- **Excellence:** co-creating and implementing transformative strategies with daring ingenuity.

### NLN Program Outcomes for Graduates of Practical Nursing Programs

**Human Flourishing:** Promote the human dignity, integrity, self-determination, and personal growth of diverse patients, their families and oneself to provide individualized, culturally appropriate, relationship-centered nursing care.

**Nursing Judgment:** Make judgements in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care for diverse patients and their families in collaboration with the health care team.

**Professional Identify:** Articulate a unique role as a member of the health care team, committed to evidence-based practice, caring, advocacy, and safe quality care, to provide optimal health care for diverse patients and their families.

**Spirit of Inquiry:** By collaborating with health care team members, utilize evidence, tradition, and patient preferences in predictable patient care situations to promote optimal health status.

### NLN Program Outcomes for Graduates of Associate Degree Nursing Programs (2012)

**Human Flourishing:** Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.

**Nursing Judgment:** Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and promote the health of patients within a family and community context.

**Professional Identify:** Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and 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.

**Spirit of Inquiry:** Examine the 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 patients, families, and communities.

### NCSBN Integrated skills

National Council State Boards of Nursing. (2018). 2019 NCLEX-RN Test Plan.

[https://www.ncsbn.org/2019\\_RN\\_TestPlan-English.pdf](https://www.ncsbn.org/2019_RN_TestPlan-English.pdf)

### Practical Nurse Integrated Concepts

- **Clinical Problem-Solving Process (Nursing Process)** – a scientific approach to client care that includes data collection, planning, implementation, and evaluation.

- **Caring** – interaction of the practical nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the practical nurse provides support and compassion to help achieve desired therapeutic outcomes.
- **Communication and Documentation** – verbal and nonverbal interactions between the practical nurse and the client, as well as other members of the health care team. Events and activities associated with client care are validated in written and/or electronic records that reflect standards of practice and accountability in the provision of care.
- **Teaching/Learning** – facilitation of the acquisition of knowledge, skills, and attitudes to assist in promoting a change in behavior.
- **Culture and Spirituality** – interaction of the nurse and the client (individual, family, or group, including significant others and population) which recognizes and considers the client-reported, self-identified, unique, and individual preferences to client care, the applicable standard of care and legal instructions.

#### **Associate Degree Nurse Integrated Concepts**

- **Nursing Process** – a scientific, clinical reasoning approach to client care that includes assessment, analysis, planning, implementation, and evaluation.
- **Caring** – interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides encouragement, hope, support, and compassion to help achieve desired outcomes.
- **Communication and Documentation** – verbal and nonverbal interactions between the nurse and the client, the client's significant others and the other members of the health care team. Events and activities associated with client care are validated in written and/or electronic records that demonstrate adherence to the standards of practice and accountability in the provision of care.
- **Teaching/Learning** – facilitation of the acquisition of knowledge, skills and attitudes promoting a change in behavior.
- **Culture and Spirituality** – interaction of the nurse and the client (individual, family, or group, including significant others and populations) which recognizes and considers the client-reported, self-identified, unique, and individual preferences to client care, the applicable standard of care and legal considerations.

### **The Paradigm of Nursing Definitions**

**Each person** is a unique, biologic, psychosocial, cultural, spiritual being who continuously interacts with and adapts to the **environment** to seek self-actualization. Consistent with **basic human needs** theory, an individual continuously seeks to meet basic physiological and safety needs as well as higher needs of love, belonging, and esteem. The individual has primary responsibility to determine health care needs. Recipients of nursing care are not limited to the person but may also be the family, group, or community.

**Health** is a dynamic state along a **continuum ranging from wellness to illness**. An individual has the capacity to live within their biologic, psychosocial, and cultural **environment** to achieve the greatest possible level of wellness through self-care behaviors. Health is influenced by knowledge, behavior, lifestyle, socio-cultural change, and self-determination. The goal of nursing is to anticipate and recognize

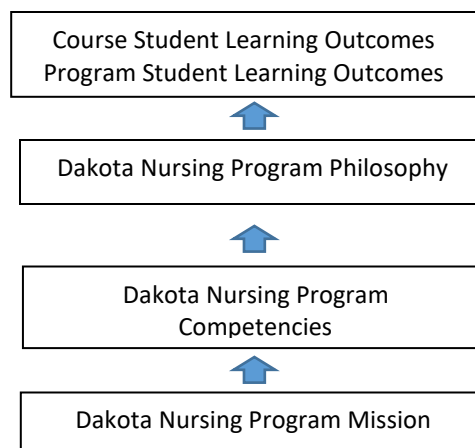
diverse human responses to environmental influences and to facilitate adaptive behaviors that promote and maximize health.

**Nursing** is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations. (American Nurses Association) The role of the practical nurse within this description is also noted to be contained by the boundaries of the professional nursing standards and regulatory standards for the LPN.

### Nursing Education

**Nursing Education** is the facilitation of learning through organization and evaluation of students and curriculum by faculty. Nursing education provides opportunities for the acquisition of theoretical knowledge, the development of psychomotor skills, and the refinement of values and attitudes. Nursing faculty strive to provide a learning environment which promotes active participation by students to enhance **human flourishing** and begin to establish their own **professional identity**. Faculty coach students to develop **a spirit of inquiry**, self-reflection skills, and evidence-based **clinical decision making**. Students are responsible for their learning. **Adult learning theory** supports the learning process by utilizing self-directed active learning and relevant application of theory in case studies and in the simulation lab and clinical. The NLN core competencies for nurse educators are used by faculty to identify strengths and assist in analyzing personal and professional development needs.

#### Dakota Nursing Program depiction of the Curriculum Model for Practical Nursing and Associate Degree Nursing



**Dakota Nursing Program  
Practical Nursing Certificate Curriculum Guide**

<b>Fall</b>				<b>Credits</b>
BIOL	220	Anatomy and Physiology I		4
PSYC	111	Introduction to Psychology		3
NURS	120	Foundations of Nursing		3
NURS	121	Practical Nursing I		3
NURS	122	Clinical Practice I		<u>3</u>
<b>Semester 1</b>				<b>16</b>
<b>Spring</b>				
BIOL	221	Anatomy and Physiology II		4
PSYC	250	Developmental Psychology		3
		Or Composition I (3 credits)		
NURS	127	Practical Nursing II: Introduction to Medical/Surgical Nursing		2
NURS	145	Introduction to Maternal/Child Nursing		2
NURS	124	Clinical Practice II		3
PHRM	215	Introduction to Pharmacology		<u>3</u>
<b>Semester 2</b>				<b>17</b>
<b>Summer</b>				
NURS	129	Practical Nursing III		3
NURS	126	Clinical Practice III		3
ENGL	110	Composition I		<u>3</u>
		Or Developmental Psychology (3 credits)		
<b>Semester 3</b>				<b>9</b>
<b>Total for Year</b>				<b>42</b>

Upon successful completion of the above curriculum, students will receive a Certificate in Practical Nursing. At this time, the student may choose to apply to continue into the Associate Degree Nurse Program, and/or apply to take the NCLEX PN.

NOTE: Developmental Psychology and Composition I may be taken prior to or at any time during the PN program.

NOTE: WSC requires students to complete ASC 100 College Strategies 1 credit before or in semester 1. The credit total for WSC students is 43.

The Dakota Nursing Program is a collaboration among Bismarck State College, Dakota College at Bottineau, Lake Region State College, and Williston State College



## **Paramedic to Practical Nurse Bridge Curriculum at LRSC**

### **Description**

The LRSC Paramedic to Nurse Bridge is a co-requisite group of three courses that makes the paramedic eligible to receive a Certificate in Practical Nursing. Upon successful completion of the three-course bridge program, the student may choose to apply to continue into the Associate Degree Nurse Program, and/or apply to take the NCLEX PN.

### **Program of Study**

Students have an active Paramedic Registration

### **General Education Courses required before admission to the program:**

ENGL 110 Composition I

BIOL 220 Anatomy and Physiology I (L/L)

BIOL 221 Anatomy and Physiology II (I/L)

PSYC 111 Introduction to Psychology

PSYC 250 Developmental Psychology

PHRM 215 Introduction to Pharmacology

Nursing Bridge Courses (Three 3-credit courses)

**NURS 201: Nursing Concepts Transition I for the Paramedic** (3 credit Theory Course)

**NURS 202: Nursing Concepts Transition II for the Paramedic** (3 Credit Theory Course)

NOTE: NURS 201 & NURS 202 are online courses. Please schedule approximately 18 hours of study time per week to complete required reading and assignments. Proctored testing will be on-campus.

**NURS 203: Nursing Practice Transition for the Paramedic** (3 Credit Lab/SIM/Clinical Course)

NOTE: NURS 203 is a lab/clinical course and will be scheduled on campus and at medical facilities.

## **Associate in Applied Science in Nursing Application Process/Admission Policy**

### **Requirements for articulation into the Associate in Applied Science Degree Program in Nursing (RN) directly from the PN program or paramedic to practical nursing bridge program:**

1. Successful completion of the first year of the Dakota Nursing Program with a minimum GPA of 2.75 in all prerequisite courses and a minimum GPA of 2.75 in the 42 - 43 credit course requirements as defined in the PN curriculum **or** successful completion of the LRSC Paramedic to Nurse Bridge Curriculum. The student must maintain an overall GPA of 2.5 to be eligible to articulate into the AD program.
2. Student completes application process for continuation to the AD program dated no later than March 5<sup>th</sup> or as instructed by the program director of the year the student would be entering the 2<sup>nd</sup> year of the program.
3. Final decision to accept application to progress is the responsibility of the local admission and progression committee. The committee reviews the student's overall performance in the PN program and evaluates overall safety and professionalism.
  - Student demonstrates ability to progress to the AD program with a positive (Emerging/Developing or higher competencies) exit evaluation from the final clinical course in the PN program and recommendation from the admission/progression committee.
  - All conferences and unsafe behaviors obtained by the student in the PN program will be carefully evaluated and may bar or delay progression. Students showing good progress in achieving the goals of a program improvement plan may be considered for progression.
4. Student passes a preadmission examination. ATI PN Comprehensive Predictor report must have an individual composite score which equals a predicted probability of passing the NCLEX-PN of 92%. Candidates who do not meet the benchmark may repeat the preadmission exam one time after remediation as described in the ATI policy. If the candidate does not meet the benchmark on the second attempt, they are not eligible for progression into the AD program for the coming year.
5. Student clears a background check and passes a mandatory drug screen to be completely admitted to the program.

**OR**

### **Minimum Requirements for Advance Standing Application toward the Associate in Applied Science Degree in Nursing (ADN)**

1. Applicant is:
  - a. A graduate from a state board approved PN program from an accredited College and current LPN with an active, unencumbered license to practice as a Licensed Practical Nurse in the United States of America.

OR

  - b. A graduate from a state board approved paramedic program and a current paramedic, of at least one-year experience, with an active, unencumbered, license to practice as a paramedic in the United States of America **AND** have completed the LRSC Paramedic to Nurse Bridge Program.

**See application form for additional detailed application requirements.**

**Dakota Nursing Program Curriculum Guide for  
Internal Practical Nursing and Paramedic to PN Bridge to Associate Degree Nursing and  
Incoming Advanced Standing LPN to Associate Degree Nursing options**

<b>Fall</b>		<b>Credits</b>
	NURS 224 Professional Role Development	2
	NURS 225 Alterations in Health I	3
	NURS 226 Maternal Child Nursing	3
	NURS 227 Clinical Application I	4
	MICR 202 Microbiology L/L	<u>4</u>
	<b>Total</b>	<b>16</b>
<b>Spring</b>		
	NURS 228 Alterations in Health II	4
	NURS 229 Health Promotion & Psychosocial Nursing	2
	NURS 237 Clinical Application II	5
	NURS 259 Role Transitions	1
	Communication Elective	<u>3</u>
	<b>Total</b>	<b>15</b>
	<b>Total for year</b>	<b>31</b>

The Physical Education Requirement for the AAS Degree in Nursing has been waived at BSC, DCB, and LRSC.

WSC requires a 2-credit wellness elective instead of a communication elective changing the total credits for the completion year to 30.

**Upon completion of this curriculum students will be eligible for an Associate in Applied Science of Nursing. (42/43 credits for year 1 and 30-31 credits for year two = total of 73 credits)**

The Dakota Nursing Program is a collaborative effort between BSC, DCB, LRSC, and WSC

## Articulation to RN to BSN Programs

Articulation agreements enhance access to baccalaureate level nursing education. Students can continue on to BSN programs after completion of our Associate in Applied Science in Nursing degree. Many graduates complete the BSN in an additional 1-2 years. The goal is to facilitate transfer of academic credit between the ADN and BSN programs.

Built on a commitment to collaboration, the Dakota Nursing Program has agreements in place with ***colleges and universities in North Dakota***. There are also other in-state and out-of-state BSN programs into which students can transfer. Please ask faculty to assist in the process as needed.

The articulation plans of study can be found on the Dakota Nursing Program website – [www.dakotanursing.org](http://www.dakotanursing.org).

## **PN and ADN Academic Policies and Procedures**

### **ATI Nursing NCLEX Review Program Policy**

The Dakota Nursing Program requires students to purchase and complete an ATI Nursing Review Program. The program measures student's comprehension and evaluates their knowledge in relation to the most current NCLEX test plan, nursing process, critical thinking, and priority setting. The intent of the comprehensive assessment and review program is to increase student pass rates on the NCLEX licensure exam, lower program attrition, and contribute to program evaluation. The comprehensive program provides tools to help students prepare more efficiently, as well as increase confidence and familiarity with licensure test content. Because of the correlation between content mastery and its application to the clinical setting, the review program is part of each clinical course.

**Students have access to the ATI resources for 2 years after graduation.**

#### **Pre-examination Preparation**

1. The student will take the practice test B for the appropriate ATI exam.
2. If the student receives less the 90% on the Form B practice test, the student will need to do the following:
  - a. Print the first form B results
  - b. Create a focused review and complete the active learning templates for the areas in which the student needs improvement.
  - c. The student must retake and achieve the 90% or greater on the Form B by Friday by 23:59 the week before the proctored exam is due.
  - d. Practice exams cannot be taken twice within 12 hours.
3. The student will bring both Form B practice exams (the first one in which 90% was NOT achieved and the retake when the 90% has been achieved and provide this to the nursing instructor along with the active learning templates that were created after the first Form B exam. This is your ticket to take the proctored exam.
4. Failure to complete the procedure outlined above will result in the student not being able to take the proctored exam until the required steps have been achieved and the student will not receive the points for the practice B test.

If a student does not complete the practice exam and remediation, they are unable to then take the proctored exam, that student and nursing program director will decide on a written plan for completion, consequences (including discipline) for additional delay will be delineated in this written plan.

The lead instructor for the course correlating with the ATI assignment will submit the practice exam scores to the gradebook. The local program director or delegated faculty will submit the proctored exam scores to the gradebook upon completion of remediation.

ATI Point Table	Contribution to Course Grade
<ul style="list-style-type: none"> <li>Completion of ATI Content Mastery Proctored Exam equal to or greater than a <b><u>Proficiency Level 3</u></b> or</li> <li>Completion of Comprehensive Predictor at or above a 94% predicted probability.</li> </ul>	Grade = 100% = 100 points Remediation encouraged
<ul style="list-style-type: none"> <li>Completion of ATI Content Mastery Proctored Exam equal to or greater than a <b><u>Proficiency Level 2</u></b> or</li> <li>Completion of Comprehensive Predictor at a 92-93% predicted probability.</li> </ul>	Grade = 91% = 91 points Remediation encouraged. <b>If student remediates and increases proficiency level, then the student will gain 5 points.</b>
<ul style="list-style-type: none"> <li>Completion of ATI Content Mastery Proctored Exam equal to or greater than a <b><u>Proficiency Level 1</u></b> or</li> <li>Completion of Comprehensive Predictor at a 90-91% predicted probability.</li> </ul>	Grade = 76% = 76 points <b>Remediation required to progress in program. If student remediates and increases proficiency level, then the student will gain 5 points.</b>
<ul style="list-style-type: none"> <li>Completion of ATI Content Mastery Proctored Exam <b><u>below a Proficiency Level 1</u></b> or</li> <li>Completion of Comprehensive Predictor below a 90% predicted probability.</li> </ul>	Grade = 68% = 68 points <b>Remediation required to progress in program. If student remediates and increases proficiency level, then the student will gain 5 points.</b>
<p><b>Critical Thinking Entrance and Exit Exams are not reflected in the student grade.</b> The entrance exam will be given upon a student's entrance into the PN program or upon an advance standing student's entrance into the AD program. The exit exam will be given near the conclusion of the AD program.</p>	Critical thinking exams are used for program evaluation purposes.
<p><b>Note</b> – Remediation for the <b>Comprehensive Predictor</b> is the same as remediation for any other ATI exam. You must remediate and retake the exam.</p>	

**NOTE: For those students who score at or below a proficiency level 1, post-remediation is required, and the student will not pass the course until it is completed.** If remediation activities are late, the student will still need to do the remediation. Remediation is considered successful when the student completes the instructor's directions for remediation, completes the work, and scores a level 2 or 3 on the retake. The student will gain 5 points for an increase in proficiency level. If the level does not increase or if it stays the same, the student retains their original grade. The student will follow faculty instructions on how to submit evidence of the remediated exam score. If the student does not submit the updated score, their original score will stand.

The student is not required to remediate or retake a 2<sup>nd</sup> time if unsuccessful; however, this is certainly encouraged by the faculty. The student is responsible for the cost of the 2<sup>nd</sup> retake.

Students receiving a Proficiency Level 2 or 3 are encouraged to use the ATI resources to remediate the questions they missed on the proctored exam.

#### Post-Remediation Activities:

1. Remediation is ultimately the responsibility of the student. The procedure is as follows:
  - a. Complete the active learning templates associated with the focused review within one week after the proctored exam. Templates will be handwritten. Students are responsible for at least one hour of focused review remediation.
  - b. Complete online practice assessment (Form A) with a 90% or greater within 1 week after the exam. **The student must wait 12 hours between attempts if 90% is not achieved.** Print and submit the student transcript to the instructor.
  - c. Retake proctored exam within 2 weeks after the exam
2. Additional areas that a student may be required to complete for remediation are in the ATI materials. The program director or nursing faculty will make the decision on an individual basis whether the student needs to complete additional remediation assignments. Students will be given an incomplete until the assigned remediation is completed. nursing program directors or faculty have responsibility for assessing student completion of ATI remediation assignments.
3. All remediation and retakes must be completed within 2 weeks of taking the original ATI exam.
4. Failure to remediate will result in the student receiving a failing grade of D or F in that course.

**The PN Comprehensive Predictor is used as a tool in the application process for admission into the AD program.** The student applying to the AD program must receive an individual composite score showing a 92% predicted probability of passing the NCLEX PN® or greater. A student may be considered for admission after a successful retake, the internal student scoring less than 92% probability on the predictor on first attempt may not be considered for admission until after all qualified applicants meeting the application criteria and deadlines have been screened.

- Internal students achieving a score of less than 92% probability on first attempt will complete remediation and retake as usual.
- Incoming advance standing students achieving a score of less than a 92% predicted probability on first attempt will be required to wait 30 days until retaking the predictor during which time that student may remediate on the topics they failed.
- Comprehensive PN Predictor scores are valid for up to one (1) year prior to March 5<sup>th</sup> of the year of application.
- Applicants are allowed two attempts of passing the ATI PN Comprehensive Predictor per application cycle.

AD students purchase the Live NCLEX Review and attend the review at the end of spring semester. PN students purchase the additional virtual review package. nursing program directors discuss additional review options with those students scoring less than 92% on the Comprehensive Predictor to encourage extensive review before attempting to take the NCLEX PN® or NCLEX RN®

### **Criterion Referenced Proficiency Levels Guidelines:**

Performances on content-specific course mastery examinations are based on Criterion Referenced Proficiency Levels. The Criterion Referenced Proficiency Levels are as follows:

The student meeting the criterion established for Level 3 is:

1. Very likely to exceed NCLEX standards in this content area.
2. Demonstrates a higher-than-expected level of knowledge in this content area that confidently supports academic readiness for subsequent curricular content.
3. Meets benchmark and does not require remediation.

The student meeting the criterion established for Level 2 is:

1. Fairly certain to meet NCLEX standards in this content area.
2. Demonstrates a level of knowledge in this content area that more than adequately supports academic readiness for subsequent curricular content.
3. Meets benchmark and does not require remediation.

The student meeting the criterion established for Level 1 is:

1. Is likely to just meet NCLEX standards in this content area.
2. Demonstrates the minimum level of knowledge in this content area required to support academic readiness for subsequent curricular content.
3. Meets the absolute minimum expectations for performance in this content area.
4. Demonstrates achievement of a minimum level of competence needed for professional nursing practice in this content area.
5. Does not meet benchmark and requires mandatory remediation.

The student scoring below the Proficiency Level 1:

1. Does not meet benchmark and requires mandatory remediation.

### **Attendance Policy**

The Dakota Nursing Program supports the college policy on attendance as stated in your college catalog. In addition, the nursing program implements strict attendance policies for classroom, lab, and clinical experiences. Students are expected to attend all theory, lab, and clinical hours.

Regular, punctual attendance demonstrates safe and professional behavior and responsibility. In recognition of the fact that the primary learning takes place in the teacher-student relationship, the principle governing class attendance is that the student is expected to attend all regularly scheduled classes (classroom, laboratory, and clinical) and is responsible for meeting course objectives.

Absences may make it impossible for a student to meet course objective and result in failure of the course. A student may be excused from class or clinical with the approval of the instructor. It is the student's responsibility to notify the appropriate persons in a timely manner as noted in the absence procedure below and then make arrangements to fulfill missed assignments with the appropriate faculty member.

All makeup work may have a deduction in theory, lab, or clinical applications. All missed hours in lab or clinical need to be made up with an hour for each hour missed. More than four absences in any classroom, lab, or clinical course may result in course failure.

- A student will have a conference with the faculty member(s), and recommendations will be implemented for the 2<sup>nd</sup> and 3<sup>rd</sup> theory course absences, an unsafe occurrence report with a performance improvement plan will be implemented for the 4<sup>th</sup> theory course absence, a 2<sup>nd</sup> unsafe occurrence report will be completed for the 5<sup>th</sup> theory course absence and the student may be dismissed from the program.



- The student will have a conference with the faculty member(s) for the 2<sup>nd</sup> clinical/lab course absence, an unsafe occurrence report will be completed for the 3<sup>rd</sup> clinical/lab course absence, and a 2<sup>nd</sup> unsafe occurrence report will be completed, and the student may be dismissed from the program upon the 4<sup>th</sup> clinical/lab course absence.

If the clinical/lab/theory absences fall on the same day, the student will get one absence counted for that day. The nursing leadership team has the authority to adjust the guidelines above in a case of extenuating circumstances.

Theory / Lecture 2 <sup>nd</sup> Absence Or 1 <sup>st</sup> Exam Absence	Theory / Lecture 3 <sup>rd</sup> Absence	Theory / Lecture 4 <sup>th</sup> Absence Or 2 <sup>nd</sup> Exam Absence	Theory / Lecture 5 <sup>th</sup> Absence Or 3 <sup>rd</sup> Exam Absence
1 <sup>st</sup> Conference Form and Performance Improvement Plan	2 <sup>nd</sup> Conference Form and updated Performance Improvement Plan	1 <sup>st</sup> Unsafe Occurrence Report and updated Performance Improvement Plan	2 <sup>nd</sup> Unsafe Occurrence Report <u>*May be dismissed or withdraw from the program</u>
Clinical / Lab 2 <sup>nd</sup> Absence	Clinical / Lab 3 <sup>rd</sup> Absence	Clinical / Lab 4 <sup>th</sup> Absence	<b>The nursing director has the authority to adjust these guidelines in a case of extenuating circumstances.</b>
1 <sup>st</sup> Conference Form and Performance Improvement Plan	1 <sup>st</sup> Unsafe Occurrence Report and updated Performance Improvement Plan	2 <sup>nd</sup> Unsafe Occurrence Report <u>*May be dismissed or withdraw from the program</u>	

Absences Procedure:

1. Notification for absence from:
  - **Exam:** Students will notify the **program director/site faculty AND the lead course instructor** at least 1 hour prior to an exam. “Notification” for an exam day means that the student sends an email with the appropriate information or speaks directly to the nursing instructor AND program director by telephone or in person.
  - **Lab or Clinical:** Students will notify the **program director/site faculty AND the clinical/lab instructor** at least 1 hour prior to a lab or clinical. In the case of a clinical/lab day absence, the student must speak to the clinical instructor directly or if it is impossible to reach the instructor directly, the student must leave a phone message with the clinical instructor clearly stating their name and number.
  - **Theory course on a non-exam day:** Students will notify the **nursing program director or site faculty** at least 1 hour prior to the course start time. “Notification” for theory course day means that the student sends an email with the appropriate information or speaks directly to the program director or site faculty by telephone or in person.
  - Failure to notify the persons noted above in the time specified will result in a conference.
2. If a student is absent on an exam day, the following procedure is followed:
  - First missed exam will result in a conference with the program director.
  - Any future missed exams will result in an unsafe behavior. Two unsafe behaviors may result in the student’s dismissal from the nursing program.

- This policy includes theory course exams, lab course exams (including math) and ATI exams.
  - The policy covers all exams in a semester. For example, if a NURS 120 course exam is the first exam missed and there is a NURS 121 exam two weeks later that is missed, then the NURS 121 exam is the second missed exam.
  - All exams must be made up within 24 hours following the missed exam, excluding weekends and holidays. Extenuating circumstances will be considered, and subsequent actions will be decided by the nursing program director. The nursing program director may require documentation of extenuating circumstances.
  - It is the student's responsibility to contact the nursing program nursing director to arrange a makeup exam.
  - Faculty will consult with the program director regarding missed exams as they occur.
3. Absences related to school sponsored activities, such as an athlete attending a basketball game in which they are participating, are exempt from this policy. Program directors must be notified, and work made up in advance of the scheduled absence when possible.
4. If a student is out of the classroom and utilizes Teams/Pexip/Blackboard Collaborate or another program approved AV connection, that student must have:
- obtained the nursing program director's approval to do so for that day
  - notified the class, lab, or clinical faculty for the day

If the student does not have the director's approval or has not notified the nursing faculty, the student will be counted absent for that day.

5. If the student is tardy or leaves the classroom and/or lab early a total of three times, it will be counted as one absence. At that point the student will be required to meet with the nursing program director and give a written explanation for the tardiness and provide a written plan for performance improvement. This requirement can be waived by the nursing program director. Missing more than 30minutes of a class will be counted as an absence.

If a student has an unexcused tardy, or is unprepared for a clinical assignment, the student is subject to the following consequences:

- The student may be sent home by the clinical instructor and the day will be counted as an absence.
- The student will make up the missed lab or clinical as agreed upon with faculty in a timely manner.

**Background Check Policy**  
**Criminal Background Check Policy**

A. Applicability:

1. This Policy applies to all Dakota Nursing Program (DNP) applicants and students. This Policy is based upon state laws and upon the policies and procedures of professional licensing organizations and the State Board of Higher Education.

B. Policy:

1. Applicants must submit to and receive satisfactory results from a criminal background check as a condition of admission. Procedures which a student must follow in obtaining this background check are identified on the “Nursing Student Instructions for Background Check”. An offer of admission is contingent upon the successful completion and clearance of the background check. Admission may be denied or rescinded, based on the results of the background check.
2. Currently enrolled students must complete the Criminal Background Disclosure Form (see Appendix E) as a condition of continuing enrollment in the DNP. Procedures which a student must follow in obtaining this background check are identified on the “Nursing Student Instructions for Background Check”. Students may need to clear additional background checks and/or pass drug testing if required by an agency or facility prior to participation in a clinical experience. Students who refuse to submit to the background check or whose background check renders a student ineligible to participate or complete a clinical experience may be subjected to dismissal from DNP.

C. Rationale:

1. Health care providers are entrusted with the health, safety, and welfare of clients; have access to controlled substances and confidential information; and operate in settings that require the exercise of good judgment and ethical behavior. Thus, an assessment of a student or applicant’s suitability to function in such a setting is imperative to promote the highest level of integrity and responsibility in health care services. Clinical facilities are increasingly required to conduct criminal background checks for security purposes on individuals who provide services with the facility. Clinical experiences are a required element in professional programs. Students who cannot participate in clinical experiences due to criminal or other adverse activities in their backgrounds are unable to fulfill the requirements of the professional program. Additionally, many health care licensing boards and agencies require individuals to pass a criminal background check as a condition precedent to licensure or employment. Therefore, it is in everyone’s best interests to review the criminal backgrounds of applicants and students, and to resolve issues which result from negative information within the criminal background reports before the commitment of resources by the DNP, student, or applicant.

D. Procedures:

1. Admission and Continuing Student Status:
  - a. Applicants who receive a letter offering admission will be notified that admission is contingent upon the successful completion of a criminal background check. The letter offering admission will specify a date by which the authorization to conduct a background check must be submitted to DNP. This authorization is a form which

includes a completed request for the criminal background record, with results to be submitted directly to DNP. DNP will designate an approved vendor to conduct the background check; a background check from any other vendor will not be accepted. The applicant or the current student, must pay the fees for each background check, including those additional checks required by a clinical agency or facility, and including drug testing. A current student must also complete the Criminal Background Disclosure Form within a time frame directed by DNP. DNP is also authorized to require the applicant or student to submit to a national background check, at a time and with a frequency which DNP may, in its sole discretion, determine is appropriate. If a student leaves the program and comes back into the program for any amount of time, they must complete a criminal background check.

2. Review:

- a. If the background check report or the Criminal Background Disclosure Form contains negative information, the Admission and Progression Committee may request that the applicant or student submit additional information relating to the negative information, such as a written explanation, court documents and police reports. The applicant or student will have 10 working days in which to provide this information. The Admission and Progression Committee will review all information provided to it, and consider these factors, as well as others:
  - The nature and seriousness of the offense or event.
  - The circumstances surrounding the offense or event.
  - The age of the person when the offense or event occurred.
  - Whether the offense or event was an isolated or repeated incident.
  - The length of time that has passed since the offense or event.
  - The relationship between the duties to be performed as part of the educational program and the offense committed.
  - Past employment and nature of job performance.
  - History of academic conduct or misconduct.
  - Evidence of successful rehabilitation; and
  - Accuracy of the information provided by the applicant or student in the application materials or disclosure materials.
  
- b. The Admission and Progression Committee will decide whether to withdraw the offer of admission or to dismiss the student from the program. The Admission and Progression Committee may consult with other DNP administrators, faculty, affiliated clinical facilities, former teachers, employers, correctional officers, consulting professionals or other applicable resources in its decision-making process. Admission and Progression Committee may or may not request that the applicant or student appear before it, in order for applicant or student to provide information to and answer questions of the Admission and Progression Committee. The Committee's decision, if averse to the applicant or student, may be appealed to the DNP Director within 5 working days of the date of the Committee's decision. The Director's decision is final, and non-appealable.

3. Confidentiality and Record Keeping:

- a. Background check reports, the Criminal Background Disclosure Form and other submitted information are confidential and may be reviewed only by DNP administrators and faculty and affiliated clinical facilities in accordance with federal law

and the Family Educational Records and Privacy Act. These reports and other information submitted by students will be maintained in a secure place by the Program Nursing Director. Only a letter rescinding or denying admission or a letter dismissing a student will be maintained in the student's academic file; other documents related to the mater will be maintained in a separate file by the Program Nursing Director.

- b. If a clinical agency requires a copy of the student's background check, the student will follow the program nursing director's directions on how to provide the clinical agency with a copy of the background check.
4. Other Provisions:
- a. Clinical placement is a prerequisite for graduation from the nursing program. The DNP makes no guarantee that the student who has negative information in his or her background check report and is nonetheless permitted to enroll or continue in the program will be able to be placed at a clinical facility. Inability to complete clinical requirements may result in dismissal from the program. Further, graduation from the DNP does not guarantee that the student can be registered, permitted, or licensed under state law.
  - b. Falsification of information, including omission of relevant information, may result in denial of admission or dismissal from the program, or other disciplinary action.
  - c. An arrest for, or a charge or conviction of a criminal offense while a student is participating in the program may result in disciplinary action, including dismissal, and may be addressed through the student's home college.  
**The student is required to disclose any arrests, charges, or convictions of criminal offenses while a student in the program. This disclosure needs to occur within 24 hours of the arrest or charge of a criminal offense.**
  - d. An action by the Board of Nursing against the student's license such as a reprimand, encumbrance or suspension must be reported to the program by the student and may result in disciplinary action, including dismissal.
  - e. Applicants and students have the right to review the information reported by the designated vendor for accuracy and completeness and to request that the designated vendor verifies that the background information provided is correct. Prior to making a final determination that will adversely affect the applicant or student, the DNP will inform them of the right to review and challenge the content of the background information and provide vendor's contact information to applicant or student so that applicant or student may contact vendor in order to challenge the accuracy of the report. DNP will refrain from making an adverse decision with respect to the applicant or student based on information in the background check until applicant or student has been afforded a reasonable time to challenge and correct the record or has declined to do so.
  - f. The DNP reserves the right to request additional information such as but not limited to references from former teachers, employers and correctional officers, consulting professionals or other applicable resources for applicants arrested for, charged with, or convicted of a crime. Applicants to the DNP who have been convicted of a felony and have spent time in a correctional institution will not be admitted to the DNP during the time the sentence is being served or while on parole or probation. As with all students, applicants will be considered on an individual basis.  
**The student is responsible for any costs associated with the background check and the costs are non-refundable.**

## Book Requirements

Students are required to have a copy of each book and/or materials as required by the instructor for each course. Books will be used from semester to semester, so students are strongly encouraged to keep their nursing books until they have completed the nursing program.

## Chain of Command

In assuring a positive environment for learning, the Dakota Nursing Program has detailed the appropriate steps to be taken to identify problems and give faculty and students an opportunity to solve them. When something becomes a problem for you in the Dakota Nursing Program, bring it to the attention of the people who are in a position to resolve it. Therefore, problems should be addressed by following the steps detailed below:

- Step 1: The first step is to discuss the problem with your immediate instructor or clinical instructor in the area in which the problem occurred.
- Step 2: If you and the instructor/clinical instructor are unable to come to a satisfactory solution, you should communicate with the site faculty and nursing program director who will consult with the consortium director on the issue.
- Step 3: If you are still dissatisfied at Step 2, you should activate the grievance or appeal process as detailed in your nursing handbook/college handbook/catalog.

The concept of following the **chain of command** is a vital component to the nursing profession. It is a nurse's responsibility to be familiar with chain of command throughout their nursing career.

## Communication

Students will establish their college email account for program and course communication. Students are responsible for having a working college email account, and following campus policies on email and check their email daily during the semester. Email and course announcements are used extensively within the Blackboard Learning Management System. Students are expected to check the course site daily for communications from faculty.

- It is the expectation of the Dakota Nursing Program that nursing faculty and students respond to communications from other faculty or students within 48 hours during a work week.
- Faculty and students must identify themselves **professionally** with each contact (mail, email, or telephone). This includes **first and last name as well as identification of location within the consortium.**

## Advising

The Dakota Nursing Program follows the college policies on advising, as stated in your college catalog. All nursing students are assigned an advisor in the nursing department. This advisor is available to help the student select the best schedule of classes, which will meet the requirements of the sequence of study leading to a Practical Nursing Certificate and/or Associate in Applied Science Degree in Nursing. The faculty advisors are available to assist the student. The student should feel free to contact the advisor if they have questions or need assistance. A schedule of office hours is posted at each faculty office.

It is expected that a student will meet with their advisor at least once each semester. Students must meet with a **nursing advisor** before registering or dropping any courses. Advisement will be conducted by individual faculty to assist the student in development of their maximum potential. Nursing faculty will schedule advising sessions as needed with students who may need individual attention and direction.

## Drug and Alcohol Screening Policy

### DRUG AND ALCOHOL SCREENING POLICY

The Dakota Nursing Program maintains a no tolerance policy regarding substance abuse. Students must undergo drug and alcohol screens as requested by the Dakota Nursing Program, a clinical agency; or if suspected to be under the influence of or impaired by mind altering substances while on a lab/clinical rotation. Drug and alcohol screens may be annual and/or random. Failure of the student to either take the drug and alcohol test or show a clear drug and alcohol screen may result in termination from the nursing program and all nursing courses. **The student is responsible for any costs associated with drug and alcohol test or screening and the costs are non-refundable.**

Students in the Dakota Nursing Program will be subject to drug and alcohol screening that includes:

- **Initial entry into a nursing program** - testing must be completed as directed within the time frame and by the company designated by the program director.
- **Additional drug and alcohol screen as required by a clinical agency** - testing will be completed in compliance with the agency policy where student is placed at the expense of the student. The student must release the reasonable drug and alcohol test results to their college's program director. Failure to release information will result in dismissal from the nursing program.
- **Reasonable suspicion** - testing must be completed as directed by the program director.

### CHEMICAL IMPAIRMENT PROCEDURE

#### Reporting of Chemical Impairment:

To assist in providing a drug and alcohol-free environment:

- All faculty and students have a duty to report concerns about possible chemical impairment.
- Students who suspect chemical impairment should report their concerns to a nursing faculty member immediately. The nursing faculty will investigate and if appropriate, initiate the drug and alcohol testing protocol for the student.

Common signs and symptoms of chemical impairment include, but are not limited to the following:

- **Physical** - Physical complaints, tremors, nervousness, slurred speech, unsteady gait, flushed face, watery eyes, dilated or pinpoint pupils, excessive use of mouthwash/breath mints
- **Behavioral** - Poor judgment, disorganization, missed deadlines, patient complaints, poor hygiene, mood swings, irritability, excessive talking, poor recall, irrational statements, drowsiness, isolation,

anger, euphoria, long breaks, frequent trips to locker room/restroom, late arrival, or early departure

- **Academic or Clinical Performance** - Poor grades and/or significant decline in GPA, absenteeism/tardiness, or any pattern of impairment in an individual's ability to meet standards of performance, competency, and safety in the classroom or clinical area

### **ACTIONS FOR SUSPECTED CHEMICAL IMPAIRMENT WITHIN THE CLASSROOM OR CLINICAL ENVIRONMENT**

**When a faculty member/preceptor becomes aware of suspected chemical impairment they will:**

- Notify the appropriate program director or their faculty contact and immediately remove student from the clinical site or classroom to a private area. (Inform the student why they are being removed.)
- Always, have a second person/witness present (i.e. other faculty member/preceptor or hospital staff).
- State the sign(s) and behavior(s) observed and allow the student to explain.
- Question the student regarding the use of any substance and, if used, what, when, and how much was used and by what route it was taken.
- If the student denies use of any substance and/or the faculty member determines that reasonable suspicion exists, the student must submit to a drug and/or alcohol test immediately.
- The student will be accompanied to the designated testing area for that facility. A faculty member or a designee will remain with the student until the test is completed.
- If there is concern for the student's safety, a ride home may be arranged.
- A college incident report will be completed by the faculty member.
- Faculty members must also act in accordance with the individual agencies'/clinical sites' substance abuse policies and procedures.
- The student will not be allowed to return to the classroom or clinical environment until the results are evaluated.

### **Drug Screen Results**

- The college nursing program director will receive the drug screen results
- Immediately upon receipt of a positive drug test or student refusal to submit to drug testing, the student must be immediately removed from the clinical setting and may be dismissed from the program.
- In the event that the positive drug test included prescription medication(s), the student is removed from the clinical setting until further investigation is completed. If it is determined that there has been an unlawful use of medication(s) requiring a prescription, the student may be dismissed from the program.
- The program director must be notified if the individual enters treatment.

The student may be referred to the college counselor to discuss a chemical dependency evaluation. The student will be responsible to follow-up with their own healthcare and treatment plan.



## English Proficiency Policy

Orig.2012, rev.11/16

A certain level of English proficiency is necessary for academic success in nursing as well as for client safety. In addition to general college English proficiency requirements, all applicants born outside of the United States or Canada and applicants for whom English is not their native language (including International and/or U.S. residents) or who have not attended 4 years of U.S. high school and achieved a HS GPA of 3.0 or higher must meet additional language proficiency requirements for admission to the Dakota Nursing Program. Applicants will complete the TOEFL: IBT with a minimum **cumulative score of 86**; and a **reading score of 20 or higher, listening score of 20 or higher, speaking score of 26 or higher, and writing score of 20 or higher**. All score results need to qualify within a single exam attempt. Scores from multiple attempts will not be combined to make a qualifying score.

Nursing students for whom English is not their native language should be aware that they may not be able to complete the program of study within the described time frame. Students are encouraged to consult the nursing advisor before submitting the nursing program application. This gives the opportunity to discuss requirements and to make arrangements to either take the TOEFL exam if applicable or seek assistance to be successful on the TOEFL exam in the future.

ESL nursing students who have met the English proficiency requirements but who have difficulty in the nursing program may be required to meet with an advisor on a regular basis during their program of study concerning their progression. The goal is to increase the probability of success in the program and on the licensing examination.

### Reference:

A Minimum English Proficiency Standard for The Test of English as a Foreign Language Internet-Based Test (TOEFL iBT) (2009). Retrieved July 12<sup>th</sup>, 2015, at [https://www.ncsbn.org/TOEFL\\_IBT\\_Proficiency\\_Standard\\_Process.pdf](https://www.ncsbn.org/TOEFL_IBT_Proficiency_Standard_Process.pdf)

## Exam and Review/Remediation Procedure

**Purpose:** To provide testing consistency and an optimal testing environment for all nursing students.

### Procedure for Testing:

1. Students will sit in front of the computer screen keeping strict eye contact on their own test. Security measures will be in place to prevent cheating.
2. A test proctor is to remain in the testing room or always have video surveillance.
3. Students will NOT use the arrow keys to scroll between questions as it can cause your answers to change.
4. Students will SAVE after submitting an answer for each question and review the test before the final SAVE and SUBMIT at the end.
5. There will be no discussion between students during the exam.
6. All books, bags, purses, cell phones, smart watches, drinks etc. will be unavailable to the student. All mobile devices and related applications should be turned off and stowed away.
7. There should be no office machines in use or other activities in the rooms that generate noise and interfere with concentration.
8. After completion of the examination, students will pick up any belongings they want and quietly leave the room without speaking to any other students.

9. If the instructor is not present at the site, the technician is responsible for maintaining the order and integrity of the classroom during examinations and reviews.
10. If the technician feels a student is cheating during an exam, the technician will contact the program director or on-site faculty at **once**.
11. Faculty will only accept answers as submitted on the electronic test as the answer of record.

### **Reviewing and Remediation of Exams**

1. Test results are available to the student immediately upon selecting submit on the online exams. This is a “one-time” view for the student and must be done in a proctored environment.
2. Individual review:
  - a. Students must complete the Test Analysis Tool before leaving the proctored environment **(and submit it to the proctor)** to determine what may have influenced the grade earned.
  - b. A student earning less than 76% on an exam is expected to make an appointment with the program director or designee for a review of the test.
  - c. Remediation is ultimately the responsibility of the student.
3. Math remediation differs from the procedure above and is detailed in this handbook in the Math Guidelines area under Math Remediation.

### **Student Responsibilities**

If a student has concerns after reviewing an exam key the following process must be followed:

1. The student contacts the instructor via email with any general concerns/questions that do not include dispute of a question.
2. Students who disagree with an answer may complete and submit via email an “Exam item Dispute Form” to the faculty in charge of the exam.

NOTE: Adjustments to examinations can be made at the discretion of the instructor. The instructor will notify the student of their decision.

The student is responsible for keeping silent about the exam answers until all sites have taken the exam. This means there is to be no talking or writing about the exam with another student. If a student discusses or gives answers to a student who has not taken the exam, this will be viewed as cheating, (academic dishonesty).

Only students with documented disabilities who have been evaluated and approved by Student Support Services or designated department on each campus will be provided with testing accommodations.

## Grading/Evaluation Policies

The following grading policies apply to all nursing courses in the nursing curriculum. Course and clinical grades are based on a variety of activities and assignments designated by the faculty. The criteria by which grades for each theory and clinical course are determined are included in course syllabi distributed to students. Students have access to and should review the learning management system grading calculation method.

Students are responsible to know what their grades are during the course. Please review the gradebook frequently. If an assignment or exam in the student's gradebook says the assignment or exam has not been submitted or has not been entered, it is then treated as a fact that the student did not do the assignment or exam unless the student has written proof that they did in fact complete and submit such assignment/exam as outlined in the directions. Make sure your assignments are submitted well before the due date to assure timely submission.

1. **Grades:** Grades are given for both theory classes and clinical performance of clinical nursing courses. Students must earn a minimum grade of "C" with a maintained 2.5 GPA or better in all required courses of the program. Students who fail a theory or clinical course will be dismissed from the nursing program. A final grade of D or F is considered to be a failed grade. Any time a student has unsatisfactory grades, they should contact the instructor for guidance.
  
2. **Grading Scale:**
  - a. The following grading scale is used for all NURS courses:
 

92.0 - 100.00	= A
84.0 - 91.99	= B
76.0 - 83.99	= C
68.0 - 75.99	= D
Below 68	= F
  
  - There will be no rounding up of grades.**
  - There is no extra credit offered.**
  
  - b. Exams given during finals week will not be given early. Plan on being in school until the final day of the semester. Please see your college policy on request for change in final examination schedule.
  
  - c. See Blackboard Help tab (Grades) for more information on how the final grade and grade-to-date is calculated
  
3. **Clinical Grades:** Grades are awarded in clinical courses based on the student's ability to apply knowledge and skill to client care, to meet the clinical objectives for the course, and to give safe, reliable nursing care. The clinical instructor evaluates student performance after every clinical experience. Periodic written evaluations on student progress will be individually reviewed and signed by each student during student evaluation sessions. Responsible members of the health team may also contribute their observations of students' performance to be added to the evaluation of students.
  
4. **Incomplete Grades:** Incomplete grades will be given to a student only when extreme circumstances have prevented the student from completing all work by the end of the term and will be given at the discretion of the faculty as written in the student's home campus college catalog. An incomplete

grade must be made up within four weeks of the end of the semester following that in which the incomplete grade was received. Work not completed by that time will be converted to the grade indicated by the instructor.

5. **Active Learning:** In addition to educational strategies such as reading, listening, and reflecting, when appropriate this class makes use of learning techniques commonly known as active learning. Students should expect to participate in active learning techniques such as discussions and presentations, small group activities, writing, problem-solving, movement, case studies, role-playing, etc. These activities promote analysis, synthesis, and evaluation of class content in order to improve student learning outcomes.
6. **Assignments/Quizzes/Clinical Paperwork:** All assignments must be completed and submitted on time in the manner specified by the faculty. Students may fail the course if all assignments are not completed. Late/makeup work will not be accepted (student will receive a 0%) unless previously arranged with the instructor or impacted by extenuating circumstances.
7. **Exams:** The student handbook details the exam and review procedure and in the attendance area, the policy on missing exams.
8. **Records of Grades:** The faculty strongly endorses the idea that each student is responsible for knowing their own academic status based on grades from learning activities. Grades are recorded in the Blackboard Grade Center. All gradebook questions must be addressed by the student to the lead instructor at midterm and then again during the week before finals. There will be no changes accepted to the gradebook regarding absent or late/missed assignments or late/missed exams during finals week. It is the student's responsibility to know what their grades are and contact the instructors or their nursing program director for a plan to improve.
9. **Clinical Exclusions:** Students may not:
  - a. Administer medications without appropriate licensed oversight
  - b. Take verbal provider orders, transcribe provider orders, or sign legal documents
  - c. Administer blood or blood products
  - d. Administer chemotherapy
  - e. Witness consents
  - f. Titrate drugs
  - g. Perform skills or procedures that the student does NOT have the educational foundation to perform safely
  - h. Perform any skill that is excluded by the clinical facility regarding nursing students
10. **Clinical Restrictions:**
  - a. Students are not to bring children to the clinical site or laboratory. These experiences require full attention and participation. Hazardous equipment and supplies may be accessible to children during laboratory experiences. Clinical site policies restrict children for safety reasons.
  - b. Students may not leave the clinical site anytime (including during breaks) during the scheduled clinical hours; this includes visiting their car unless approved by the clinical instructor.
  - c. Students may not use tobacco or e-cigarettes on breaks during clinical hours.
  - d. Students will follow clinical facility policy on access to mobile devices and related applications during clinical rotations. There are no cameras allowed in a clinical facility unless used for a clinical purpose. **Mobile devices including smart watches will not be accessed for any purpose unrelated to clinical. All mobile devices and related applications should be turned off and stowed away unless they are being used for a clinical purpose.**

- 11. Skills Practice and Skills Check-off:** All students are required to practice their skills in the laboratory before they complete their skills re-demonstration. Day and time to practice in the lab will be determined at each campus with the expectation that the student must be proficient in the skill before re-demonstrating it. Length of practice time should be at minimum, twice the time it takes to demonstrate the skill. For example: if the demonstration takes 10 minutes, the practice time will be 20 minutes at minimum.

Students are expected to be prepared to re-demonstrate the assigned skill any time during the lab on the day the re-demo is scheduled. If a student is not prepared for the skill re-demonstration, this is considered a failed skill. All failed skills will be made up outside of class with the assigned instructor. The student failing a skill must redo that demonstration until they pass but the first grade they received will be the grade for that skill. It is the student's responsibility to make an appointment and arrange a make-up date/time with the lead lab instructor on your campus within one week to demonstrate any failed skills, to demonstrate any make-up skills, or to make up a lab. Failure to do so will be considered unsafe behavior and will result in a zero for the skill.

A student failing five nursing skills on separate days is demonstrating unsafe performance and may withdraw or may be dismissed from the program. For example, if a student fails three clinical lab skills on separate days, the student and the clinical instructor will have a conference. Faculty will make recommendations on how to improve performance. On the fourth failed skill on separate days, the student will receive an unsafe occurrence report. On the fifth failed skill on separate days, the student will receive a second unsafe occurrence report and may withdraw or may be dismissed from the program.

Note: the failed skills may be the same skill reattempted multiple times or any combination of different skills. For example: the student fails Sterile technique twice, NG insertion once, then they fail catheter insertion once, and then they fail IM injection once for the fifth failed skill and at that point will leave the program.

Students must successfully demonstrate competence in performing specific skills in the laboratory before they are able to perform them in clinical.

- 12. Guidelines for Lab Simulation:** Simulation in lab is used to demonstrate and exemplify real life experiences in an interactive environment led by a facilitator that encourages critical thinking, reflection, and feedback regarding the learner's performance (NCSBN.org). Simulation in lab is intended to be a safe learning environment accompanied with constructive feedback from debriefing that the learner can take and improve upon each week. Lab simulation will incorporate learning scenarios that complement theory courses and allow for concurrent learning. Requirements for students to participate in simulation and receive a pass each week includes a completed ticket to simulation form and a positive attitude. If the student comes unprepared, they will receive a failure for the simulation. For remediation the student will need to complete the ticket to simulation, make up the simulation with assigned faculty, and complete a simulation analysis. The student will receive a conference form for the first failed simulation, an unsafe occurrence for the second and an unsafe occurrence for the third failed simulation with potential dismissal from the nursing program.

- **Guidelines for 2:1 Clinical Simulation:** Clinical simulation allows the student to incorporate past learning experiences in a simulation environment that evaluates their performance in proving competency in learning outcomes. Students will receive a clinical performance grade as well as complete the required paperwork as assigned in the clinical simulation guidelines. The Dakota Nursing Program may use one hour of simulation to replace up to two hours of traditional clinical time to meet the learning outcomes located in the clinical course syllabus. The program director at each campus will approve how learning outcomes will be met through clinical and/or simulation.

- 13. Nursing Department Etiquette:** It is expected that students will show sensitivity to their peers as well as instructors by avoiding any activity that may cause distraction during class. Incivility will not be tolerated and is an unsafe behavior. Use of mobile devices and related applications, cameras, side conversations, and children are not allowed in the classroom.

Nursing is a profession and thus requires professional behavior. It is expected that students will act in a professional manner displaying commitment to learning in the classroom, lab, all clinical areas, all college areas, and at all times in the public (including social networking sites when representing the college or the profession of nursing.)

Professional attire and decorum are expected when attending class, lab or clinical either face-to-face or via virtual delivery. During a virtual class, the camera settings will be on at all times and microphone settings will be on/off as requested by the faculty. Students will sign in with first and last names and will sign in 5 minutes before class time so faculty can take attendance. Students will be available the entire class time and will engage in the discussion or answer questions if called upon. Taking pictures or video of the other students without their consent is not allowed and considered uncivil behavior. Faculty and students will strive for an interruption free environment, refrain from driving, refraining from the use of other electronic devices, and not smoking, or eating during a virtual session.

- 14. Course study expectations:** Commitment to learning is important to success. For every semester credit hour you are taking in a class, three hours needs to be set aside in your weekly schedule to read, study, and devote time toward your education outside of class.

For example: NURS 225 (3 credit) x 3 hours = 9 hours/week to study (minimal recommended study hours per week.)

This formula should be factored in for all your classes, and soon you will see that many hours need to be devoted to becoming a successful nursing student.

- 15. Academic Dishonesty:** Academic honesty is held in the highest regard within the Dakota Nursing Program. Academic dishonesty will be addressed following the policies outlined in your college catalog. Dishonesty may result in failure of the course and dismissal from the Dakota Nursing Program.

- 16. Student Role in Evaluation of Teaching, Course, and Program Evaluation:** The Dakota Nursing Program student will evaluate faculty teaching and curriculum in the classroom, lab, and clinical settings. The evaluations are an important source of information for both individual faculty and for program evaluation.

- Evaluations are conducted at the end of each semester, an exit evaluation upon program completion, and a graduate survey at 6-9 months post-graduation.
- Surveys of students regarding specific topics are conducted periodically as needed.
- Student Focus groups and meetings with the consortium director are conducted within the program periodically. The results of the focus groups and director meetings are used in program evaluation.
- Program improvement and development depend on evaluations by faculty, students, and alumni.

### **Grievance/Appeal Policy**

Student grievances concerning grades or suspension/dismissal may be appealed. All written appeals must be signed and dated by the student or sent from their institutional email.

#### Unsatisfactory Grade Appeal:

1. A student, who believes an unsatisfactory final grade does not represent fairly the quality of work done, may appeal the grade in writing to the lead instructor no later than 10 working days after the end of the semester in which the grade occurred. The lead instructor will forward the appeal to the student's nursing program director upon receiving the appeal to allow for any input regarding extenuating circumstances at the local level.
2. The instructor may uphold or deny the appeal and must respond to the student in writing within three business days. The instructor will forward a copy of the response to the student's nursing program director and the consortium director during this same timeframe.
3. If this does not resolve the issue, the student may follow the procedure for Academic Appeals found in the student's college handbook/catalog.

#### Suspension/Dismissal Appeal:

If a student wishes to appeal a suspension/dismissal, they may follow the grievance process specific to their home campus.

### **Inclement Weather or other Campus Closures Procedure**

Due to the Dakota Nursing Program covering a large part of ND, we follow a specific protocol regarding weather. While it may be a blizzard is occurring in Bismarck one day it may be beautiful in Williston.

The instructor who is teaching the class should go ahead and present if their home campus is open. For another campus that is closed for the day, students may utilize YuJa, so they do not get behind. So, if the campus is open, class goes on. If your campus is closed, then you will use YuJa.

The instructor and program directors from any campuses that are closed for the day need to be in communication with students and deal with any make up on a campus-by-campus basis. If a campus is closed, the IVN department at that campus is also closed and the IVN delivery mode for that course is considered cancelled.

To summarize:

- If your campus is open - come in for class unless you hear from your faculty or program director.
- If your campus is closed – YuJa the class.

It is the student's responsibility to communicate with your nursing program director or clinical instructor to make up any class/lab/or clinical time.

\*\*\*Campus sites that are open will administer exams. If your site is closed, your exam will be delayed so your site can all take it together. If you are located at a satellite site, your nursing program director and site manager will work together to schedule the exam within 24-48 hours.

If you have any questions about what is happening with the weather, call your nursing program director/site facilitator or in the case of a clinical day - call your clinical instructor. As with almost every other situation in life - communication is the key in successfully dealing with the weather situation.

Sometimes it is not safe for you to attend class if you are driving from a distance to your campus. You need to be prudent in your decision whether you are coming in or not. Most of you have worked in medical facilities and know how to judge the weather when deciding whether to come in for work or not.

Remember that the nursing program curriculum is not only preparing you academically to be nurses, it is also preparing you to be responsible employees in the workplace.



## Dakota Nursing Program Math Guidelines Dimensional Analysis

Originated 5-4-12, Rev 6-2014, 12-2014

The Dakota Nursing Program uses “factor labeling” or "dimensional analysis" (DA) in medical math calculations. This stepwise approach makes solving almost all problems a consistent process with a tendency for decreased errors.

### Dakota Nursing Program (DNP) Math Guidelines:

1. Adhere to the Joint Commission *Do Not Use* list.  
[http://www.jointcommission.org/assets/1/18/Do\\_Not\\_Use\\_List.pdf](http://www.jointcommission.org/assets/1/18/Do_Not_Use_List.pdf)
2. Use a leading zero when your answer is less than one. Correct-(0.5 mg) Incorrect-(.5 mg). Always put a zero in front of a decimal.
3. Avoid trailing zeroes on any answer. Correct-(0.5 mg) Incorrect-(0.50 mg)
4. The answer’s label will be provided, please input the numerical answer and do not repeat the label when you submit your answer.

### Using the Dimensional Analysis Method

1. Determine the unit(s) needed for the answer, and place it as the unknown on one side of the equation.
2. On the other side of the equation, write a fraction with the unit(s) needed for the answer on top (numerator) with the corresponding unit(s) on the bottom (denominator).
3. To start cancelling out the unwanted units(s), multiply the first fraction with a second fraction that contains the same unit(s) in its numerator as the denominator of the first fraction. Again, put the corresponding unit(s) in the denominator.
4. Keep doing step 3 until all the unnecessary unit(s) can be cancelled on the right side of the equation. The remaining unit of measure on the right side of the equation should match the unknown unit of measure on the left side of the equation.
5. Solve the equation.
6. If the last decimal place is  $\geq 5$ , then round the preceding number up.  
a. Ex: 1.57 = 1.6, 1.45 = 1.5, 0.686 = 0.69
7. If the last decimal place is  $< 5$ , drop the last decimal to round down.  
a. Ex: 0.543 = 0.54
8. Do **not** round too early. Do all your calculations and round at the completion of the entire problem. (With the exception of client weight – see next point.)
9. If the problem has the weight of a client in pounds, change that to kg and round that part to hundredths (nearest 2 decimal places) (i.e., 23 pounds = 10.45 kg). The weights are figured out and rounded before starting the problem.
10. Follow the test, quiz, or worksheet directions on rounding in the problem. If they do not specify **then** follow the guidelines below.
  - a. To figure out what and when to round, ask yourself which unit your number is representing (i.e., tablets, drops, ml, etc.).
  - b. With ml answers, you need to imagine what type of syringe will be used to administer the drug.
  - c. mL – The instructor will provide rounding instructions.
  - d. Drops (gtts) - round to the nearest whole number (i.e., 26.125 would be rounded to 26). This is because it is impossible to have a part of a drop be administered.
  - e. Units – round to the nearest whole number

- f. Capsules – round to the nearest whole number
- g. With tablets, if your answer is a whole number, just leave it. If your answer is not a whole number, round it up or down to the nearest whole number or 0.5. This is because a tablet can usually be easily broken in half, but not into 0.125<sup>th</sup> of a tablet. Tablets that are scored may be rounded to the nearest 0.5 or more rarely to the nearest 0.25 tab.
- h. At the conclusion of your calculations take a big picture look to see if it makes sense. If it doesn't make sense, clarify, and verify until you are comfortable with it. (Ex: an answer that would involve giving 4 or more tablets of something would be a red flag and should be checked by another qualified person.)

NCLEX FAQ - Do calculation items have a decimal place? - Yes, unless the item requests that the candidate records their answer using a whole number. If asked to record to one (or two) decimal places, the candidate must enter the decimal point for the answer to be correct.

NCLEX FAQ - When should a candidate round a calculation item? - Answers to calculation items should be rounded at the end of the calculation.

### **Math Remediation**

#### **1. Proctored Quizzes**

- a. The purpose of the proctored math quizzes is to prepare the student to successfully complete math exams.
- b. If a math quiz score is less than 90%, students will remediate.
  - i. Students have two proctored remediation attempts to score 90% or greater on quizzes.
  - ii. Proctored remediation needs to be successfully completed one week from the proctored quiz date.
  - iii. After the second unsatisfactory proctored remediation (<90%) the student meets with faculty and an unsafe occurrence form may be initiated along with a program improvement plan if the student is not showing initiative and effort in the remediation process.
  - iv. Student may be required to make appointment with a math tutor.
- c. If a student's score is at a very low level (60% or below) on a quiz, **the student** is responsible to contact a lab instructor to set up a meeting for individual directions on following the remediation process as outlined above.

#### **2. Exams**

- a. The purpose of the math exams is for the student to show competence in the math aspect of medication administration as a part of safe nursing practice.
- b. If a math exam score is less than 90%, students will remediate.
  - i. Students have two proctored remediation attempts to score 90% or greater on exams.
  - ii. Remediation needs to be successfully completed one week from the proctored exam date.
  - iii. If the student fails to pass the first remediation attempt, an unsafe occurrence along with a program improvement plan will be initiated.

- iv. If the student fails to pass a math competency exam after three attempts (original exam and two remediation attempts), or does not adhere to the remediation process, failure of the clinical course may result.
- c. The score of the original exam will be the documented gradebook score.

### **Nursing Graduate Pinning**

The pinning ceremony is a special nursing tradition. A nursing program pin is presented to the nursing student near the end of their program. Pinning ceremonies (date/location) are scheduled by the nursing departments at each campus. Students and faculty will work together to plan the celebration. The nursing program director must give full approval to the program and presentation.

### **Progression Requirements**

1. Students must receive a passing grade of “C” or better in all required general education and nursing courses. Students who fail to meet progression requirements will be allowed to repeat nursing courses one time only.
2. Students must maintain current CPR certification and health requirements.
3. Students in the Dakota Nursing Program are expected to act in a professional and ethical manner.

The nursing faculty of the Dakota Nursing Program has a responsibility to prepare graduates who are able to practice nursing in a safe and competent manner.

Students whose practice or performance behavior is unsafe in either the clinical or classroom may be subject to dismissal. An unsafe/unprofessional behavior occurs when the student behaves in a way which is actually or potentially harmful to a client, client’s family, self or others. An unsafe/unprofessional behavior includes but is not limited to violations of the nursing standards of professional conduct and violations of the policies of the college, nursing program or medical facility.

In the event of unsafe/unprofessional behaviors the following steps will be taken:

1. Faculty complete a Conference Form. See specifics under conference form.
2. Faculty complete an Unsafe Occurrence Report for serious or chronic, unprofessional, or unsafe behaviors (see specifics under Unsafe Occurrence form) with accompanying Performance Improvement Plan. If a student is placed on a Performance Improvement Plan (PIP) during the nursing program, this action plan will remain in effect until completion of the program.
3. The clinical faculty may choose to send a student home with an unexcused absence for unsafe or unprofessional behaviors.

**The student is expected to act in a professional manner with the assistance of faculty input. The student may be dismissed from the program if they:**

- a. Receive two unsafe occurrences while enrolled in the nursing program.
- b. Exhibit professional misconduct.

Upon dismissal from the program, the student will receive a grade of F in one or more of the courses affected by the unsafe occurrence as determined by the admission and progression committee. The student is not allowed to progress to the next semester or graduate from the nursing program. Unsafe occurrences while in the PN program may affect ability to progress into the AD program.

**Conference Form** – See Appendix A

1. A conference form is used by faculty to make note of program progress/concerns or advising events with students. Conference forms can be used for concerns that are not to the level of an unsafe behavior. They are used to keep track of events for positive reinforcement, improvement of issue and to document trends. A Performance Improvement Plan may be attached to the conference form if appropriate for the concern. These forms are kept in the student's file. The information and recommendations on a conference form are discussed with the student.

**Unsafe Occurrence Report** – See Appendix B

1. When an unsafe/unprofessional behavior occurs, the faculty immediately discusses the incident with the student and then follows up with an Unsafe Occurrence Report within 48 hours of event or of the program faculty or director being informed of the event or before the next clinical. The student will be given a copy of the report. If the student does not sign the report, a second faculty will sign and verify that the report was given to the student.
2. **Person responsible to complete Unsafe Occurrence Report:** Any nursing faculty (clinical instructor, nursing instructor, nursing program director, or consortium nursing director). The responsible faculty needs to include a full description of the event and recommendations. Faculty and the nursing program director will address unsafe behavior violations or unprofessional behavior and parameters of the performance improvement plan with the student **within two business days or before the next clinical (note: or of faculty being informed of the occurrence)**. If the program director is not at the site, a teleconference or AV conference will be initiated to allow for program director input. It is advised that there be two individuals at the physical meeting if a program director is not physically present.
3. An unsafe behavior violation will be reviewed by the faculty and director. The faculty and director will determine if the incident was:
  - a. Human error – inadvertently doing the wrong thing.
  - b. At risk behavior – behavior that increases risk where the student does not recognize the behavior as at risk or believes the risk to be justified.
  - c. Reckless behavior – Behavior that shows disregard to a substantial and unjustified risk.
4. Completed copy must be signed by the originating faculty, the student, a second faculty if the student does not sign and the nursing program director who will place the form in the student file.
5. All the unsafe/unprofessional behaviors include but are not to be limited to those noted in this handbook, those that have led to an adverse complication, those that are a chronic unsafe/unprofessional behavior, or are deemed an unsafe behavior by the nursing program director. **NOTE: Chronic behavior is repeating the same behavior two to three times.**
6. **Situations in which an Unsafe Occurrence Report is appropriate include but are not limited to:**
  - a. A student demonstrates unsafe behaviors (includes medication errors or performing activities outside of the student nurse role) or is noted to be at risk or reckless in the lab/clinical area.
  - b. Performing client care without adequate preparation and knowledge.
  - c. Failure to follow directions given by faculty, preceptor, or nursing staff.
  - d. Failure to report significant data such as change in condition, errors/incidents, or equipment malfunction to appropriate source such as faculty or the staff RN.
  - e. Unprofessional behavior or attitude exhibited in the classroom, laboratory, clinical setting, or the community in general. Students represent the nursing program, college, and the nursing profession.

- f. Failure to follow college/nursing program/medical facility protocol and/or policies
  - g. Attendance or tardiness issues - Excessive classroom/lab/clinical absences and failure to notify the clinical faculty before the start of the clinical.
  - h. Inappropriate or inadequate communication by student toward/with: Faculty, preceptor, other student, health care team, patient, or visitor (Includes incivility)
  - i. Unprofessional behavior or attitude exhibited in the classroom, lab or clinical. **Examples can be found in Appendix C Professional Behavior and Values table.**
  - j. Failure to maintain confidentiality.
  - k. A student is found to be under the influence of or impaired by mind altering substances while in clinical/classroom/lab. Students may not consume alcohol within 12 hours of a clinical rotation.
  - l. Other occurrences that include but are not to be limited to those that have led to an adverse complication, or are a chronic unsafe/unprofessional behavior, or are deemed an unsafe behavior by the nursing program director.
7. **A Performance Improvement Plan** will accompany the Unsafe Occurrence Report to ensure consistency in student development and evaluation. A Performance Improvement Plan may also accompany a conference form.

Procedure:

- a. The Performance Improvement Plan will remain in effect until completion of the nursing program. If the behaviors are observed in any part of any subsequent nursing course, the student may be dismissed from the program without further warning.
- b. When a student is placed on a Performance Improvement Plan, the nursing faculty consults with the nursing program director to develop the plan before the faculty meets with the student. The Performance Improvement Plan is a part of the students file at that point.
- c. The student meets with the faculty.
- d. The nursing program director is part of the student's exit evaluation of the semester in which the Performance Improvement Plan was initiated.

**Professional Misconduct** is defined as behavior that jeopardizes or potentially jeopardizes clients or anyone else the student is in contact with during their time in the nursing program, including but not limited to colleagues, faculty, and college/clinical agency staff.

The following professional misconduct examples are additional reasons for suspension/dismissal from the nursing program:

- 1. A student is found to be under the influence of or impaired by mind altering substances while on clinical. Students may not consume alcohol within 12 hours of a clinical rotation.
- 2. Failure to disclose a positive background check or inability to complete clinical objectives because of a positive background check.
- 3. Breach of confidentiality
- 4. Student actions or lack of action that cause a serious adverse complication. That would include death of a client, injury to a client requiring a longer hospital stay, or injury to another person.
- 5. Physical or verbal abuse of any person
- 6. Negligence (, Failure of the nurse to perform safe and effective nursing care within the standards of conduct, resulting in harm or loss.)
- 7. Abandonment of client (leaving without reporting off)
- 8. Behavior that may disrupt the normal activities of the school or clinical agencies or violates their established policies and procedures.

9. Academic dishonesty
10. The licensed nurse whose license to practice nursing is encumbered, revoked, or suspended is dismissed from the nursing program. The licensed nurse who voluntarily surrenders their license to practice nursing must withdraw from the nursing program until such time as their license is active and unencumbered. It is the student's responsibility to report all licensure issues to the Nursing Program Director as they happen.

### **Clinical Suspension**

1. A student exhibiting behavior in the clinical setting which is deemed by the instructor to be unsafe to the mental, emotional, or physical welfare of staff, clients, self, or others shall be subject to immediate suspension from the clinical segment of the course, or portion thereof, in which the unsafe behavior is exhibited. Students failing to progress in clinic skills and knowledge are also subject to immediate suspension from the clinical course.
2. The instructor is to immediately notify the program director who then notifies the consortium director of the suspension.
3. A meeting will be conducted between the instructor, program director, and student. The suspension may be temporary or permanent, based on the circumstances of the incident.
4. Students, who, in the opinion of their instructor, are unprepared for academic or medical reasons for their clinical assignments, may be removed from giving client care and may be graded unsatisfactory for that clinical day. These incidents will be reported by faculty to the nursing program director before the end of the student's clinical day.

### **Clinical Dismissal**

The student may be terminated from the nursing program and all nursing courses for unsafe care (failure to follow agency or college policies and procedures), violation of professional nursing standards or failure to progress in the clinical area.

### **Academic Dismissal**

Dismissal from the program will result if a student receives an unsatisfactory grade for a nursing course or required general education course at the end of the semester. Students may request to reapply to the program and repeat nursing courses only once. Permanent dismissal from the program will result upon a second failure of a nursing course or failure of a second nursing course. A grade of D or F is considered a failing grade.

The general education courses of the curriculum guide must be taken prior to, or as scheduled in the curriculum guide. If they are not taken as scheduled in the curriculum guide or are not passed with a C or better, the student may be dismissed from the nursing program. All general education courses in a semester are prerequisites for the courses in the next semester as listed on the curriculum schedule.

### **Safety to Practice: Practice Statement**

*One essential element of safe nursing practice is a nurse's functional ability: the competence and reliability with which a nurse is able to practice at any given time.*

(ND Board of Nursing Practice Statement, 2013)

## Readmission and Transfer into the Nursing Program

Students seeking readmission or transfer admission are considered on an individual basis based upon space availability.

### Requirements for Readmission

1. The student must notify the campus program director of the nursing program, **IN WRITING**, of their desire to re-enter the program. The letter needs to address the previous reason for discontinuance and how the student plans to be successful if readmitted. The student may and is encouraged to have a personal interview with the nursing program director.
2. The student must have a minimum nursing course (NURS) GPA of 2.75 and cumulative GPA of 2.50 to be considered for readmission to the program the next term that the withdrawn or failed course is offered.
3. Students with nursing course (NURS) GPA that is less than 2.75 will need to consult with the nursing program director for a plan to increase the GPA so the student can reapply for reconsideration for beginning entry into the program.
  - a. Note: the failed class grade is dropped when a student is considered for readmission. For example: a student has a D in NURS 120 and wishes to start the program over again the next fall, that D is not considered in the GPA calculation.
4. The readmission request will be decided on by the leadership team with input from the campus nursing admission and progression committee. The nursing program director will then inform the student whether they need to repeat the entire program or whether they will be re-admitted to the program at their withdrawal point.
5. Each student will be permitted only one re-admittance to the Dakota Nursing Program.
6. If an AD student withdraws out of or fails the program, they must successfully pass the NCLEX PN and have a clear and active license to be readmitted into the AD program.
7. If the nursing courses are more than 12 months old, the nursing program director and/or leadership team may request that the students repeat the course(s) or that they take a validation (course evaluation) exam. Students must pass the validation exam at an acceptable level determined by the nursing department. (ATI proctored exams must be passed at a level 2 or 3. A level 1 or below 1 is not acceptable.)
  - a. The student may also be required to show competence by demonstration of selected nursing skills. If the student does not pass the skills, they will need to re-take the respective clinical course. The student will also be required to retake the accompanying co-requisite clinical course with a previously failed theory course.
8. A student who has been out of the nursing program for more than one year will apply for admission as a beginning student. No credit will be given for nursing courses previously taken. Science courses more than seven years old will be evaluated on an individual basis.
9. Readmission is dependent upon space availability and curriculum placement. If the number of readmission requests exceed space availability, the readmission applicants will be accepted on a first come, first in basis as they qualify.
10. Students seeking readmission will be admitted under the catalog of the current academic year.
11. A DNP student who has failed a nursing course twice or has failed two nursing courses or has any combination of failures/withdrawals/dismissals twice, (within the PN and AD program) will not be readmitted to the program for a third time.
 

Example One: Student fails NURS 120 and returns the next year and fails NURS 127.  
This is two fails and the student would not be readmitted

Example Two: Student fails NURS 120 and then returns the next year and completes PN

program and goes into AD program and fails NURS 225. This is two fails (Within the PN and AD program) and the student will not be readmitted.

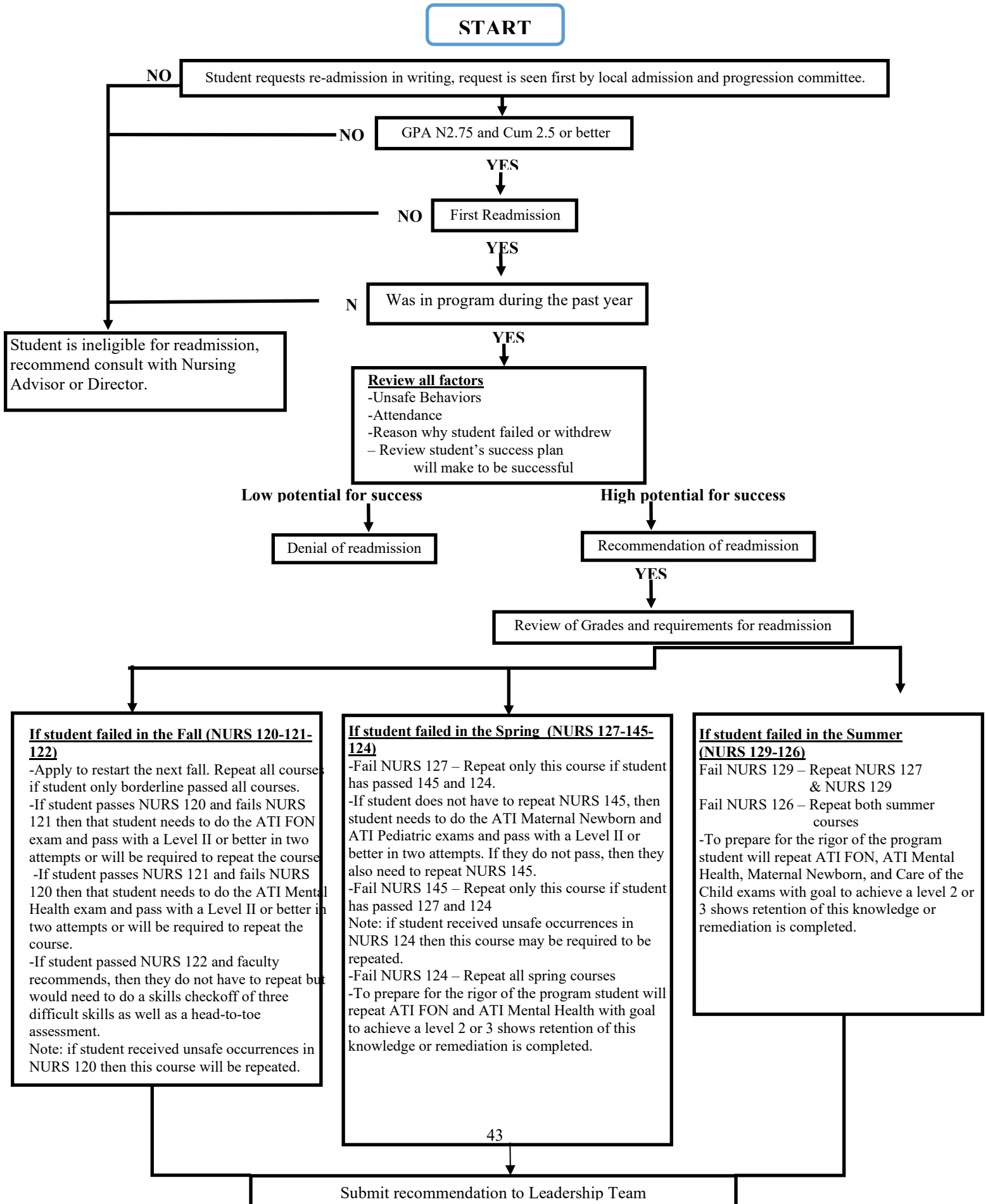
12. The student who has had a previous failure/withdrawal/dismissal in any other nursing program and is admitted into the program will only be allowed one course failure and then will not be admitted a second time into the program. The student who has had two previous failures/withdrawal/dismissals in any other nursing program will not be admitted into the nursing program.

### **Transfer Admission**

A transfer admission request is an applicant who requests to enter the program and transfer in nursing courses (under two years old) from another program. Applicants who have studied in other programs more than one year ago will simply apply to begin the program as a new student.

1. Submit a written request for transfer and a letter verifying good standing in the nursing program from the director of the previous nursing program.
2. Complete an application to the nursing program with all transcripts.
3. Nursing courses should not be over two years old; if so, these will need to be repeated. Nursing courses will be evaluated on an individual basis.
4. Students who have made a "D", "F", or withdrawn from two nursing courses from another college or university will not be considered for transfer to the nursing program.
5. Note: Students seeking to transfer from one Dakota Nursing Program to another will contact the nursing director at their campus to initiate the process.





## Student Employment

The Dakota Nursing Program follows your college policy on student employment and college work-study, as stated in your college catalog/handbook.

The nursing program is very time intensive with reading, assignments, and clinical requirements. It is recommended that students work no more than 24 hours per week. Maintaining the required GPA in all required courses should receive priority over outside employment.

## Student Illness or Injury

The Dakota Nursing Program strives to provide quality education and quality client care in a safe environment. For the protection of students, client, clinical personnel, and faculty, the following policies must be followed:

1. Report any injury incurred in the classroom, lab, or clinical area to the nursing program director or site manager immediately.
2. Students will notify the nursing program director immediately of any illnesses, planned or unexpected surgery or other procedures, or any other issues that may impact safe and effective client care or cause the student to be unsafe to self or others. If the student is deemed to be unsafe or unable to finish the clinical requirements, that student may be dismissed from the program. Non-notification of the nursing program director of such illness, surgery, procedure, or other illness may result in an unsafe occurrence report.
3. A student who is unable to meet the objectives of any course due to any reason, including but not limited to physical, mental, or emotional problems, may be dismissed from the program. Students are expected to provide safe and effective care for clients and care for clients who require lifting, moving, or transfer clients or equipment.
4. Students who are ill during the class/lab/clinical day may be sent home at the discretion of the instructor.
5. If the student is absent due to illness or injury for greater than one-week duration (classroom, lab, or clinical), the student must provide written medical clearance before returning to class.
6. Students who become impaired in their ability to adequately perform in the classroom or clinical environment due to misuse of prescription drugs may jeopardize a safe environment. Accordingly, student misuse of prescription drugs in the classroom/clinical/laboratory, on or off the College campus, will be cause for an unsafe occurrence report, immediate suspension, or dismissal from the program.
7. Students who have prescriptions for medications that may alter their ability to perform in the classroom or clinical environment must notify the nursing program director upon admission to the program or when the student begins such a prescription.
8. A student with a potentially communicable illness (including draining wounds) will be required to furnish written medical clearance before returning to the classroom, lab, or clinical.
9. A student with a cast, crutch, cane, splint, sling, drainage device or other device that impairs mobility or motion will not be allowed in the clinical area. Written medical clearance will be required before returning to the clinical area. Greater than four absences may result in a dismissal from the program.

## **Student Organizations and Committees**

Several college organizations and committees are available for student participation. Refer to your college handbook/catalog.

1. A nursing student elected by their classmates is eligible for participation as a representative to the nursing faculty meetings.
2. Students in the Dakota Nursing Program are encouraged to join a local association for nursing students – Student Nurses’ Organization (SNO). The Student Nurses’ Organizations will follow the by-laws of their local chapter. The SNO faculty advisor attends each SNO meeting.

The objectives of the Student Nurses’ Organization (SNO) include to:

- a. Promote and encourage participation in community affairs.
- b. Represent and promote nursing students and nursing to the faculty and the community.
- c. Promote students’ participation in interdisciplinary activities.
- d. Promote and encourage recruitment activities and promote cooperation and networking among students.

Along with your local SNO, students are encouraged to join the National Student Nurses Association (NSNA).

3. Students, maintaining academic standing, are also encouraged to participate in other campus organizations.

## **Guidelines for Student Representatives at Nursing Faculty and Student Affairs Meetings**

Student Representatives to the Nursing Faculty and Student Affairs meetings:

1. Are encouraged to attend all Faculty and Student Affairs meetings. If the representative cannot attend, their alternate may attend if one had been designated.
2. Are not voting members of the Faculty and Student Affairs Committee.
3. Are expected to report back to their class with appropriate information from the meeting.
4. May initiate comments and class concerns relating to the nursing class and the nursing program. The Chain of Command must be always followed.
5. May make suggestions and comments relating to planning, assessment, evaluation, curriculum, etc. as the faculty moves through these processes to improve the nursing programs.
6. Are expected and required to always maintain a professional manner. Information which may be confidential in nature may not be shared with anyone.
7. May suggest agenda items as appropriate.

## **Student Pregnancy**

During the clinical rotation students may be assigned to areas that have potential to be dangerous for a pregnant person or developing fetus. Students who are known to be pregnant will not be assigned to such areas. For the well-being and safety of a pregnant student, the following policy must be followed.

1. A student who is pregnant must:

- a. Disclose pregnancy to the nursing program director and provide the estimated date of delivery calculated by her health care provider upon acceptance into the program or as soon as the student is aware of the pregnancy.
  - b. Observe any pregnancy precautions/policies while in the clinical area according to that agency's policy.
  - c. Disclose any change in the student's health status by immediately notifying the nursing program director.
2. After a pregnant student discloses the pregnancy to the nursing program director, the nursing program director and student shall coordinate to ensure that the student completes the required number of clinical and laboratory hours and maintains satisfactory classroom attendance.
  3. Childcare arrangements will need to be in place once student returns to class after delivery. Children are not allowed in college classrooms/labs/clinical areas.

## **Clinical Policies**

### **Procedure: Biohazards/Infectious Waste Exposure Control Plan**

**Purpose:** All student nurses (SN) shall fill out an Exposure Report at the place where exposure occurred. This report will be investigated by the institution where incident occurred as well as by the Dakota Nursing Program.

**OSHA Definition:** Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

#### **A. Procedure: Exposure Occurrence at an institution**

1. Should an exposure occur, the SN will follow the steps for reporting an exposure per institutional policy (institution where exposure occurred). This paperwork must be completed within 24 hours of incident and given to the immediate Clinical Instructor as well as the immediate supervisor of the place of exposure. The Clinical Instructor will in turn notify the nursing program director as soon as possible. This may be done per telephone conversation or in person.
2. The SN and Clinical Instructor will submit a copy of all incident reports to the nursing program director no later than 24 hours after the incident along with any reports or actions.
3. All Exposure Reports shall be kept confidential.
4. A SN desiring medical counseling or further information on medical management concerning an exposure to HIV (AIDS) or Hepatitis B (HBV) viruses should direct concern to the nursing program director.
5. A SN may be seen at the doctor's office or, if after hours, at the Emergency Room at their local hospital if deemed necessary by the Clinical Instructor or nursing program director.

#### **B. Exposure Occurrence in classroom/lab**

1. Should an exposure occur while in a classroom/lab setting, the SN must report the incident to the supervising Faculty.
2. The faculty and student will complete the DNP National Occurrence Input Form (See Appendix D) together and the faculty will email it to the nursing program director within 24 hours of the incident.
  - a. The Dakota Nursing Program reports occurrences to the National Council of State Boards of Nursing Safe Student Reports (SSR) study. All reports are confidential and student names are not submitted.
3. The faculty and/or student will contact the college HR department or Safety and Security Office for a student or faculty injury on the day of the incident.

### **Blood/Body Fluid Precautions**

Students are required to follow standard blood and body fluid precautions during clinical experiences. This includes the use of gloves, protective eyewear, face shields, gowns, and masks when appropriate. Use of standard precautions is intended to protect both the student and their clients.

## Clinical Health Policies

The Dakota Nursing Program follows the college policies on health concerns regarding AIDS, Hepatitis B, health insurance and measles/rubella immunity, etc. See your college catalog/handbook for detailed information.

### Liability Insurance

Each individual college campus carries student liability insurance. This charge may be noted on your student fees. Insurance verification can be requested from the office of the Nursing Consortium Director.

### Table on Clinical Requirements (Immunizations and CPR)

**All students and clinical faculty must show evidence of the following:**

Requirement	Comments
<ul style="list-style-type: none"> <li>• Measles (Rubeola), Mumps, &amp; Rubella</li> </ul>	One of the following is required: 2 vaccinations OR Positive antibody titer (lab report required)
<ul style="list-style-type: none"> <li>• Tetanus, Diphtheria &amp; Pertussis (TDaP)</li> </ul>	Submit documentation of a Tetanus, Diphtheria & Pertussis (TDaP) vaccination, administered at any time, ALONG WITH a Tetanus vaccination administered within the past 10 years. *Clinical agency may require TDaP every 10 years.
<ul style="list-style-type: none"> <li>• Varicella (Chicken Pox)</li> </ul>	One of the following is required: 2 vaccinations OR Positive antibody titer (lab report required)
<ul style="list-style-type: none"> <li>• Hepatitis B</li> </ul>	One of the following is required: 3 vaccinations OR Positive antibody titer (lab report required)
<ul style="list-style-type: none"> <li>• Influenza (Flu)</li> </ul>	Submit documentation of a flu vaccine administered between September 01 – November 01 of the current flu season. *Exceptions to the seasonal influenza <b>may</b> be made for students and instructors who have medical contraindications, such as egg allergy, history of Guillain-Barre within six weeks of influenza vaccination, and anaphylaxis after influenza vaccination
<ul style="list-style-type: none"> <li>• Tuberculosis (TB)</li> </ul>	One of the following completed within the past 12 months is required: 2 step TB skin test (administered 1-3 weeks apart) OR 2 consecutive annual tests Administered 10-12 months apart, with the most recent administered within the past 12 months OR QuantiFERON Gold blood test (lab report required) OR T-Spot blood test (lab report required) OR If positive results, submit: a clear chest x-ray (lab report required) from within the last 5 years AND documentation from provider stating student is TB symptom free.
<ul style="list-style-type: none"> <li>• COVID-19</li> </ul>	Submit proof of vaccination as required by clinical agency or submit exemption to be approved by the clinical agency.
<ul style="list-style-type: none"> <li>• BLS Certification</li> </ul>	One of the following is required: American Heart Association BLS Provider course OR American Red Cross CPR for the Professional Rescuer (PR)/Health Care Provider

### **HIPAA Certification**

Students must successfully complete HIPAA training (including examination) before beginning onsite clinical experiences. All students (PN, Paramedic Bridge, and AD) must complete this certification.

### **Housing/Transportation**

The Dakota Nursing Program follows the college policies on housing found in your college catalog/handbook.

Students are responsible for their own transportation related to the clinical experience, and students and faculty will not transport clients in their own automobiles, as there is no liability coverage in the event of accidents.

Students are responsible for all expenses related to clinical experiences. This includes room, board, travel, and other personal expenses. If a clinical experience requires an overnight stay, the faculty will make available to the student a listing of reasonably priced accommodations at the site.

### Student Occurrence Procedure

When an occurrence has occurred during a clinical, the student and instructor are responsible to complete the following three steps and required paperwork.

1. The faculty and student will complete the appropriate paperwork together at the medical facility and follow protocol as directed on the day of the incident.
2. The faculty and/or student will contact the college HR department or Safety and Security Office for a student or faculty injury on the day of the incident and complete the college paperwork.
3. The faculty and student will complete the DNP National Occurrence Input Form (**See Appendix D**) together and the faculty will email it to the local and consortium director within 24 hours of the incident.
  - a. The Dakota Nursing Program reports occurrences to the National Council of State Boards of Nursing Safe Student Reports (SSR) study. All reports are confidential and student names are not submitted.

NOTE: Examples of occurrences include:

- Medication Error
- Needle stick
- Inadequate preparation for providing patient care
- Blood/pathogen exposure
- Fall event
- Outside scope of practice
- Injury to body
- Change in patient condition
- Deviation in protocols
- Equipment or medical device malfunction
- Environmental safety – for self, patient, or others
- Inappropriate or inadequate communication by: faculty, preceptor, other student, health care team, patient, or visitor
- Breach of confidentiality

### Uniform, Supplies and Equipment

Upon acceptance into the nursing program, students are required to purchase the following equipment for use in their clinical nursing courses:

- ✓ Designated Uniform/scrub set
- ✓ Watch with a second-hand
- ✓ Bandage scissors – check with faculty, this may be in your PN kit.
- ✓ Penlight – check with faculty, this may be in your PN kit.
- ✓ Stethoscope



- ✓ Blood pressure cuff
- ✓ Name badge
- ✓ Professional shoes (described on following page) with uniform
- ✓ Black dress slacks and specified shirt
- ✓ Dress shoes to wear with black slacks
- ✓ Optional per site: short or long-sleeved cover-up in the same color as scrubs or black, grey, or white.
- ✓ Optional per site: Polo shirt as designated at your site

Nursing students are expected to always maintain a professional appearance when they are in the clinical area. Uniforms/scrub suits are to be worn **only** in the clinical area. The following guidelines should be followed:

**Uniform:** During clinical, the standard uniform for the nursing student is scrub pants and top of a predetermined color and style, which is professional in appearance. Students may wear a short or long-sleeved cover-up in the same color as scrubs or black, grey, or white.

Other colors are not allowed. Several clinical sites do not allow t-shirts under scrubs. Please follow the policies at your clinical site and do not wear t-shirts if they are prohibited. All clothing worn in the clinical setting should be non-revealing, clean and properly fitting.

**When collecting data** prior to a scheduled clinical, the student will wear a clean white lab coat (if required at your campus), either hip or knee length. Students will wear dress clothes composed of black slacks, program designated polo shirt, and dress shoes. T-shirts, jeans/denim of any color and sweatshirts are not acceptable clothing in the clinical area. The name badge must be worn to identify the student in the clinical area. If required by your college - the program patch will be worn on the scrub uniform sleeve/lab coat sleeve on the left side and 2 inches down from the top of the shoulder.

**Personal Grooming:** Hair must be clean, well groomed, and well controlled so that it does not hang in the eyes or impair vision. Hair, shoulder length and longer, needs to be pulled back. If hair is pulled back from the face and fastened, it may touch the shoulders and/or uniform. Hairstyles and color need to be in compliance with the established clinical facility requirements. Beards and mustaches must be trimmed neatly and in compliance with mask requirements.

Jewelry must be minimal and not impact patient care or safety. If ears are pierced, small plain sets of posts or studs may be worn. If a student/faculty has cartilage piercing or spacer/expander jewelry, they will wear clear spacers during lab/clinical.

Nails must be clean, well-trimmed, and  $\frac{1}{4}$  inch or less past the end of the fingertip. Clear, nude, or blush nail polish only. No artificial nails will be permitted in the clinical area. Artificial nails can harbor and transmit harmful organisms.

Students will refrain from gum chewing. Students will not use tobacco products including e-cigarettes in the classroom/lab/clinical area, or prior to the start of the class/lab/clinical, where the smell of smoking is on the clothing. Information regarding smoking cessation programs or other options is available upon request from the nursing faculty.

The nursing program director makes the decision for a tattoo to be covered during lab/clinical if the tattoo is offensive, IE drugs, nudity, offensive language, or racism.

Fragrances, such as those in colognes, after shave, and perfumed lotions can cause nausea and allergic reactions in the client and therefore are not to be worn in the clinical area. Note: In addition to the clinical area, if any of your classmates are allergic to perfumes, please be considerate and not use them in the lab and classroom.

**Shoes:** Students will wear a supportive shoe which is conservative and professional looking, in a predominately solid color with clean laces. No open toe or heel (complete foot needs to be enclosed) shoes are to be worn. Socks or hosiery must be worn, no bare feet/legs. Hose/socks color should coordinate with shoe/scrubs color. Shoes are to be kept clean and only worn for clinical and lab.

Students will be sent home to correct any odor that is offensive, including smoke, perfume, or other fragrances. The clinical instructor has the right to determine whether a student's appearance is appropriate for the clinical area. The instructor has the right to send the student home if their appearance is not appropriate.

**All institutional clinical policies that are more stringent in requirements will override the Dakota Nursing Program policy.**

## Clinical Policies

### Confidentiality Policy and Social Media Statement

Students and faculty members have access to health information and/or medical records of clients and in some cases, employees of medical facilities with whom the nursing program contracts for clinical activities. Information specific to student colleagues, faculty, clients, employees, or subjects from any source and in any form, including, but not limited to, paper records, oral communication, clinical examination, pictures, audio/ video recordings, electronic display, course materials and research data files are strictly confidential. Access to confidential information is permitted only on a need-to-know basis and limited to the minimum amount of confidential information necessary to accomplish the intended purpose of the use, disclosure or request.

Students, faculty, and staff of the DNP shall respect and preserve privacy, confidentiality, and security of confidential information, regardless of the academic course/classroom, laboratory, or clinical agency to which the student or faculty is assigned.

**Social Media Statement:** The Dakota Nursing Program follows the NCSBN guidelines on the professional use of social media. Inappropriate use of social media will be reviewed for violations of the ND Nurse Practice Act and the ANA Code of Nursing Ethics.

- Watch the Social Media video and read the brochure found on the National Council of State Boards of Nursing webpages at the following links:  
<https://www.ncsbn.org/347.htm> and <https://www.ncsbn.org/3739.htm>

All students are fully responsible for following regulations of the HIPAA guidelines. The summary of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule can be found at:  
<https://www.hhs.gov/sites/default/files/privacysummary.pdf>

**Violations of this policy include, but are not limited to:**

- accessing confidential information that is not within the scope of your current assignment.
- misusing, disclosing without proper authorization, or altering confidential information.
- disclosing to another person your sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas.
- using another person's sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas.
- intentional or negligent mishandling or destruction of confidential information.
- leaving a secured application unattended while signed on to the computer.
- attempting to access a secured application or restricted area without proper authorization or for purposes other than official business.
- failing to take proper precautions for preventing unintentional disclosure of confidential information.
- an example would be photocopying a chart and bringing it home to do paperwork.
- discussing confidential information to another person using any method of communication, examples include but are not restricted to face-to-face, telephone, or posting/discussing confidential information via text messages, electronic mail, and/or any electronic social network sites (e.g., Facebook, Twitter, etc.).
- discussion regarding confidential matters held in the elevator, hallways, employee dining room/cafeteria, etc., as even casual conversation with other employees may be overheard and thereby violate client/resident's right of privacy. (Do not discuss any part of your clinical

experience with anyone in any location except as a learning experience with the DNP faculty and students in the clinical conference.).

- taking unauthorized (without permission) pictures or audio/video recordings of faculty, students, clients, staff or involving confidential information, and transmitting them electronically.
- disregard for the mobile electronic device policy in this handbook.

Students/faculty violating this policy may lose their agency privileges, may be suspended, receive an unsafe occurrence report, or may be dismissed from the nursing program. Unauthorized release of confidential information may also subject the violator to personal, civil, and/or criminal liability and legal penalties. Knowledge of any student/faculty member in violation of these policies should be reported to the nursing program director. A clinical facility policy on confidentiality and electronic devices will supersede this confidentiality policy and the policy on mobile electronic devices.

### **Mobile Electronic Device Policy**

You are required to have a mobile electronic device with appropriate applications upon which to access your electronic clinical references.

#### **Policy: Mobile Electronic Device Use**

Students are responsible for repair or replacement of their mobile electronic device if it is non-operational, lost or stolen.

##### **I. Classroom Usage**

Electronic devices must be turned off and stowed out of student reach during an exam. Do not use your mobile electronic device as a calculator during an exam. Students with disability accommodations requiring a special device must have documented approval submitted to the nursing program director's office.

Students will use professional behavior in assuring that use of any electronic device in the classroom is not disruptive to any member of the class or disrespectful to the faculty. Students will silence all electronic devices during class.

##### **Audience Response System (ARS)**

We may use an audience response system in some of the theory courses. If we do use this system, you are allowed to use your mobile electronic device for this purpose. Students must realize that any data transmitted via ARS may be seen by other students. It is expected that all information shared will adhere to the college's code of conduct and the highest professional principles.

##### **II. Clinical/Lab Usage**

Use of portable electronic devices in clinical is regulated by the clinical agencies, local, state, and federal regulations, and laws. Students are fully responsible to ensure that they always adhere to all regulations whether at the college, at clinical, on break, or anywhere else. This includes proper management of confidential client information. If there are any questions/concerns about whether certain data can be shared, students should not share any information until clarified. It is important to err on the side of caution.

- a. The student will not use any electronic device for the purposes of transmitting confidential material that is related to clinical or client interactions. This includes computers, phones, and any other such mobile electronic device.

- b. Students must adhere to professional standards for all communication including maintaining confidentiality, proper conduct for communication and communicating appropriate material.
- c. It is a privacy violation to record other students without their permission in the lab, classroom or clinical.
- d. Telephone, texting, and camera functions must be turned off during clinical and lab sessions. Electronic devices must be in airplane mode with no transmission in or out of the device per wireless communication during clinical and lab sessions.
- e. Except for specified course required activities, sending or receiving text, or other messages on the electronic device during class, clinical or lab is not permitted.
- f. Using the internet for personal, non-school related functions is strictly prohibited. Inappropriate use of electronic devices or violation of HIPAA guidelines is cause for an unsafe occurrence report or dismissal from the nursing program.
- g. If you need to give a contact number to a family member, give them the facility name and number where you are scheduled for clinical that day. They are not to call unless there is an emergency.

### III. Mobile Device Hygiene

Infection control precautions must be maintained when using mobile electronic devices in client care areas.

- a. Wash hands before using mobile device.
- b. Avoid using device with contaminated gloves, plan ahead for procedures.
- c. Wipe down device using solutions ONLY recommended by manufacturer.
- d. Avoid areas that can possibly contaminate device, e.g., laying device on bedside tables or client bed.
- e. Avoid, if possible, taking device into isolation rooms. Help minimize transmission of organisms by placing device in sealed Ziploc lab specimen bag or leaving device with instructor outside of isolation rooms.
- f. Think before using in clinical setting. Remember that mobile devices can be a source of organism transfer if brought home and used with family and friends.

## **Specialty Clinical Expectations**

The specialty clinical is a unique opportunity to observe other areas of nursing care. This provides the student with the opportunity to observe a nurse in the live setting, asking questions and drawing from what is seen and heard.

Specific guidelines for our students in a specialty clinical:

Students may not perform any skills they have not successfully been checked off on.

Provide some hands-on patient care in the form of:

- Rooming a patient
- Taking Vital Signs: Blood Pressure, Oxygen Saturation, Temperature- Tympanic, Temporal or Oral, Pulse, Respiration
- The student may interact verbally with the patient
- The student may complete both a verbal and basic physical assessment of the patient.

As determined by the program director, students may assist under direct supervision of the RN but may not take the lead in any Invasive procedures such as, but not limited to:

- Administering medications

- Administering injections
- Intravenous starts
- Foley catheter or nasogastric tube insertion

### **Professional Conduct**

All nursing students are expected to adhere to the principles of the American Nurses Association Code of Ethics with Interpretive Statements (2015). The Code of Ethics for Nurses communicates a standard of professional behavior expected throughout the total program and in each individual nursing course. Therefore, in addition to suspension for academic failure, the faculty and administration of the Dakota Nursing Program reserve the right to place on probation, suspend or dismiss any student enrolled in the nursing program for unethical, dishonest, illegal, or unprofessional conduct that is inconsistent with the Code of Ethics for Professional Nurses and Students. The Code of Ethics is found at the following link: <http://www.nursingworld.org/codeofethics>. The print copy can also be purchased at this same link. American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*

Students are also expected to learn and abide by the following guidelines, ND Nurse Practice Act, and ND Standards of Practice found in the links below:

North Dakota Board of Nursing. (2021). *North Dakota Administrative Rules and Regulations NDAC 54*. <https://www.ndbon.org/Law-Rules/AdminRules-Reg.asp>

North Dakota Board of Nursing. (2021). *North Dakota Nurse Practices Act NDCC 43–12.1*. <https://www.ndbon.org/Law-Rules/NursePracticesAct.asp>

ANA Standards for Practice for the Registered Nurse – The full description can be found at: <https://www.nursingworld.org/practice-policy/scope-of-practice/>

## **ANA Standards of Practice for the Registered Nurse**

The six Standards of Practice describe a competent level of nursing care as demonstrated by the nursing process.

- 1. Assessment** – The registered nurse collects comprehensive data pertinent to the health care consumer’s health and/or the situation.
- 2. Diagnosis** – The registered nurse analyzes the assessment data to determine the diagnoses or the issues.
- 3. Outcomes Identification** – The registered nurse identifies expected outcomes for a plan individualized to the health care consumer or the situation.
- 4. Planning** – The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.
- 5. Implementation** – The registered nurse implements the identified plan. Elaborating this standard are: 5A. Coordination of Care, 5B. Health Teaching and Health Promotion.
- 6. Evaluation** – The registered nurse evaluates progress toward attainment of outcomes.

The eleven Standards of Professional Performance describe a competent level of behavior in the professional role.

**Ethics** – The registered nurse practices ethically.

**Culturally Congruent Practice** – The registered nurse practices in a manner that is congruent with cultural diversity and inclusion principles.

**Communication** – The registered nurse communicates effectively in a variety of formats in all areas of practice.

**Collaboration** – The registered nurse collaborates with the health care consumer, family, and others in the conduct of nursing practice.

**Leadership** – The registered nurse demonstrates leadership in the professional practice setting and the profession.

**Education** – The registered nurse attains knowledge and competence that reflects current nursing practice.

**Evidence-Based Practice and Research** – The registered nurse integrates evidence and research findings into practice.

**Quality of Practice** – The registered nurse contributes to quality nursing practice.

**Professional Practice Evaluation** – The registered nurse evaluates her or his own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

**Resource Utilization** – The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.

**Environmental Health** – The registered nurse practices in an environmentally safe and healthy manner.

**American Nurses Association**

**Nursing: Scope and Standards of Practice <sup>3rd</sup> Edition, 2015**

**Appendix A**

**Dakota Nursing Program  
Conference Form**

Student:	Date of Occurrence: _____ Conference Form # (1, 2, 3, etc.)
Campus/Site:	Physical Location of Occurrence:
<b>Situation:</b> <i>(What is the nature of the concern?)</i>	
Exam Performance:	
Attendance/Punctuality:	
Skill Competency:	
Clinical Performance:	
Professional Behaviors:	
Program Requirements:	
Other (specify):	
<b>Background:</b> <i>(Description of the concern, include dates of occurrences, dates of verbal discussions regarding issue, other parties involved in issue if applicable)</i>	
<b>Assessment:</b> <i>(What is causing this issue to occur?)</i>	
<b>Recommendation:</b> <i>(What will be done to correct this issue?)</i>	
<b>Due Date for Follow Up:</b>	
Date of actual follow up meeting with student/faculty _____	
Issue resolved Yes/No.	
What is the next step if the issue is not resolved?	
<b>Student Signature:</b> _____ <b>Date of Conference Discussion:</b> _____ Student signature indicates confirmation of receipt of this conference form.	
<b>Issuing Faculty Signature:</b> _____ <b>Date of Conference Discussion:</b> _____	
<b>Faculty Signature:</b> _____ <b>Date of Conference Discussion:</b> _____ Signature of 2 <sup>nd</sup> faculty to verify that student has received a copy of the Conference Form if the student does not sign at time of meeting.	

**Copies: Student & Nursing Program Director**





**Appendix B**

**Dakota Nursing Program  
Unsafe Occurrence Report**

Student: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_  
 Unsafe Occurrence Report # (1, 2, 3, etc.) \_\_\_\_\_  
 Campus/Site: \_\_\_\_\_ Physical Location of Occurrence: \_\_\_\_\_

1. The clinical faculty may choose to send a student home with an unexcused absence for unsafe or unprofessional behaviors. Unsafe behavior reported by staff nurses/preceptors may require additional documentation to be attached to this report. Include dates of notification by the staff nurses/preceptors to ensure the occurrence is processed in a timely manner.
2. Faculty consultation and approval will be required prior to returning to the clinical area.
3. A subsequent related unsafe behavior occurrence will result in failure of the course.

<i><b>Please check the appropriate occurrence(s) below and then add narrative with a full description and with recommendations for student improvement.</b></i>	<b>Check</b>
a. A student demonstrates unsafe behaviors noted to be at risk or reckless in the lab/clinical area (includes medication errors or performing activities outside of the student nurse role)	
b. Performing client care without adequate preparation and knowledge.	
c. Failure to follow directions given by faculty, preceptor, or nursing staff.	
d. Failure to report significant data such as change in condition, errors/incidents, or equipment malfunction to appropriate source such as faculty or the staff RN.	
e. Unprofessional behavior or attitude exhibited in the classroom, laboratory, or clinical	
f. Failure to follow college/nursing program/medical facility protocol and/or policies	
g. Attendance or tardiness issues – Excessive classroom/lab/clinical absences and failure to notify the clinical faculty before the start of the clinical.	
h. Inappropriate or inadequate communication by student toward/with: Faculty, preceptor, other student, health care team, patient, or visitor (Includes incivility)	
i. Unprofessional behavior or attitude exhibited in the classroom, lab or clinical. Examples can be found in <b>Appendix C Professional Behavior and Values table</b> .	
j. Failure to maintain confidentiality.	
k. Suspected or found to be under the influence of alcohol, prescription narcotic drugs and/or illegal drugs while in clinical/classroom/lab. Students may not consume alcohol within 12 hours of a clinical rotation.	
l. Other occurrences that include but are not to be limited to those that have led to an adverse complication, or are a chronic unprofessional behavior, or are deemed an unsafe behavior by the nursing program director. NOTE: Chronic behavior is seen to be repeating the same behavior two to three times.	
<b>FULL DESCRIPTION OF INCIDENT</b>	
<b>Performance Improvement Plan</b>	
What is the problem to be addressed?	
What is the desired outcome or goal? (How will the student demonstrate achieving this outcome?)	

<p>What is the agreed upon plan for improvement?</p> <p>Student plan (timeline and resources):</p> <p>Faculty support activities:</p> <p>Date for Follow up Meeting #1: _____</p>
<p><b>Dates below signify the meeting to formally discuss the unsafe occurrence report and the performance improvement plan with copies given to the student.</b></p> <p><b>Student Signature:</b> _____ <b>Date of meeting:</b> _____                  Student signature on this form signifies the student received the form it does not signify agreement with the occurrence description. The student is welcome to respond in writing submitted within 14 calendar days from the date the student receives the unsafe occurrence report.</p> <p><b>Issuing Faculty Signature:</b> _____ <b>Date of meeting:</b> _____</p> <p><b>Faculty Signature as needed:</b> _____ <b>Date of meeting:</b> _____                  Signature of 2<sup>nd</sup> faculty to verify that student has received a copy of the Unsafe Occurrence Report if the student does not sign at time of meeting.</p> <p><b>Program Director:</b> _____ <b>Date of meeting:</b> _____</p>
<p><b>Follow-up meeting #1:</b> Has improvement been achieved? Outcome/Goal met? Next steps? Monitor or move to another Unsafe Occurrence Report</p> <p>Date for Follow-up meeting #2 if needed: _____</p> <p><b>Student Signature:</b> _____ <b>Date of meeting:</b> _____</p> <p><b>Issuing Faculty Signature:</b> _____ <b>Date of meeting:</b> _____</p>
<p><b>Follow-up meeting #2 – as needed:</b> Has improvement been achieved? Outcome/Goal met? Next steps? Monitor or move to another Unsafe Occurrence Report</p> <p>Date for Follow-up meeting #3 if needed: _____</p> <p><b>Student Signature:</b> _____ <b>Date of meeting:</b> _____</p> <p><b>Issuing Faculty Signature:</b> _____ <b>Date of meeting:</b> _____</p>

**Copies: Student & Nursing Program Director**

Appendix C

**Dakota Nursing Program  
Professional Behavior and Values Table**

<u><b>Table 2.2 – Behaviors Implying the *Presence* of Professional Values</b></u>	<u><b>Table 2.3 – Behaviors Implying the *Absence* of Professional Values</b></u>
<p><b>Value: <i>Placing the patients’ welfare first</i></b>                      Is accessible and prompt in answering clients’ request                      Priority of activities reflects patients’ needs                      Explains treatments and procedures; keeps patient well informed, is responsive and reliable when needs are identified by patients, staff, or faculty                      Calls and makes appropriate arrangements if unable to be on time or present for clinical</p> <p><b>Value: <i>Commitment to nursing and to nursing department policies.</i></b>                      Present and willing to learn; complies voluntarily with rules and policies of the nursing department                      Demonstrates enthusiasm for clinical; appears to enjoy nursing                      Looks and acts in a professional manner (i.e., is neat and clean; behaves in a professional way)                      Pleasant to staff, peers, and faculty                      Gives appropriate information to other nurses                      Completes charts and records.</p> <p><b>Value: <i>Cooperation</i></b>                      Able to disagree diplomatically                      Knows when to stop arguing and start helping                      Takes criticism constructively                      Accepts the roles of others and works in appropriate capacity in response to others                      Deals with stress and frustration without taking it out on others                      Objectively handles conflict with others; tries to see both sides of issues</p> <p><b>Value: <i>Intellectual and personal integrity</i></b>                      Readily admits mistakes and oversights                      Fortright with peers, staff, and faculty                      Selects appropriate response to patients                      Observes safe techniques even when not being supervised                      Accepts responsibility for errors and tries to take appropriate actions                      Statements appear to be based on fact and believable                      Does own work and does not represent the work of others as being original                      Respectful of faculty, staff, peers, and patients</p>	<p><b>Value: <i>Placing the patient’s welfare first</i></b>                      Unreliable in completion of tasks                      Difficult to find when needed                      Elicits hostility from patients and others                      Displays hostility toward difficult patients                      Justifies doing things “just for the experience,” without taking patients’ needs into consideration                      Approach is “who is right,” not “what is right”                      Fails to make appropriate arrangements if unable to be on time or present for clinical</p> <p><b>Value: <i>Commitment to nursing and to nursing department policies</i></b>                      Chronically tardy or absent                      Skips clinical or other obligations if not supervised                      Passes off assignments or tasks to others when possible                      Chronic malcontent and complainer                      Sloppy                      Gives inappropriate information to others                      Chronically deficient in upkeep of charts and records                      Feels existent policies are irrelevant, unimportant, and nonobligatory</p> <p><b>Value: <i>Cooperation</i></b>                      Argumentative or stubborn                      Sullen or arrogant with faculty, peers, staff, and patients                      Uncommunicative with staff and faculty                      Hostile responses to frustrating situations                      Passive-aggressive behavior when dissatisfied</p> <p><b>Value: <i>Intellectual and personal integrity</i></b>                      Lies or fabricates data when needed to cover up mistakes and oversights                      Fails to use safe techniques when not being supervised                      Blames others for own shortcomings                      Provides data without appropriate checks for correctness                      Sneaks away or does not show up if unsupervised                      Represents the work of others as being original                      Disrespectful and rude to faculty, staff, peers, or patients</p>
<p>Novotny, J., &amp; Griffin Quinn, M., (2012), <i>A Nuts-and-Bolts Approach to Teaching Nursing (4<sup>th</sup> Ed.)</i>, New York, Springer</p>	



**Appendix D**

**Dakota Nursing Program  
DNP National Occurrence Input Form**

**Student Name:** \_\_\_\_\_

**Date of Occurrence:** \_\_\_\_\_

**Recipient of unsafe occurrence**

1. Who received injury? *(select one)*
  - Patient
  - Visitor
  - Student
  - Faculty
  - Staff
  - Other
  
2. Gender *(select one)*:
  - Male
  - Female
  - Unknown
  
3. English is predominant language *(select one)*:
  - Yes
  - No
  - Unknown
  
4. Status of patient/individual *(select one)*:
  - Harm
  - No harm
  - Death
  - Other
  
5. Age *(select one)*:
  - <15
  - 15-20
  - 21-25
  - 26-30
  - 31-35
  - 36-40
  - 41-45
  - 46-50
  - 51-55
  - 56+
  - Unknown

**Occurrence information**

6. Date *(enter date of occurrence using the following format):* mm/dd/yyyy
  
7. Time *(enter time of occurrence):* \_\_\_\_\_
  
8. Category of occurrence *(select one)*:
  - Error [Defined as: Incident or occurrence that had the potential to place a patient at risk for harm or resulted in actual harm]
  - Near miss [Defined as: An event or situation that could have resulted in an accident, injury, or illness, but did not, whether by chance or through timely intervention. (Ebright et al., 2004)]
  
9. Type of occurrence *(select one)*:
  - Medication Error
  - Needle stick
  - Inadequate preparation for providing patient care
  - Blood/pathogen exposure
  - Fall event
  - Outside scope of practice
  - Injury to body
  - Change in patient condition
  - Deviation in protocols
  - Equipment or medical device malfunction
  - Environmental safety – for self, patient or others
  - Inappropriate or inadequate communication by: Faculty, preceptor, other student, health care team, patient or visitor
  - Breach of confidentiality
  - Other
  
10. Occurrence description *(Enter additional Details about the unsafe occurrence):*

11. Location of occurrence (*select one*):

- Classroom
- Clinical Setting
- Simulation Lab
- Learning Lab
- Other

12. Who is completing the report (*select one*):

- Faculty
- Student/Faculty Dyad
- Other (preceptor, etc.)

### Follow up action

13. Who is alerted (*select one*):

- Faculty
- School of Nursing (SON) Administration
- Patient/Family
- Other
- Unknown

14. Inform clinical agency (*select one*):

- Yes
- No
- Unknown
- N/A

15. Agency occurrence report completed (*select one*):

- Yes
- No
- Unknown
- N/A

16. Changes occurring as a result of occurrence (*select one*):

- System Changes
- Policy Changes
- Practice Changes
- Curriculum Changes
- Nothing at Present

17. Follow up actions (*Enter additional details about any follow up action*)

### Student information

18. Current semester or quarter number (*enter number between 1-16*): \_\_\_\_\_

19. Total number of semesters or quarters in program (*enter number between 1-16*): \_\_\_\_\_

20. Student age (*select one*):

- 15-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 56+
- Unknown

21. Type of program (*select one*):

- LPN
- Associate
- Diploma
- BSN
- 2<sup>nd</sup> Degree BSN
- Masters – Non-APRN
- Masters – APRN

### Final remarks

22. Do you wish to share anything else relevant to this report? (*Optional: enter any additional comments*)

References – Ebright, P.R., Urden, L., Patterson, E., & Chalko, B. (2004). Themes surrounding novice nurse near-miss and adverse-event situations. *JONA*, 34(11), 531-538.

Instructor Signature: \_\_\_\_\_

Date submitted to director: \_\_\_\_\_

Student Signature: \_\_\_\_\_