

California State University Channel Islands

Bachelor of Science in Nursing

Student Handbook



Channel Islands

CALIFORNIA STATE UNIVERSITY

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Introduction

Purpose of the Student Handbook

The information in this handbook is a supplement to the University's General Catalog and is provided to facilitate students' progress through the nursing program. This handbook is available on the Nursing Program web page at <http://nursing.csuci.edu>. This handbook may be made available in electronic format or printed if desired. Every attempt is made to accurately reflect the policies of the program. Changes in policies will be posted on the nursing program web page.

School of Nursing Approval/Accreditation:

The nursing program is approved by the California Board of Registered Nursing (BRN). The program is nationally accredited through the Commission on Collegiate Nursing Education (CCNE), the national accreditation agency of the American Association of Colleges of Nursing (AACN).

The accreditation agency is:

Commission on Collegiate Nursing Education
655 K Street NW Suite 750
Washington, DC 20001
(202) 887- 6791
<http://www.aacn.nche.edu>

The state approving agency is:

Board of Registered Nursing
174 North Market Blvd
Suite 150
Sacramento, CA 95834
(916) 322-3350
<http://www.rn.ca.gov/>

Nursing Programs Offered:

The Nursing Program offers the following degree programs;

Baccalaureate of Science in Nursing (BSN)

1. Bachelor of Science in Nursing -BSN for the generic student (Track I)
2. ADN/RN to BSN (Track II)- BSN for the ADN student or RN nurse
3. Licensed Vocational Nurse - LVN 30-unit option

CSU Channel Islands Mission Statement

Placing students at the center of the educational experience, California State University Channel Islands provides undergraduate and graduate education that facilitates learning within and across disciplines through integrative approaches, emphasizes experiential and service learning, and graduates students with multicultural and international perspectives.

Nursing Program Mission Statement

Mission Statement

CI Nursing Program Faculty and Staff aim to prepare students for professional practice; to continuously grow and meet demands of the community and profession through educational and inclusive excellence.

Inclusivity and Implicit Bias Statement & Training Requirements

The American Nurses Association (ANA) dictates that nurses are required to “create an ethical environment and culture of civility and kindness, treating colleagues, co-workers, employees, students, and others with dignity and respect” (ANA, 2015). Significant efforts have been placed in the education of nurses to improve equity and quality within academia, address inequities in healthcare, and increase civic engagement and preparedness opportunities. This has led to prioritizing the diversifying of nursing education admission pools and subsequently the workforce at all levels (AACN, 2017; ANA, 2021). These efforts will prove to be futile without awareness and the dismantling of the individual, ideological, and systematic structures that promote racism and inequity in the nursing profession (Iheduru-Anderson, 2020; Burnett et al., 2020).

In addition, [AB 1407](#) states that all approved schools of nursing or approved nursing programs must include direct participation in one hour of implicit bias training, as specified, as a requirement for graduation.

Nurses focus a great deal of our education on social determinants of health, and the impact of these social determinants on all people’s health and well-being. We view race as a health disparity. We, as nurses (and humans) have a duty to continue to listen, learn and advocate for Black people, Indigenous people, people of color and all racialized populations.

The staff and faculty within the Nursing Department believe that it is our collective responsibility to reject anti-Blackness rhetoric and all forms of racism in our society, including structural and institutional racism. The Nursing faculty and staff are committed to eradicating racism. A [Black Lives Matter](#) statement has been developed to address existing injustices, inequities, and inequalities, and foster diversity and inclusion within our department and curricula.

Our intent is that all classes will include culturally responsive teaching approaches and that all faculty and students embrace cultural humility as part of the professional nursing role. We celebrate the diversity that students bring to each class and view these differences as a resource, strength, and benefit for all students. We aim to present materials and activities that are respectful of diversity including but not limited to: gender, sexual orientation, disability, age, socioeconomic status, ethnicity, race, culture, perspective, and other background characteristics.

Classroom discussions and interactions may not always be easy as we explore these challenging issues; we sometimes will make mistakes in our speaking and our listening; sometimes we will need patience or courage or imagination or any number of qualities in combination to engage our texts, our classmates, and our own ideas and experiences. The expectation in these conversations is that all students will listen and respect others with an openness to different perspectives. In an ideal world, science would be objective. However, much of science is subjective and historically lacks equitable representation. In this class,

The CSU Channel Islands (CI) Nursing Department stands in solidarity with Black people and affirms that ALL BLACK LIVES MATTER. The Nursing Department staff and faculty believe that it is our collective responsibility to reject anti-Blackness rhetoric and all forms of racism in our society, including structural and institutional racism. The Nursing faculty and staff are committed to eradicating racism. A BLM taskforce has been formed and is addressing existing injustices, inequities and inequalities, and fostering diversity and inclusion within our department and curricula.

The BLM taskforce is working on the following action items:

1. Reviewing all of our department policies from a BLM and equity lens
2. Reviewing the curricula and assessment measures to include Black voices and lives
3. Analyzing our demographic data within the nursing department, across CSUCI and within nursing departments across the nation
4. Analyzing data within the CSUCI 2020 Climate Survey
5. Identifying ways to gather more student data
6. Creation of High Impact Learning opportunities for nursing students to address the health disparities and history of racism and equity in health care and the Black community
7. Invite Black Leaders in Healthcare to share their area of expertise and experiences with the CI community.

One of nursing's most important roles is advocacy. Nurses focus a great deal of our education on social determinants of health, and the impact of these social determinants on all people's health and well-being. We, as nurses (and humans) have a duty to continue to listen, learn and advocate for Black people, Indigenous people, people of color and all racialized populations. If we don't know exactly what actions to take, or what to say, we must listen to those who have stories to share and continue to spread these stories and stand together to advocate for change.

We encourage you to continue to educate yourself by reading the work of Karen Flynn, Darlene Clarke Hine, and Catharine Choy, on the history of racialized women and nurses throughout history (see references below). We also encourage you to continue to listen to your fellow students, friends and family members who have stories and knowledge that can educate us. We invite you to share your stories with us, so that we may continue to be educated.

Clarke Hine, D. (1989). *Black Women in White Racial Conflict and Cooperation in the Nursing Profession*". Indiana University Press.

Flynn, K. (2015). From the mouths of daughters: Caribbean and black Canadian women remember their mothers. *Canadian Journal of Latin American & Caribbean Studies* (Routledge) 40(3), 368-384.

Flynn, K. (2011). *Moving beyond borders: A history of Black Canadian and Caribbean women in the diaspora*. University of Toronto Press.

Flynn, K., & Fladejebi, F. (2019). Writing black Canadian women's history: Where we have been and where we are going. In *Reading Canadian Women's and Gender History*, 63-89. University of Toronto Press.

Flynn, K. (2018). Hotel Refuses Negro Nurse: Gloria Clarke Baylis and the Queen Elizabeth Hotel. *Canadian bulletin of medical history = Bulletin canadien d'histoire de la medecine*, 35(2), 278-308. <https://doi.org/10.3138/cbmh.256-042018>

Flynn, K. (2017). Reconfiguring Black Internationalism: English as Foreign Language Teachers of African Descent in South Korea. *Journal of African Diaspora Archaeology and Heritage*, 6(3), 262-283. <https://doi.org/10.1080/21619441.2017.1385960>

Washington, H.A. (2007). *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to Present*. Anchor Books: A Division of Random House Inc., New York.

CSU Channel Islands Nursing Department
Civility Statement

Professional nursing organizations such as the Tri-Council for Nursing, which includes the American Association of Colleges of Nursing (AACN), American Nurses Association (ANA), American Organization of Nurse Executives (AONE) and the National League for Nursing (NLN); and the International Council of Nurses (ICN) have developed civility statements for nursing practice including academia. The resolution from the Tri-Council of Nursing (2017) calls on “all nurses to recognize nursing civility and take steps to systematically eliminate all acts of incivility in their professional practice, workplace environments, and in our communities” (<https://tricouncilfornursing.org/>).

- 1) The Nursing Department at CSU Channel Islands embraces the idea that all members of our community have a right to expect that the program climate is safe, mutually supportive, academically encouraging, and empathetic towards of all its members. Faculty, staff and students take collective responsibility to reject anti-Blackness rhetoric and all forms of racism in our society, including structural and institutional racism against all people of color. To maintain a safe climate, students, faculty and staff agree to abide by the following agreed upon statements:
- 2) Value and respect each member of the community.
- 3) Create an environment that supports positive interactions between members of the community.
- 4) Demonstrate professional and collegial behavior at all times
- 5) Accept responsibility for one’s own actions and be accountable to the community.
- 6) Communicate clearly, both verbally and in writing, with community members by actively listening to others; being open to hearing the viewpoint of others; understanding that tone of voice matters as well as non-verbal forms of communication; and refraining from demeaning, disrespectful, insulting, dismissive or humiliating language or actions.
- 7) Understanding that conflict though inevitable is resolved by developing a trusting relationship that is fostered by mutual understanding among community members.
- 8) As a member of the community, be available to support and mentor others with kindness and commit to interpersonal growth that fosters an appreciation for our diversity.
- 9) Demonstrate a willingness to engage in the program by participation in shared-governance activities.
- 10) Commit to confronting acts of incivility and discrimination when they are observed in a positive, constructive manner.
- 11) Rely on facts not assumptions by avoiding gossip and spreading of untruths that can undermine the credibility of community members.
- 12) Provide praise in public and share constructive criticism in private.
- 13) Treat community members equitably and with respect regardless of their title, and place the same expectations for civility on all community members, regardless of rank, position or authority.
- 14) Celebrate our differences.
- 15) Address violation of civility or acts of incivility privately and tactfully, using the Civility Statement.

we will try to integrate materials from a variety of perspectives but limits still exist on this diversity. We acknowledge that both implicit and explicit biases exist in all materials due to the lens with which it was produced or developed. Integrating a diverse set of experiences is important to mitigate bias to gain a more comprehensive understanding of nursing science.

Adapted from the AACN, Dr. LaSonya Davis.

Philosophy of Nursing

Nursing is a unique profession concerned with all variables affecting clients in their environment. The nurse works in keeping the client systems stable. He/she accomplishes stability through accuracy in both assessing the effects and possible effects of environmental stressors and assisting in the client adjustment required for optimal level wellness. Nursing actions are initiated to best retain, attain, and maintain optimal client health or wellness using primary, secondary and tertiary preventions as interventions.

Nursing is a health related profession which utilizes evidence-based practice to guide clinical decisions and interventions. As an applied science, nursing utilizes theories from its own discipline, as well as other sciences, to explain phenomena encountered in client care and to provide rationale for and to explicate appropriate nursing interventions in particular situations. Theory and research are essential components in the advancement of nursing as a professional discipline.

A baccalaureate program in Nursing prepares generalists who, by utilizing a comprehensive approach to health care, can assist individuals, families, groups, and communities in primary, secondary and tertiary prevention. Generalists practice in a variety of health care settings, including the hospital or acute care settings, long term care settings such as rehabilitation, hospice and in assisted living environments. Nurses also practice in the community, including community clinics, public health service sites, home health and respite care settings. The essential roles of professional nursing are as a client advocate, teacher, provider of care, researcher, and as a practitioner who coordinates care and/or collaborates with other health professionals. In these roles, and as a member of the profession, nurses engage in making clinical judgments, in forming policy, and in the design and implementation of plans for the improvement of health care services. Members of the profession are expected to act responsibly, always mindful of public trust. Self-regulation to assure quality in performance is at the heart of Nursing's relationship with society.

Philosophy of Nursing Education

The California State University Channel Islands mission is to place students at the center of the educational experience and provide undergraduate and graduate education that facilitates learning within and across disciplines through integrative approaches, emphasizing experiential and service learning and graduating students with multicultural perspectives.

The Nursing program, as part of the university, resides in a community populated by people from multiple ethnic and cultural backgrounds. A goal of the nursing program is to recruit a student population which is representative of the ethnic and cultural diversity in the local community and to prepare its students to serve the nursing needs of this culturally diverse society. Students, endowed with the capacity for self-direction, are ultimately responsible for their own learning and self-development. It is anticipated that students will vary in aptitude, learning style, motivation, cultural orientation and other individual differences. Assessment of these factors provides the faculty member with a basis for the selection of the most appropriate teaching-learning strategies and for referral to the multiple campus resources and services available, should the student have academic or personal issues needing support and/or assistance.

The foundation for understanding the self and others is provided through a balanced program of arts and humanities, social and biological sciences, and professional courses. Critical thinking is developed through application of problem-solving methods in clinical practice, where analysis, including the weighing of alternatives in selecting a course of action, is applied. Essential to the preparation of the professional nurse is the development of communication skills, cultural competency, professional values, ethical principles, and the technical expertise in assessment and clinical intervention. Effective social interaction, therapeutic communication and mastery of the technical skills are among the fundamental aptitudes needed by the professional nurse. An essential component of comprehensive nursing care is a concentration on health promotion and disease prevention.

The role of service learning and service to the community will be emphasized with projects and learning experiences which concentrate on giving back to the community. Service learning is a teaching and learning approach that integrates community service with academic study to enrich learning, teach civic responsibility and strengthen communities while students engage in reflective activities concerning the benefits of the experience. Such service learning activities will provide the basis for the nurses' professional commitment to volunteerism as a graduate.

The role of the faculty member is to serve as an instructor, role model, preceptor, resource person, motivator and facilitator. Faculty members will be expected to combine teaching with other professional activities, such as ongoing clinical practice, scholarly publications and presentations, and research. Establishment of partnerships with local health care agencies promotes the development of faculty practice opportunities, collaborative research projects and joint appointments.

Goals of the Baccalaureate Program

Goals

The primary goals of the baccalaureate nursing program are:

1. To achieve student success and provide service and quality care to individuals, families and communities locally nationally & globally.
2. To develop nurses who utilize evidence-based practice to provide quality care to individuals, families, communities, and populations locally, nationally, and globally.
3. To develop competent, profession, compassionate nurses who will be life-long learners with a commitment to excellence in nursing practice.
4. To develop a strong educational foundation for nursing practice based on the CSUCI campus culture as defined by the university mission pillars.
5. To build an organizational culture that exemplifies collaborative practice, compassion, respect for others, and embraces diversity.

Program Objectives of the Baccalaureate in Nursing Degree

Program Learning Outcomes

At the completion of the program the student will:

1. Complete a liberal education that creates a critical thinker who demonstrates intellectual curiosity, rational inquiry and the ability to problem solve.
2. Demonstrate knowledge, skills and attitudes in leadership, quality improvement, and patient safety in order to provide high quality healthcare.
3. Integrate evidence of current best practice in the professional nurse as provider of care, teacher, patient advocate, designer/coordinator of care and member of the profession in a variety of settings.
4. Demonstrate knowledge, skills and attitudes regarding information technology, information systems and communication devices that support safe nursing practice.
5. Identify and participate in change techniques in healthcare policy, finance and regulatory environments, including local, state national and global healthcare trends.
6. Apply effective inter-professional communication and collaboration with health professionals to provide high quality and safe patient-centered care.
7. Identify and evaluate population health issues by focusing on health promotion, disease and injury prevention across and throughout the life span including assisting individuals, families, groups, communities and populations.
8. Practice core values within an ethical and legal framework for the nursing profession.
9. Plan and provide culturally competent nursing care to patients at various levels including individual, families, groups, communities and populations across the life span and the continuum of healthcare environments and populations.

10. Demonstrate effective communication skills conveying accurate information in oral, written and presentation formats.

Accepted by faculty January 16, 2015

Outcome Criteria of the Baccalaureate Program

The program outcomes criteria for the baccalaureate program have been developed to establish the parameters of measurable indicators of student success. The program outcome criteria include acquisition of content and clinical practice standards that are operationalized into five specific nursing roles suggested by the American Association of Colleges of Nursing AACN (*Standards for Accreditation of Baccalaureate Education for Professional Nursing Practice, 2013*). Concepts measured include; patient centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety informatics, professionalism, and leadership and communication.

Two levels of program outcome criteria have been developed based on these concepts. Generic students are expected to meet the Level I outcome criteria after successful completion of sophomore, and first semester junior level generic nursing courses. Since these Level I outcome criteria represent a basic minimum level of competencies, RN transfer students are admitted to the program with the expectation that they are able to meet these, and in some cases, exceed these outcome criteria. This expectation is based on their prior educational experience and maturation, as a result of their clinical practice.

The Level II outcome criteria reflect a level of competence beyond the minimum level of competencies and represent a level of performance expected by a baccalaureate graduate nurse. These outcome criteria are consistent with the competencies of the baccalaureate nurse suggested by the AACN (*Standards for Accreditation of Baccalaureate Education for Professional Nursing Practice, 2013*). Both generic and transfer RN students are expected to meet the Level II outcome criteria at the successful completion of specific senior nursing courses in the baccalaureate program.

The organizational framework of the CSU Channel Island's nursing program depicts the core of the model as the Client System with the circular rings of environment and culture expressed as the internal and external stressors that influence the client. This is depicted graphically in the organization framework diagram which follows. The role of health on the health illness continuum is portrayed as the ability of the client to maintain health to maintain system stability. In depicting the role of the nurse the model uses the concepts of the art and science of caring, evidence based practice, nursing science, technology and nursing process in carrying out nursing role. The roles of the nurse are further defined as follows according to first and second level curriculum. (See Organizational Framework diagram on page 20.)

Level I: Basic Practice Level Outcome Criteria

Given an individual, family, and individual with simple variances from wellness, the student will:

Patient Centered Care

1. Develop a plan of care for patients across the lifespan from diverse backgrounds that is compassionate, age-specific, and culturally appropriate and based on a patient's preferences, values and needs.
2. Practices knowledge, skills, and attitudes to holistically recognize patient needs across the lifespan based upon physical assessment and health history data including spiritual, cultural, social, cognitive, psychological and physical examination.
3. Perform nursing interventions based on the ability to integrate concepts from biological, behavioral, natural, and nursing science to correctly identify patient health deviations.
4. Discuss concepts of care planning in partnership with the patient and their families to demonstrate knowledge about the rights of the patient to make informed decisions about health care choices.

Teamwork & Collaboration

1. Identify members of the interprofessional healthcare team and their respective roles.
2. Function within the nurse's scope of practice as a team member, while identifying system barriers and facilitators of effective team functioning.

Evidence based practice

1. Identify best current evidence from scientific and other credible sources as a basis for developing individualized patient-centered plans of care.
2. Utilize the nursing process and evidence-based knowledge to develop and implement a plan of care, within structured health care delivery situations.
3. Identify the role of evidence-based practice in the development of standards of nursing care outcomes, quality assurance monitoring, and the provision of cost-effective services to patients.
4. Discuss the impact of evidence-based practice in the nursing care of patients from vulnerable populations.

Quality improvement

1. Identify the components of the quality improvement process.
2. Discuss quality improvement processes to understand the implementation of patient safety initiatives and monitored performance measures, including nurse-sensitive indicators.

Safety

1. Identify safety risks and environmental hazards in the healthcare settings.
2. Demonstrate knowledge of patient safety to minimize risk of harm to patients and providers through system effectiveness.
3. Discuss individual performance by describing general categories of errors and hazards in care and demonstrating effective use of strategies to reduce risk of harm to self and other.

Informatics

1. Identify evidence-based information and technology skills that are essential for nursing practice.
2. Recognize the role of information technology in patient care outcomes, maintaining patient's privacy, and preserving the patient's confidentiality using standardized terminologies.

Professionalism

1. Identify professional standards of practice, regulatory guidelines, and institutional policies that direct the practice of nursing.
2. Explain the standards and scope of professional nursing practice and the role of major nursing organizations and regulatory bodies.
3. Demonstrate core professional values (caring, altruism, autonomy, human dignity, integrity, and social justice) by assuming the ethical standards of practice and accountability for personal and professional behaviors
4. Identify an example of lifelong learning or professional engagement to foster professional growth and development in nursing practice.

Leadership

1. Describe how leadership, management, and priority-setting skills are used to support safe, quality patient-centered care.
2. Observe leadership roles demonstrating the scope of practice and roles of health care team members.

Communication

1. Use verbal and nonverbal communication strategies that promote an effective exchange of information with real and simulated patients.
2. Utilize effective communication techniques with the patient and family to address patient centered care.
3. Demonstrate skills in written and verbal communication in basic patient's care that supports safe nursing practice.

Systems-Based Practice

1. Identify the relationship between microsystems and macrosystems in healthcare.
2. Demonstrate basic knowledge of the functioning healthcare system, including healthcare policy, finance, and regulatory environments for local, state, national, and global healthcare trends.

Patient Education

1. Provide health-related information to patients across the lifespan that facilitate their acquisition of new knowledge and skills.
2. Demonstrate knowledge of basic principles of the teaching-learning process.
3. Identify patient's learning needs, capabilities and limitations, selects appropriate information, materials and strategies based on standardized teaching protocols.
4. Discuss the expectations of the patient/family/caregivers/community in the treatment plan and barriers to participation in the integration of care.

Level II: Summative Professional Level Outcome Criteria

End of Program Outcomes

Given a client (individual, family, group, aggregate or community) with complex stressors across multiple settings, the student will:

Patient Centered Care

1. Implement nursing care to patients, families, and groups across the lifespan from diverse backgrounds in a variety of settings that is compassionate, age-specific, and culturally appropriate and based on a patient's preferences, values and needs.
2. Demonstrate the knowledge, skills, and attitudes to holistically evaluate and interpret patient needs across the lifespan including spiritual, cultural, social, cognitive, psychological, and physical assessment.
3. Demonstrates mastery of core clinical skills, interventions, and techniques based upon comprehensive assessment findings and plan of care.
4. Provide patient centered care by implementing and evaluating a plan of care in partnership with the patient and their families to respect the right of the patient to make informed decisions about health care.

Teamwork & Collaboration

1. Participate as a member of the interprofessional healthcare team in the provision of safe, quality patient-centered care.
2. Function within the nurse's scope of practice as a team member to direct, organize, and evaluate outcomes of care within the team of healthcare professionals.

Evidence based practice

1. Demonstrate use of best current evidence and clinical expertise when making clinical decisions in the provision of patient-centered care.
2. Utilize the nursing process and evidence-based approach to develop, implement and evaluate a plan of care, in collaboration with the patient and other health care providers, to promote maximum health and wellness.
3. Use evidence-based practice to compare and contrast the relationship between standards of nursing care outcomes, quality assurance monitoring, and the provision of cost-effective services to patients.
4. Apply evidence-based practice to design, coordinate, manage and evaluate the outcomes of nursing care for patients from vulnerable populations, to maximize independence and quality of life.

Quality improvement

1. Participate in data collection processes that support established quality improvement initiatives.
2. Summarize the use of data to monitor patient care processes and improvement methods used to evaluate the effect of change and evaluation of patient care outcomes.

Safety

1. Implement strategies that minimize risk and provide a safe environment for patients, self, and others.
2. Implement a program of patient safety and minimize risk of harm to patients and providers through system effectiveness.
3. Assess individual performance by participation in analysis of errors including root cause analysis and implementation of patient safety goals to focus attention on safety in care settings.

Informatics

1. Use evidence-based information and patient care technology in the provision of safe, quality patient-centered care.
2. Demonstrate use of technology and understanding of standardized terminology that is respectful of the patient's privacy, and preserves the patient's confidentiality.

Professionalism

1. Practice nursing in a professional, ethical, and legal manner while providing patient-centered, standard-based nursing care.
2. Negotiate and advocate for the role of the professional nurse as a member of the interprofessional health care team.
3. Demonstrate core professional values (caring, altruism, autonomy, human dignity, integrity, and social justice) by assuming ethical standards of practice and accountability for personal and professional behaviors.
4. Articulate the value of pursuing practice excellence, lifelong learning, and professional engagement to foster professional growth and development.

Leadership

1. Use leadership, management, and priority setting skills in the practice of safe, quality patient-centered care.
2. Demonstrate leadership by working collaboratively with other health care professionals, negotiating to meet the client's needs and preferences in the plan of care.

Communication

1. Use verbal and nonverbal communication strategies that promote an effective exchange of information and development of therapeutic relationships with patients, families, and groups from diverse backgrounds, in real a simulated settings.
2. Incorporate effective communication techniques with the patient, family, and interprofessional team to foster patient-centered, evidence-based collaboration to improve patient care.
3. Demonstrate skills in written and verbal communication in complex patient's care that supports safe nursing practice.

Systems-Based Practice

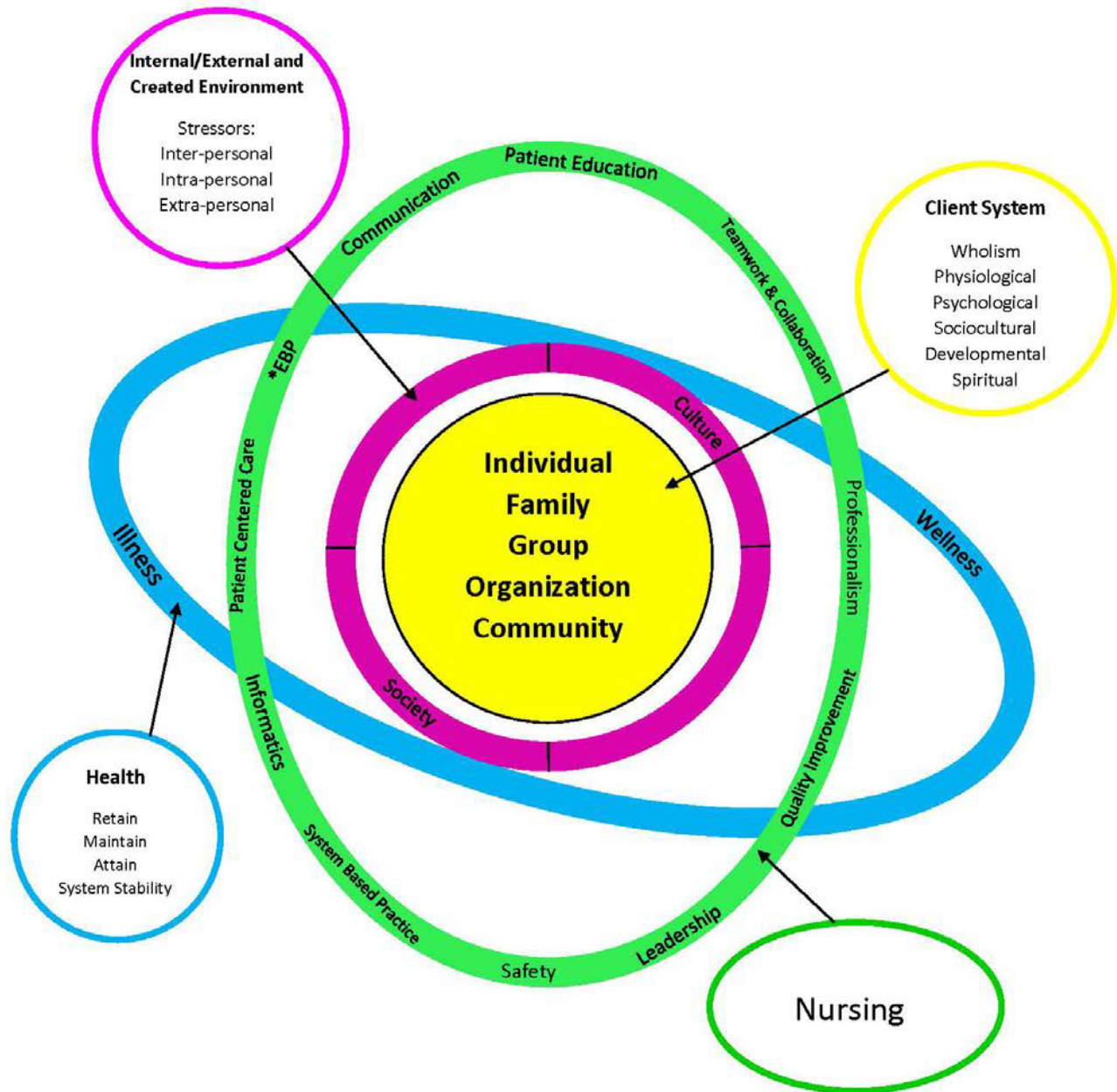
1. Analyze the impact that the macrosystem has on the provision of safe, quality patient-centered care in the microsystem of the work unit.
2. Compare and contrast the relationship between standards of nursing care outcomes, quality assurance monitoring, access to care, affordability, social justice in health care, and global issues of equity that shape policy development.

Patient Education

1. Provide health-related education to patients, families, and groups across the lifespan, using varying teaching methods and motivational strategies, which facilitate the acquisition of new knowledge and skills.
2. Implement the basic principles of the teaching-learning process in patient education opportunities.

3. Assess patient's learning needs, capabilities and limitations to develop, implement and evaluate a comprehensive health education plan for a specific client that includes strategies for health promotion, risk reduction, and disease prevention across the lifespan.
4. Integrate understanding of patient centered care including assessment of patient/family/caregivers/community preferences, coordination and integration of care, and education involving the patient, family, and/or friends inclusive of ethical, cultural, and social influences.

Organizational Framework CSU Channel Islands



*Evidence Based Practice

Student Information

General Catalog

Information about admissions requirements, registration, student activities and academic policies is available in the university catalog via the University website at <http://www.csuci.edu>. The general catalog contains official policies and regulations about admissions, fees, refund policies, student services, policies and procedures for graduation. The requirement for undergraduate programs and descriptions of all university courses with their pre- and co-requisites are included. Familiarity with university rules and regulations published in the catalog is the responsibility of the student. Student should refer to of the catalog located on the www.csuci.edu website under which they were admitted for future reference.

General Admission Information

The University functions on the semester system with two fifteen week semesters (fall and spring) and two summer sessions (five week) for Track I students and a twelve-week summer session for Track II students.

Admissions Policy

The procedures for admission to the university can be found in the general catalog and/or on the university web site. For university admissions see the enrollment services website at <http://www.csuci.edu>. The student should also access the nursing program website at <http://nursing.csuci.edu> for detailed information concerning admission to the university and various nursing academic programs.

Special Nursing Admissions Information: Admissions as a nursing major is a two-step process:

1. Admission to the university
2. Admission to the nursing program

Admission to the University does not guarantee admission into any of the specific nursing programs available at CSU Channel Islands. There are separate supplemental admission processes required to enter each of the Track I nursing programs. Students are referred to the Nursing Program website for specific admission information for the Track I, LVN 30-Unit Option, ADN/RN to BSN, and MSN programs. Applicants to the university will be admitted as pre-nursing students until they have been evaluated by the nursing admissions committee and admitted into the nursing program. Students admitted as pre-nursing students will have two academic years to either be admitted into the nursing program or change their major. After acceptance into the nursing program, the student must declare their major as nursing.

Supplemental Criteria to Determine Admission of Generic/Basic Track I Camarillo Campus Students (Revised and approved by CSU Chancellor's Office 4.19)

In the 2006-07 academic year, and every year since, nursing was declared an impacted program by the CSU Chancellor's Office. An impacted program has more qualified students seeking admissions to the program than can be accommodated given the allocated resources. To determine which students will be admitted to the generic/basic Track I program, student applicants will be rank ordered for admission according to the approved supplemental criteria. Students must meet the minimum prerequisite course requirement to be eligible for admission to the Generic/Track I BSN.



Supplemental Criteria Fall Admissions

SUPPLEMENTAL CRITERIA FOR ADMISSION TO THE TRACK I PRE-LICENSURE NURSING PROGRAM AT CSU CHANNEL ISLANDS (Main Camarillo Campus)

Student applicants will be rank ordered for admission. All Students must meet the minimum prerequisite course requirements to be eligible for admission to the Track I Program.

Grade point average in Pre-Nursing Core courses or equivalents*:

| Course # | Class |
|----------|-------------------------------|
| BIOL 210 | Human Anatomy & Physiology I |
| BIOL 211 | Human Anatomy & Physiology II |
| BIOL 217 | Medical Microbiology |
| CHEM 110 | Chemistry of Life |
| COMM 101 | Public Speaking |
| ENGL 105 | Composition and Rhetoric I |
| BIO 203 | Stats-Quantitative Methods |
| | Critical Thinking (GE A3) |

The core GPA is calculated by averaging the grades earned in each course. If a CI course is repeated at CI, the new grade will replace the previous grade when calculating the GPA. For transferred courses the GPA is calculated using the individual institutions grading policy.

***Prerequisites may be in progress (IP) during the semester the application is submitted, and will be calculated at a “B” pending receipt of final transcript(s).**

Overall Cumulative Grade Point Average (GPA):

The minimum acceptable GPA is 2.5.

ATI TEAS Testing Proficiency:

Completion of the standardized ATI Test of Essential Academic Skills (TEAS) by Assessment Technologies Inc (ATI) is mandatory for all applicants.

***A minimum National Percentile overall rank of proficient (>58.7%) is required to be considered for admission.**

****Students may take the ATI TEAS exam up to 2 (two) times in a calendar year with no less than 30 days**

between testing dates**

Academic Accommodation Members:

Members of the following:

- Foster Youth
- Educational Opportunity Program (EOP)
- Student Support Services (SSS)
- Extended Opportunity Programs and Services (EOPS)

*Verification of accommodation required

Proficiency in a Second Language:

- Successful completion of a certificate program for Language Fluency such as:
 - College-Level Examination Program (CLEP) with a proficiency score of 68 or higher.
 - American Council on the Teaching of Foreign Languages (ACTFL)/Language Testing International (LTI) with a proficiency level of “Advanced-Mid”.
- Translated transcripts from an academic institution outside the U.S. in which the curriculum was taught in another language.
- Documentation showing completion of a college level intermediate ASL course.

***ALL documentation is subject to verification and approval.**

Current CI Student **::

Students who were admitted to CSU Channel Islands as freshmen, **enrolled, and have maintained continuous enrollment.**

OR

Students who have completed 5 of the 8 prerequisite courses at CSU Channel Islands.

**Acceptable forms of verification include: A current unofficial CSU Channel Islands transcript.

Residency:

Residency determination based on the last school attended (or permanent residency) within the following college/university and public school districts (the same geographical boundaries apply to non-public schools):

Ventura County, Santa Barbara County, San Luis Obispo County, Southern Monterey County, and Malibu

Previous Education from an Accredited Institution of Higher Education:

Previous completed Baccalaureate or higher degree

Military Experience:

Military Service; discharged under honorable conditions or Active Duty.

Or

Spouses of Active Military personnel. (Proof of Marriage required.)

Work/Volunteer Experience:

Work Experience:

Experience in a health care setting as a paid employee, **minimum of 200 hours** or current Licensure from a Certified Nursing Assistant (CNA)/Medical Assistant (MA) certificate program

Or

Volunteer Experience: in a related health care setting.

Work or volunteer service must be verified by a letter from the employer or volunteer coordinator, and include the number of hours served and duties performed.

Examples of acceptable work experience includes: employment in fields such as a Licensed Vocational Nurse (LVN), Certified Nursing Assistant (CNA), Respiratory Therapist (RT), Emergency Medical Technician (EMT), Medical Assistant (MA), a Psychiatric Technician, or military medic/corpsman. Other work experience will be evaluated on an individual basis.

Local qualifying volunteer opportunities include, but are not limited to: TLC Home Hospice (Loving Heart Hospice Foundation) and COPE Health Solutions Clinical Care Extender Internship (St. John's Regional Medical Center, St. John's Pleasant Valley Hospital).

***ALL documentation is subject to verification and approval.**

High school participation in regional health science or bioscience academy or ROP:

Awarded to students who have successfully completed a regional health or bioscience academy or have successfully completed medical related ROP during High School, as validated by a letter of recommendation from the program director/academic director or lead instructor of the program or academy.

Interview:

The top 70 applicants to the nursing program will be required to participate in a face-to-face group interview with nursing faculty, staff, students and alumni. Admission decisions will be made based on supplemental criteria scores and the rating of the face-to-face interview.



Supplemental Criteria Spring Admissions

SUPPLEMENTAL CRITERIA FOR ADMISSION TO THE CSU CHANNEL ISLANDS TRACK I PRE-LICENSURE NURSING PROGRAM AT COTTAGE HEALTH SYSTEM

Student applicants will be rank ordered for admission based on the criteria below. Students must still meet the minimum prerequisite course requirements for admission to be eligible for admission to the Track I Program.

Grade point average in Pre-Nursing Core courses or equivalents:

| Course # | Class |
|----------|-------------------------------|
| BIOL 210 | Human Anatomy & Physiology I |
| BIOL 211 | Human Anatomy & Physiology II |
| BIOL 217 | Medical Microbiology |
| CHEM 110 | Chemistry of Life |
| COMM 101 | Public Speaking |
| ENGL 105 | Composition and Rhetoric I |
| BIO 203 | Stats- Quantitative Methods |
| | Critical Thinking (GE A3) |

The core GPA is calculated by averaging the grades earned in each course. If a CI course is repeated at CI, the new grade will replace the previous grade when calculating the GPA. For transferred courses the GPA is calculated using the individual institutions grading policy.

***Prerequisites may be in progress (IP) during the semester the application is submitted, and will be calculated at a “B” pending receipt of final transcript(s).**

Overall Cumulative Grade Point Average (GPA):

The minimum acceptable GPA is 2.5.

ATI TEAS Testing Proficiency:

Completion of the standardized ATI Test of Essential Academic Skills (TEAS) by Assessment Technologies Inc (ATI) is mandatory for all applicants.

**A minimum National Percentile overall rank of proficient (>58.7%) is required to be considered for admission.*

****Students may take the ATI TEAS exam up to 2 (two) times in a calendar year with no less than 30 days between testing dates****

Proficiency in a Second Language:

- Successful completion of a certificate program for Language Fluency such as:
 - College-Level Examination Program (CLEP) with a proficiency score of 68 or higher.
 - American Council on the Teaching of Foreign Languages (ACTFL)/Language Testing International (LTI) with a proficiency level of “Advanced-Mid”.
- Translated transcripts from an academic institution outside the U.S. in which the curriculum was taught in another language.
- Documentation showing completion of a college level intermediate ASL course.

***ALL documentation is subject to verification and approval.**

Residency in preferred geographic areas:

Will be awarded based on students who currently reside within Santa Barbara and San Luis Obispo counties. Acceptable forms of verification include: An official and current non-expired driver’s license, an official and current non-expired lease agreement (in applicant’s name), or an official and current utility bill (in applicant’s name). Other forms of verification will be evaluated on an individual basis.

Previous Education from an Accredited Institution of Higher Education:

Previous completed Baccalaureate or higher degree

Military Experience:

Military Service; discharged under honorable conditions or Active Duty.

Or

Spouses of Active Military personnel. (Proof of Marriage required.)

Work/Volunteer Experience:

Work Experience:

Experience in a health care setting as a paid employee, **minimum of 200 hours** or current Licensure from a Certified Nursing Assistant (CNA)/Medical Assistant (MA) certificate program.

Or

Volunteer Experience: in a related health care setting.

- **Work or volunteer service must be verified by a letter from the employer or volunteer coordinator, and include the number of hours served and duties performed.**
- Examples of acceptable work experience includes: employment in fields such as a Licensed Vocational Nurse (LVN), Certified Nursing Assistant (CNA), Respiratory Therapist (RT), Emergency Medical Technician (EMT), Medical Assistant (MA), a Psychiatric Technician, or military medic/corpsman. Other work experience will be evaluated on an individual basis.
- **Local qualifying volunteer opportunities include, but are not limited to: TLC Home Hospice (Loving Heart Hospice Foundation) and COPE Health Solutions Clinical Care Extender Internship (St. John's Regional Medical Center, St. John's Pleasant Valley Hospital).**

***ALL documentation is subject to verification and approval.**

High school participation in regional health science or bioscience academy or ROP:

Awarded to students who have successfully completed a regional health or bioscience academy or have successfully completed medical related ROP during High School, as validated by a letter of recommendation from the program director/academic director or lead instructor of the program or academy.

Interview:

The top 40 applicants to the nursing program will be required to participate in a face-to-face group interview with nursing faculty, staff, students and alumni. Admission decisions will be made based on supplemental criteria scores and the rating of the face-to-face interview.

Pre-Nursing

Course Admission Requirements

The following CSU eight pre-nursing core classes have been adopted by all CSU nursing programs. A grade of C (2.0) or better is required in each of these pre-nursing core courses for admission to all the CSU Channel Islands nursing programs leading to a baccalaureate degree. The only program exception that does not have to complete the pre-nursing core classes is the LVN to RN 30-unit option. This program does not lead to a Baccalaureate of Science in Nursing.

Pre-nursing Core Courses

Sciences

- Anatomy with a laboratory* (4 Units)
- Physiology with a laboratory* (4 Units)
- Integrated Chemistry with a laboratory** (4 Units) Also accepted: General, Organic, or Inorganic Chemistry with associated lab. (No introductory level Chemistry accepted)
- Microbiology with a laboratory (4 Units)

General Education

- Statistics
- English
- Oral Communication
- Critical thinking

* Two combined courses in Anatomy and Physiology worth 8 units acceptable

** Course content covers inorganic, organic and essentials of biochemistry

Additional Program Specific Requirements

The additional admissions requirements for specific programs are as follows:

Track I / Generic Program:

This program leads to a baccalaureate in Nursing (BSN). Upon program completion, students are eligible to sit for the NCLEX State Board Exam (RN License Exam). This program is intended for students who do not hold an RN (Registered Nurse) or LVN (Licensed Vocational Nursing) license. In addition to ranking on supplemental criteria and completion of pre-nursing core classes the students admitted to the generic program must also meet the following:

Pre-nursing majors must apply and be accepted into the nursing program to be eligible for the lower division nursing courses and must have a cumulative GPA of 2.5 or greater as well as a 2.0 GPA in the nursing major prerequisite courses with no grade lower than a C (2.0)

Track I Generic (Camarillo Campus): The Track I students complete all of their nursing courses at CSU Channel Islands. Students are only admitted in the fall and complete 3 years including summers.

Track I Generic (Goleta Campus): CSU Channel Islands at Cottage Health System students in this track are admitted in spring and complete 2.5 years including summer sessions.

LVN to BSN (Advanced Placement)

This program is for licensed vocational nurses (LVN's) who have completed previous vocational nursing coursework at a regionally-accredited institution and have or will be eligible to acquire a valid California LVN license. Upon program completion, students are eligible to sit for the NCLEX State Board Exam (RN License Exam). Addition requirements include:

1. LVN to BSN nursing students must complete the nursing major prerequisite courses with no grade lower than C (2.0)
2. Students pursuing the LVN to BSN program can be admitted to the University as pre-nursing majors to complete any nursing major courses and support courses. LVN to BSN Nursing students will be admitted to nursing courses on a space available basis.

Track II ADN/RN to BSN

These programs are for licensed registered nurses (RNs) or individuals who are new or soon to graduate ADN students from a local Community College who are seeking their Bachelor of Science in Nursing degree.

Program applicants are required to meet all pre-requisites and be general education (GE) certified. Classes are offered at the CSU Channel Islands Campus through [Extended University](#).

Additional requirements include:

1. Students must complete the nursing major prerequisite courses with no grade lower than a C (2.0).
2. Students must be admissible to the University <http://www.csuci.edu/admissions/index.htm>.
3. Additional GE courses as required for the major [CSUCI University Catalog](#).

Additional Requirements for all Nursing Programs

1. Students in the nursing program must pass a physical health examination and demonstrate a sufficient immunization record consistent with that required of clinical placement agencies utilized by CSU Channel Islands.
2. Students will be required to verify a negative background check including statewide, county and federal screening before placement in a healthcare agency for clinical assignments. Background checks are also required for persons seeking a nursing license in the State of California. Students who have reason to believe that a background check would reveal a prior misdemeanor or felony conviction should seek to have these matters expunged from their record if possible and/or seek another career path. In addition students, upon applying to the BRN for licensure will be required to declare any criminal activity which may affect their ability to be licensed. See the California BRN website for specifics on licensing information <http://www.rn.ca.gov/>.
3. To be admitted to the nursing major, students will be expected to perform or within reasonable accommodations, demonstrate proficiency in specific core performance standards in the following five categories:
 - a. Critical thinking ability sufficient for clinical judgment

- b. Interpersonal abilities sufficient to interact with individuals, families and groups
- c. Communication abilities sufficient for verbal and written interaction
- d. Physical ability to move from place to place and demonstrate manual dexterity and eye-hand coordination
- e. Demonstrate auditory, visual, tactile and olfactory ability sufficient to assess and monitor patients safely.*

* See a more detailed explanation starting on pg. 42.

The academic advisor for the nursing program working with the Office of Disability Resource Program in the Educational Access Center will assist students in determining what accommodations will be needed to enable students to meet these standards.

Criteria for Program Continuance PROMOTION AND RE-ENTRY

(See Policy SA0052016 in appendix on Student Promotion, continuance in program, and repeating a class)

POLICY ON ACADEMIC LEAVE:

Students who take a two semester leave of absence from CSUCI are considered continuing students on informal leave and do not need to submit Request for Academic Leave form. <https://nursing.csuci.edu/documents/request-for-academic-leave-form.pdf>

Any student may apply for a formal leave of absence from the university for up to four consecutive semesters (excluding summer and winter). While a student may apply for multiple leaves, no student will be permitted more than six total semesters of leave from CSUCI. (SP18-04).

The nursing program is run in a cohort model and admission is once a year. Students requesting a leave of absence, must be in good academic standing, and will be required to wait until the required course is offered to be considered for readmission. Readmission after a leave of absence will be on a space available basis. All students requesting a leave of absence must request such in writing using the nursing program LOA form and schedule an exit interview with the Chair of the Nursing Program

Exiting the Program

Students who exit the program, for any reason, must schedule an exit interview with the nursing program Chair. Readmission, if applicable, is on a space available basis.

Nursing Program Curriculum

Click on the links below to access the current CI Catalog pages:

CSUCI Catalog

Track I

Track II: ADN/RN to BSN

LVN 30 Unit Option

The LVN 30 unit option does not lead to a degree in nursing and students are not required to complete the lower division general education pattern, pre-requisites nursing core courses or the additional preparatory courses to the major. Admission to this track is on space availability. At the completion of this program of study, students will be eligible to take the NCLEX examination for registered nursing courses:

Required Courses

The required courses in the 30 unit option for the LVN student are beyond the traditional first year courses. LVN students in the 30 unit option will be exempt from the prerequisites for these nursing courses:

| Nursing Courses | Units | Required Content |
|---|-------------|--|
| <u>NRS 240/241</u> Psychiatric and Mental Health Nursing & Laboratory | 2/2 | Psychiatric nursing ; Client abuse; Cultural diversity; Supportive interventions |
| <u>NRS 420/421</u> Nursing Care of the Complex Client Across the Continuum | 3/3 | Advanced medical/surgical nursing; Case management Geriatrics; Cultural diversity; Rehabilitation |
| <u>NRS 460/461</u> Nursing Leadership and Professional Practice Issues and Lab | 3/2.5 | Professional Nursing Roles Cultural diversity |
| <u>NRS 391</u> Transition to Professional Practice Lab | 2 | Demonstrating professional behaviors, time management, and organizational skills |
| Science Courses | Units | Required Content |
| <u>BIOL 211</u> Introduction to Anatomy and Physiology I | 4 | Anatomy and Physiology I |
| <u>BIOL 217</u> Medical Microbiology | 4 | Medical Microbiology |
| Total Units | 25.5 | |

System wide Placement Test Requirement

The California State University requires each entering undergraduate, except those who qualify for an exemption, to take the CSU Entry Level Mathematics (ELM) and the CSU English Placement Test (EPT) prior to enrollment. These placement tests are not a condition for admission to the CSU, but they are a condition of enrollment. They are designed to identify entering students who may need additional support in acquiring basic English and mathematics skills necessary to succeed in CSU baccalaureate-level courses.

Undergraduate students who do not demonstrate college-level skills in mathematics and/or English will be placed in appropriate remedial programs and activities during their first term of enrollment. Students placed in such programs in mathematics must complete all remediation in their first year of enrollment. Failure to complete remediation by the end of the first year may result in denial of enrollment for future terms. Students in need of English or math remediation might be faced with an additional year in the program to get their beginning skills to the appropriate level.

Advisement for Nursing Majors

All newly-admitted freshman students are required to attend a University Orientation Session. Students will not be allowed to enroll until they have attended such a session. For students who declare Pre-Nursing as their intended major such student will attend a break-out nursing session as part of the orientation. As part of the University orientation Session, the Nursing Advisors will provide newly-admitted students with information on requirements for the major, any supplemental program admission criteria, if applicable, general education requirements, other requirements needed to graduate, and the advisors will assist students with registering for their first semester of courses. Newly-admitted transfer students will all receive an evaluation at the time of attending the University Orientation, with a thorough review of prior coursework and what courses will be accepted here at CSU Channel Islands toward the BSN degree. For students whose major is Pre-Nursing, and for prospective Nursing students, the Nursing Department offers regularly-scheduled Nursing Information Sessions twice per semester (for schedule see nursing website). For students who live outside the area, information is provided by the Nursing Web Site at: <http://nursing.csuci.edu>. For prospective students who are attending a California Community College; students are encouraged to seek assistance from a Counselor at that Community College.

The Nursing Program does not have counselors.

Once admitted into the Nursing major, students are assigned a Faculty/Major Advisor.

Advisement regarding A-G graduation requirement is completed through the advisement center located in Bell Tower first floor at: www.csuci.edu/academics/advising.

Course Registration

Registration takes place on the web at myci.csuci.edu. This is the University's student information system. Students register for classes at appointment times, which are based on class level and descending number of units earned (seniors, junior etc). New students will also register this way during orientation and new student advising workshops. Access to the system is secured by a unique user ID and password.

A *How to Register for Classes* guide is available online at: http://www.csuci.edu/students/rec_libr_docs/How%20to%20Enroll%20in%20Classes.pdf.

The Schedule of Classes is published online prior to the start of each registration period.

The myci.csuci.edu system also allows you to maintain your address and phone number, view your grade at the end of the term and review the transcript of classes taken at CSU Channel Islands.

Adding/Dropping Courses

Prior to the start of classes and through the end of the third week of the semester, students may drop classes on the web at mycsuci.edu without any authorization of the instructor. Beginning with the fourth week of instruction and prior to the tenth week of instruction, withdrawal is permissible only for serious and compelling reasons. Documentation of this serious and compelling reason must be presented to the Program Chair. If dropping a class the approval signatures of the instructor and the Program Chair are required to withdraw from a class during this period. Dropping a course in the nursing program in which the grade is less than a C is considered a fail for readmission purposes; the record will be recorded as a W (Withdrawal) and the program considers it a W failing as opposed to a W passing.

Withdrawal during the final six weeks of instruction is not permitted except in cases where the circumstances causing the withdrawal are beyond the student's control, and the assignment of an "I" (Incomplete grade) is not practical.

Ordinarily, withdrawal in this category will involve complete withdrawal from the University. The approval signatures of the instructor and program Chair are required to withdraw from classes during this period. Documentation of the circumstances causing the student to request withdrawal will be required.

Failure to properly withdraw classes may result in receiving a failing grade (Withdrawal Unauthorized grade). Be aware that summer sessions have different add/drop periods and students must check dates posted on the university website prior to the start of the summer term.

For a student who fails a nursing course with a co-requisite course an administrative withdrawal will be completed for the corresponding course. Refer to the “Criteria for Program Continuance” policy.

Grading Practices

(See Policy CC0042017 in appendix on Grading and Point Distribution)

Student Promotion Policy

(See Policy SA0052016 in appendix on Student promotion, continuance in the program, and repeating a class policy)

Clinical Absence Policy

(See Policy CC0042016 in appendix on Clinical Absence Policy)

Policies and Procedures for Student Complaints/Grievances

(See Policy in Appendix)

Probation and Readmission

If the student's academic performance results in an overall GPA of below 2.0, the student is placed on academic probation. University policy governing probation disqualification and readmission can be found in the *California State University Channel Islands, General Catalog*. The student who is on academic probation may not proceed in required nursing courses until the GPA deficiency is removed. The student is referred to the academic advisor who will provide the student information related to the nursing program policy and assist the student through the process for reinstatement. The policy requires that the student submit a petition that explains the relevant surrounding circumstances leading to disqualification. An explanation and academic plan to alleviate or mitigate the factors related to disqualification and a plan to improve academic performance should be included in the petition. The academic advisor offers assistance in the development of the petition and the plan and refers the student to relevant university resources. The petition is then submitted to a college level reinstatement committee who acts on the merit of the petition.

Academic Honesty

Each student shall maintain academic honesty in the conduct of his or her studies and other learning activities at CSU Channel Islands. The integrity of this academic institution, and the quality of the education provided in its degree programs, are based on the principle of academic honesty. Academic dishonesty is an especially serious offense. It diminishes the quality of scholarship and erodes those who depend upon the integrity of the campus program. Such dishonesty includes:

- Cheating – using attempts to use unauthorized materials, information, or study aids in any academic exercise.
- Fabrication – falsifying or invention of any information or citation in an academic exercise.
- Facilitating academic dishonesty – intentionally or knowingly helping or attempting to help another to commit an act of academic dishonesty.
- Plagiarism – intentionally or knowingly representing the words, ideas, or work of another as one's own in any academic exercise.

Turnitin/Safe Assign Statement

Turnitin/Safe Assign Statement: To ensure the integrity of the academic process, CSU Channel Islands University Nursing Program endorses the importance of academic honesty as defined by the University Catalog and Nursing Student Guidebook. Therefore, in an effort to detect and prevent plagiarism, faculty members may use a tool called Turnitin or Safe Assign to compare a student's work with multiple sources. The tool itself does not determine whether or not a paper has been plagiarized. Instead, that judgment must be made by the individual faculty member.

Adopted from Turnitin syllabus statement from Texas Women's University (2014)

HIPAA Privacy Rule Training for Students

(See Policy SA0022016 in appendix on Policy on HIPAA Privacy Rule Training for Students)

Social Media Policy

(See Policy SA0082016 on Social Media in appendix)

Specific Requirements for Nursing Courses

CSU Channel Islands Nursing Writing Guide

Access to the writing center and assistance to students is encouraged.

CI Writing Guide Web Link: <http://library.csuci.edu/research/cicampuswritingguide2.pdf>

Use of APA Guidelines

Formal papers in nursing classes should be written, unless otherwise instructed, following the guidelines in the most current edition of the Publication Manual of the American Psychological Association. The book should be purchased and kept for reference. Guidelines are also available at the website: <http://owl.english.purdue.edu/owl/resource/560/01/>.

Another recommended template for APA style papers is available through Reference Point Software at <http://referencepointsoftware.com/>

Physical Requirements for the Clinical Experience

The following list of physical requirements is to assist the health care provider in evaluating your ability to meet the physical requirements of CSU Channel Islands Nursing Program. If at any time throughout the nursing program you are unable to meet any of these requirements it is the student's responsibility to be seen by their Healthcare Provider for re-evaluation. All changes in health status and ability to continue to meet the physical requirements program must be documented by the provider and submitted to the Nursing Program Director.

1. Standing/Walking – The student must be able to stand and walk on carpet, tile, linoleum, asphalt and cement while providing and managing client care, gathering client supplies and medications, obtaining and returning equipment. Approximate distance = 3-5 miles.
2. Sitting – The student must be able to sit while communicating with or teaching clients.
3. Lifting – The student must be able to lift floor to knee, knee to waist, and waist to shoulder level while handling supplies using trays (5-10 pounds) and assisting with positioning patients in bed/moving patients on and off gurneys and exam tables (average weight 200 lbs) and ability to transfer patients with a maximum of 80-100 pounds by self.
4. Carrying – The student must demonstrate the ability to carry items at waist level.
5. Pushing/Pulling – The student must be able to push/pull, using carts, utilizing crash carts, opening and closing doors, pushing/pulling beds, gurneys and wheelchairs and moving equipment and furniture.
6. Climbing/Balancing – The student must demonstrate the ability to climb stairs going to and from other departments, offices and homes.
7. Stooping/Kneeling – The student must demonstrate the ability to stoop and kneel while retrieving supplies from medication carts, bedside stands, bathrooms, storerooms etc.
8. Bending - the student must demonstrate the ability to bend at the waist while performing patient assessments and treatments, gathering supplies, assisting patients with positioning, adjusting patient beds and exam tables, bathing patients and emptying drainage apparatus.
9. Crouching/Crawling – The student must demonstrate the ability to crouch and crawl under beds, behind beds and bedside to retrieve dropped items.
10. Reaching/Stretching – The student must demonstrate the ability to reach/stretch administering and monitoring IV therapy, gathering supplies, operating computers, disposing of equipment and linens, assisting with patient positioning, connecting equipment and linens, connecting equipment, cleaning equipment.
11. Manipulating – The student must demonstrate the ability to have hand-wrist movement, hand-eye coordination, simple firm grasping and fine and gross motor dexterity required to calibrate and use equipment and perform CPR.

12. Feeling – The student must demonstrate tactile feeling required to complete physical assessment including palpating and notation of skin temperature.
13. Twisting – The student must demonstrate the ability to twist at the waist while gathering supplies and equipment, administering care and operating equipment.
14. Communicating in verbal and written form – The student must have 95% ability to communicate nursing actions, interpret patient responses, initiate health teaching, document and understand health care activities, and interact with patients, staff, faculty and peers
15. Hearing – The student must have the ability to hear and interpret many people and correctly interpret what is heard, auscultation, physician orders – whether verbal or by phone, patient reports and cries for help, fire and equipment alarms etc. Seeing – The student must have acute visual skills necessary to detect signs and symptoms, coloring and body language of patients, color of wounds and drainage, and possible infections anywhere. Interpret written words accurately, read characters and identify colors in the patient’s records and on the computer screen.
16. Ability to drive self to/from clinical sites

Other Clinical Course Requirements

Handheld Mobile Device/Software Requirements:

A handheld mobile device is required so that you have a reference source for medication administration, interpretation of diagnostic tests, a medical dictionary, and rationale for signs and symptoms. In addition to the handheld device you will be required to purchase/download software as recommended. The mobile software is intended for use on a handheld device, e.g, cell phone, tablet. Instructions for the Lippincott specific download may be found in the Appendix of this Handbook.

System Requirements for each platform supported
(See Policy in Appendix)

Name Pins:

Official name pins are to be obtained from a pre-determined company (please contact the nursing program for details). In addition, the student needs an official CSU Channel Islands Picture ID attached to your nametag. Selected hospital name badges will be distributed prior to each clinical rotation per protocol of the individual hospital. It is recommended that the student obtain two name pins in case one is lost or damaged.

Nursing Simulation Laboratory

The Camarillo campus nursing simulation laboratory is located in Manzanita Hall 1230 and contains a 6 bed open lab with a 1 bed ICU/testing station. The sim lab has open hours each semester for students to practice and hone their skills. Students must wear uniform tops or a lab coat over their street clothes while practicing in the simulation lab. Hair must be off collar and dress-code adhered to. No flip-flops or shorts will be allowed in the lab open hours.

Guidelines for Professional Image

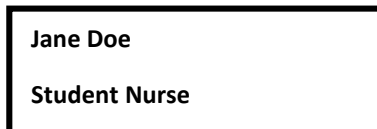
Student Dress Code

Uniforms/clinical wear: students should dress in the approved Nursing Program uniform to be purchased from On Duty Uniforms (4572 Telephone Rd. #920 Ventura, CA 93003). These uniforms should be clear and appropriately wrinkle-free at all times. It is recommended that you purchase two uniforms so that they may be properly cleaned between clinical and assigned lab sessions. They should fit well (not too tight or short) and reflect a professional appearance. Business casual professional attire may be worn to the clinical area if required when doing patient workups but an approved white lab coat should be worn over the clothing. Name badges should be visible on lab coats and uniforms. Sports and play clothes are not acceptable this includes jeans, visible midriffs, Bermuda shorts, short-shorts, sleeveless dresses or tops, sweat shirts, leg warmers and T-shirts. No low necklines or cleavage. No sagging pants will be permitted.

A long sleeve jacket or navy blue detachable sleeves are the only long sleeve option for students (no sweatshirts, cardigans, etc.).

Identification: A student name tag, purchased from **On Duty Uniforms (4572 Telephone Rd. #920 Ventura, CA 93003)** with a CSU Channel Islands Picture ID or Facility ID attached should be worn at all times with uniform and lab coat.

SAMPLE





Hair: Hair must be clean and neatly combed. Any extreme look or color is not permitted. Hair at shoulder length or below should be combed away from the face so that it will not fall forward over the face while performing normal nursing duties. Long hair must be tied back. Plain barrettes, headbands, or combs are allowed. Males are permitted to have facial hair that is clean and groomed.

Make-up: Make-up should appear fresh and natural. Excessive make-up is not acceptable.

Nails: Nails should be kept clean and smooth. If polish is used, it should be colorless natural finish. Nail polish should be un-chipped and without adornment. Fingernail length should not exceed beyond the tip of the finger. Acrylic or other types of artificial nails or gel manicures are not permitted.

Perfume: Because of the close contact with staff, patients, and visitors, the use of perfume, scented lotion or spray, and after-shave lotion is not appropriate.

Sunglasses: Sunglasses are a block to interpersonal communication and should not be worn. Transition lenses or those with a transparent tint are acceptable.

Jewelry: Only one small ring, class ring, or wedding band/set is acceptable. A small ring is defined as the same size or smaller than a class ring. Necklaces and neck chains may be worn inside uniforms. Very large or long dangling earrings are not appropriate. One stud per ear is acceptable. Watches and nursing school identification pins may be worn.

Hygiene: Personal hygiene plays a major role in professional appearance. All students should pay particular attention to bathing regularly, ensuring absence of body and mouth odor and a neat and clean appearance. Gum chewing is not allowed.

Body Piercing/Body Art: Students may have no more than one visible piercing in each ear and only one stud per ear which must conform to the clinical agency's dress code. No jewelry/hardware may be evident other than one small, stud per ear. Body art and tattoos must be covered at all times.

Footwear: Shoes should be white, clean, closed-toe, with non-skid soles of non-porous material. Shoelaces must be white. Clogs are not acceptable. Heels are to be no greater than 1 inch in height.

Student Dress Code (cont.)

Medical Exception: Any request for exception(s) to the appearance code for medical reasons must be signed by your personal physician or appropriate specialist. It is then given to the Chair of the Nursing Program and must be updated annually.

Equipment: The following equipment is necessary for a clinical rotation: Watch with a second hand, writing pen, stethoscope, bandage scissors, pen light. Highly recommended is a clipboard and hemostat.

Other Policies

Electronics: Cell phones may be used with applications for investigating diseases, disorders, medications, procedures and lab tests. They may not be used for phone calls or texting during clinical hours except to contact clinical faculty while in the facility. No phone calls while in the patient rooms.

Emergency Contact on Electronic Devices: All students are required to have their emergency contact available on their cell phone's emergency call screen in case of an emergency.

Use of Listening or Recording Devices: State Law in California prohibits the use by anyone in a classroom of any electronic listening or recording device without prior consent of the teacher and school administrator. Any student who has need to use electronic aids must secure the consent of the instructor.

Classroom, Lab & Clinical Visitors: Children and other uninvited guests are not permitted in the classrooms, laboratory, or clinical setting at any time.

Email Addresses: Students must use their **university email** for all email university communications. It is your responsibility to check regularly for email messages from the nursing program.

Policy for Substance Abuse: CSU Channel Islands is a drug-free and alcohol free campus (see CSUCI Catalog for University Policy). This extends to the clinical facilities used for clinical placements. Faculty may remove from the clinical area any student who appears to be functioning inappropriately because of suspected substance abuse. Dependent upon the degree and type of behavior, the faculty may refer the student to the University Student Health Center or the emergency department at the clinical setting. The faculty member may then notify the Dean of Student Life.

Impaired Nursing Student Policy

(See Policy SA0032016 in appendix for Policy on Impaired Student)

Attendance/Patient Abandonment

Students are expected to attend ALL classes and clinicals on time as scheduled.

The student will:

- Obtain faculty permission prior to leaving the clinical lab or classroom
- Attend clinical only as scheduled unless faculty approves in writing
- Students are not to go off clinical site while attending clinical coursework

Patient Abandonment – When the student accepts a patient assignment and establishes the “nurse”/student nurse patient relationship, leaving that assignment, without permission and no arrangement for the continuation of nursing care is considered “patient abandonment”. Patient abandonment jeopardizes the patient’s safety and is grounds for dismissal from the program.

See BRN policy on Abandonment on the BRN website <http://www.rn.ca.gov/>

Clinical Sites:

To provide the best clinical education hospital and community based clinical sites will include:

Children's Hospital of Los Angeles
Community Memorial Hospital
Cottage Health System
Kaiser Permanente
Los Robles Hospital
Ojai Community Hospital
St. John's Pleasant Valley Hospital
St. John's Regional Medical Center
Ventura County Medical Center
Vista Del Mar
West Hills Medical Center

Transportation:

Students are responsible for their own transportation to and from classes and clinical sites. During the Community and Home Health clinical experiences students are responsible for their own transportation to the agency sites that are made throughout the clinical day. **Clinical sites may be up to 80 miles from the campus so reliable transportation is mandatory.**

Procedure for clinical lab signups

***Please Note: clinical placement, time, & location are subject to change.**

Courses for signup:

NRS 201
NRS 221
NRS 223
NRS 231
NRS 233
NRS 241
NRS 391
NRS 421
NRS 453
NRS 461

Policy on Clinical Lab Assignments

(See Policy CC0082017 in appendix on Policy on Clinical Lab Assignments)

Student Support Services

The University provides a wide array of services and activities for faculty and students to increase involvement in campus life. The Division of Student Affairs supports and enhances learning and the University community through quality activities, facilities, programs and services. They include: Educational Opportunity Program (EOP); Student Health Center, Student Health Insurance, Financial Aid and Scholarship and University Math and Writing Center.

Educational Opportunity Program (EOP)

Educational Opportunity Program (EOP) is designed to improve access and retention of low income and educationally disadvantaged students by providing active and targeted support aimed at increasing academic accomplishment and individual empowerment. The ultimate goal is to provide incoming students from disadvantaged backgrounds with the tools that will help them succeed in college and ultimately graduate from California State University Channel Islands. EOP provides educational access and academic, personal, social and economic support services for students whose educational and economic circumstances have been limited.

Nursing students who are enrolled in the Educational Opportunity Program must submit proof of enrollment in the program by the tenth week of the previous semester in order to facilitate priority placement of students into clinical rotations. Additional information on EOP can be found in the catalog at: <http://www.csuci.edu/studentlife/eop.htm>

Student Health Services

CSU Channel Islands Student Health Services (SHS) is an outpatient medical clinic whose staff is dedicated to providing compassionate, accessible and professional health care to CI's diverse student population. Services are funded by student health fees paid each term by stateside students as part of regular tuition, and include open access to Counseling & Psychological Services (CAPS). Additional fees may be implemented for medical services outside of the standard scope of care. Services offered are much like those of a family practitioner/general physician. General services include but are not limited to;

- CI affiliated Physical Exams
- Dermatology
- Gastrointestinal
- Ear/Nose/Throat
- Reproductive Health; STI Screening, Pregnancy Testing, Birth Control Management

| | |
|--|---|
| *Las Posas Family Medical Clinic 3801 Las Posas Road #214 Camarillo 805-437-0900 | *Mariposa Urgent Care 3801 Las Posas Road #106B Camarillo 805-477-2300 |
| *Magnolia Family Medical Clinic 2240 E. Gonzales Road #120 Oxnard 805-981-5151 Urgent Care: 805-981-5181 | *Las Islas Family Medical Group Urgent Care 325 W. Channel Islands Blvd. Oxnard 805-204-9513 |
| *Moorpark Family Medical Clinic 612 Spring Road, Building A Moorpark 805-523-5400 | |

SHS is affiliated with the Ventura County Health Care Agency (VCHCA), which gives students the same basic care/access to their facilities throughout Ventura County. The following facilities are most familiar with CI students (must present CI ID card at time of service), but for a complete list visit the SHS website at <http://www.csuci.edu/studenthealth/urgent-care.htm>.

Community Medical Clinics

When the Counseling and Student Health Center is closed or a student is unable to get to campus, basic health care services are available at no cost at any of the following seven Ventura County Medical Clinics listed below. Students must present their student identification card to be seen. (Preferred sites are noted with an *).

Magnolia Family Medical Center *
2240 E. Gonzales Road, Oxnard, CA 93036
Phone: (805)981-5151
Urgent Care (805)981-5181

Las Islas Family Medical Group *
2400 S. C Street, Oxnard, CA 93033
Phone: (805)240-7000
Urgent Care: (805) 483-0198

West Ventura Medical Clinic *
133 West Santa Clara Street, Ventura, CA 93001
Phone: (805) 641-5600
Urgent Care: (805) 641-5620

Moorpark Family Care Center *
35 West Los Angeles Ave., Moorpark, CA 93021
Phone: (805)529-4624

Conejo Valley Family Care Center
223 E. Thousand Oaks Blvd. #102, Thousand Oaks, CA 91360
Phone: (805)370-0600

Santa Paula Medical Clinic
1334 East Main Street, Santa Paula, Ca 93060
Phone: (805)933-1122

Sierra Vista Family Care Center
1227 E. Los Angeles Ave., Simi Valley, CA 93065
Phone: (805) 582-4000

Fillmore Medical Clinic
828 Ventura St., Fillmore, CA 93015
Phone: (805) 524-2000
Urgent Care (805) 524-8604

CastleBranch

CastleBranch is one of the largest background screening and compliance management companies in the nation and works with more than 25,000 organizations and nearly two thirds of colleges and universities.

For nearly two decades, the company has exceeded industry growth rates and continues to provide new products and services that make a difference in people's lives.

CastleBranch is accredited through the National Association of Professional Background Screeners (NAPBS) - a highly coveted distinction held by less than five percent of all background screening companies

CastleBranch creates affordable and customizable solutions that serve all segments of the workforce including employees, extended workforce, volunteers, students, healthcare and tenants.

Our solutions are customizable for the workplace as well as the academic, healthcare and legal industries.

CastleBranch is located in Wilmington, North Carolina and has the regional brands of CourtSearch and CourtMail to assist members of the legal community and 123nc for North Carolina consumers who need instant online criminal record searches.

Our highly trained customer experience specialists are always available to help. They have more than one million conversations with clients and students annually.

CastleBranch Corporation conducts more than 1.5 million criminal record searches each year.

How to Place Order

Welcome to **my** 

To place your order go to:

Package Name (if applicable):

LN21 OR LN22 OR LN23 OR LN24

PLACE ORDER

SELECT PROGRAM

SELECT PACKAGE

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

- ✓ View order results
- ✓ Upload documents
- ✓ Manage requirements
- ✓ Place additional orders
- ✓ Complete tasks

Please have ready personal identifying information needed for security purposes.

The email address you provide will become your username.

Contact Us: **888.914.7279** or servicedesk.cu@castlebranch.com

Portals

Keeping Everyone Connected

About Portals:

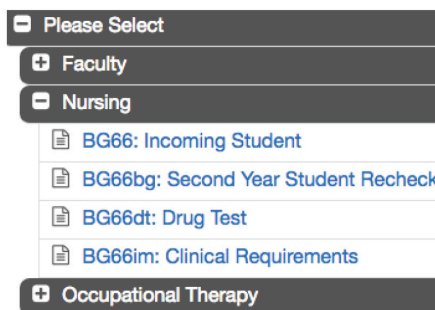
Our new CastleBranch portals were designed with you in mind. In just a few quick steps, everything from program to package selection can be setup and ready to use.

Here's how:

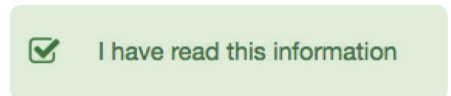
1: Go to your portal URL and click:



2: Select the appropriate account or program needed. Then select the desired package.



3: This will bring you to our Acknowledgment Page which provides information about your selected package. Users will confirm that they have viewed the information given and then be forwarded to their Order Review Page.



...Done! It's that easy.

Administrators follow the same steps in order to print the Instruction Form within your portal; simply access the portal, select the needed program and package, and then click the print icon located in the top right corner of the page.

Directing your users:

Electronic Distribution

- Provide desired URL within your website or user tracking system.
- Send an email to your users containing the desired URL.
- Send an eVite to your users linking to a specific package code (accomplished through your Admin Portal).
- Request our Customer Experience Team to facilitate a mass eVite on your behalf.
- Reach out to our Customer Experience Team to discuss integration opportunities for the eVite process.

Paper Distribution

- To create handouts, simply access your portal and click the print icon.
- Insert the desired URL within your own packaged materials.



California State University - Channel Islands - Nursing Portal

This user-friendly portal guides you through program and package selection to quickly place your order and create your secure account.

After you complete your order and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements. You will return to your account by logging into castlebranch.com and entering your username (email used during order placement) and your secure password.

FAQ

How do I place my order?

Once you click Place Order from the home page or go to the Package Selection page, you will be prompted to enter your personal identifying information. Once you have entered all required information, you will then go through an intuitive step-by-step process to complete your background check. If you have any questions along the way, please contact us at 888-723-4263 or email servicedesk.cu@castlebranch.com.

Where can I view my Order Confirmation?

A copy of your Order Confirmation was sent to the email address you provided when you placed your order. You can also retrieve a copy of your Order Confirmation by logging into your account and clicking on the Document Center tab located at the top of the screen. Once in the Document Center, click on the Background Check folder located on the left side panel; then click on the document titled "Confirmation."

When should I expect my Background Check results to be complete?

Results are normally returned within 3- 5 business days. Please note that turnaround time will vary based on the specific items in your order. If it has been more than 5 business days and you are approaching your school deadline, please email us at servicedesk.cu@castlebranch.com.



What does "In Process" status mean on my results summary page?

"In Process" means that the item is not completed and is still being researched.

How do I dispute additional charges or criminal records?

Once your results are returned, you will receive a message in your account inbox titled "Completed Order Results." In this message, links are provided to dispute additional charges or criminal records.

If I have further questions or need additional help, who do I contact?

Please call Service Desk at 888-723-4263 or email servicedesk.cu@castlebranch.com.

Hours of Operation:

Monday-Friday 8 a.m. - 8 p.m. Eastern Time

Sunday 10:00 a.m. - 6:30 p.m. Eastern Time

App Installation Instructions for Apple and Android Devices

Lippincott Advisor App

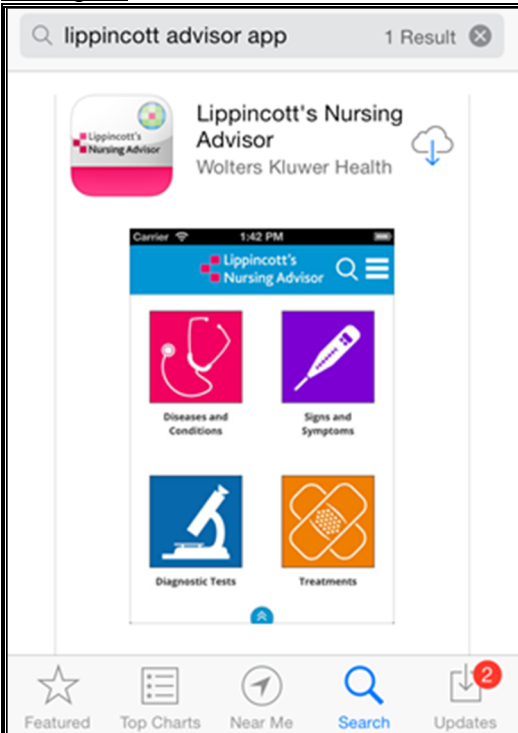
The mobile application for *Lippincott Advisor* is compatible with Apple and Android phones and tablets.

Before You Begin

Please log on to your schools' WiFi network

How to Install

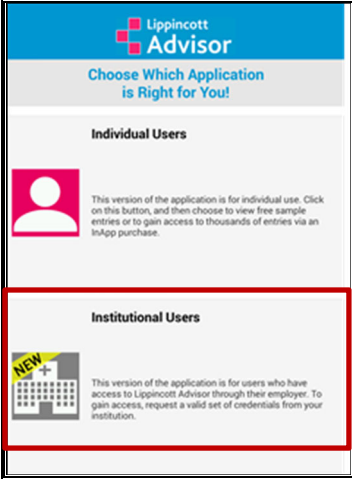
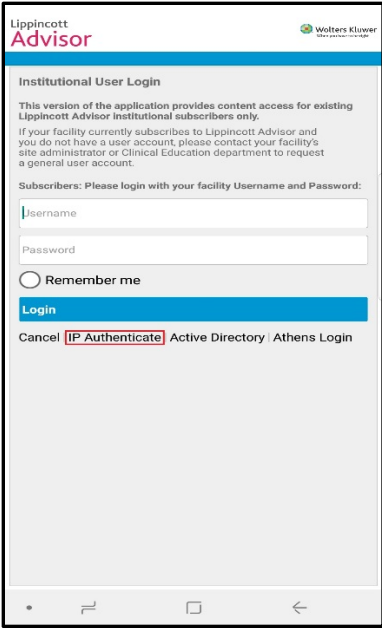
Please follow these steps below to install the app on your phone and/or tablet.

| Step | Action |
|------|--|
| 1 | Go to the Google Play or Apple App store. |
| 2 | Locate the <i>Lippincott Nursing Advisor</i> app in the app store. |
| | <u>Information:</u> You can search by Lippincott Advisor App to find the app quickly. |
| 3 | <p>Download the app.</p> <p><u>Examples:</u></p>  |
| 4 | <p>When prompted, select the Accept or Install option.</p> <p><u>Note:</u> The terminology is dependent on the store – Google Play or App Store.</p> |

Continued on next page

App Installation Instructions for Apple and Android Devices, Continued

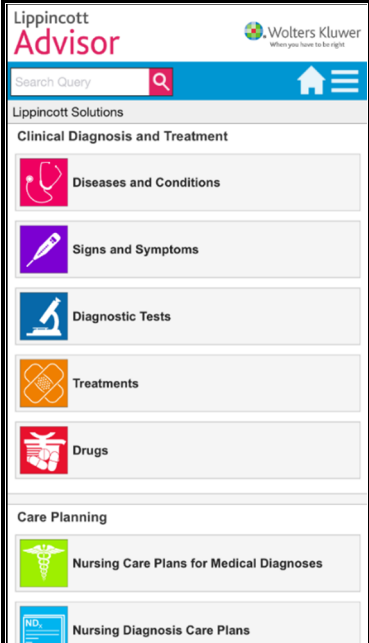
How to Install, (continued)

| Step | Action |
|------|--|
| 5 | <p>When prompted, choose the Institutional Users version of the app.</p> <p>Example:</p>  |
| 6 | <p>Choose to IP Authenticate into the apps.</p>  |

Continued on next page

App Installation Instructions for Apple and Android Devices, Continued

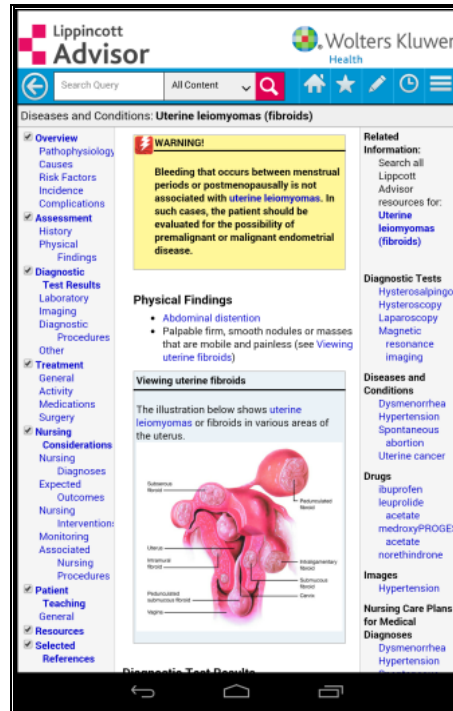
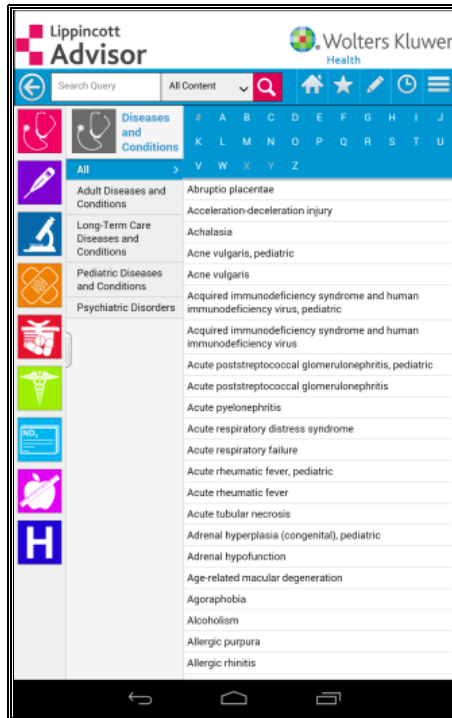
How to Install, (continued)

| Step | Action |
|------|---|
| 7 | <p>Tap the Enter or Accept button.</p> <p><u>Reminder:</u> The terminology is dependent on the store – Google Play or App Store.</p> |
| 8 | <p>When prompted to download content, click the Download button.</p> <p><u>Result:</u> The app will open to the landing page.</p>  |

Continued on next page

App Installation Instructions for Apple and Android Devices, Continued

Content Examples

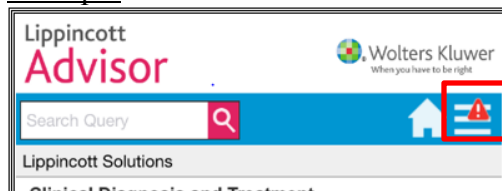


Update Notifications

How will I know there is an update?

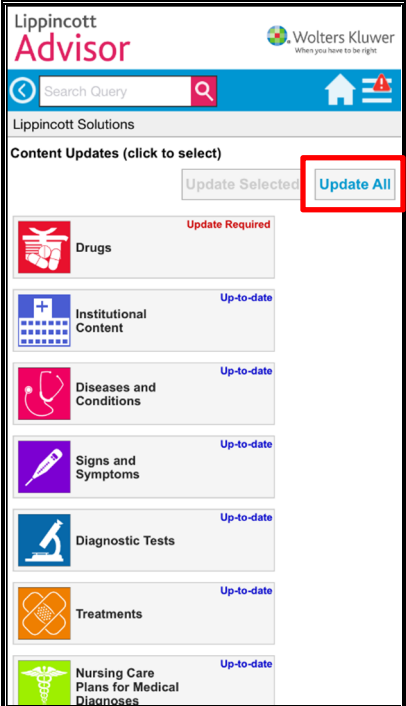
If there has been an update loaded in Lippincott, you will need to update your app content. A red caution triangle in the upper right-hand corner indicates there is an update available.

Example:



Updating the App

Follow the steps below to update the *Lippincott Advisor* app.

| Step | Action |
|------|---|
| 1 | Tap the red caution triangle on the menu bar. <u>Result:</u> A full menu will open. |
| 2 | Select the Updates option in the menu. |
| 3 | When prompted, select Update All . <u>Example:</u>  |

Student Health Insurance

Nursing students must have health insurance that covers services beyond the scope of Student Health Services. Information regarding supplement student health insurance may be obtained from the Counseling and Student Health Center, the office of Student Life, or the website www.csuhealthlink.com. Proof of insurance is required before placement at the clinical agency is allowed. (See form in Appendix)

Financial Aid and Scholarships Office

The Financial Aid office assists student in obtaining financial aid resources to meet their educational costs. Students interested in financial aid must complete a Free Application for Federal Student Aid (FAFSA), which can be obtained in the Enrollment Center, although the recommended method of application is through the online application at www.fafsa.edu.gov. A variety of financial aid resources are available to students including grants, loans, federal work study and scholarships. After students have completed and submitted the FAFSA they may be considered for the following:

Grants, Loans, Federal work study, scholarships.

Scholarships

The University in participation with the community has an endowment that provides scholarships, which are based on academic excellence, financial need and community service. This annual scholarship opportunity takes place each spring and applications are open to both new and continuing students. Students may complete a scholarship application, which is found on the Financial Aid website. Endowed Scholarships can be found in the CSU Channel Islands Catalog, some of the scholarships are particularly suited for nursing students.

<http://www.csuci.edu/financialaid/scholarships.htm>

University Writing & Multiliteracy Center

At the Math tutoring lab and the University Writing & Multiliteracy Center, the process is collaborative. Tutors work with students to encourage effective, independent learning and to further knowledge and understanding during their education at CSU Channel Islands. The location is in second floor, Broome Library. The student writing guide with discipline specific guidelines is located on the Library's website home page.

<http://www.csuci.edu/wmc/>

Organization of the Nursing Program

The organizational structure of the Nursing Program is discussed below and is subject to approval of faculty. The Nursing Program's standing committees meet once per month during the academic year and include Faculty/Fiscal Affairs, Curriculum & Instruction, and Student & External Affairs Committee and Faculty. Nursing Program committees function as fact-finding, advisory, and coordinating bodies consistent with university policies. The Chair appoints faculty members to the Committees.

Committees

Faculty/ Fiscal Affairs Committee provides the structure for the governance of the Nursing Program. The faculty members review and revise school academic policies, develop and revise curriculum develop and approve policies relative to grading, reviews petition for readmission into the department and evaluation of student performance. Students who attend these committee meetings are not voting members, but are valued for the ability to articulate the views of the student body and to enhance two-way communication between the faculty and students. One student representative from each class is invited to participate at the beginning of the meeting to provide feedback.

Curriculum & Instruction Committee is responsible for curriculum/program review and the approval body for curricular and instructional functions. The committee serves as the clinical agency site review authority and evaluation body. The committee also serves as the mechanism for implementing the program evaluation, new program development and new faculty orientation. One student representative from the student body is invited to be a member of the committee.

Student & External Affairs Committee is responsible for policy development, advisement, and fostering coordination of student group functions and activities, maintaining channels of communication between faculty and students, coordination of student recruitment activities, coordination of volunteer activities, coordination of scholarships and awards. One student representatives from the student body are invited to be members of the committee.

Advisory Committee

The Nursing Program Advisory Committee functions to advise the nursing faculty of changes nursing practice in the surrounding healthcare community and to provide assistance with strategic planning and directions for the program. The committee also assists with financial support to

increase the visibility and knowledge of the activities of the nursing department and assists in communication of the nursing program projects and new programs to the surrounding community including friends, alumni and others interested in nursing in Ventura County. The committee provides opportunities for employment for CSU Channel Islands in the surrounding community. The committee collaborates to offer preceptor and work study experiences for CSU Channel Islands Nursing Students. The Nursing Advisory Committee meets bi-annually in the Spring and Fall.

Extracurricular Activities

California Student Nurses Association (CSU Channel Islands – SNA) is established as a chapter of the California Nursing Student Association (CSNA) and the National Student Nurses' Association (NSNA) Inc. Nursing students participate together forming one student nursing organization. As a student you must join the state and national organizations. Information on the NSNA can be found at: <http://www.nсна.org/>, and enrollment can be completed online. The Channel Islands' SNA is listed on CI Sync. <http://nursing.csuci.edu/currentstudents/index.htm#sna>, <https://www.facebook.com/CSUCISNA>, <https://orgsync.com/52916/chapter>

American Red Cross Club at CSU Channel Islands (American Red Cross Club) is established as a campus chapter of the American Red Cross. Guided by the fundamental principles of the American Red Cross and its mission to prevent, prepare for and respond to emergencies, the American Red Cross Club of California State University – Channel Islands learns, practices and exemplifies humanitarian values through youth service projects and partnerships with other community groups. All service projects implemented by the club must fall into one of the five lines of service of the American Red Cross: Disaster Service; Preparedness and Health and Safety Services; International Services; Biomedical Services; Service to the Armed Forces. The American Red Cross campus chapter is listed on CI Sync. <https://orgsync.com/76801/chapter>

Volunteer Activities

Students are encouraged to enroll in volunteer activities through campus chapters, e.g., SNA & American Red Cross. A community service form must be completed in to record activities. This form identifies the exact date, time, location, objectives, strategies, and evaluation. Students must adhere to dress guidelines per the club advisor when involved in volunteering. No student may provide skilled services, such as vital signs, blood monitoring, or patient education, without the presence of licensed personnel, preferably faculty or a registered nurse. Volunteer activities will be posted on CI Sync. All activities must be approved by club advisors to get credit for volunteer hours, including those for non-members. For all non-members, please be sure to submit approved hours to the SNA president to receive credit for time spent.

Honors and Awards upon Graduation

Students qualify for University Honors based on the following criteria:

- CSUCI candidate must complete a minimum of 30 units of courses taken at CSU Channel Island for a letter grade and earn a GPA of 3.5 or above in all work taken at CI. Students with a previous baccalaureate degree do not qualify for honors upon graduation. Student earning must earn the following cumulative grade point averages in all undergraduate courses, including transfer work:
 - Cum Laude 3.5-3.74
 - Magna cum Laude 3.75-3.89
 - Summa cum Laude 3.9-4.0

Students can be selected for the following Mission-Based Awards:

- Outstanding Integrative Approaches Award – granted to a student who exemplifies an education marked by integrative-approaches from more than one discipline
- Outstanding Experiential and Service Learning Award – granted to a student who exemplifies an education marked by experiential and service learning
- Outstanding Multicultural Perspective Award – granted to a student who demonstrate a widening of multicultural perspectives
- Outstanding International Perspective Award – granted to a student who demonstrate a widening of international perspectives

Students who qualify can receive the Silver Dolphin Award based on the following criteria:

- Achieve excellent in academic (3.2 or higher)
- Maintained regular attendance at co-curricular activities
- Participate regularly in service to the CI community and surrounding communities
- Demonstrated commitment to and growth in each of the Dimensions of Development
- Upheld the standards listed in the CSUCI Student Leaders' Personal Code of Honor

In addition each Program recognizes students in each major for the **Program Honors**. These students, selected by the faculty in the discipline, are honored for distinguished academic and clinical work in the major.

CSU Channel Islands Nursing Honor Society

Bylaws, Membership, & Events

The CSU Channel Islands Nursing Program is a member of Sigma Theta Tau International.

Students in each of the classes (Generic, Cottage, ADN/RN-BSN) are eligible to become member of Sigma Theta Tau International Honor Society of Nursing. The society awards membership based on academic standing and leadership ability. The top academic achieving thirty-five percent (35%) of each class (Track I (Camarillo), Track I (Goleta), ADN/RN to BSN) who have at least a 3.0 total GPA will be considered for introduction into the honor society. Students are inducted in their last fall semester of the nursing program.

Nurse leaders may also be nominated for induction into the society.

<https://thecircle.sigmanursing.org/syndicatedcontent/howtojoin>

DAISY Awards

An acronym for Diseases Attacking the Immune System, The DAISY Foundation was established in 1999 in memory of J. Patrick Barnes who died (at the age of 33) from complications of the auto-immune disease Idiopathic Thrombocytopenic Purpura (ITP). Patrick's family was very touched by the remarkable compassion and clinical skill demonstrated by Patrick's nurses during his illness, so they created DAISY to recognize exceptional nurses everywhere. The DAISY Foundation is dedicated to saying Thank You to Nurses and is now proud to recognize Nursing Students for their care of patients and their families.

The DAISY Award for Extraordinary Nursing Students is awarded in deep appreciation of their commitment to extraordinary compassionate care and their outstanding clinical skill that will make a difference in the lives of so many people.

Both Faculty and students can be nominated for a DAISY Award at any time of the year using the forms in this Handbook.

Appendices

Code of Ethics for Nurses

The American Nurses Association House of Delegates approved nine provisions for the Code of Ethics for Nurses in 2015. The following are the nine provisions:

Provision 1

The nurse practices compassion and respect for the inherent dignity with and unique attributes of every person.

Provision 2

The nurses' primary commitment is to the patient, whether an individual, family, group, community or population.

Provision 3

The nurse promotes, advocates for, and protects the rights, health and safety of the patient.

Provision 4

The nurse has authority, accountability, responsibility for nursing practice; makes decisions and takes action consistent with the obligations to promote health and provide optimal care.

Provision 5

The nurse owes the same duties to self and to others. Including the responsibilities to promote health and safety preserve wholeness of character and integrity, maintain competence and continue personal and professional growth.

Provision 6

The nurse, through individual and collective effort establishes, maintains and improves the ethical environment of the work setting and conditions of employment that are conducive to safe quality healthcare.

Provision 7

The nurse in all roles and settings, advances the profession through research and scholarly inquiry, professional standard development and the generation of both nursing and health policy.

Provision 8

The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy and reduce health disparities.

Provision 9

The profession of nursing, collectively through its professional organization must articulate values, maintain the integrity of the profession, and integrate principals of social justice into nursing and health policy.

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BOARD OF REGISTERED NURSING
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Ruth Ann Terry, MPH, RN
Executive Officer



STANDARDS OF COMPETENT PERFORMANCE
Excerpt From California Code of Regulations
Title 16 - Chapter 14

1443.5. Standards of Competent Performance

A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:

- (1) Formulates a nursing diagnosis through observation of the client's physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.
- (2) Formulates a care plan, in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.
- (3) Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the client and family and teaches the client and family how to care for the client's health needs.
- (4) Delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.
- (5) Evaluates the effectiveness of the care plan through observation of the client's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the client and health team members, and modifies the plan as needed.

(6) Acts as the client's advocate, as circumstances require, by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided.

Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2725 and 2761, (effective 7/17/85).

2725. Legislative intent; Practice of nursing defined

(a) In amending this section at the 1973–74 session, the Legislature recognizes that nursing is a dynamic field, the practice of which is continually evolving to include more sophisticated patient care activities. It is the intent of the Legislature in amending this section at the 1973–74 session to provide clear legal authority for functions and procedures that have common acceptance and usage. It is the legislative intent also to recognize the existence of overlapping functions between physicians and registered nurses and to permit additional sharing of functions within organized health care systems that provide for collaboration between physicians and registered nurses. These organized health care systems include, but are not limited to, health facilities licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, clinics, home health agencies, physicians' offices, and public or community health services.

(b) The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following:

(1) Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures.

(2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.

(3) The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.

(4) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (A) determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.

(c) “Standardized procedures,” as used in this section, means either of the following:

(1) Policies and protocols developed by a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code through collaboration among administrators and health professionals including physicians and nurses.

(2) Policies and protocols developed through collaboration among administrators and health professionals, including physicians and nurses, by an organized health care system which is not a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code.

The policies and protocols shall be subject to any guidelines for standardized procedures that the Division of Licensing of the Medical Board of California and the Board of Registered Nursing may jointly promulgate. If promulgated, the guidelines shall be administered by the Board of Registered Nursing.

(d) Nothing in this section shall be construed to require approval of standardized procedures by the Division of Licensing of the Medical Board of California, or by the Board of Registered Nursing.

(e) No state agency other than the board may define or interpret the practice of nursing for those licensed pursuant to the provisions of this chapter, or develop standardized procedures or protocols pursuant to this chapter, unless so authorized by this chapter, or specifically required under state or federal statute. “State agency” includes every state office, officer, department, division, bureau, board, authority, and commission.

(Added Stats 1939 ch 807 § 2. Amended Stats 1968 ch 348 § 1; Stats 1974 ch 355 § 1, ch 913 § 1; Stats 1978 ch 1161 § 172; Stats 1980 ch 406 § 1; Stats 1989 ch 886 § 52; Stats 1995 ch 279 § 15 (AB 1471); Stats 1996 ch 124 § 2 (AB 3470). Amended Stats 2003 ch 640 § 5 (SB 358).)

2725.1. Dispensation of drugs or devices by registered nurse

Notwithstanding any other provision of law, a registered nurse may dispense drugs or devices upon an order by a licensed physician and surgeon if the nurse is functioning within a licensed clinic as defined in paragraphs (1) and (2) of subdivision (a) of Section 1204 of, or within a clinic as defined in subdivision (b) or (c) of Section 1206, of the Health and Safety Code.

No clinic shall employ a registered nurse to perform dispensing duties exclusively. No registered nurse shall dispense drugs in a pharmacy, keep a pharmacy, open shop, or drugstore for the retailing of drugs or poisons. No registered nurse shall compound drugs. Dispensing of drugs by a registered nurse, except a certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51 or a nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, shall not include substances included in the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code). Nothing in this section shall exempt a clinic from the provisions of Article 13 (commencing with Section 4180) of Chapter 9.

(Added Stats 1986 ch 493 § 1. Amended Stats 1999 ch 83 § 3 (SB 966) (ch 914 prevails), ch 914 § 1 (AB 1545); Stats 2001 ch 289 § 2 (SB 298).)

2725.3. Functions performed by unlicensed personnel

(a) A health facility licensed pursuant to subdivision (a), (b), or (f), of Section 1250 of the Health and Safety Code shall not assign unlicensed personnel to perform nursing functions in lieu of a registered nurse and may not allow unlicensed personnel to perform functions under the direct clinical supervision of a registered nurse that require a substantial amount of scientific knowledge and technical skills, including, but not limited to, any of the following:

- (1) Administration of medication.
- (2) Venipuncture or intravenous therapy.
- (3) Parenteral or tube feedings.

(4) Invasive procedures including inserting nasogastric tubes, inserting catheters, or tracheal suctioning.

(5) Assessment of patient condition.

(6) Educating patients and their families concerning the patient's health care problems, including post discharge care.

(7) Moderate complexity laboratory tests.

(b) This section shall not preclude any person from performing any act or function that he or she is authorized to perform pursuant to Division 2 (commencing with Section 500) or pursuant to existing statute or regulation as of July 1, 1999.

(Added Stats 1999 ch 945 § 2) (AB 394).

Track I Roadmap Camarillo
Generic Curriculum 120 units

Track I Roadmap Goleta
Generic Curriculum 120 units

Track II Roadmaps
ADN/RN to BSN Curriculums



CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS ACADEMIC SENATE POLICY

Policy on Student Participation in Commencement Exercises

Policy #: 09-10

Supersedes Policy # 07-05

Drafted By: Student Academic Policies and Procedures

Applicability: All CSU Channel Islands students

Definitions: *Commencement* – The official University ceremony held in May of each year to recognize the achievements of graduates, degree candidates and teaching credential recipients.

Graduation – The process of verifying completion of degree requirements and conferring the degree.

Published Deadline – Deadline to apply for graduation as published in the Schedule of Classes and on www.csuci.edu.

Purpose: To describe which students are eligible to participate in commencement.

Background: This policy delineates criteria for graduate student participation in commencement. The criteria for undergraduates are established in policy #SP 07-05. This policy establishes that graduate students must have advanced to candidacy to participate in commencement, aligning criteria for participation with the university description of commencement as a ceremony for degree candidates. This policy removes the August 31 cut off date to accommodate the different master's degree program schedules.

Policy:

Commencement is held annually at the end of the spring semester. Undergraduate students who have completed a degree the previous summer or fall terms are eligible to participate in the ceremony along with those who plan to complete their degrees in the spring or subsequent summer and have filed an Application for Degree and Diploma. Graduate students who have completed degree requirements the previous summer or fall terms are eligible to participate in the ceremony along with those who plan to complete their degrees in the spring or subsequent summer and have advanced to candidacy. Names of graduates and degree candidates who have applied for graduation by the published deadline will be published in the Commencement Program. Students who do not wish to have their names published in the Commencement Program may opt out by filing a Request to Withhold Directory Information form with the Records and Registration office.

REV 1/04

Policies and Procedures for Student Complaints/Grievances

Student Due Process

If a problem or complaint arises, students have the right to have the matter investigated as noted in the Student Judicial Process as described in the CSUCI Catalog. Most problems involve misunderstanding, human error or lack of information about established rules. To address such problems, it is often best to speak directly to the faculty or staff involved. If the matter is not clarified or resolved, it may be useful to talk next with the Chair of the Nursing Program. If not resolved at that level the Chair of the Program can direct students to the Student Judicial Process as stated in the CSUCI catalog. The next step involves a complaint to the Judicial Affairs (Officer of the Dean of Student Life), the Judicial Officer investigates the complaint or allegation. If there is evidence to substantiate the charge, the Judicial Officer will initiate the student disciplinary process. (See complete policy below).

Accountability

The Vice President for Student Affairs and Judicial Affairs in the Office of Student Development

Applicability

All registered students at CSUCI

Definition(s)

Adjudicated –To hear, determine, and settle a case by judicial procedure.

Preponderance –Evidence presented which establishes a majority (51%) in favor of one side or the other.

Adverse-witness –A witness for the University testifying against the accused student.

Informal Disposition –Resolution without formal trial-type hearing usually by mutual agreement between the student and the Judicial Officer, including the sanctions to be imposed, if any.

Where possible, informal procedures are implemented, emphasizing the personal growth and development of the student. Where formal procedures are utilized, the system is designed to provide a prompt, fair, impartial hearing and resolution of the matter. When a complaint is received by Judicial Affairs (the Office of Student Development), the Judicial Officer investigates the complaint

or allegation. If there is evidence to substantiate the charge, the Judicial Officer will initiate the student disciplinary process. Judicial Affairs notifies the student(s) in writing of the alleged misconduct and directs the student(s) to schedule a meeting with the Judicial Officer.

At the initial meeting, the student is advised of his/her rights and informed of the evidence supporting the charges. The student is provided with an opportunity to respond and to openly and honestly discuss the incident and possible resolutions of the case. Students involved in criminal violations are subject to remedies through the criminal justice system (e.g. University Police Department and the Ventura County District Attorney's office) as well as Student Disciplinary action. In the event that a resolution cannot be reached through the informal process the Judicial Officer shall proceed to a formal process.

The following rights shall be explained to the accused prior to the commencement of any formal judicial hearing:

- All parties shall be afforded reasonable written notice, at least five (5) working days prior to the hearing. A letter sent to the address listed in the registrar's records shall constitute full and adequate notice. Written notice shall include:
 1. A statement of the time, place and nature of the proceeding.
 2. A statement of the nature of the case and of the jurisdiction under which it is to be adjudicated.
 3. A brief statement of matters asserted. Thereafter, upon request by the accused, a more detailed and definitive statement will be furnished prior to the commencement of any formal hearing.
- An accused student may choose to have an advisor present at the hearings.
- All hearings will be conducted on the basis that the accused is not in violation until the preponderance of evidence proves otherwise.
- All hearings shall be private and closed only to persons directly involved in the matters being adjudicated. The accused may request that a hearing be open to others. The University shall consider such a request in light of the best interests of all persons involved and of the university.
- The accused may inspect any evidence presented in support of the charges. Evidence may be presented in defense of the accused.
- The accused may hear and question adverse witnesses.
- The accused shall not be forced to present self-incriminating evidence; however, the University is not required to postpone disciplinary proceedings pending the outcome of any criminal prosecution.

- The determination of "in violation" or "not in violation" as charged, shall be based solely on the evidence presented at the hearing.
- The determination from a formal hearing and any sanctions assigned and the Student's Appeal Rights shall be furnished in writing to the accused within five (5) working days following the hearing.
- The enrollment status of the accused shall remain unchanged pending the University's final decision in the matter except in cases where the President or President's designee determines that the safety, health, or general welfare of a student or the university is involved.

The Judicial Officer and/or the Hearing Officer may recommend any disciplinary action listed below with any appropriate modifications as well as any of the penalties listed under informal disposition.

Verbal Disciplinary Warning

A verbal disciplinary warning is an official warning that the student's behavior is in violation of the CSUCI Student Code of Conduct. The verbal warning is the least severe of all the sanctions. If the student is found to be in violation of a second charge, subsequent action may be more severe.

Written Disciplinary Warning

A written disciplinary warning is an official reprimand for violations of specified University policies or campus regulations. The written warning is placed in the student's file for a specified period of time. The warning is then removed if the student does not commit any further violations during the specified time. If the student is found to be in violation of a second charge, subsequent action may be more severe.

Disciplinary Probation

Disciplinary probation status is designed for a specific length of time extending from a month to a number of semesters. Restrictive conditions may be imposed and vary according to the severity of the offense. Restrictive conditions include, but are not limited to, the following: loss of good standing, which may become a matter of record; the loss of eligibility to receive any university award, scholarship, loan, honorary recognition, or initiation into any local or national organizations; denial of the privilege to occupy a position of leadership or responsibility in a university student organization, publication, or activity, and loss of privilege to represent the university in a public capacity.

While under disciplinary probation, the student is given a chance to show the capability and willingness to live in accordance with the university rules. However, if the student is found to be in violation through another action while on disciplinary probation, more serious consideration will be given to suspension or expulsion from the university.

Suspension*

A student involved in an offense warranting consideration of action more serious than disciplinary probation, or one involved in repeated misconduct may face suspension. Suspension is the separation of the student from the university for a specified period of time, after which the student is eligible to return, provided that the student has complied with any conditions imposed as part of the suspension. The length of the suspension period shall be definite and may extend from days to a number of semesters. During suspension, a student may not attend class.

Expulsion*

Expulsion is the permanent separation of the student from student status from the university. When an offense is of such severity that the university will not allow the student to re-enroll, the student will be expelled. When a student has been expelled from the university for disciplinary reasons, a full report will be placed in the permanent record of the individual concerned.

* These sanctions may be deferred, i.e., the student may be permitted to remain in school on condition that he/she waives the right to a formal hearing for a subsequent violation. Sanctions may be imposed separately or in combination with other disciplinary action.

Restitution

Reimbursement, either monetary or by service(s) performed to, or misappropriation of University property, or property belonging to campus community members.

Special Assignment

Assignment of costs, labor, duties or other responsibilities, (e.g., apology, research paper, community services etc.), which are appropriate to the violations. Special assignments may be imposed at any level of sanctions.

[Course Grade Appeals - As identified in the CSUCI Catalog the policy on grade appeals includes](#)

1. Each student has the right to appeal the final course grade, but only the final course grade. For example, a student may not appeal grades on individual assignments and/or examinations.
2. Appeals are limited to situations in which the student believes the grade was “prejudicially” , “capriciously” , or “arbitrarily” assigned. While grades for individual assignments cannot be appealed, students who believe that the grading of individual exams and/or assignments demonstrates prejudicial, arbitrary, or capricious grading and that those grades had a direct bearing on the final grade should include them in the grade appeal file as supporting documentation.
3. The appeal must be initiated within the first seven weeks of the first regular semester after assignment of the grade* (see item 6 below). A student who believes that a course grade has been assigned inappropriately must follow the proper steps in the appeal process, observing the time limits for completion of the steps as follows:

Step 1: The grade appeal must first be directed to the instructor of the course, in writing, by the end of the seventh week of the semester and copied to the Chair. If the grade is not correct, the instructor can change the grade with a change of grade form. The instructor has two weeks to respond to the student's request in writing and copied to the Chair.

Step 2: If the instructor believes the grade is correct and the student is not satisfied with the instructor's explanation, and intends to appeal the grade, the student must make an appointment to speak with the program chair. If the instructor is not available or does not respond to the student's appeal within the given time frame, the program chair may act on behalf of the instructor. If the program chair is the instructor, the student should speak with the Vice President of Academic Affairs (or designee). The program chair or Vice President of Academic Affairs (or designee) cannot change the grade, but will then discuss the issue with the instructor and provide a written response by the end of the ninth week of the semester to the student.

Step 3: If the student is not satisfied after receiving the response from the appropriate administrator, the student should submit a written appeal by the end of the eleventh week of the semester to the University Appeals Committee through the office of Academic Affairs.

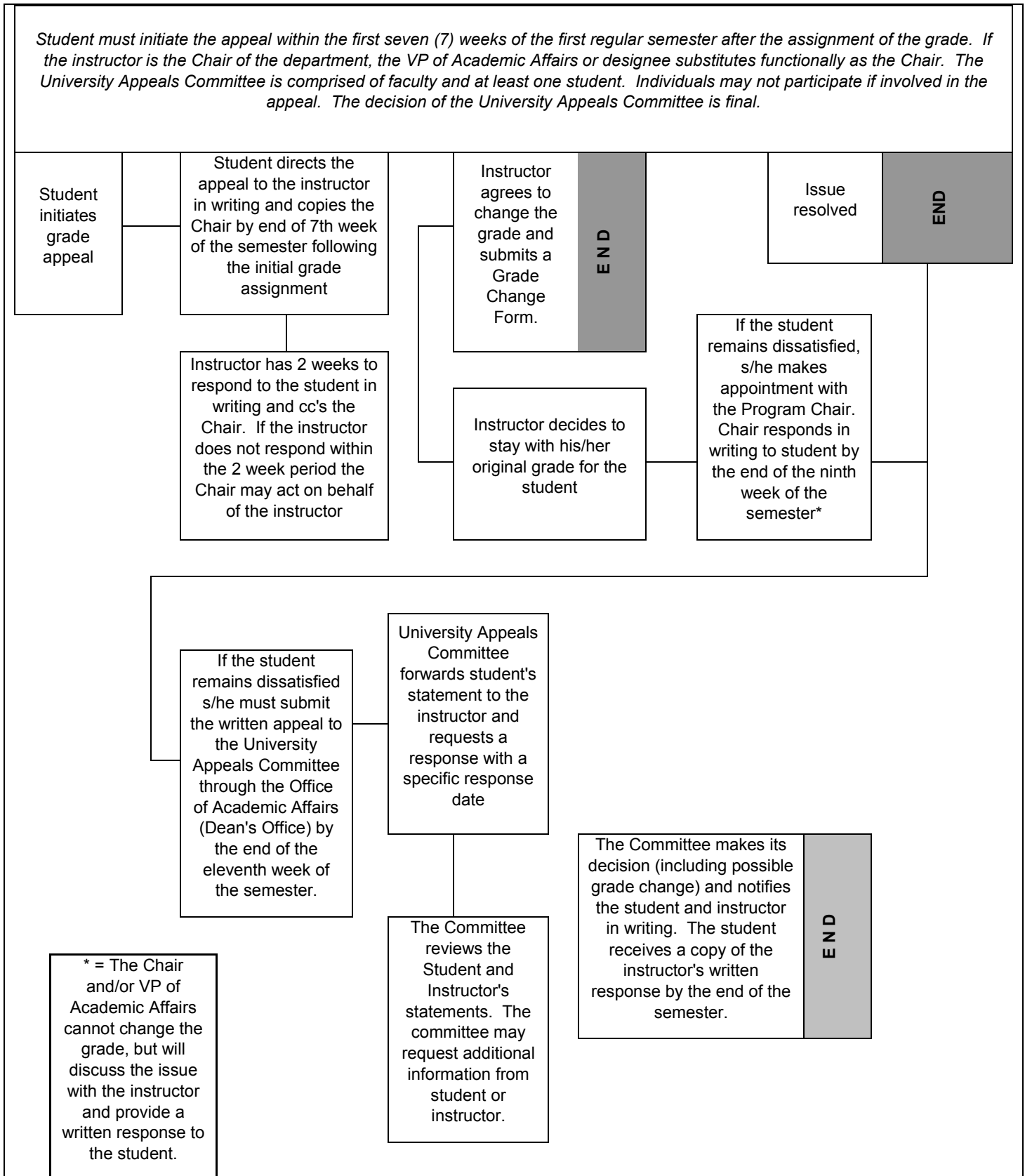
Step 4: The University Appeals Committee will forward the student's statement to the instructor. The instructor will be required to respond in writing by a specified date within the semester, and the student will be given a copy of the instructor's written response by the end of the semester. The student's statement and the instructor's response will be reviewed by the entire committee, after which the committee can:

- a. Request more information from the student and/or the instructor
- b. Decide to change or maintain the grade

Step 5: When the committee has made its decision, it will notify the student and instructor in writing.

4. The University Appeals Committee shall consist of faculty and at least one student.
 5. Individuals may not participate as a member of the University Appeals Committee in review of an appeal if they are a participant in the appeal. The decision of the University Appeals Committee is final.
 6. If a student is a candidate for graduation, the Registrar's office must be notified in writing of the intent to appeal the grade within 30 days of the last day of the semester. The final degree evaluation will not be performed and the degree will not be granted until the grade appeal process has been completed.
 7. No grades can be appealed or changed for any reason after a degree has been granted.
- (SP11-05)

Grade Appeal Flow Chart and Process



Technology Assistance

<https://www.csuci.edu/ti/>

Please click on a link below to visit the University site for the following topics:

General Services

CI Learn

Wireless

Wireless Access at CI

Printing

Mobile Printing

CI Alert

Policies



CALIFORNIA State University Channel Islands
Nursing Program Policies

Originating Author: Curriculum Committee

Policy Number: CC0012016

Approved By: Faculty

Approval Date: 12.18.2020

Effective Date: 1.15.2021

Number of Pages: 2

Next Review Date: 12.2023

Licensed Vocation Nurses 30 Semester/45 quarter Unit Option

PURPOSE: *Goals and objectives of the policy.*

The objective of the policy is to meet the BRN regulation for 30 Unit option Licensed Vocational Nurses to apply for RN licensure.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

According to BRN Criteria Section 1429 (a) An applicant who is licensed in California as a Vocational Nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the prescribed courses and meets all other requirements set forth in section 2736 of the code. Such applicant shall submit evidence to the board, including a transcript of successful completion of the requirements set forth in subsection (c) and of successful completion or challenge of course in physiology and microbiology comparable to such courses required for licensure as a registered nurse.

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring

The Curriculum Committee monitors the policy for compliance, implementation and monitoring. Implementation of policy is facilitated by staff and Program Chair with oversight the responsibility of the chair. All students considering this option must meet with the chair or designee for advisement.

Applicability: *Specific individuals or groups to which this applies*

This policy applies to individuals who are licensed as Licensed Vocational Nurses in the State of California.

Definition(s) *Define unfamiliar terms as needed*

N/A

Policy Text: *Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy*

The prerequisites for the 30-unit option are BIO 210 Anatomy and Physiology I (4 units); and BIOL 217 Medical Microbiology (4 units); for a total of eight units. Including these prerequisites, the students take a total of 25.5 units, with the following required courses:

NRS 240 & NRS 241 Psychiatric & Mental Health Nursing with lab 4 units (2/2)

NRS 420 & NRS 421 Nursing Care of the Complex Client with lab 6 units (3/3)

NRS 460 & NRS 461 Nursing Leadership and Professional Nursing Practice with lab 5.5 units (3/2.5)

NRS 391 Transition to Professional Practice Lab 2 units (2)

Total 25.5 Units

Eligible students are admitted as undeclared majors, on a space available basis, and must make an individual appointment with the Chair of the Nursing Program or his/her delegate to sign the 30 Unit Option Waiver Acknowledgement form.

Exhibits: *Optional forms, illustrations, references*

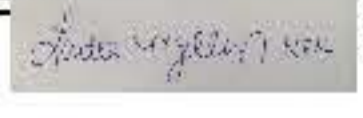
EDP-P-06 BRN Required Curriculum: Content for Licensure

30 Unit Option Waiver Acknowledgement form

**REQUIRED CURRICULUM:
CONTENT REQUIRED FOR LICENSURE**

(916) 322-3350

Submit in **DUPLICATE**.

| | |
|--|---|
| Program Name: CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS | For Board Use Only Approved by:  Loretta Melby 2018.05.31 16:35:04 07'00', NEC Date: <u>5/31/2018</u> <input type="checkbox"/> BRN Copy <input type="checkbox"/> Program Copy |
| Type of Program: <input type="checkbox"/> Entry Level Master <input checked="" type="checkbox"/> Baccalaureate <input type="checkbox"/> Associate | |
| Requesting new Curriculum Approval: <input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor Date of Implementation: FALL 2018 | |
| Academic System: <input checked="" type="checkbox"/> Semester 15 _____ weeks/semester <input type="checkbox"/> Quarter _____ weeks/quarter | |

REQUIRED FOR LICENSURE AS STATED IN CCR SECTION 1426

| | Semester Units | Quarter Units | Current BRN-Approved Curriculum | Proposed Curriculum Revision *Place asterisk next to proposed change |
|--|----------------|---------------|---------------------------------|---|
| Nursing | 36 | 54 | 56 | *53 |
| Theory | (18) | (27) | 32 | *30.5 |
| Clinical | (18) | (27) | 24 | *22.5 |
| Communication Units | 6 | 9 | 6 | 6 |
| Science Units | 16 | 24 | 22 | 22 |
| TOTAL UNITS FOR LICENSURE | 58 | 87 | 84 | 81 |
| Other Degree Requirements BIO 203(3); CR THINK (3); ART (3); HISTORY (3); POLITICAL SCIENCE (3); LANG (3); BIO 432(3); UDGE (9); LIT (3); COMMUNITY HEALTH (6) | | | 36 | *39 |
| TOTAL UNITS FOR GRADUATION | | | 120 | 120 |

List the course number(s) and titles(s) in which content may be found for the following required content areas:

| REQUIRED CONTENT | Course Number | Course Titles |
|-------------------------------|---------------|---|
| Alcohol & chemical Dependency | NRS 240/241 | Psychiatric and Mental Health Nursing |
| | NRS 220/221 | Nursing Care of Adults with Acute and Chronic |
| | NRS 222/223 | Nursing Care of Children and Families |
| | NRS 230/231 | Nursing Care of Mothers and Infants |
| Personal Hygiene | NRS 200/201 | Introduction to Professional Nursing Practice |
| Human Sexuality | NRS 200/201 | Introduction to Professional Nursing Practice |
| | NRS 230/231 | Nursing Care of Mothers and Infants |
| Client Abuse | NRS 200/201 | Introduction to Professional Nursing Practice |
| | NRS 240/241 | Psychiatric and Mental Health Nursing |
| | NRS 452/453 | Community Health Nursing |

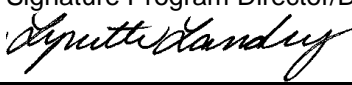
| | | |
|------------------------|---|--|
| Cultural Diversity | ANTH 102 NRS 230/231;200/201;220/ 221;222/223;240/241; 452/453 | Cultural Anthropology; Nursing Care of Infants Children and Families; Introduction to Professional Nursing Practice; Nursing Care of Adults with Acute and Chronic Illness I and II; Psychiatric and Mental Health Nursing; Community Health Nursing |
| Nutrition | NRS 230/231;200/201;220/ 221;222/223;240/241; 452/453 | Nursing Care of Infants Children and Families; Introduction to Professional Nursing Practice; Nursing Care of Adults with Acute and Chronic Illness I and II; Psychiatric and Mental Health Nursing; Community Health Nursing |
| Pharmacology | NRS 204 NRS 304 | Pharmacology for Nursing Practice I and II |
| Legal Aspects | NRS 200/201 NRS 460/461 | Introduction to Professional Nursing Practice Nursing Leadership and Professional Nursing Practice |
| Social/Ethical Aspects | NRS 200/201 | Introduction to Professional Nursing Practice |
| Management/Leadership | NRS 200/201 NRS 460/461 | Introduction to Professional Nursing Practice Nursing Leadership and Professional Nursing Practice |

Information needed to evaluate transcripts of applicants for licensure (Section 1426, Chapter 14, Title 16 of the California Code of Regulations) is listed in the left column below. Indicate the name(s) and the number(s) of the course(s) which include this content.

| REQUIRED CONTENT | Course Number | Course Title | Units |
|---------------------------|---|--|---------------|
| NURSING | | | |
| Medical-Surgical | NRS 200/201;220/221;222/ /223;420/421 | Introduction to Prof Nurs Practice (3/3); Nurs Care of Adults Acute/Chronic I (3/3); Nurs Care of Adults Acute/Chronic II (3/3); Nurs Care of Complex Client (3/3) | 24 (12/12) |
| Geriatrics | NRS 200/201;220/221;222/ /223;420/421 | Introduction to Prof Nurs Practice (3/3); Nurs Care of Adults Acute/Chronic I (3/3); Nurs Care of Adults Acute/Chronic II (3/3); Nurs Care of Complex Client (3/3) | |
| Obstetrical | NRS 230/231 | Nursing Care of Mothers, Infants and Women | 4 (2/2) |
| Pediatric | NRS 232/233 | Nursing Care of Children and Families | 4 (2/2) |
| Psych/Mental Health | NRS 240/241 | Psychiatric and Mental Health Nursing | 4 (2/2) |
| Other | NRS 306; NRS 204,NRS 304; NRS460;461;NRS 391 | Patho (3); Pharm (3.5); Nrs Leadership (3/2.5); Transition to Prof Practice (2), Research (3) | 17 (12.5/4.5) |
| BASIC SCIENCES | | | |
| Anatomy | BIO 210; 211 | Anatomy and Physiology I (4); Anatomy and Physiology II (4) | 8 |
| Physiology | BIO 210; 211 | Anatomy and Physiology I (4); Anatomy and Physiology II (4) | |
| Microbiology | BIO 217 | Medical Microbiology | 4 |
| Societal/Cultural Pattern | ANTH 102/SOC 100 | Cultural Anthropology (3) / Intro to Sociology (3) | 6 |
| Psychology | PSY 100 | Intro to Psychology (3) | 3 |
| Other | CHEM 110 | Chemistry of Life (4) | 4 |
| COMMUNICATION | | | |
| Group | COMM 101 | Speech | 3 |
| Verbal | COMM 101 | Speech | |
| Written | ENG 105 | Composition Rhetoric | 3 |
| * TOTAL UNITS | | | 81 |

* The "TOTAL UNITS" should match "TOTAL UNITS FOR LICENSURE" on page 1.

LVN 30 UNIT OPTION

| REQUIRED CONTENT | Course Number | Course Title | Units |
|--|------------------------|--|------------------|
| NURSING | | | |
| Advanced Medical-Surgical | NRS 420/421 | NRS Care of the Complex Client | 6(3/3) |
| Psych/Mental Health | NRS 240/241 | Psychiatric & Mental Health Nursing | 4(2/2) |
| Geriatrics | NRS 420/421 | NRS Care of the Complex Client | |
| Management/Leadership | NRS 460/461 NRS 391 | Nursing Leadership and Professional Practice Issues and Lab (3/2.5) Transition to Professional Practice Lab (2) | 5.5 (3/2.5) 2 |
| BASIC SCIENCES | | | |
| Physiology | BIO 210 | Anatomy and Physiology I | 4 |
| Microbiology | BIO 217 | Medical Microbiology | 4 |
| TOTAL UNITS | | | 25.5 |
| Signature Program Director/Designee:  | | Date: December 8, 2017 | |

CSU Channel Islands BSN Program

30 Unit Option Waiver

Please complete this form and return to the Nursing Program Director

Name _____ Date _____

I have been counseled by the Nursing Program Chair and I understand that 30 unit option LVN does not meet the requirements for the Baccalaureate of Science in Nursing Degree. Students completing this program will not be a graduate of the University's nursing program and cannot receive the program's pin or diploma. Additionally, many states in the United States do not recognize persons completing this option as being a Registered Nurse. Thus, many states will not grant reciprocity (licensure by endorsement) to 30 Unit LVN students who have successfully passed the NCLEX-RN examination. The licensure resulting from completion of this option cannot be changed at a later date.

Student's Name (Print) _____ Date _____

Student's Signature _____

Chair of Nursing Program (Print) _____ Date _____

Chair of the Nursing Program's Signature _____

CALIFORNIA State University Channel Islands
Nursing Program Policies

Proposed by: Curriculum Committee
Policy Number: CC0022017
Approved By: Faculty Committee
Approval Date: 3.15.2019
Effective Date: 5.2019
Number of Pages: 4
Next Review Date: 3.2021

Policy on Proctored ATI Exams/Remediation

PURPOSE: *Goals and objectives of the policy.*

The nursing program at CSUCI has the student nurse’s complete success as its top priority. To that end, a comprehensive program of quality assessment called ATI Assessment Technologies, Inc. is utilized. Modules and exams have been proven to increase student success in both program content and NCLEX pass rates (www.atitesting.com).

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor’s Office, Accreditation*

Prior to entering the program students are introduced to the TEAS. During the first semester students will take the Critical Thinking Entrance Exam. Then during the final semester students will take the Critical Thinking Exit Exam. Each Content Mastery Series module follows the program algorithm for testing and, if necessary, remediation and retesting. Each course has designated benchmarks to predict the likelihood of passing the NCLEX-RN. Course faculty will be the resource for further instruction regarding ATI and the comprehensive program.

Matrix of Nursing Program ATI Proctored Assessments

| ATI Proctored Assessment | ATI Practice Assessment | Course | Timeframe by Campus | |
|----------------------------|--|---|---------------------|--------|
| | | | Fall | Spring |
| Critical Thinking Entrance | Self-Assessment Inventory Web | NRS 306 Pathophysiology | C | G |
| Fundamentals | RN Fundamentals Online Practice 2016 A or RN Fundamentals Online Practice 2016 B | NRS 220 Nursing of Adult: Acute & Chronic | C | G |
| Pharmacology | RN Pharmacology Online Practice 2016 A or RN Pharmacology Online Practice 2016 B | NRS 304 Pharmacology II | G | C |

| | | | | |
|--------------------------|--|--|---|---|
| | | | | |
| Mental Health | RN Mental Health Online Practice 2016 A or RN Mental Health Online Practice 2016 B | NRS 240 Psychiatric & Mental Health | Summer | |
| Maternal Newborn | RN Maternal Newborn Online Practice 2016 A or RN Maternal Newborn Online Practice 2016 B | NRS 230 Nursing Care of Women, Infants & Children | G | C |
| Nursing Care of Children | RN Nursing Care of Children Online Practice 2016 A or RN Nursing Care of Children Online Practice 2016 B | NRS 232 Nursing Care of Children & Families | Summer (after summer 2019 administer in spring for Camarillo campus students) | |
| Nutrition | RN Nutrition Online Practice 2016 A or RN Nutrition Online Practice 2016 B | NRS 222 Nursing Care of Adults with Acute & Chronic Illness II | C | G |
| Adult Medical Surgical | RN Medical Surgical Online Practice 2016 A or RN Medical Surgical Online Practice 2016 B | NRS 421 Nursing Care of the Complex Client Lab | C | G |
| Community Health | RN Community Health Online Practice 2013 A or RN Community Health Online Practice 2013 B | NRS 452 Community Health | C | G |
| Leadership | RN Leadership Online Practice 2013 A or RN Leadership Online Practice 2013 B | NRS 460 Leadership & Professional Issue | C | G |
| Comprehensive Predictor | RN Comprehensive Online Practice 2013 A RN Comprehensive Online Practice 2013 B | NRS 420 Nursing Care of Complex Client | G | C |

| | | | | |
|-----------------------------|--|--|---|---|
| Critical Thinking Exit Exam | | Open testing day at end of last semester of the program | G | C |
| | Targeted Medical Surgical Practice: <ul style="list-style-type: none"> • Cardiovascular • Perioperative • Respiratory • Endocrine | NRS 220 Nursing Care of Adults with Acute and Chronic Illness I | G | C |
| | Targeted Medical Surgical Practice: <ul style="list-style-type: none"> • Neurosensory and Musculoskeletal • Renal and Urinary • Fluid, Electrolyte, and Acid-Base • Gastrointestinal • Immune | NRS 222 Nursing Care of Adults with Acute and Chronic Illness II | C | G |
| | Nurse's Touch: Wellness and Self-Care Practice Assessment | NRS 200 Introduction to Professional Nursing Practice | C | G |
| | Nurse's Touch: Nursing Informatics and Technology Practice Assessment | NRS 200 Introduction to Professional Nursing Practice | C | G |
| | Nurse's Touch: Professional Communication Practice Assessment or Becoming a Professional Nurse Practice Assessment | Option(s) for Remediation Activity or Clinical Make-Up | C | G |

*End of program testing will occur during finals week in the final semester of the program. Students must attend to complete the program, or make alternative arrangements for testing if absence falls under approved university absence.

C = Camarillo; G = Goleta

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring

The Nursing Curriculum Committee and the individual course lead faculty are responsible for the implementation and monitoring for program compliance.

Applicability: *Specific individuals or groups to which this applies*

This policy applies to all Track I students and course lead instructors.

Policy Text: *Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy*

Use of ATI comprehensive Package: To prepare the student for the final ATI examination each course should include orientation to the ATI materials and practice assessments in the first week of class. The course instructor will release a practice exam associated with the ATI proctored exam within the first two weeks of the semester. Additional practice assessments may be released at faculty discretion. A proctored exam will be administered during week 10-12 of full-semester courses and week 4 of summer sessions courses. A remediation plan will be required to be completed before the final exam as outlined below.

The ATI RN Content Mastery Series (Exhibit B) outlines level proficiency expectations as:

Expectations for students meeting the following Proficiency Levels at the recommended cut score

| | LEVEL 3 | LEVEL 2 | LEVEL 1 | BELOW* |
|--|---|--|--|--|
| NCLEX-RN/NCLEX-PN standards in this content area | Exceeds | Readily meets | Just meets | Does not meet |
| Knowledge demonstrated in this content area | High level | Adequate level | Minimum level | Does not demonstrate the minimum level |
| Performance in this content area | Exceeds most expectations | Exceeds minimum expectations | Meets the absolute minimum expectations | Does not meet the absolute minimum expectations |
| ATI recommendations for students based on Proficiency Levels | Engage in continuous Focused Review to maintain and improve knowledge of this content | Engage in continuous Focused Review to improve their knowledge of this content | Develop and complete a rigorous plan of Focused Review to achieve a firmer grasp of this content | Develop and complete an intensive plan of Focused Review and remediation |

An ATI proctored exam is worth up to 10% of the total course points. The following delineates how the points are determined.

| ATI Exam | Possible Points for Preparation & Practice | Possible Points for ATI Proctored Exam | Total Percentage of Course Grade |
|----------------------------|---|---|---|
| Fundamentals | 4 | 6 | 10 |
| Pharmacology | 4 | 6 | 10 |
| Nutrition | 4 | 6 | 10 |
| Maternal Newborn | 4 | 6 | 10 |
| Nursing Care of Children | 4 | 6 | 10 |
| Mental Health | 4 | 6 | 10 |
| RN Comprehensive Predictor | 4 | 6 | 10 |
| Adult Medical Surgical | 4 | 6 | 10 |
| Community Health | 4 | 6 | 10 |
| Leadership Management | 4 | 6 | 10 |

Faculty will include essential aspects of the ATI policy in the course syllabus that also include instructions for practice exams, time, date and location of the ATI proctored exam as well as the method and timeframe for completion of the remediation plan. Faculty will include the breakdown of the ATI course points based on the formulas above.

Preparation and Practice for Proctored Exams:

ATI Preparation and Practice for Proctored Assessments

To assist students in preparation and practice for proctored assessments, faculty identify the ATI chapters and course materials for review. Students must complete the application exercises, practice assessments, and focused review prior to taking the proctored assessment. The focused review is designed to identify and assist each student in remediating his/her particular area of weakness. Prior to taking the proctored assessment, student preparation work must be completed, including hand-written templates and two practice assessments with an ATI focused review for each. Students must ultimately achieve 80% or > on both Form A and Form B practice assessments.

| Preparation and Practice for ATI Proctored Assessment | Percent of ATI Assignment Awarded for Preparation and Practice | Example of Points Awarded for Preparation and Practice |
|---|--|--|
| ATI Form A + two hours of Focused Review | 10% | 1 |
| ATI Form B + two hours of Focused Review | 10% | 1 |
| ATI Templates (10 minimum) | 20% | 2 |
| TOTAL Possible ATI Course Points | 40% | 4 |

Remediation Procedure for ATI Proctored Exams:

Rationale:

ATI defines level 1 proficiency as one who is expected to just meet NCLEX-RN standards in the content area that has been tested, demonstrating the minimum level of knowledge in this content area required to support academic readiness for subsequent curricular content, and meeting the *absolute minimum* expectations for performance in this content area. The rationale for the Nursing Program setting the ATI proficiency at level 2 and above, as the standard, is to assure the student achieves a sound foundation for practice.

Proctored Exams

Proctored assessments are administered during week 10 or 12 of the semester. The ATI proctored assessments are given in the classroom, requiring the student to have and bring a laptop with WI-FI capability and ATI readiness to the testing session. Students are not permitted to re-take proctored assessments unless they are repeating a course.

Remediation

| Proficiency Level | % of course points designated for ATI exam | Example: Course with 400 points (400 x 0.10 = 40 points) if preparation and remediation of completed |
|-------------------|--|--|
| Level 3 | 100% | 40 points |
| Level 2 | 85% | 34 Points |
| Level 1 and below | 75% | 30 points only with successful remediation |
| Level 1 and below | | 0 points if remediation plan not completed |

All students scoring Level 1 or below must complete remediation before finals week.

Students will adhere to the following steps in completing the remediation plan:

Log into ATI and select the “My Results” tab.

- In *My ATI*, go to the Improve tab
- From the Proctored Assessments menu, look for the Proctored Assessment exam that was taken, and access the **Assessment Report**, which provides a list of **Topics to Review**.
- Obtain a focused review by selecting the **Focused Review** next to the Assessment Report, and click on **Create**: On the next page, enter a % that is \leq to your final score (e.g., less than or equal to 71%, such as between 50 – 70%) in “sections where percent is below ____” to obtain areas of focus review; then **Create Focused Review**.
- Choose at least 2 content areas in which the results fell below Level 1: it is highly recommended to choose the 2 lowest scored areas or areas reflecting the need for further focused review relating to specific content in the class or clinical.

- Identify the ATI study plan by choosing two or more activities identified by ATI and/or resources from the course, e.g., textbook readings, study guide, and a timeframe for completing the plan.

The focused review remediation plan and expected timeframe will enhance student knowledge in the nursing courses. All instructions, in the course syllabus, should be followed for submitting the plan completely and timely. If further details are necessary, go to the “**Help**” tab on ATI; select “*Getting Started with the Improve Tab*”.

The remediation plan should include:

1. Student name and date
2. The 2 (or more) areas of content selected for focused review
3. The content activities (2 or more) and date that the student reviewed or plan to review for each chosen activity
4. At least one self-identified goal/summary for success
5. Upon completion of the remediation plan, the students should follow the directions for submitting the remediation plan on the course syllabus. Instructions may include submitting the plan via email or a meeting with the course faculty during office hours. Submit a copy of the study plan via email or hand deliver to the course faculty by **5 pm on _____(date)**. All remediation plans are to be initialed and dated by the course faculty, and filed in the student file.

The remediation plan is required. If however, the plan is not turned in a timely manner or not completed as instructed 0 points would be awarded. For the RN Comprehensive Predictor, remediation will be conducted with the faculty advisor.

Exhibit A: ATI Guide for Development of Best Practices Policy

Exhibit B: ATI Comprehensive Mastery Series Educator Implementation Guide

ATI Guide for the Development of Best Practice Policy

ABSTRACT

Assessment Technologies Institute (ATI) has been proven to increase NCLEX pass rates and reduced student attrition in nursing programs when implemented consistently. Many programs are not achieving the maximum benefit from their ATI products either due to inconsistent integration, or by utilizing them in an inappropriate manner. A literature review was conducted, best practice was evaluated, and comparisons were made to both NLNAC and AERA standards. Seven principles were determined to be foundational in effective ATI product implementation. By following principles of consistent implementation, clear communication, appropriate valuation of assessments, and by creating a positive, mutually accountable environment, both faculty and students will benefit. This document will serve as a guide for successful implementation and development of an ATI policy.

INTRODUCTION

On October of 2012, thirteen nurses and educators from across the country were appointed to a task force to examine the research and best practice methods of integrating Assessment Technology Institute's products into nursing curricula. The team met on a regular basis over a two month period.

Through the engagement of content experts and the review of literature and current practice, the following topics were determined to be relevant to establishing effective practice in the use of ATI resources:

1. Consistent implementation of ATI products across the curriculum.
2. Communication of clear expectations to students
3. Appropriate stakes in testing
4. Scheduled evaluation of student outcomes
5. Providing rewards for student performance
6. Creation of an active learning environment with student accountability
7. Fostering of faculty investment

By including these relevant topics to assist in establishing the best practices related to ATI policy, we support the NLN's recommendations (NLNAC, 2012) of using resources appropriately and supporting faculty and staff as they develop knowledge and skills to assess student learning and nursing competence.

Greatest success begins with instituting a consistent plan whereby the student can ascertain areas of weakness and successfully remediate following a focused review plan. The student monitors learning gaps and this is accomplished by the student's self-monitoring process by use of assessments of academic achievement

With documented nursing program attrition rates estimated between 20 and 41% (Higgins, 2005), it is imperative that schools of nursing identify resources to support student learning and remediation. As Giddens (2009, p. 124) noted, “Is there really anything to celebrate when a nursing program with only a 50% persistence to graduation rate boasts of a 100% first-time [test taker] NCLEX-RN pass rate?” ATI analyzed client product usage over three years and found that class usage of ATI resources at a high level, reduced attrition by 34% over classes with usage at a very low level. (ATI 2012). With this in mind our recommendation related to ATI product integration and policy focuses on increasing the appropriate use of ATI resources.

CONSISTENT IMPLEMENTATION OF ATI PRODUCTS ACROSS THE CURRICULUM

Just as students are taught that discharge planning begins on the patient’s admission to the hospital, preparation for academic and NCLEX-RN actually begins with the student’s admission to college and initial nursing courses (McDowell, 2008). Providing curriculum alignment of ATI resources within all nursing courses provides that first step toward success. It is critical to consistently implement formative and summative evaluations across the curriculum. Although testing cannot be substituted for quality instruction and advising, standardized tests used across the curriculum rapidly identify student weaknesses (Heroff, 2009). This practice will lay the foundation for successful remediation of missed content which in turn support both academic and NCLEX success.

COMMUNICATION OF CLEAR EXPECTATIONS TO STUDENTS

Standard 4.19 of the American Educational Research Association (AERA) states when proposed score interpretations involve one or more cut scores, the rationale and procedures used for establishing cut scores should be clearly documented (Standards for Educational and Psychological testing, 2012). Students should be provided both written and verbal instructions regarding the understanding of the standard of passing, related consequences and the procedure for remediating content that was not successfully assimilated in the initial assessment.

APPROPRIATE STAKES IN TESTING

While ATI advocates student accountability for completion of all assigned coursework, we strongly discourage the use of ATI assessments in a high stakes manner. Examples of high stakes usage would include using an assessment as a sole criteria of passing a course and/or progression to subsequent courses or graduation (NLN, 2012). In addition, and perhaps most important, (Spurlock, 2006) every national professional organization that addresses educational testing and measurement have issued guidelines and standards that discourage or prohibit the use of a single test score, in isolation from other substantial evidence, when making high-stakes decisions.

SCHEDULED EVALUATION OF STUDENT OUTCOMES

Evaluation of any policy related to student outcomes is essential as a learning strategy. Student outcomes that include tests scores, grade point average, attrition, standardized assessment test scores, and NCLEX-RN performance of graduates serve as feedback loops, (Carrick, 2011) determining the effectiveness of the nursing education system.

PROVIDING REWARDS FOR STUDENT PERFORMANCE

Policies that reward remediation for required course work including tutorials, practice and proctored exams are essential to student engagement. Non-proctored examinations not only help students prepare for proctored examinations but give students valuable practice in identifying areas for review (Heroff, 2009). The active learning in the ATI tutorials of Nurse Logic/Learning system introduces nursing students to core concepts relevant to nursing practice, arms students with study and test taking skills and introduces them to the NCLEX style questions. By implementing an evidence-based plan that addresses content knowledge, test anxiety, and test-taking skills, nurse educators can promote student success (Thomas, 2011)

CREATION OF AN ACTIVE LEARNING ENVIRONMENT WITH STUDENT ACCOUNTABILITY

Non proctored exams not only help students prepare for the proctored exams by identifying areas for review, they also actively involved students in practice in answering NCLEX style questions (Heroff, 2009). Empowering students to be successful on NCLEX-RN® involves engaging them in recognizing their unique abilities and needs and by developing individual strategies for utilizing their resources to address areas of weakness, (Stark, 2002). Students then assume greater accountability for their success.

FOSTERING FACULTY INVESTMENT

Fostering faculty investment is essential in providing a successful learning environment. Faculty need to establish a collective community of nurse educators working together, sharing ideas, and developing strategies to ensure success for all of our students. (McQueen, 2004). In creating a program that supports NCLEX success, Davenport notes that preparing students for success on the licensure exam is a piece of the entire educational experience (Davenport 2009). While challenged to incorporate NCLEX-RN preparation strategies in an already full curriculum, faculty have collectively embraced this objective. Faculty working as a team across the curriculum free up faculty to devote time to excellent teaching and careful evaluation of the teaching-learning process at all stages of the curriculum. (Spurlock, 2006),

CONCLUSION

With all of these factors in mind, our team worked to provide sample policy rubrics that provide guidance to our clients to promote student academic and NCLEX success. Our guiding framework has been threefold: Researching the literature for best practice, garnering best practice from successful programs across the country, and supporting both the American Educational Research Association (AERA) and National League for Nursing (NLN) standards. It is our belief that following these guidelines and establishing appropriate stakes in the use of ATI resources will contribute to the positive student educator relationship decrease time on task for both faculty and student, and improve teaching and program effectiveness and outcomes.

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Content Mastery Series[®]

Educator Implementation Guide

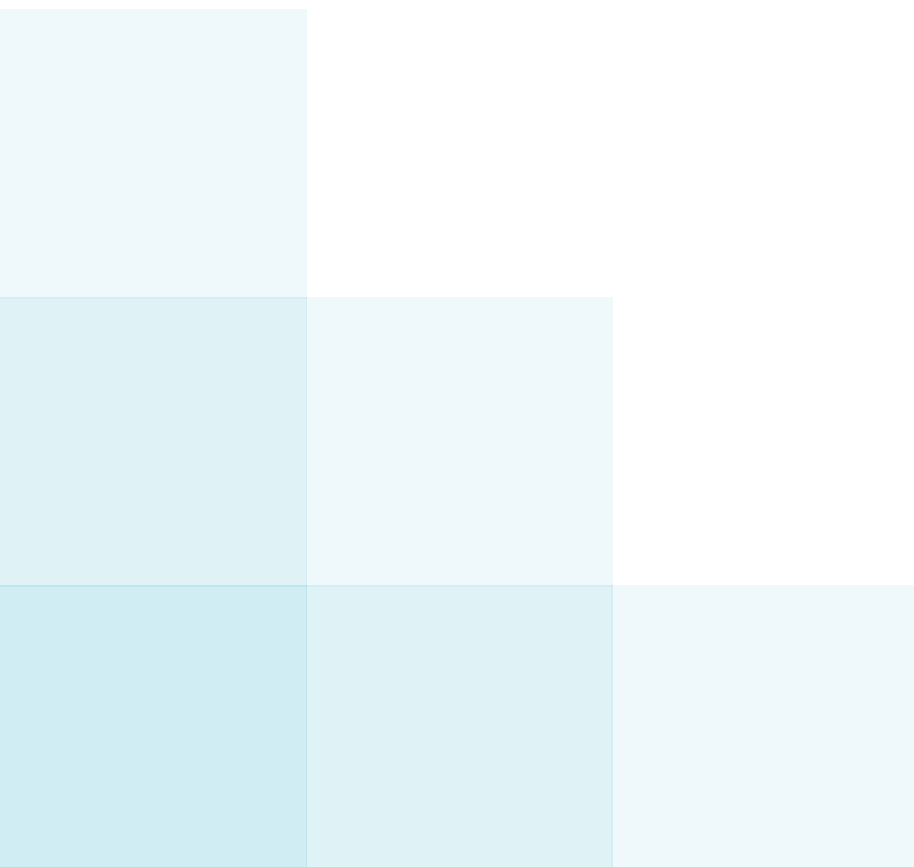


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Description

The *Content Mastery Series (CMS)* is a group of proctored and online practice assessments and review guidance.

The *Content Mastery Series Assessments* provide essential data regarding a student's mastery of concepts in relation to specific nursing content areas, including a series of *Targeted Medical Surgical* tests that address individual body systems to provide formative evaluation of content prior to the final medical surgical course.

Content-specific assessments provide proficiency levels that measure a student's level of knowledge acquisition. NCLEX® readiness is measured with the *RN Comprehensive Predictor®* and *PN Comprehensive Predictor®*. A practice version called the *Comprehensive Assessment* helps students prepare for the *Comprehensive Predictor*. Proctored and practice assessments are currently available, so faculty may use them in whatever combination or sequence works best for them and their students.

Both students and faculty can generate a score report after each assessment. Students can also create a *Focused Review®* to guide remediation along with each score report. *Focused Review* refers students to the *Content Mastery Series Review Modules* and *Active Learning Templates* to remediate content deficiencies.

Comprehensive, evidence-based online *Review Modules* present essential core content related to nine content areas. Active links in the text take the student directly to images, illustrations, and videos that relate to the content, and all media elements are additionally available in an **ENRICHMENTS** tab within the eBook. A Media Index of these resources is available for faculty on the website under **RESOURCES/ EBOOKS & ACTIVE LEARNING**. NCLEX-style items are presented at the end of each chapter with an *Active Learning Template* integrated into one item per chapter. Links to websites provide students additional sources of information to add to their collective knowledge.

Components

- Proctored Assessments (for more, go to [page 4](#))
- Online Practice Assessments (for more, go to [page 5](#))
- *Comprehensive Predictor* (for more, go to [page 6](#))
- *Comprehensive Assessment* (for more, go to [page 8](#))
- *Targeted Medical Surgical* Assessments (for more, go to [page 9](#))
- *Review Modules* (for more, go to [page 10](#))
- *Focused Review* (for more, go to [page 12](#))

Proctored Assessments

| RN PROCTORED | Items | | | PN PROCTORED | Items | | |
|--------------------------|--------|----------|-------|--------------------------|--------|----------|-------|
| | Scored | Pretest* | Total | | Scored | Pretest* | Total |
| Adult Medical Surgical | 90 | 10 | 100 | Adult Medical Surgical | 90 | 10 | 100 |
| Fundamentals | 60 | 10 | 70 | Fundamentals | 60 | 10 | 70 |
| Pharmacology | 60 | 10 | 70 | Pharmacology | 50 | 10 | 60 |
| Maternal Newborn | 60 | 10 | 70 | Maternal Newborn | 50 | 10 | 60 |
| Nursing Care of Children | 60 | 10 | 70 | Nursing Care of Children | 60 | 10 | 70 |
| Mental Health | 60 | 10 | 70 | Mental Health | 50 | 10 | 60 |
| Leadership | 60 | 10 | 70 | Management | 50 | 10 | 60 |
| Community Health | 50 | 10 | 60 | | | | |
| Nutrition | 60 | 10 | 70 | | | | |

**Pretest items do not contribute to student scores.*

FEATURES

- Assessment data regarding a student’s mastery of concepts within specific nursing content areas.
- Formative indication of developing NCLEX readiness in content areas.
- Statistically developed proficiency levels reflective of the student’s score on the assessment.
- Generation of individualized *Focused Review* for remediation after completing an assessment.
- Supports remediation of knowledge gaps prior to taking *Comprehensive Predictor*.
- One minute per item allotted to complete assessment.
- **PAUSE** feature allows students to pause the assessment and return to it later. Students are allotted 5 minutes of pause time.
- Paper-pencil version available.
- Online versions contain alternate items.
- Equated total individual scores for all proctored assessment versions.
- All proctored assessments will be designated by their name and retake number as shown below.
 - RN Fundamentals 2016
 - RN Fundamentals 2016 Retake 1
 - PN Fundamentals 2017
 - PN Fundamentals 2017 Retake 1

Note: Nursing education institutions should recognize that the cut scores ATI sets are recommended rather than required for those institutions using the ATI RN Content Mastery Series Assessments. For more on cut scores, see page 14.

Online Practice Assessments

| RN PRACTICE | TOTAL ITEMS | PN PRACTICE | TOTAL ITEMS |
|--------------------------|-------------|--------------------------|-------------|
| Adult Medical Surgical | 90 | Adult Medical Surgical | 90 |
| Fundamentals | 60 | Fundamentals | 60 |
| Pharmacology | 60 | Pharmacology | 50 |
| Maternal Newborn | 60 | Maternal Newborn | 50 |
| Nursing Care of Children | 60 | Nursing Care of Children | 60 |
| Mental Health | 60 | Mental Health | 50 |
| Leadership | 60 | Management | 50 |
| Community Health | 50 | | |
| Nutrition | 60 | | |

FEATURES

- Assessment data regarding a student’s readiness to take the corresponding proctored assessment in a specific content area.
- Computer-based assessments made up of NCLEX-style items.
- 500 minutes of testing time for each practice assessment.
- **PAUSE** feature allows students to pause the assessment and return to it later.
- Rationales provided for each item.
 - Faculty can turn rationales on or off.
- **FLAG FOR REVIEW** feature allows students to return to test items they did not previously complete and answer them prior to finishing the test.

The purpose of ATI practice assessments is twofold. First, practice assessments are meant to help students become familiar with the format, functionality, and item types that will be seen on the proctored assessment. Second, practice assessments can be used as a learning tool to help students identify areas of strength and weakness as they prepare to take the proctored assessment. Practice assessments are not designed to predict performance on the proctored assessment.

*Subject to change

Comprehensive Predictor

| COMPREHENSIVE PREDICTOR | SCORED ITEMS | PRETEST ITEMS* | TOTAL ITEMS |
|----------------------------|--------------|----------------|-------------|
| RN Comprehensive Predictor | 150 items | 30 items | 180 items |
| PN Comprehensive Predictor | 150 items | 30 items | 180 items |

*Pretest items do not contribute to student scores.

FEATURES

- 180 minutes to complete the assessment.
- **PAUSE** feature allows students to pause the assessment and return to it later. Students are allotted 5 minutes of pause time.
- Paper-pencil version available.
- Online versions contain alternate items.
- Equated total individual scores for all proctored assessment versions.
- Proctored assessments will be designated by their name and retake number as shown below.
 - RN Comprehensive Predictor 2016
 - RN Comprehensive Predictor 2016 Retake 1
 - PN Comprehensive Predictor 2017
 - PN Comprehensive Predictor 2017 Retake 1
- The percentage of items from all major NCLEX Client Need categories is similar to the percentage of items on the NCLEX-RN® and NCLEX-PN®.

| | |
|---|--|
| <ul style="list-style-type: none"> ○ RN Comprehensive Predictor <ul style="list-style-type: none"> ▪ Management of Care ▪ Safety and Infection Control ▪ Health Promotion and Maintenance ▪ Psychosocial Integrity ▪ Basic Care and Comfort ▪ Pharmacological and Parenteral Therapies ▪ Reduction of Risk Potential ▪ Physiological Adaptation | <ul style="list-style-type: none"> ○ PN Comprehensive Predictor <ul style="list-style-type: none"> ▪ Coordinated Care ▪ Safety and Infection Control ▪ Health Promotion and Maintenance ▪ Psychosocial Integrity ▪ Basic Care and Comfort ▪ Pharmacological Therapies ▪ Reduction of Risk Potential ▪ Physiological Adaptation |
|---|--|

*Subject to change

Comprehensive Predictor *(continued)*

FEATURES

- Offers an assessment of the student's mastery of nursing content and readiness to sit for the NCLEX-RN® or NCLEX-PN®.
- Ideal for nursing students who are in their final semester before graduating nursing school.
- Includes Fundamentals of Nursing, Pharmacology, Adult Medical Surgical Nursing, Maternal Newborn Care, Mental Health Nursing, Nursing Care of Children, Nutrition, Leadership/Management, and Community Health Nursing (RN only).
- Generates an **Individual Performance Profile** that includes the Major Content Areas and the following data.
 - Adjusted Individual Total Score (% correct)
 - Predicted Probability of Passing NCLEX on the First Attempt
 - National and Program Means and Percentile Ranks
 - Topics to Review per NCLEX Client Need Categories
 - Individual Scores (% correct) within an outcome
 - Thinking Skills: Foundational Thinking and Clinical Judgment/Critical Thinking
 - Clinical Areas
 - Nursing Process
 - Priority Setting
 - QSEN Competencies
 - BSN Essentials (RN only)
 - NLN Competencies

Comprehensive Assessment

| COMPREHENSIVE ASSESSMENTS | TOTAL ITEMS |
|---|-------------|
| RN Comprehensive Online Practice Assessment | 150 |
| PN Comprehensive Online Practice Assessment | 150 |

- Online versions contain alternate items.
- The percentage of items from all major NCLEX Client Need categories is similar to the percentage of items on the NCLEX-RN® and NCLEX-PN®.
 - RN Comprehensive Assessment
 - Management of Care
 - Safety and Infection Control
 - Health Promotion and Maintenance
 - Psychosocial Integrity
 - Basic Care and Comfort
 - Pharmacological and Parenteral Therapies
 - Reduction of Risk Potential
 - Physiological Adaptation
 - PN Comprehensive Assessment
 - Coordinated Care
 - Safety and Infection Control
 - Health Promotion and Maintenance
 - Psychosocial Integrity
 - Basic Care and Comfort
 - Pharmacological Therapies
 - Reduction of Risk Potential
 - Physiological Adaptation

FEATURES

- Provides an assessment of the student’s comprehension and mastery of nursing content.
- Ideal for nursing students who are in their final semester prior to graduation.
- 500 minutes of testing time for each practice assessment.
- **PAUSE** feature allows students to pause the assessment and return to it later.
- **FLAG FOR REVIEW** feature allows students to return to test items they did not previously complete and answer them prior to finishing the test.
- Offers students flexibility to test anytime.
- Includes Fundamentals of Nursing, Pharmacology, Adult Medical Surgical Nursing, Maternal Newborn Care, Mental Health Nursing, Nursing Care of Children, Nutrition, Leadership/Management, and Community Health Nursing (RN only).
- Generates the following data:
 - Individual Score (% correct)
 - Topics to Review per NCLEX Client Need Categories
 - Individual Scores (% correct) within an outcome
 - Thinking Skills: Foundational Thinking and Clinical Judgment/Critical Thinking
 - Clinical Areas
 - Nursing Process
 - Priority Setting
 - QSEN Competencies
 - BSN Essentials (RN only)
 - NLN Competencies

Targeted Medical Surgical Assessments

| RN TARGETED MEDICAL SURGICAL ASSESSMENTS | TOTAL ITEMS |
|--|-------------|
| Cardiovascular | 30 |
| Fluid, Electrolytes, and Acid-Base | 30 |
| Gastrointestinal | 30 |
| Immune | 30 |
| Endocrine | 30 |
| Neurosensory and Musculoskeletal | 30 |
| Perioperative | 30 |
| Renal and Urinary | 30 |
| Respiratory | 30 |

FEATURES

- Contain NCLEX-style items, such as multiple choice and multiple select.
- Ideal for nursing students to practice for ATI and faculty-generated assessments.
- **PAUSE** feature allows students to pause the assessment and return to it later.
- **FLAG FOR REVIEW** feature allows students to return to test items they did not previously complete and answer them prior to finishing the test.
- Provide immediate feedback after the student answers.
 - Shows the student the correct and incorrect answers.
 - Rationales appear instantly beneath the answered question.

Review Modules


- Expansive review books that present essential, core content related to the following nine content areas:
 1. Adult Medical Surgical
 2. Community Health (RN only)
 3. Fundamentals
 4. Leadership and Management
 5. Maternal Newborn
 6. Mental Health
 7. Nursing Care of Children
 8. Nutrition
 9. Pharmacology
- Available online 24 hr a day on www.atitesting.com and in a hard copy format.
- User-friendly collections of nursing knowledge are provided.
 - Help students locate important information quickly through the Adobe Acrobat search feature.
 - Support students' remediation efforts.
 - Facilitate entry into the nursing profession as a newly licensed nurse by providing online access for 1 year after graduation.
- Chapters conform to one of six organizing principles for presenting the content.
- Icons draw attention to significant concepts.
 - Nursing concepts
 - Procedures (diagnostic and therapeutic)
 - Systems disorders
 - Growth and development
 - Medications
 - Complications of pregnancy
- Expansive nursing content covering 331 chapters for RN; 296 for PN.
- Application Exercises at the end of each chapter include NCLEX-style items.
 - Answer Key is provided after each set of Application Exercises with rationales to provide additional learning.
 - Completion of an Active Learning Template (See **ACTIVE LEARNING TEMPLATES** under **RESOURCES>EBOOKS & ACTIVE LEARNING**) is required for one application exercise in each chapter.
 - NCLEX Connections with each unit and in the Application Exercise Answer Keys.
 - Indicates areas of the detailed NCLEX test plan that relate to the content within that unit.




Review Modules *(continued)*


- Icons draw attention to significant content.

 This icon is used for **NCLEX** connections.


 This icon is used for content related to **SAFETY** and is a QSEN competency. When you see this icon, take note of safety concerns or steps that nurses can take to ensure client safety and a safe environment.

 This icon is a QSEN competency that indicates the importance of a holistic approach to providing **PATIENT-CENTERED CARE**.

 This icon, a QSEN competency, points out the integration of research into clinical **EVIDENCE-BASED PRACTICE**.

 This icon is a QSEN competency and highlights the use of information technology, or **INFORMATICS**, to support nursing practice.

 This icon is used to focus on the QSEN competency of integrating planning processes and **QUALITY IMPROVEMENT** to meet clients' needs.

 This icon highlights the QSEN competency of care delivery using an interprofessional approach that includes **TEAMWORK AND COLLABORATION**.

 This icon indicates that a **MEDIA** supplement, such as a graphic, animation, or video, is active in the online version. Students with the hardcopy version of the review module can visit www.atitesting.com for details on how to access these features.

- Media supplements
 - Media clips embedded within the eBook pop up instantly to supplement student review of content.



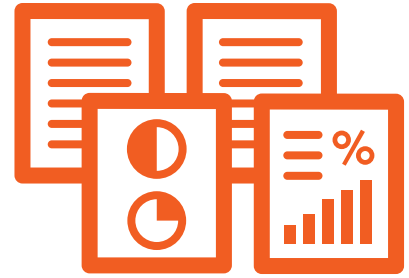
Focused Review

- ATI Focused Review drives the post Content Mastery Series (CMS) assessment remediation experience for students. This personalized learning experience uses student performance on the Content Mastery Series practice and proctored assessments to drive focused student learning.
- If the student has completed a CMS assessment, ATI Focused Review automatically assesses student learning gaps and generates a personalized learning experience. ATI Focused Review provides ATI Review Module content in an eBook experience. The forms of content include text, image, sound and video.

FEATURES

- ATI Reader eBook mobile app.
- If a student has used ATI Focused Review, eBooks, and/or ATI Reader mobile app, their activities will be saved within the platform. This means a student can see their activities from multiple interaction points without having to duplicate their efforts.
- Content organized by student knowledge gaps of the eBook chapters.
- Student level reporting on time spent.
- Faculty level reporting on time spent.

Reports



OVERVIEW

- Provide faculty with the ability to set student benchmarks and generate a report that indicates student performance in relation to established benchmarks.
- Provide aggregate and longitudinal data for faculty and accrediting bodies to review.
- Data are available online anytime.
- All reports include the following.
 - Institution name
 - Program type
 - Time spent
 - Test date
 - Percentage score
 - Student's name
 - Number of items

TYPES OF REPORTS

- Group Reports
 - Standard report based on the group of students that have taken a specific assessment.
- Individual Reports
 - Present a detailed individual report for any or all students testing under an assessment ID.
- Combined Group/Individual Reports
 - Provide individual reports followed by a group report for an assessment.
- Longitudinal Reports
 - Compare assessment results of two or more groups of students across time.
- Individual Transcripts
 - Combined report of all the assessments (proctored and online practice) for one or more students.
- Outcomes
 - Students' results are categorized according to each of the following types of outcomes.
 - **Thinking Skills**
 - Foundational Thinking
 - Clinical Judgment/Critical Thinking
 - **Priority Setting**
 - **Nursing Process**
 - Assessment (RN)
 - Data Collection (PN)
 - Analysis/Diagnosis (RN)
 - Planning
 - Implementation/Therapeutic Nursing Intervention
 - Evaluation

Reports *(continued)*

- **NCLEX Client Need Categories**
- **Clinical Areas** (*Comprehensive Predictor* only)
 - Adult Medical Surgical
 - Maternal Newborn
 - Nursing Care of Children
 - Mental Health
 - Fundamentals
 - Pharmacology
 - Community Health (RN)
 - Leadership (RN)
 - Management (PN)
 - Nutrition
- **QSEN Competencies**
- **BSN Essentials** (RN)
- **NLN Competencies**

Note: Proctored exams include pretest items. The score reports, however, do not include any information pertaining to these items. Practice assessments do not have pretest items.

Assessment-Related Statistics

- ATI’s National Standard Setting Study establishes cut scores, or benchmarks related to student performance.
- Accessing statistics: Information on cut scores and other assessment-related statistics can be found by going to the **RESOURCES** section from the Faculty home page of atitesting.com. Under the Assessments & Focused Review section, select the desired RN or PN Assessment Information for details.

| ASSESSMENT STATISTICS | RN CMS | PN CMS |
|----------------------------|--------|--------|
| Proficiency Levels Table | ✓ | ✓ |
| Proficiency Levels Summary | ✓ | ✓ |
| Technical Manual | ✓ | |
| Mean/Percentile Ranks | ✓ | ✓ |

Note: Institutions using the CMS assessments for high-stakes purposes, such as a portion of a course grade or progression, should be extremely cautious, regardless of whether they adopt the ATI recommended cut scores. If an institution uses these assessments for a portion of a course grade beyond extra credit, they should ensure the content of the assessments is fully aligned with their program curriculum. ATI strongly discourages the use of the CMS assessments as a sole criterion for students’ progression or graduation.

*Subject to change

Proficiency Level Expectations

Expectations for students meeting the following Proficiency Levels at the recommended cut scores.

| | LEVEL 3 | LEVEL 2 | LEVEL 1 | BELOW |
|---|---|--|--|--|
| NCLEX-RN/NCLEX-PN standards in this content area | Exceeds | Readily meets | Just meets | Does not meet |
| Knowledge demonstrated in this content area | High level | Adequate level | Minimum level | Does not demonstrate the minimum level |
| Performance in this content area | Exceeds most expectations | Exceeds minimum expectations | Meets the absolute minimum expectations | Does not meet the absolute minimum expectations |
| ATI recommendations for students based on Proficiency Levels | Engage in continuous <i>Focused Review</i> to maintain and improve knowledge of this content. | Engage in continuous <i>Focused Review</i> to improve their knowledge of this content. | Develop and complete a rigorous plan of <i>Focused Review</i> to achieve a firmer grasp of this content. | Develop and complete an intensive plan of <i>Focused Review</i> and remediation. |

Recommended Use

- Course-related assessments
- Content-specific assessments
- Independent learning
- Preparation for the NCLEX
- Formative and summative assessments throughout entire curriculum

Implementation Strategies

GENERAL INSTRUCTIONAL STRATEGIES FOR EDUCATORS

- Emphasize the importance, value, and use of ATI tutorials and Content Mastery Series (CMS) assessments to the students, over the course/curriculum, regarding student accountability for best outcomes.
- Reinforce the concepts of active learning in the ATI tutorials of Nurse Logic/Learning Systems. These tutorials introduce nursing students to core concepts relevant to nursing practice, arm students with study and test taking skills, and introduce them to NCLEX-style questions. (ATI Guide for the Development of Best Practice Policy, 2016)

Implementation Strategies *(continued)*

- Strategically incorporate tutorials into the course/curriculum to engage students in preparation for CMS practice and proctored assessments.
- Evaluate the time students engage with the tutorials assigned in the course.
- Strategically schedule CMS Practice Assessments throughout content areas within designated course/curriculum.
- Strategically schedule CMS Proctored Assessments (at least 90% of course content covered) within the course/curriculum.
- Discuss ATI Research, which suggests that students performing at a level 2 or higher on multiple Content Mastery Series Proctored Assessments, on the first attempt, are more likely to be successful on the NCLEX.
- Evaluate if adequate time was allotted for successful remediation and use of the focused review.
 - Review the number of attempts and time intervals between the student's Practice/Proctored Assessments.
 - Identify whether remediation was required and/or completed following each attempt.
- Evaluate the amount of time invested by the student taking the Practice/Proctored Assessment relative to the total number of items.
 - Did the student spend the recommended time (approximately one minute per question item) or use more/less time?
 - Note the correlation between time spent in completing the Assessment and the benchmark achieved.
 - Identify whether the student's performance outcome goal was achieved. If not, explore potential reasons with the student.
- Design and implement a Remediation Plan related to the student's performance for CMS Assessments.
 - Create a program policy related to ATI Remediation best practices.
 - Focused Review
 - Assign and verify student completion of Focused Review.
 - Student Engagement
 - Verify engagement of time completed by the student according to ATI policy.
 - Student Documentation
 - Did student submit required documentation?
 - Faculty Verification
 - Was the completion of all required components for remediation verified by faculty?
 - Post-Assignment Debriefing
 - Implement post-assessment debriefing strategies.
 - ▲ Engage students in post-assessment dialogue related to CMS assessments.
 - ▲ Identify application to practice opportunities for reinforcement in class/clinical. Implement post-assessment debriefing strategies.

Implementation Strategies *(continued)*

- Evaluate areas of remediation based on specific CMS group performance profile for content areas of 50% correct or less on practice/proctored assessments.
- Identify the NCLEX test plan categories associated with the percentage less than 50% earned on group performance profile. Review content areas that need improvement to discuss before the proctored exam in courses/curriculum.
 - Consider discussion in faculty meetings to share collective gaps in NCLEX categories.

ACTIVE INSTRUCTIONAL STRATEGIES FOR EDUCATORS

- Utilizing the assigned tutorials in the course, engage the students periodically to identify questions requiring clarification or a take away to share with peers. (This activity can be scheduled in advance to provide time for the student to engage and prepare for the activity). The faculty member can ask for volunteers or select students randomly to share.
- Create a didactic review discussion exercise for students prior to proctored assessment based on practice assessment group performance profile.
- Identify topics for content gaps for both practice and proctored assessments for future teaching and active learning opportunities in the course/curriculum based on group performance profile.
- Create a 10-question activity from Custom Assessment Builder (CAB) to utilize in small group or large group discussion based on the group performance profile from the practice assessments. Complete the active learning exercise prior to the proctored assessment. (Consider on-line if applicable for distance education)
- Create a 10- to 20-question “What’s the evidence-based rationale?” practice quiz on remediation topics from group performance profile from practice assessment(s). Gather small groups of students in class to take the practice quiz and present answers to class with discussions of rationale for feedback to present in class.
- Generate “clinical post conference” topics assignment based on the group performance profile for faculty to assign to all clinical groups to review remediation areas from practice/proctored assessments in future courses. The students in the clinical groups will select one topic from the designated list to present to peers for a 10-minute review during post conferences each week. (approximately 8-10 topics should be selected, or one topic per student in clinical). The topics should be presented weekly in a fun, active learning environment by the weekly student leader.
- Encourage and assign students to prepare three critical points identified from current course focused review (individualized performance profile) to clinical in the next semester. During the first week of clinical in the following semester, encourage the student to share a plan for success for areas of remediation with clinical faculty. (This includes skills, medications, system disorders, etc.). The clinical faculty will discuss student needs for improvement based on prior semester results to identify a plan of success for clinical focus topics/needs to bridge the gap with each student in clinical.
- Create the “pull from the hat” game. The students anonymously place their lowest topic score from the practice assessment (based on the individual performance profile) in the hat on a folded index card or paper in class post assessment. The students take turns drawing from the “hat” and debriefing out loud about the subjects randomly selected in the hat.
- Encourage students to bring practice/proctored individualized performance profile reports listing 3 clinical points with designed goals for clinical experiences prepared to discuss with clinical faculty member on the first day.

Implementation Strategies *(continued)*

USING ACTIVE LEARNING TEMPLATES

- Assign Active Learning Templates (ALTs) after practice assessments for class discussion/exercises prior to proctored assessment administration based on group performance profile results.
- Utilize the ALTs in small groups post practice assessments to engage students with documenting 3 critical points from topics in need of further remediation based in individual performance profile. Compare and contrast group results discussing the priority of 3 critical points identified in the class.
- Create a “debrief speed dating” classroom activity. Each student has one minute to share one ALT with 3 critical points identified from their Focused Review with a peer. The students rotate with 10-20 peers and exchange a debrief session with each peer. Encourage the student to be creative, artistic, and unique for their debut to their peers. After the exercise have the students identify the top ALTs that reinforced their learning.
- Create an “art museum of ALTs” in-class activity. Utilize giant post-it pads with ALTs (consider enlarging and laminating ALTs if possible). Assign students in small groups a designated remediation topics based on CMS practice group performance profile results. Provide the students 20 minutes (in designated groups) to creatively design the post-it pads or enlarged laminated ALT with magic markers. Upon completion, the students will review all groups’ handwritten, artistically crafted ALTs collaborating on the three critical points based off each ALT presented. The students will spend approximately 3-5 minutes at each ALT in the room. Create a debrief/discussion after the students view the museum with the take-away points from the activity.
- Share remediation topics from practice/proctor group performance profile reports with simulation faculty to consider for future rotations for knowledge gaps. The use of ALTs in simulation for these topics is encouraged for debriefing and critical application of knowledge.
 - Encourage the use of various ALTs for simulation activities with designated faculty.
- Assign the students to create a teaching plan on an ALT using 3 critical points to present to a peer or with small group design post CMS practice assessment using their individual performance profile results from the focused review. (This exercise can be done in class or clinical.)

ACTIVE INSTRUCTIONAL STRATEGIES FOR STUDENTS

- Generate, download and print Focused Review individualized performance profile (as soon as possible) from CMS practice assessment(s). Highlight areas in need of remediation (50% or less) including categories of NCLEX test plan in need of improvement.
- Create ALTs as outlined in remediation plan with 3 critical points documented on all areas identified from Focused Review of 50% correct or less.
- Create a teaching plan on the ALTs to present to a classmate/peer or small group as designated by faculty.
- Utilize all references, modules, videos, and resources designated in the Focused Review to remediate as designated by course faculty prior to taking CMS proctored assessment.
- Prioritize and prepare your plan for success using current results from Focused Review post CMS practice/proctored assessments. Identify specific systems disorders, medications, skills requiring remediation. Prepare to discuss with clinical faculty in current and future semesters and place in ATI Student Binder. (Student Portfolio or e-journal)
- Create flash cards from Focused Review with key concepts on one side of card (i.e. system disorders, medications, skills) with 3 critical points identified on back of the card.

Implementation Strategies (continued)

CMS ASSESSMENT ADMINISTRATIVE TESTING GUIDELINES

As our ATI partner schools use the Content Mastery Series (CMS) practice and proctored assessments and the Comprehensive Predictor, it is important to note that differences in administration may occur. CMS practice exams are not generally regulated or given in a secured environment provided by all programs during the intended use. The purpose of CMS practice assessments as a tool is to help students and faculty identify content that has not yet been mastered as they prepare the student for the proctored assessments. It is meant to be an independent assignment so that the focused review to follow can help students focus individually. Knowing differences exist with assigning and administering the practice assessments, ATI recognizes practice questions are at potential risk for unauthorized use outside the ATI website. The importance of partnering schools to reinforce the message to ATI student users is to maintain the highest academic integrity practices as a steward and future professional is expected. The ATI student user has the professional responsibility to be conscientious of academic integrity violations to protect the content/intellectual property of these CMS practice assessments. Students should not place any ATI content, questions, images, etc. on the internet, in whole or in part, which includes study sites, social media, or other public forums. Any violation of this is a breach of ATI's intellectual property.

It is also important to note CMS proctored assessments and the Comprehensive Predictor assessment are to be given in a secured academic proctored environment to protect the integrity of the ATI assessments. Again, the ATI student user has the professional responsibility to be conscientious of academic integrity violations to protect the content/intellectual property of these CMS practice assessments. Any violations or acts of suspicious unauthorized use of the CMS assessments should be reported to the partner school proctor and ATI test security immediately. ATI recommends the partner schools utilize or create their own academic dishonesty/integrity policy to use in conjunction with ATI all CMS assessments.

Test Security

ATI relies heavily on our nursing education partners to help us maintain the security of our CMS assessments and to ensure that all examinees have the same testing experience. We ask that any faculty members who may be proctoring an ATI CMS assessment familiarize themselves with the procedures described in the Proctor Process Guide and the Proctor Certification Course to ensure a standardized testing experience for all students.

ATI Proctors should actively monitor the students taking ATI CMS assessments at all times. ATI considers active monitoring to be live on-site testing, in the same room as the testers. Examinees should not engage in other activities, such as reading a newspaper or using a cell phone, during the testing process. Proper monitoring will help decrease the amount of test misconduct. ATI screens data from assessments for anomalous student responses. You may inform your students that their responses will be statistically analyzed for possible test misconduct.

Test Security *(continued)*

The responsibility of a proctor is to ensure the security of the assessment and the testing environment. All assessment questions are the copyrighted property of Assessment Technologies Institute®, LLC. The removal or attempt to remove questions or other assessment material from the test site is prohibited. It is forbidden under federal copyright law to copy, reproduce, record, distribute, or disclose these assessment questions by any means, in whole or in part. A violation of this type can result in civil and criminal penalties.

ATI sincerely appreciates your help with maintaining the security of our assessments.

Proctor Certification

The ATI Proctor Certification Course, located within the ATI Academy, has been created to provide those who administer ATI CMS Assessments step-by-step training on the proctoring process. We advise all faculty that may be proctoring an ATI CMS assessment to complete the Proctor Certification Course before their first administration of an ATI exam. The Proctor Certification Course is constantly being updated with new and pertinent information, and ATI recommends retaking the course at least every year to stay up to date with any new processes. Once the Proctor Certification Course has been completed, faculty will be equipped with the most current tools and techniques to ensure a secure assessment administration.

Resources

Resources available on atitesting.com from the [RESOURCES](#) tab.

- Answers to frequently asked questions. Found under the [WEBSITE BASICS](#) tab.
 - How to view student results and create custom groups
 - Generating Group and Individual Reports (video)
 - How to set benchmarks
- Resources found under the [PROCTORING](#) tab.

| | |
|---|--|
| <ul style="list-style-type: none"> ○ Proctor Training Videos: <ul style="list-style-type: none"> ▪ Proctor Expectations and Responsibilities ▪ Proctoring with a Proctor Role ▪ Proctoring with an Instructor or Director Role ▪ Test Security Training | <ul style="list-style-type: none"> ○ Proctor Process Guides: <ul style="list-style-type: none"> ▪ Proctor Eligibility Requirements ▪ Proctor Oath ▪ ATI Proctored Exam Timing FAQ |
|---|--|
- Information regarding the *Content Mastery Series* Assessments can be found under the [ASSESSMENTS & FOCUSED REVIEW](#) ⇒ [PN/RN ASSESSMENT INFORMATION](#) tab.
 - *CMS* topic descriptors
 - *CMS* assessment descriptions
- Utilization guidelines can be accessed by going to the [RESOURCES](#) section from the [FACULTY](#) home page of atitesting.com.

Product Support

At ATI Nursing, we pride ourselves on timely, effective support to meet your needs. Please contact us at 800-667-7531 if you need assistance with this product.

Please be sure to verify the technical requirements on the ATI website to ensure you have the optimal product experience.

Technical Requirements

For optimal testing experience, we recommended a wired network connection. Full system requirements are available at <http://www.atitesting.com/TechnicalRequirements.aspx>.





CALIFORNIA State University Channel Islands
Nursing Program Policies

Originating Author: Curriculum Committee

Number: CC0032017

Approved By: Faculty

Approval Date: 5.21.2021

Effective Date: 6.1.2021

Number of Pages: 2

Next Review Date: 5.2024

Peripheral IV Insertion Policy

PURPOSE: *Goals and objectives of the policy.*

To provide guidelines for and identify the process for peripheral intravenous insertion by nursing students in the clinical setting.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

Rationale: The Business and Professions Code, Section 2725, The Nursing Practice Act, authorizes registered nurses to assess patients, determine abnormalities, implement a medical treatment plan, refer, report, or implement a standardized procedure, and administer medication by all routes. Intravenous insertion is a standard nursing skill. Promoting safe practice for insertion and post insertion care of peripheral intravenous catheters is essential in student nurses gaining experience to perform this skill.

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

The administration of the policy is the responsibility of the Chair of the Nursing Program or his/her delegate to administer with oversight of the Curriculum Committee. The clinical course faculty (NRS 391 and 421) are responsible for carrying out the policy.

Applicability: *Specific individuals or groups to which this applies*

Generic baccalaureate students who have successfully completed NRS 220, NRS 221, NRS 222, and NRS 223, and are enrolled in either NRS 391 or 421.

Definition(s) *Define unfamiliar terms as needed*

Peripheral IV: A venous catheter placed into a peripheral vein to administer medications or fluids. This would exclude peripherally inserted central catheters (PICC) and IV catheters inserted into the external jugular vein.

Policy Text: *Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy*

*Subject to change

To be able to start an PIV on a patient in NRS 391 or 421, students must complete the verification prior to any PIV attempt. For students to be eligible to attempt peripheral intravenous insertion in the clinical setting, they must have taken the following steps:

1. Review of the procedure in designated medical-surgical, maternal child or pediatric reference book.
2. Optional: Review of the procedure video “IV – Starting an IV” (7 min 13 sec) from Saddleback College ALFA video resources: <https://alfa.saddleback.edu/videos>
3. Complete ATI Testing Skills Module 3.0: IV Therapy and Peripheral Access. Complete the Pretest, the Lesson, including Practice Activities 1, 2, and 3, and complete the Post Test. Print out score and provide to instructor.
4. Practice on the IV arm simulator or sleeve using provided supplies in lab to demonstrate the steps following the ATI Skills Module 3.0 Checklist: Intravenous Therapy: Initiating Peripheral IV Access.
5. Complete a narrative note documentation of at least one of the practice demonstrations.
6. Create a video demonstrating that PIV insertion was done correctly and submit the video to the appropriate Clinical Faculty and/or the Lab Instructor. The video should be recorded in one take/taping; modifying the video to piece together performance and cut or edit will not be accepted. The video should be submitted to the instructor within the Learning Management System (LMS; CI Learn). The video will be stored in accordance with the Simulation Lab Student Recordings: *Securement* and Disposition policy.
7. Prior to PIV insertion, the student must review the policy and procedure for PIV insertion for the clinical facility.

Note: Opportunities for peripheral IV insertion at the clinical site are situational and must be under direct observation by a staff Registered Nurse and/or the clinical instructor. This skill does not have to be demonstrated to pass the clinical course.

Clinical Faculty will do the following:

1. Approve and validate the student has completed all steps above.
2. Provide students with feedback on the IV insertion video created by students to demonstrate proficiency. It is up to the faculty evaluation of the video to determine if the video demonstrates proficiency or requires revision. If a student has submitted a video more than 30 days old, the faculty can request a new demonstration video.
3. Place the completed IV Insertion Verification Form in the students file, or electronically verify upload before being allowed to insert a PIV in a clinical setting.
4. Faculty teaching NRS 391 and/or 421 will review and provide feedback on the videos created and submitted by students prior to a student being able to insert a PIV in a clinical setting.
5. Students must be directly observed by faculty licensed RN or RN designee, during all IV insertions performed in the clinical setting.
6. Students who attempt any IV insertion before approval by clinical faculty will fail the clinical course.

Exhibits:

A. IV insertion Verification Form

B. ATI Skills Module Checklist: Intravenous Therapy: Initiating Peripheral IV Access

*Subject to change

Exhibit A: CSU Channel Islands Nursing IV Insertion Verification/Validation Form

Student Name: _____

Date: _____ Clinical Facility: _____

This form is to be used to verify completion of the required steps for eligibility for intravenous insertion in the clinical setting. Verification of the completed steps must be presented to faculty for signature. The primary clinical faculty will notify the student of the approval for the IV insertion opportunities. Completing the tasks as outlined in the IV insertion policy does not guarantee approval. All IV insertions in the clinical setting must be under the direct observation of clinical faculty or a RN staff member who has the Clinical Instructor's approval.

| Completed Task: | Student signature | Faculty signature Location: Sim Lab or Clinical Facility |
|---|--------------------------|--|
| 1. Successful completion of NRS 220, 221, 222, 223 | | |
| 2. Procedure reviewed in course nursing reference book and skills textbook Optional: Saddleback College ALFA video | | |
| 3. ATI IV Therapy and Peripheral Access Module post-test score of > 90% (Student provides copy) | | |
| 4. Demonstrated practice on IV simulated arm or sleeve following ATI Checklist for Initiating Peripheral IV Access with documented narrative note (below) | | |
| 5. Recorded and submitted video demonstration of peripheral IV insertion on simulated arm | | |

(Clinical Faculty to sign below and notify student) *Form to be filed in student file

Approval _____ (Date) _____ Denial _____

Clinical Faculty Signature: _____

Narrative Note:



Skills Modules 3.0 Checklist

Intravenous Therapy: Initiating Peripheral IV Access

Step by Step

SATISFACTORY /

UNSATISFACTORY

EVALUATOR'S COMMENTS

Initiating Peripheral IV Access

Verify prescription for peripheral vascular access, including the purpose of access.

Gather necessary supplies.

*Introduce yourself to the client.

*Verify client identification.

*Provide privacy as needed.

*Determine whether the client has allergies.

*Provide client education.

*Perform hand hygiene.

Adjust the client's bed to a comfortable working level.

Assess the client for an appropriate site for peripheral access based on client condition and reason for access.

Select the appropriate catheter size for location and purpose of IV.

Position the client in low-Fowler's and place a towel or protective pad under the client's arm.

Apply clean gloves.

Prepare supplies, including IV catheter, extension tubing, and dressing.

Select and palpate the appropriate vein.

Cleanse the area with 0.5% chlorhexidine or per facility policy, using a gentle, but firm back and forth motion. Allow to dry completely.

Apply tourniquet.

**Document the relevant information (insertion site, type and size of catheter, and dressing) in the client's medical record.*

Step by StepSATISFACTORY /
UNSATISFACTORY

EVALUATOR'S COMMENTS

Do not touch insertion site after cleaning the skin.

Using nondominant hand, hold the skin taut about 1 to 2 inches below the venipuncture site and anchor the vein.

Align the IV catheter with the vein, with bevel side up. At a 10- to 30-degree angle, puncture the skin. Advance the needle into the vein.

Once blood is visible in the flashback chamber, continue to advance the catheter about 0.25 inches into the vein.

Advance the catheter off of the needle and into the vein. When needle is completely out, activate safety device.

Release the tourniquet.

Apply pressure to vein above insertion site to prevent bleeding.

Quickly attach extension tubing to IV catheter hub.

Stabilizing the catheter, pull back on the syringe to assess for blood return. Then flush the IV site with the saline, observing for signs of infiltration or leaking. Remove syringe and close the tubing clamp.

If necessary, apply skin protectant prior to stabilization device.

Place a transparent over the IV insertion site and stabilization device (if used).

Document the relevant information (insertion site, type and size of catheter, and dressing) in the client's medical record.*References**Lynn, P. (2019). *Taylor's clinical nursing skills* (5th ed.) Philadelphia: Wolters Kluwer.Perry, A.G., Potter, P.A., and Ostendorf, W.R. (2018). *Clinical nursing skills & techniques* (9th ed.) St. Louis, MO: Elsevier.



CALIFORNIA State University Channel Islands
Nursing Program Policies

Policy Number: CC0042017
Initiated by: Curriculum Committee
Approved By: Faculty
Approval Date: 4.19.2019
Effective Date: 5.2019
Number of Pages: 5
Next Review Date: 4.2021

Policy on Grading and Point Distribution

PURPOSE: *Goals and objectives of the policy.*

The objective of this policy is to standardize grading across nursing courses.

BACKGROUND: The grading policy is consistent with University Policy SP.12.007, the Policy on Grades and provides for consistent grading within the Nursing Program. This policy also serves to integrate the “Point Distribution in Didactic Courses” policy adopted by Faculty on 12.16.13, hereby rendering it archived.

POLICY:

Accountability: All nursing faculty

Applicability: All nursing students

Definition(s)

1. Critical Behaviors are defined as those student behaviors (cognitive, attitudinal and psychomotor skills) that must be demonstrated in order to allow successful course completion.
2. Higher-order behaviors are those behaviors that demonstrate the presence of critical behaviors but go beyond this level of performance by reflecting more complex cognitive, attitudinal and psychomotor skills. In comparison to a behavior indicative only of knowledge input, the student manifesting higher-order behavior demonstrates the integration of various elements of content within the course or level.
 - Knowledge – Learning the information
 - Comprehension – Understanding the information
 - Application – Using previously learned information in a new situation to solve problems that have single or best answers

- Analysis – Examining specific parts of information to develop divergent conclusions by identifying motives or causes, making inferences, and/or finding evidence to support generalizations
- Synthesis – Creatively or divergently applying prior knowledge and skill to produce something new or original

3. **Student learning outcomes** or SLOs are statements that specify what **students** will know, be able to do or be able to demonstrate when they have completed or participated in a program/activity/course/project.

Outcomes are usually expressed as knowledge, skills, attitudes or values.

Policy Text:

1. Evaluation of Nursing Theory Courses

- a. In nursing theory courses students are evaluated for comprehension of knowledge acquired, i.e. critical knowledge and higher-order cognitive skills
 - i. The grading of theoretical comprehension may be accomplished by using percentage/letter grade system to arrive at a final grade and will be based on the grade earned on course examinations, individual/group presentations, case studies and other specific written assignments
 - ii. Credit by examination for theory courses will, when feasible, utilize the same system(s) as those used for students taking the course.
- b. Item analysis is done on all examinations. The results of the item analysis and examinations are available for student review upon individual or group request.
- c. The nursing program at CSU Channel Islands has the student nurse's complete success as its top priority. To that end, a comprehensive program of quality assessment called ATI Assessment Technologies, Inc. is utilized. Modules and exams have been proven to increase student success in both program content and NCLEX pass rates. See the ATI Remediation Policy in the Appendix for details.
- d. Learning activities in courses are aligned to meet the course student learning outcomes.

2. Evaluation of the Nursing Clinical Laboratory Courses

- a. There are two areas in which the student is evaluated in nursing laboratory courses:
 - i. Clinical application and theoretical-clinical synthesis
 1. Clinical Application:
 - a. Clinical application involves only the evaluation of critical behaviors. This evaluation verifies that the student has displayed all critical behaviors identified in the course. A grade of pass/fail is given.
 - b. Critical behaviors (those behaviors having emphasis on safety, professional growth and improvement that are specific to content in each course) are passing if the student is able to accomplish them competently. Evaluation is based upon observation of student performance, i.e., return demonstration in clinical or comparable

setting. Students may feel free to contact the instructor for clinical evaluation of critical behaviors whenever they feel competent enough to carry out these new skills. Evaluation may take place in simulated clinical surroundings, when appropriate, as well as the clinical laboratory itself. Critical behaviors are evaluated by specific evaluation criteria that are made available to students at the beginning of the experience.

- i. Students are held accountable for all critical behaviors required in nursing courses prerequisite to a succeeding course. Students should be made aware of specific critical behaviors learned in previous nursing courses that are applicable to the present course. Failure to perform a critical behavior from a prior course that is necessary for a more advanced skill should be deemed unsatisfactory in that skill at that time. e.g., a student who fails to observe sterile technique (lower division level) while performing deep nasotracheal suctioning (upper division level) is performing unsatisfactorily.

2. Theoretical-Clinical Synthesis

- a. The Theoretical-clinical synthesis involves synthesizing and utilizing theory in both the assessment of patients and families and in planning and implementing of nursing care. Various methodologies can be used for evaluation of this ability, e.g., assessment tools, teaching plans, independent projects, nursing care plans, case studies, simulation, tape recordings, tutorials, videotapes, case narratives, recording on agency records, role playing and examinations. Pass/Fail are assigned to this evaluation component.

3. Grading Scales

The evaluation process for all courses will be specified in a course syllabi and involve active participation of students. In order to standardize grading across courses, nursing faculty will adhere to the following grading practices:

Evaluation of Nursing Theory (Didactic) Courses Policy

Evaluation methods for two (2) and three (3) unit didactic or theory courses (courses with a NRS prefix for course identification) will be balanced by examinations, quizzes, written course assignments and individual/group presentations. The following point distribution guidelines will be used:

- For two (2) unit nursing didactic course, the points earned shall range from 200-400 course points.
- For three (3) unit nursing didactic course, the points earned shall range from 500-800 course points

- For lower division courses (NRS 200's), course points earned by exams and quizzes should be 60-70% of the grade.
- For upper division courses (NRS 300-400's except NRS 306, NRS 303 and NRS 304), course points earned by exams and quizzes should be 20-40% of the grade.
- The accumulated points earned will be used to establish the course percentage and the student's final letter grade for the course using the Approved Grading Scale as indicated below.

Approved Grading Scale

Letter Grades for the course are assigned as follows:

| Quality Points | Letter Grade | % |
|----------------|--------------|----------------|
| 4.0 | A | 95-100% |
| 3.7 | A- | 90-94.9% |
| 3.0 | B | 85-89.9% |
| 2.7 | B- | 80-84.9% |
| 2.0 | C | 76-79.9% |
| 1.0 | D | 65-75.9% |
| 0 | F | 64.9%and below |

On a +/- grading scale C- is not considered passing. Therefore, the bottom of the scale is set at C 76 with no C- grades.

Point Considerations

- **No rounding up of decimal points will be allowed in grading practices.**
- **No extra credit points will be allowed in any nursing class**
- Students will have the opportunity to review examinations and written course assignments during regularly scheduled office hours of their course faculty.
- Students will be expected to follow through on faculty's instructions and guidance, as necessary, in order to enhance the learning experience and improve student's performance and course points (including the use of the Loma Linda Exam Tool) as indicated.
- Faculty will use the grading center to post points accumulated in the course for exams and assignments. It is the student's responsibility to contact the faculty if the student believes there is an error in their point calculation. Faculty will review the accumulated course points for accuracy.
- When point balance is accurate and student is informed, the student will accept the points earned at the end of the semester. Emails, text messages, voice mail messages from students requesting additional points, rounding up to the next letter grade, revising an assignment for more points or requesting extra credit for more points will not be accepted.

Evaluation of Nursing Clinical Courses

Clinical laboratory courses will receive Pass/Fail however; there are two areas in which the student is evaluated in nursing laboratory courses. Those areas are theoretical-clinical synthesis and clinical application.

Theoretical-Clinical Synthesis

The theoretical-clinical synthesis involves synthesizing and utilizing theory in both the assessment of patients and families and in the planning and implementing of nursing care. These grades will be based on required course work for the clinical laboratory courses such as daily patient care preparation plans, patient care studies, class presentations, assessment tools, teaching plans, and other written assignments. Additionally, various other clinical assignments such examples of patient/client interactions on tape recordings, tutorials, videotapes, and case studies, student recording on agency records, role playing and clinical examinations. Clinical examinations will not be given during the clinical laboratory hours.

Clinical Application

Clinical application involves only the evaluation of critical behaviors and clinical skills. A grade of pass/fail is given. Critical behaviors (those behaviors having emphasis on safety, professional growth and improvement that are specific to content in each course) are passing if the student is able to accomplish them safely and competently. Performance of clinical skills will be judged as pass safe and competent or fail (unsafe and less than competent). Evaluation is based upon observation of student performance, i.e., return demonstration in a clinical or comparable setting. Students may feel free to contact the instructor for clinical evaluation of critical behaviors whenever they feel competent enough to carry out these new skills. Evaluation may take place in simulated clinical surroundings, when appropriate as well as the clinical laboratory itself.

Grading of clinical work will be based on 60% on the categories in the Clinical Evaluation Tool (CET) which is pass fail and 40% other activities. In preceptor-based upper division clinical, the semester-long assignments will make up the points in establishing the clinical grade for passing. There must be a passing grade on the CET as well as a minimum letter grade of C in the clinical assignments to pass the 76% passing percentage in the clinical course. For many of the clinical nursing courses, particularly the lower division courses, students will receive verbal and/or written feedback daily, regarding their progress. For upper division clinicals, students may conduct a midterm and final self-assessment of their clinical performance as described in their CET or *a midterm and final self-assessment of their clinical performance as defined by the course instructor*. Remediation Plans may be indicated as directed by faculty.

In preceptor-based clinical, if a student's **behavior** is such that they are not performing student learning outcomes at a satisfactory level, the student may be removed from their assigned preceptored clinical. Placement will not be made to another clinical setting. Thus, the student would not be able to accomplish the course objectives, earn points for their grade or pass the course.



CALIFORNIA State University Channel Islands
Nursing Program Policies

Originating Author: Curriculum
Policy Number: CC0052013
Approved By: Faculty
Approval Date: 12.18.2020
Effective Date: 1.15.2021
Number of Pages: 2
Next Review Date: 12.2023

Policy on Points Distribution in Didactic classes

PURPOSE: *Goals and objectives of the policy.*

The goal of this policy is to offer guidelines to faculty teaching didactic classes on the distribution of points within the course to assure the unit value of the class and the points awarded are similar from course to course and to avoid grade inflation.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

Higher percentage of points in exams and quizzes in the lower division courses is aimed at preparing the student for the National Council Nursing Licensing Exam (NCLEX).

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

The curriculum committee is responsible for evaluating and periodically reviewing the policy.

Applicability: *Specific individuals or groups to which this applies*

This policy applies to all didactic courses in both track I and II undergraduate nursing students at CSU Channel Islands

Definition(s) *Define unfamiliar terms as needed*

Didactic – theory classes

Policy Text: *Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy*

Guidelines for Points Distribution in didactic classes:

2 Unit courses 200-400 Points

3 unit courses 500-800 Points

Lower Division courses (NRS 200's including NRS 306, NRS 303, and NRS 304) exams and quizzes should be no more than 40-60% of grade

Upper Division courses (NRS 300-400 except NRS 306, NRS 303 and NRS 304) exams and quizzes should be no more than 10-30% of the grade.

Exhibits: *Optional forms, illustrations, references*



CALIFORNIA State University Channel Islands
Nursing Program Policies

Originating Author: Curriculum Committee

Policy Number: CC0062016

Approved By: Faculty

Approval Date: 11.15.18

Effective Date: 1.2019

Number of Pages: 2

Next Review Date: 11.2020

Faculty to Student Ratio Policy

PURPOSE: *Goals and objectives of the policy.*

The number of students per faculty in the clinical laboratory courses will vary dependent upon the acuity of patient's needs, objectives of the learning experience, class level of the students, geographic placement of students teaching methods and requirements of the clinical agencies. New faculty and lead faculty, who are new to teaching or who have coordination responsibilities, should be supported with a lesser number of students, in the event of uneven numbers of students in a section.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

Rationale: The faculty to student ratio in clinical courses is supported by the teaching methods, content and use of the simulation lab to enhance learning. The maximum ratio is also regulated by the BRN at a maximum of 11:1. The ratio of 10:1 in NRS 201 Introduction to Professional Practice and Nursing Care of Adults with Acute and Chronic Illness I is supported because the students are not delivering medications in NRS 201 and the first five weeks they are in the simulation lab with two faculty, the simulation lab instructor and the faculty. The 10:1 ratio for NRS 303 is supported because this is a lab course and students can work in teams of two. In NRS 221 and NRS 223 the faculty voted to decrease the ratio to 8:1 because the students are administrating medication and/or managing IV medications for the first time, and it is time consuming for the faculty to assure patient safety. In NRS 231 and 233 the size of units and partner agency policy dictates the ratio of to 8:1. After the students have mastered medication administration the ratio returns to 10:1 for NRS 241 and 421. When the students reach the upper division nursing (post licensure) courses NRS 453, Community Health Nursing and NRS 461 Nursing Leadership and Professional Issues, and 391 Transition to Professional Practice the ratio of faculty to student is 15:1 with each student working with a preceptor.

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

The Maximum student to faculty ratio is:

Clinical/Lab:

1. 8:1 for NRS 221, 223, 231, 233
2. 10:1 for NRS 201, 241, 303, 401, 421, ,
3. 15:1 for NRS 391, 453, 461

This is a general guideline and in certain instances the number may go over but may not exceed the BRN approved ratio.

Applicability: Specific individuals or groups to which this applies

This policy applies to both track I and track II students

Definition(s) Define unfamiliar terms as needed

Policy Text: Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy

The administration of the policy is the responsibility of the Chair of the Nursing Program or his/her delegate to administer when developing the class schedule.

Exhibits: Optional forms, illustrations, references



CALIFORNIA State University Channel Islands
Nursing Program Policies

Originating Author: Curriculum Committee

Policy Number: CC0072016

Approved By: Faculty

Approval Date: 12.18.2020

Effective Date: 1.15.2021

Number of Pages: 3

Next Review Date: 12.2023

Policy on Loma Linda Exam Analysis

PURPOSE: *Goals and objectives of the policy.*

The goals and objectives of the Loma Linda Exam Analysis are to facilitate evaluation of issues associated with poor exam performance, i.e., exam score less than 76%. The Loma Linda Exam Analysis provides an opportunity to identify the contributing factor(s) or specific issues affecting exam performance and assist in identifying strategies to improve performance to successfully demonstrate mastery of application knowledge in testing situations.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

The Commission on Collegiate Nursing Education (CCNE) Baccalaureate Accreditation Standard II and IV specify program quality and effectiveness to assure academic support and success of students. The CCNE standards and BRN regulations direct the Nursing Program to monitor attrition and retention of students. The Nursing Program delegates academic framework to support student success to the Curriculum Committee and development and oversight of policy in retention of students to the Student & External Affairs Committee, to assure students accepted into the program successfully complete the program.

POLICY: *Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)*

The Curriculum Committee and Nursing Program provide oversight of the policy; the nursing faculty in coordination with the student is responsible for implementation of the policy within individual courses.

Applicability: *Specific individuals or groups to which this applies*
This policy applies to Track I (Generic) and Track II (RN to BSN) students.

Definition(s) *Define unfamiliar terms as needed*

The Loma Linda Exam Analysis is a diagnostic prescriptive process that provides a means in which to analyze problems or issues affecting poor performance on examinations with identification of interventions by which to improve (Condon & Drew, 1995).

Policy Text: *Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy*

The Loma Linda Exam Analysis is a proven helpful tool in improving content understanding and test taking skills. Any student may review their exams; they should be encouraged to use the *Loma Linda Analysis Form & Procedure* (Exhibit A).

The Loma Linda Exam Analysis is made available to all students in courses where there are exams. It is strongly encouraged that a student who scores below 76% on an examination, except the final exam, is required to complete the Loma Linda Exam Analysis. Application of the Loma Linda Analysis should extend to all exams and quizzes, including textbook and supplemental resources, such as PrepU, ATI pre and post quizzes. The course instructor notes the requirement in the course syllabus and posts the *Loma Linda Analysis Form & Procedure* on the Learning Management System (LMS), CI Learn /Canvas. The student should arrange review of the exam within 2 weeks of the exam, as follows:

1. The student and course instructor become aware that the student has an issue with exams based on a non-passing score of less than 76% or student generated concern related to performance.
2. The student arranges to review the exam per the course syllabus by attending office hours or requesting an appointment. Face-to-face in office or audio-video conferencing review using the analysis on a 1:1 basis is preferred to optimize individual needs.
3. The student reviews each question that was missed on the exam using the *Loma Linda Exam Analysis Form*. The student identifies the main category and specific problem or contributing factor for why the student missed each question:
 - a. List the number of the exam question missed in the far-left column
 - b. Mark an X or \checkmark in the subcategory that best describes a reason for choosing the wrong answer; the student may mark more than one subcategories
 - c. The student totals the number of marks by subcategory and category
4. The student and the course instructor meet face-to-face to discuss why each question item was missed on the exam as completed by the student using the *Loma Linda Exam Analysis Form*.
5. The student and the course instructor go over the recommended interventions pertaining to each category with marks; recommended interventions are listed on the *Suggestions to Improve*

Performance. In addition, the student and course instructor discuss the *Summary of Exam Techniques for Multiple Choice Questions*.

6. The course instructor assists the student with a plan of action that promotes improvement in exam performance.
7. The student retains the copy of the exam analysis as a reference in identification of issues and strategies for improving performance.
8. The course instructor should maintain a record of the meeting, including follow-up appointments (or referrals) for help with exam skills, tutoring, counseling, and evaluation of progress.

References:

Condon, V., Miller, E., Mamier, I., Zimmerman, G., & Ninan, B. (2015). Improving nursing students' academic performance through The Exam Analysis. In L. Caputi (Ed.). *Innovations in Nursing Education: Building the Future of Nursing* (Vol. 3, pp. 85-103). Washington, DC: National League of Nursing.

Identifying Priorities for Interventions to Improve Nursing Examination Performance by Drs. V. M. Condon & E. W. Miller at Loma Linda University School of Nursing:
<http://www.stti.iupui.edu/pp07/vancouver09/42433.Condon,%20Vaneta-M%2004.pdf>

Condon, V. M., & Drew, D. E. (1995). Improving examination performance using exam analysis. *Journal of Nursing Education, 34*(6), 254-261 258p.

Exhibits:

Exhibit A, Loma Linda Exam Analysis Form & Procedure

Loma Linda Exam Analysis Procedure

The following steps make up the exam analysis procedure:

1. The student and course instructor become aware that the student has a problem with taking exams based on a non-passing score of less than 76% or student generated concern related to performance.
2. The student arranges to review an exam or quiz per the course syllabus by attending office hours or requesting an appointment. Face-to-face in office review or audio-video conferencing of the analysis on a 1:1 basis is preferred to optimize individual needs. Consideration of application should extend to all exams and quizzes, including textbook and supplemental resources, such as PrepU, ATI pre- and post-quizzes.
3. The student reviews each question that was missed on the exam/quiz using the *Loma Linda Exam Analysis Form*. The student identifies the main category and specific problem or contributing factor for why the student missed each question:
 - a. List the number of the exam question missed in the far-left column
 - b. Mark an X or √ in the subcategory that best describes a reason for choosing the wrong answer; the student may mark one or more subcategories
 - c. The student totals the number of marks by subcategory and category
4. The student and the course instructor meet face-to-face to discuss why each question item was missed on the exam as completed by the student using the *Loma Linda Exam Analysis Form*.
5. The student and the course instructor go over the recommended interventions pertaining to each category with marks; recommended interventions are listed on the *Suggestions to Improve Performance*. In addition, the student and course instructor discuss the *Summary of Exam Techniques For Multiple Choice Questions*.
6. The course instructor assists the student with a plan of action that promotes improvement in exam performance.
7. The student retains the copy of the exam analysis as a reference in identification of issues and strategies for improving performance.
8. The course instructor should maintain a record of the meeting, including follow-up appointments (or referrals) for help with exam skills, tutoring, counseling, and evaluation of progress.

Loma Linda Exam Analysis Form

Student _____ Course _____ Exam # _____
 Score/Grade _____ Date _____

| Test item missed | LACK OF KNOWLEDGE | | | | | LITERACY Proficiency | | | EXAM ANXIETY | | EXAM SKILLS | | | | | OTHER (SPECIFY) | ANALYSIS RESULTS | | | | | | | |
|------------------|-------------------|------------------|--------------------------|----------------|-------|-----------------------|---------------|------------|--------------|-------------------------|--------------|-------------------------------|-------|--------------------------------------|--------------------------------------|------------------------|------------------|------------------|----------------|------------------------------|-------|-------|--|--|
| | Reading/textbook | Inadequate notes | Application of knowledge | Poor retention | Other | Reading comprehension | Reading speed | Vocabulary | Other | Decreased concentration | Mental block | Forgot to use exam techniques | Other | Did not focus on what question asked | Failed to consider options carefully | As T, F, ? , T?, or F? | | Poor use of time | Changed answer | Carelessness/clerical errors | Other | Other | | |
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*Subject to change

Suggestions to Improve Exam Performance

Priority # _____ Lack of Knowledge of Subject Matter

- _____ 1. Use study guide/objectives/specific class guidelines to identify important content while reading textbook.
- _____ 2. Write out key points from #1 and use for later review.
- _____ 3. Take careful notes during class.
- _____ 4. As soon as possible **after class** and at **the end of each week** review #2 and #3 from above.
- _____ 5. Participate in study group or tutoring each week.
- _____ 6. Use NCLEX-RN review books to review important content and to practice application on review questions.
- _____ 7. Predict exam questions. Use these for group review.
- _____ 8. Schedule time to review each lecture carefully before each exam.
- _____ 9. Note weak areas such as pathophysiology, medication side effects, lab values, etc.
- _____ 10. Other: _____

Priority # _____ Exam-taking skills

- _____ 1. Read each question carefully and **underline or circle key words**.
- _____ 2. Give your **own answer** (write down a few words BEFORE looking at choices given on exam).
- _____ 3. Mark each answer choice as T, F, ?, ?T, or ?F.
- _____ 4. Choose the best answer based on what you learned in this class.
- _____ 5. Don't change an answer unless you **know why** the first answer is wrong. (Never change an answer just because you **feel uncertain**).
- _____ 6. **Practice application** of knowledge using **case studies and NCLEX-RN review questions, e.g., textbook materials**.
- _____ 7. Other: _____

Priority # _____ Literacy Proficiency: English Language/Medical Terminology

- _____ 1. Look up vocabulary terms/new words identified in reading assignment, lecture, and study groups, etc.
- _____ 2. Write out the meanings of these words, note pronunciation and use them in a sentence, make flash cards or write them in a notebook.
- _____ 3. Drill on these words several times each week.
- _____ 4. If you don't understand an exam question or answer choice ask the instructor for clarification.
- _____ 5. Other: _____

Priority # _____ Exam Anxiety

- _____ 1. **Over-prepare for exams** so that you feel **confident** about your knowledge.
- _____ 2. Use recommended exam skills on every question. This helps you think logically.
- _____ 3. Use positive self-talk- i.e. "I know these concepts", "I am going to do well on this exam".
- _____ 4. Don't spend too long on a difficult question. This lowers your confidence and increases anxiety. Read it carefully 2xs, guess and move on to easier questions. Come back later if you have time.
- _____ 5. Identify methods that help you feel calm, remember what you have learned and apply knowledge and exam skills.
- _____ 6. Practice relaxation techniques (deep breathing, etc.) so you can use them p.r.n.
- _____ 7. Other: _____

Priority # _____ Other (Please Specify Below):

SUMMARY OF EXAM TECHNIQUES For MULTIPLE CHOICE QUESTIONS

A. Be Sure You Know What The Question is Asking

- ◆ Read question carefully.
- ◆ **Underline** or highlight important words.
- ◆ Try to answer the questions yourself **before** you look at the answer options.
- ◆ Create a pool of possible answers (jot down key word(s) for each).

B. Consider Each Option Carefully

- ◆ Compare answer options given on exam with your own pool of possible answers.
- ◆ Re-read the question carefully.
- ◆ Read the answer options carefully highlight, underline or circle key words.
- ◆ Mark each answer option as either true, false, T?, F?, or ?.

C. Use Your Knowledge When Choosing the Best Answer

- ◆ Choose your answer based on what you have learned in the course. Example: Choose answer marked true above one marked?
- ◆ Do not choose an answer just because “it sounds good” if you have not heard of it before (in lecture or textbook)—it may be a cleverly worded distractor.

D. Use Your Time Wisely

- ◆ Do not spend too long on any one question.
- ◆ Read the question and answer options carefully (twice if necessary).
- ◆ If you are not sure which choice is correct, guess and mark the question number so you can come back to it if you have time.
- ◆ Do not be in a hurry to leave. Check your paper to be sure you have answered all questions.
- ◆ Check carefully for clerical errors (marking wrong answer by mistake).
- ◆ Read each stem with the answer you have marked to be sure it makes sense.

E. If You Do Not Understand The Question or Answer Option Ask For Help

- ◆ Ask the instructor to clarify what is not clear.
- ◆ Ask the instructor to “restate” a confusing question or option.
- ◆ Note: the instructor may or may not be able to provide clarity if the question is expected gained knowledge or common knowledge.

F. Do Not Change Your Answers

- ◆ The only time you should change an answer is when you know **why** the first answer is wrong and/or **why** the second answer is right.
- ◆ Never change an answer just because you feel uncertain.



CALIFORNIA State University Channel Islands
Nursing Program Policies

Originating Author: Curriculum Committee

Policy Number: CC0082017

Approved By: Faculty

Approval Date: 5.21.2021

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Number of Pages: 2

Next Review Date: 5.2024

Policy on BSN Clinical Assignment

PURPOSE: *Goals and objectives of the policy.*

The objective of this policy is to best place the students at clinical locations that meet their geographical and educational needs. Clinical and lab assignments related to time, date, instructor and site are subject to change based on availability. This process may be adjusted by the Nursing Program Student Affairs Committee.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

The Student Affairs committee is responsible for implementing and monitoring adherence to the procedure.

Applicability: *Specific individuals or groups to which this applies*

This policy is specific to all track I students. Courses include: NRS 201, NRS 221, NRS 223, NRS 231, NRS 233, NRS 241, NRS 391, NRS 421, NRS 453, and NRS 461. Clinical course assignments for fall and summer will be conducted during the prior spring semester. Clinical course assignments for spring will be conducted during the prior fall semester.

Definition(s) *Define unfamiliar terms as needed*

Educational need – student(s) may be placed with faculty based upon academic and/or clinical performance

Policy Text: *Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy*

Procedure for clinical lab assignments – From the beginning of the 9th week, until the end of 12th week:

- 1) The Clinical Coordinator or the Goleta Support Coordinator will work with the Academic Program Analyst to obtain an up-to-date version of the schedule of classes. The Clinical Coordinator for Camarillo and the Goleta Support Coordinator will assign students.
- 2) The Clinical Coordinator for Camarillo and the Goleta Support Coordinator will send the INITIAL placements to the faculty currently assigned to each course. Faculty will have one week to submit any changes based upon a student's academic and/or clinical performance to the Clinical Coordinator for Camarillo and Goleta Support Coordinator.
- 3) Based upon academic or clinical needs, students may be placed up to 80 miles from home campus.
- 4) The FINAL assignments will be emailed to students and NO switching will be allowed. It is the student's responsibility to register for the correct clinical section they are assigned. If a spot opens up in a clinical rotation, no students will be added after the FINAL assignments unless administrative need arises.
- 5) It is the student's responsibility to make sure all Health Documents are up to date on CastleBranch.
- 6) Regardless of clinical assignment, students are responsible for providing their own transportation to and from clinical sites.

Exhibits: *Optional forms, illustrations, references*

CALIFORNIA State University Channel Islands
Nursing Program Policies
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Policy on Clinical Lab Guidelines

PURPOSE: *Goals and objectives of the policy.*

The design of CSU Channel Islands' Nursing Program curriculum innovatively facilitates learning in three distinct settings: the classroom or online, laboratory, and clinical setting. The ability to segment 25% of clinical practicum time for lab related activities creates a safe and innovative setting for student learners to apply knowledge by assigning a corresponding lab with clinical courses throughout the program. The purpose of the Policy on Clinical Lab Guidelines is to establish the Nursing Program philosophy, strategy, and objectives for lab practicum within clinical practicum laboratory courses.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

The curriculum includes co-requisite courses composed of didactic content and associated clinical practicum. The clinical practicum hours are defined by the California Board of Registered Nursing (BRN). The total hours of practicum are calculated by the following formula: the number of units are tripled and then multiplied by the semester weeks, e.g., 3 units x 3 x 15 = 135 hours. The BRN allows 25% of clinical hours to be spent in lab-related activities.

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

The Curriculum Committee and Nursing Program Chair is accountable for compliance, implementation and monitoring of the Policy on Clinical Lab Guidelines. Faculty assigned to teach clinical practicum courses with labs, i.e., Introduction to Professional Practice (NRS 201), Nursing Care of Adults with Acute and Chronic Illness I and II (NRS 221, 223), Maternal-Child Health (NRS 231), Pediatrics (NRS 233), Psychiatric Nursing (NRS 241), Community Health Nursing (NRS 453), Care of the Complex Patient (NRS 421, and Leadership (NRS 461), along with the Simulation Lab Instructor are accountable for implementation of the policy.

Applicability: *Specific individuals or groups to which this applies*
Track I undergraduate students; Track II undergraduate students

Definition(s) *Define unfamiliar terms as needed*

Curriculum framework is dynamic where there is ongoing learning, reinforcement of learning, and spiraling of advanced complexity throughout the curriculum delivered through didactic content, and clinical practicum with a lab component. The clinical lab setting conceptually creates a *bridge* between didactic delivery of content and clinical practicum. Clinical lab should be *dynamic*, fostering active engagement that includes alignment to didactic course content, clinical course learning outcomes and level of the learner, to enhance learned knowledge, practice psychomotor skills, explore attitudes, and develop critical thinking, clinical judgement and clinical reasoning. Exhibit A: Curriculum Framework on Relationship of Didactic, Clinical Practicum & Clinical Lab

Clinical Lab: Clinical labs in nursing education, also referred to as “nursing skills labs,” provide opportunity for the learner to **attain competency in skill development**, e.g., assessment, medication administration, application and protocols of treatment, through hands-on activity.

Simulation Lab: Simulation Lab in nursing education are designed to immerse learners in an interactive simulated experience, **mirroring current and relevant clinical context**, in which to apply theoretical knowledge in development of psychomotor and affective skills, e.g., mid-/high-fidelity, standardized patient, virtual and mixed reality simulation.

Policy Text: *Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy*

The structure and process of the Clinical Lab Guidelines policy supports the curriculum design and student outcomes of the Nursing Program. The hours are calculated based on specified hours for each course as defined by the BRN for clinical courses and lab related activities.

1. The Nursing Program Chair, staff, Simulation Lab Instructor, and Lead Faculty coordinate the scheduling of course sections for an assigned clinical lab.
2. The content for the lab is based on the course description and learning outcomes for the clinical practicum course with alignment to didactic course content.
3. Assigned Lab:
 - a. Clinical lab should be dynamic, fostering self-directed student learning and active engagement that includes varied simulated experiences for students to enhance learned knowledge, practice psychomotor skills, explore attitudes, and develop critical thinking;
 - b. Simulation lab should be conducted using best practices for simulation and constructed with relevant and current scenarios aligned to the clinical course

- learning outcomes and level of the learner to enhance application of knowledge and development of attitudes, critical thinking, clinical judgement and clinical reasoning.
4. The Lead Faculty for the clinical course is responsible for creating a schedule for the semester that at minimum outlines the content topics and suggested activities or template for each lab. Note: The clinical and simulation labs require delivery of knowledge-based content prior or concurrently in the co-requisite didactic course.
 5. The Lead Faculty coordinates development of lab activities for each scheduled lab with the clinical faculty for the course and Simulation Lab Instructor prior to the start of the semester:
 - a. The activity sheet should identify the course; lab date (e.g., day and/ or week, semester, year); preparation content; materials and supplies that the student is required to bring to lab; list of activities with recommended timeframes; and, whether the activity is self-directed or faculty-assisted/directed.
 - b. Delivery of content in lecture format should rarely occur during clinical or simulation labs; any questions or issues related to didactic content should be directed to the Lead Faculty assigned to the didactic course.
 - c. After Lead Clinical Faculty discusses lab schedule and activities with the Simulation Lab Instructor, the Lead Faculty and Clinical Faculty are responsible for:
 - i. finalizing the clinical lab activity sheet.
 - ii. identifying the simulation lab sessions, including type of simulation, scenario, and set up considerations such as facilitation guides, equipment and supplies.
 6. The course faculty is the primary instructor for the assigned lab session:
 - a. The clinical faculty posts the activity sheet for each lab on the learning management system (LMS) for students to review for prep and activity content information.
 - b. The clinical faculty is responsible for delivery of lab content by guiding student learning at each activity, providing feedback, and grading assignments.
 - c. The clinical faculty is responsible for starting and ending the lab session within the designated time for the assigned clinical lab.
 - d. The Simulation Lab Instructor acts as secondary instructor to provide support during simulated experiences and on a case-by-case basis for other lab activities.
 - e. Clinical Course faculty may be responsible for set up of clinical lab sessions and need to maintain consistency of lab content through open communication prior, during and after lab sessions.
 - f. The Simulation Lab Instructor is responsible for set up of each simulation lab session and serves as the coordinator in communicating and maintaining consistency of the lab content between each lab session.

- g. Refer to Exhibit B, Clinical Lab Template; Exhibit C, Simulation Lab Template; Exhibit D, Clinical & Simulation Lab Template and, Exhibit E, Computer-Based Simulation Template.
- 7. The assigned lab is an extension of clinical. **Adherence to professional attire and behavior should be enforced and modeled by all instructors.**
- 8. Clean up of lab stations at the end of each clinical lab session should be a coordinated effort between Clinical faculty, students, and Simulation Lab Instructor.

Exhibits: *Optional forms, illustrations, references*

Exhibit A, Curriculum Framework on Relationship of Didactic, Clinical Practicum & Clinical Lab

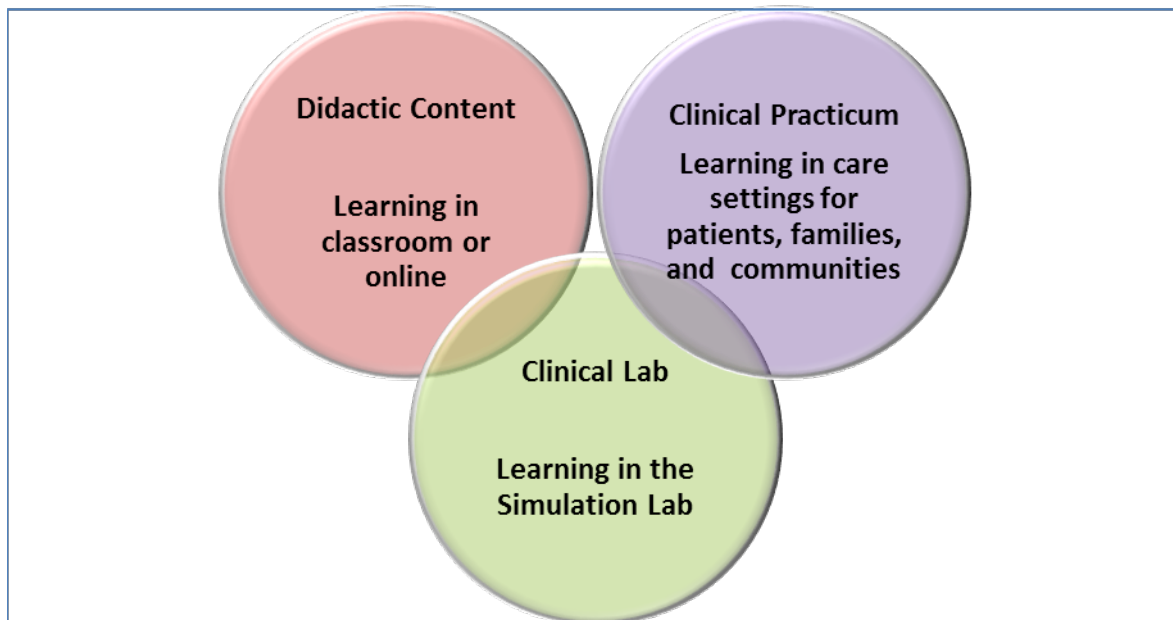


Exhibit B, Clinical Lab Template:

| Activity | Description | Estimated Timeframe/Location |
|--|---|---|
| Preparation | Listing of prep or additional resources accessible to students, e.g., ATI, Lippincott, resources applicable to lab content | To complete prior to attending lab session |
| Supplies | <ul style="list-style-type: none"> • List of required supplies for students to bring to lab • Reference materials students should bring or access during lab | |
| Introduction | Faculty-directed welcome and communication of learning objectives for each activity, including expectations | 5 minutes/ Classroom |
| <u>Optional:</u> Introduction to Topic, Quiz, or Review of Knowledge using Technology, Syllabus/Course Requirements | <ul style="list-style-type: none"> • The first lab should introduce the students to the syllabus with a thorough review • Overview of specific content that is clinically based and not covered in detail in didactic, e.g., ABG or EKG interpretation, SBAR • Quiz, e.g., medication calculations • Application or review of existing knowledge (using audience response) coordinated with didactic faculty | 20 -30 minutes/ Classroom |
| Activities | <ul style="list-style-type: none"> • Faculty-assisted/directed activity may include assessment techniques, procedures or equipment demonstration • Student self-directed learning stations guide students to view (video), listen (audio), read (policy, article, information) or hands-on (practice) activity • Fast Tracker’s Special: Additional activity such as use of CINAHL EBP, quizlet or additional skill practice in the event a student has extra time | 15 – 20 minutes per each activity/ Sim Lab |
| Conclusion | <ul style="list-style-type: none"> • Summary of activities, observations, answers to guided questions at stations • Reinforce knowledge using technology, such as audience response system • Allowed time for questions or inquiry | 5 – 15 minutes/ Classroom |
| Breaks | Students should be provided a 5 – 10 minutes break for each hour of clinical lab practicum; breaks should be given throughout the time in lab and not used as an accumulation of time to save up for early release from lab | 5 – 10 minutes each hour of assigned lab time |
| Total Time | Indicate the total time for the lab by adding up the minutes allocated for each activity; note that lab generally ends 10 minutes prior to the hour or half-hour | |

Exhibit C, Simulation Lab Template*:

| Element | Description | Estimated Timeframe/Location |
|---|--|---|
| Pre-Lab Information in Syllabus &/or Canvas | Simulation Scenario Information: <ul style="list-style-type: none"> • Patient age; Diagnosis; Co-morbidities • Setting of care or context • Simulation learning objectives Preparation material: course content; resource(s) | Upon availability of course at start of semester or at least 2 weeks prior |
| Simulation | | |
| Pre-Brief | <ul style="list-style-type: none"> • Review simulation learning objectives • Describe roles of facilitators and participants • Provide simulation case; pre-report • Review set up of area, equipment, supplies and props • Discuss reminders related to simulation realism, respect and privacy | 20 - 30 minutes/ Classroom or open area of Sim Lab |
| Simulation | <ul style="list-style-type: none"> • High Fidelity (HF): groups of 3 or more; while 1 group is simulating, others observe via video feed; simulation is segmented by frames, rolling or unfolding scenario with hand-off between student groups • Mixed Reality (MR): groups of 5 – 20 students who exchange time in interacting with the avatar or observe; ability for participant or faculty facilitator to pause for in-session guidance or debriefing • Virtual Reality (VR): scenario or multiple scenarios are viewed individually with headset and goggles; alternative option is in group mode | <ul style="list-style-type: none"> • HF: 20-minute segments per group(s) • MR: 60 minutes in a classroom or conference room • VR: 7 or 8-minute segments per scenario in Sim Lab area or classroom |
| De-Brief | <ul style="list-style-type: none"> • Arrange seating in a circle or semi-circle that is away from the area in which simulation occurred to facilitate a more open discussion, if possible • Use one or more evidence-based tools to facilitate a guided de-briefing session *Note: Individual or group feedback should be conducted separately | 30 – 45 minutes/ Classroom or Open Lab Area |
| Breaks | Students should be provided a 5 – 10 minutes break for each hour of lab practicum; optimal break times between simulation and debrief. | |
| Total Time | Total time varies with the type of simulation and number of students; it is best to schedule all simulated activity during the assigned time for lab or clinical. | |

*Refer to Policy on Simulation Standards

Exhibit D, Clinical & Simulation* Lab Template:

| Activity | Description | Timeframe/Location |
|--|---|--|
| Preparation | Listing of prep or additional resources accessible to students, e.g., ATI, Lippincott, resources applicable to lab content | To complete prior to attending lab session |
| Supplies | <ul style="list-style-type: none"> List of required supplies from the Nursing Kit for students to bring to lab Reference materials students should bring to lab | |
| Introduction | Faculty-directed welcome and communication of learning objectives for each activity, including expectations | 5 minutes Classroom |
| <u>Optional:</u> Introduction to Topic, Quiz, or Review of Knowledge using Technology, Syllabus/Course Requirements | <ul style="list-style-type: none"> The first lab should introduce the students to the syllabus with a thorough review Overview of specific content that is clinically based and not covered in detail in didactic, e.g., ABG or EKG interpretation, SBAR Quiz, e.g., medication calculations Application or review of existing knowledge (using audience response) coordinated with didactic faculty | 20 -30 minutes Classroom |
| Simulated Experience (Refer to Exhibit C) | <ul style="list-style-type: none"> Case scenario that meets the course objectives and practicum learning experience objectives for the lab Activity sheet or course announcement identifies type of case, age of patient, and brief history or background, e.g., CHF, 86 y.o., admit to telemetry with history of CHF, HTN, and learning objectives specific to scenario Activity provides a prebriefing, simulated experience, and debriefing Facilitate individual and/or group feedback after the debriefing session | 30 – 45 minutes Sim Room |
| Activities | <ul style="list-style-type: none"> Faculty-assisted/directed activity may include assessment techniques, procedures or equipment demonstration Student self-directed learning stations guide students to view (video), listen (audio), read (policy, article, information) or hands-on (practice) activity Fast Tracker’s Special: Additional activity such as use of CINAHL EBP or quizlet in the event a student has extra time | 15 – 20 minutes per each activity Sim Lab |
| Conclusion | <ul style="list-style-type: none"> Summary of activities, observations, answers to guided questions at stations Reinforce knowledge using technology, such as audience response system Allowed time for questions or inquiry | 5 – 15 minutes Classroom |

| | | |
|------------|---|---|
| Breaks | Students should be provided a 5 – 10 minutes break for each hour of clinical lab practicum; breaks should be given throughout the time in lab and not used as an accumulation of time to save up for early release from lab | 5 – 10 minutes each hour of assigned lab time |
| Total Time | Indicate the total time for the lab by adding up the minutes allocated for each activity; note that lab generally ends 10 minutes prior to the hour or half-hour | |

*Refer to Policy on Simulation Standards

Exhibit E, Computer-Based Simulation* Lab Template:

| | |
|---|---|
| <p>The purpose for the computer-based simulation template is to provide a guide for executing computer-based simulations based on best practices for simulation as a pedagogy. Examples of computer-based simulation include: ATI Real Life; Lippincott vSim; Healthcare Learning Innovations (HLI) simulations, etc.</p> | |
| <p>Selection of Simulation†</p> | <p>Review the product resources for the computer-based simulation(s), including viewing the simulation, and then select the simulation experience based on:</p> <ul style="list-style-type: none"> • Alignment to course learning outcomes and course content • Delivery of knowledge content prior to or concurrently • Level of the learner • Collaboration within specialty and across curriculum to avoid duplication <p>Resources related to selection of simulation: ATI Real Life "Examples" of Clinical Reasoning; Healthcare Learning Innovations Demo Video; Training on How to use vSim to Prepare for Class</p> |
| <p>Pre-briefing†</p> | <p>Pre-Lab Information should be provided to the students in the course syllabus &/or Canvas, at least 2 weeks prior:</p> <ul style="list-style-type: none"> • Simulation Scenario Information: Patient age; Diagnosis; Co - morbidities; Setting of care or context; and 2 - 5 simulation learning objectives* • Preparation material: supplemental resource(s), pre-quiz, and/or guided questions can be used; <i>prep should be strategic and cognizant of student time as well as avoid duplicating didactic content</i> • Student expectations for simulation; faculty role and involvement; Example: Simulation Pre-Brief |
| <p>Simulated Experience†</p> | <p>Scenario or multiple scenarios are generally completed individually to promote personal professional development in application of knowledge, skills and attitudes through 1:1 feedback.</p> |

*Subject to change

| | |
|--|---|
| | <p>Group experiences may be designed as guided throughout the scenario or at minimal set points.</p> <p>Suggest assigning a due date and student/faculty review of feedback reports.</p> |
| Debriefing† | <p>Faculty should arrange face-to-face in person or audio-visual conferencing to be conducted shortly after completion of the simulated experience, i.e., within 3 - 7 days if possible.</p> <p>Faculty should use debriefing materials outlined in the product information† or by using at least one of the evidence-based debriefing tools identified in the Simulation Standards Policy to facilitate a meaningful guided debriefing session.</p> <p>Allow 1 to 1.5 x the amount of time of the simulated experience for the debriefing session, i.e., if the simulated experience is estimated at 1 hour, debriefing should be scheduled for 1 - 1 ½ hours. Example: Simulation Debrief</p> |
| Post-Simulation Activity <ul style="list-style-type: none"> • Increase knowledge • Develop skills and attitudes | <ul style="list-style-type: none"> • Guided reflection assignment that includes 4 - 6 questions • Discussion board assignment of 1 - 3 guided questions; consider small groups of 3 - 4 • Refer to product materials* for suggestions on activities for application to knowledge, skill and attitude development |
| Calculation of Simulation Hours | Total of pre-briefing + simulated experience + debriefing |

*Refer to Policy on Simulation Standards

† Refer to product integration guide or product facilitation guide

References:

[INACSL Standards of Best Practice: Simulation](#)

Kerr, D., Ratcliff, J., Tabb, L., & Walter, R. (2020). Undergraduate nursing student perceptions of directed self-guidance in a learning laboratory: An educational strategy to enhance confidence and workplace readiness. *Nurse Education in Practice*, 42, 102669–102669. <https://doi.org/10.1016/j.nepr.2019.102669>

Leidl, D. M., Ritchie, L., & Moslemi, N. (2020). Blended learning in undergraduate nursing education – A scoping review. *Nurse Education Today*, 86, 104318–104318. <https://doi.org/10.1016/j.nedt.2019.104318>



CALIFORNIA State University Channel Islands
Nursing Program Policies

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Policy on Clinical Remediation

PURPOSE: *Goals and objectives of the policy.*

The goals and objectives of clinical remediation are to support student success in meeting clinical course learning outcomes in the event student performance demonstrates deficiency in current or previous course mastery. The remediation process begins by identifying student at risk, initiation of a formal remediation plan by clinical faculty, and execution of a plan within a short period of time consistent with course learning outcomes and program outcomes

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

The Commission on Collegiate Nursing Education (CCNE) Baccalaureate Accreditation Standard II and IV specify program quality and effectiveness to assure academic support and success of students. The CCNE standards and BRN regulations direct the Nursing Program to monitor attrition and retention of students. The Nursing Program delegates the development and oversight of policy related to the retention of students to the Student Affairs Committee to assure students accepted into the program successfully complete the program.

POLICY: *Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)*

The Student Affairs Committee and Nursing Program provide oversight of the policy; the Clinical Faculty and Simulation Lab Instructor in coordination with the student are responsible for implementation of the policy.

Applicability: *Specific individuals or groups to which this applies*
This policy applies to Pre-licensure and RN to BSN students.

Definition(s) *Define unfamiliar terms as needed*

Remediation provides interventional strategy involving evaluation of student performance, offering activity tailored to the student needs in meeting learning outcomes, and determination of student response to the interventional activity. Remediation is a formal process, documenting acknowledgement, process, and outcome of student performance. Remediation should be short term, e.g., 2–3 weeks. Long-term remediation may be an indication of impending failure.

Policy Text: Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy

Clinical Faculty are obligated to evaluate performance and provide feedback to each student based on course learning outcomes; the Clinical Evaluation Tool (CET) or the Student Reflective Self-Evaluation (SRSE) identifies behaviors descriptive of course learning outcomes. When a student demonstrates a pattern of behavior that fails to meet course learning outcomes and/or unsafe care, remedial activity is warranted. See examples of behavior warranting remediation (Exhibit A).

1. The Clinical Faculty must discuss the observed deficiency or lack of safety with the student and the need for remediation. The Clinical Faculty may want to discuss interventional remedial activity with the student to obtain student input in enhancing their performance to meet course learning outcomes. The Clinical Faculty informs the student to expect to receive a Clinical Remediation Contract (Exhibit B) within 48 hours; the expectation is improved performance resolving deficiency within 2–3 weeks; and, the student should be instructed to contact the Simulation Lab Instructor to arrange a meeting within 48 of the discussion initiating need for remediation.
2. The Clinical Faculty contacts the Simulation Lab Instructor via telephone or email during or at end of the clinical day, at least within 24 hours, regarding the referral of the student for remediation.
 - a. Clinical Faculty should provide the student name, course number, brief description of the deficiencies, and to expect receipt of the *Clinical Remediation Contract* within 48 hours, as well as to expect the student to initiate contact within 48 hours to request an initial meeting within 5 days.
3. The Clinical Faculty is encouraged to collaborate with the Simulation Lab Instructor on interventional activity. The Clinical Faculty completes a Clinical Remediation Contract (Exhibit B); the contract may be written or typed. The Clinical Remediation Contract must be hand delivered or sent electronically to both the student and Simulation Lab Instructor within 48 hours of the initiated discussion. The Clinical Faculty completes the following segments of the Clinical Remediation Contract:
 - a. Page 1:
 - i. Insert student name, instructor name, course number, and date initiated per discussion with student.
 - ii. Complete the checklist in initiation of the remediation: discussion with student; informed student to contact the Simulation Lab Instructor within

- 48 hours by inserting the due date and to arrange an appointment for a face-to-face meeting arranged within 5 days by inserting the due date; date of contact with Simulation Lab Instructor; and date in which the *Clinical Remediation Contract* is completed and sent to the student and Simulation Lab Instructor.
- iii. Complete the reason(s) for remediation by identifying specific course learning outcome(s) not being met and/or unsafe behavior supported by instructor comments that provide detailed observations demonstrating the deficiency and/or unsafe behavior.
- b. Page 2:
- i. List all strategic activity expected to be completed by the student as discussed with the student and/or identified with the assistance of the Simulation Lab Instructor; consideration should be given to meeting the student's needs most effectively. Suggested activity may include:
 1. Written self-reflection;
 2. Virtual and online interactive activity off campus or in lab;
 3. Integration of knowledge, skills practice, role-play or simulation in the lab; and/or
 4. Supported integration of knowledge to clinical practice conducted in the clinical site by the Clinical Faculty and/or with the assistance of the Simulation Lab Instructor during a clinical day.
 - ii. Identify the timeframe in which the student is expected to complete the remedial activity and meet expected outcomes, i.e., usual is 2 – 3 weeks. The original Clinical Remediation Contract is signed and dated by the initiating Clinical Faculty, student, Simulation Lab Instructor, and the Assistant Chair. (Exhibit B)
4. The Simulation Lab Instructor completes the Clinical Remediation Root Cause Analysis Form (Exhibit C) with the student and forwards to Clinical Faculty.
 5. The Simulation Lab Instructor and the student coordinate a face-to-face meeting within 5 days of the initiation of remediation.
 - a. If the student fails to contact the Simulation Lab Instructor within 48 hours, the Simulation Lab Instructor should email the student immediately to request a meeting regarding the remediation and copy the Clinical Faculty.
 - b. If the student and/or the Simulation Lab Instructor are unable to meet within 5 days, the Simulation Lab Instructor should telephone or email the Clinical Faculty to inform him/her the reason for delay in meeting; the Simulation Lab Instructor may want to copy the student on the email.
 - c. The initial meeting between the Simulation Lab Instructor and student includes:
 - i. Review of contents and terms of the remediation contract.
 - ii. Review of the remedial activity (see 3.b.i), including any activity that the student completed prior to the meeting; the focus of remediation should address the deficient and/or unsafe behavior(s) identified by the Clinical Faculty in meeting course learning outcomes; if the student has other

identified needs, a plan to address those needs should be outlined after addressing the remedial activity.

- iii. Identification of a completion date for each remedial activity that meets the expected completion of remediation.
 - iv. Securement of signatures and date on the original Clinical Remediation Contract (Exhibit B).
6. Utilizing the Clinical Remediation Weekly Progress Report (Exhibit D), the Simulation Lab Instructor will communicate with the Clinical Faculty weekly at a minimum to discuss the observations made from remedial activity and clinical performance; assessment of progress; evaluation of effectiveness of plan and any need for revision; and, whether the remediation is expected to be completed in the designated timeframe or if there is need to extend the time.
 7. *In the event Clinical Faculty identifies additional deficiencies and/or unsafe behavior that were not on the current remediation contract, a new remediation contract must be initiated to address the new issues with the process of remedial activity carried out per the policy as a separate remediation.*
 8. The Clinical Faculty communicates weekly with the student and the Simulation Lab Instructor (utilizing the Clinical Remediation Weekly Progress Report) discussing progress in meeting the course learning outcomes and clinical performance:
 - a. If the student has completed the remedial activity and meets course learning outcomes in a safe manner, the remediation is deemed successfully completed.
 - b. If there is progress that supports a decision to extend the remediation, the Clinical Faculty documents an amendment and sends an email to the student and copied to the Simulation Lab Instructor that includes the date of the discussion, the reason for the extension, continuance of current activity or identification of additional activity, and expected date for completion.
 - c. If there is little to no progress with deficiencies that demonstrate failure to meet course learning outcomes or the student is deemed unsafe without supervision, the remediation is terminated as unsuccessful and the student should be informed of course failure.
 9. The Clinical Faculty must record all remedial activity in the Clinical Evaluation Tool (CET) or as an addition to the Student Reflective Self-evaluation Form (SRSE) by recording the need, reason, and outcome of remediation.
 10. The Simulation Lab Instructor summarizes faculty and student interactions as well as student meetings, observations and performance of remedial activity in a standard format outlined by the Clinical Remediation Summary Report (Exhibit E) when the remediation activities are complete.
 11. The original Clinical Remediation Contract, the Clinical Remediation Root Cause Analysis Form, Clinical Remediation Weekly Progress Reports, and the Clinical Remediation Summary Report along with any worksheets or papers submitted by the student are given to Nursing Program staff to file in the student's file.

Exhibits:

Exhibit A, Examples of Behaviors

Exhibit B, Clinical Remediation Contract: Template

Exhibit C, Root Cause Analysis for Clinical Remediation Form: Template

Exhibit D, Weekly Clinical Remediation Progress Form: Template

Exhibit E, Clinical Remediation Summary Report: Template

References

Evans, C., & Harder, N. (2013). A formative approach to student remediation. *Nurse Educator, 38*(4), 147-151.

Poorman, S. G., Mastorovich, M. L., & Webb, C. A. (2008). Teacher's stories: How faculty *help and hinder* students at risk. *Nursing Education Perspectives, 29*(5), 272-277.

EXHIBIT A
EXAMPLE BEHAVIORS INDICATING NEED FOR REMEDIATION

Examples of behaviors for which a student may be placed on a Clinical Remediation Contract (Exhibit B) include the following. This list is not exhaustive but reflective of the more typically seen behaviors in clinical setting.

Clinical Performance Behaviors: Below expected standards for the nursing profession. Potential safety risk for self, staff or patients or performance that results in minor consequences to patient or others

| Behaviors | QSEN Competencies as outlined on CET |
|---|---|
| Medication administration errors | Safety - Role as Provider of Care, Patient Advocate & Member of the Profession |
| Violation of professional dress code | Informatics- Role as Member of Profession |
| Failure to protect patient from environmental hazards | Safety - Role as Provider of Care, Patient Advocate & Member of the Profession |
| Failure to protect self and others from harm | Safety - Role as Provider of Care, Patient Advocate & Member of the Profession |
| Failure to demonstrate critical clinical competency with the nursing process/assessment techniques/skills expected of a student at that level | Patient-Centered Care - Role as Provider of Care, Teacher & Patient Advocate |
| Failure to organize, prioritize and complete patient care assignment in a timely manner | Patient-Centered Care - Role as Provider of Care, Teacher & Patient Advocate |
| Failure to reassess patient | Patient-Centered Care - Role as Provider of Care, Teacher & Patient Advocate |
| Failure to report changes | Patient-Centered Care - Role as Provider of Care, Teacher & Patient Advocate |
| Failure to seek consultation when needed: above skill level tasks | Teamwork and Collaboration - Role as Provider of Care, Coordinator of Care & Patient Advocate |
| Failure to complete procedures or treatments safely: within present skill level | Safety - Role as Provider of Care, Patient Advocate & Member of the Profession |
| Demonstration of clinical judgment that may place the patients and/or interdisciplinary staff at risk | Safety - Role as Provider of Care, Patient Advocate & Member of the Profession |
| Failure to submit patient care assignments by their due date as specified in the syllabus | Quality Improvement - Role as Member of the Profession |
| Failure to reassess patient | Patient-Centered Care - Role as Provider of Care, Teacher & Patient Advocate |

Essential Performance Standards: Physical and emotional performance below expected standards for the nursing profession. Potential safety risk for self, staff or patients that require remediation

| Behaviors | QSEN Competencies as outlined on CET |
|---|--|
| Demonstrating a lack of emotional control that hampers one's ability to perform safe patient care | Safety - Role as Provider of Care, Patient Advocate & Member of the Profession |
| Inability to demonstrate adequate physical requirements for safe nursing practice | Safety - Role as Provider of Care, Patient Advocate & Member of the Profession |

| | |
|---|--|
| Inability to communicate clearly either verbally or in writing to instructor, patient, or interdisciplinary staff for safe nursing practice | Safety - Role as Provider of Care, Patient Advocate & Member of the Profession |
|---|--|

Plagiarism and Professional Behavior: Below expected standards for the nursing profession. Minor Incidence

| Behaviors | QSEN Competencies as outlined on CET |
|--|---|
| Unprofessional behavior with peers, faculty and interdisciplinary staff, in speech, attitude, insubordination, tardiness, etc. | Teamwork and Collaboration - Role as Provider of Care, Coordinator of Care & Patient Advocate |
| Acts of plagiarism: failure to paraphrase correctly; failure to cite correctly, unintentional | Quality Improvement - Role as Member of the Profession |
| Unable to recognize and assume responsibility for the consequences of his/her actions with potential risk for harm | Safety - Role as Provider of Care, Patient Advocate & Member of the Profession |

Adapted from CSULB Nursing Student Handbook

**CSU CHANNEL ISLANDS
Nursing Program
Clinical Remediation Contract**

Student Name: _____ Instructor: _____

Course Number: _____ Date: _____

Deficiencies in course learning outcomes have been identified by the Clinical Instructor. The strategies recommended in the Clinical Remediation Contract are designed to support the student's success in meeting clinical course learning outcomes in mastery of current or previous courses.

The Clinical Instructor has initiated the remediation as follows (check as applies):

- Discussed the deficiencies with the student, including expected timeframe for improvement, e.g., 2–3 weeks.
- Contacted via phone or email the Simulation Lab Instructor within 24 hours _____ (date).
- Informed the student to contact the Simulation Lab Instructor within 48 hours _____ (date) to arrange a meeting within 5 business days _____ (date).
- Completed the Clinical Remediation Contract within 48 hours and sent via email or hand delivered to the student and Simulation Lab Instructor _____ (date).

Reason(s) for the Clinical Remediation Contract:

Clinical Instructor: Please refer to the course syllabus for a complete list of course learning outcomes. List each course learning outcome affected by deficiency or unsafe behavior and provide a brief detailed description of the observed behavior demonstrating deficiencies or unsafe behavior.

Course Learning Outcomes Not Being Met by the Student

1. Course Learning Outcome:

Instructor Comments:

2. Course Learning Outcome:

Instructor Comments:

3. Course Learning Outcome:

Instructor Comments:

Strategies and Expected Outcomes of Recommendations:

Based on the identified weaknesses as outlined above and documented on course syllabus and CET/SRSE, **remediation is strongly recommended** for the student to successfully meet the course learning outcomes. The goal of this remediation contract is to support the student’s ability to meet the course learning outcomes, and to improve student performance. The student must demonstrate ability to meet the above course learning objective(s) and demonstrate safe performance by completing the following recommended activities satisfactorily (be specific with measurable goals, e.g., __ repetitions of behavior without error):

- 1. Remedial Activity:
- 2. Remedial Activity:
- 3. Remedial Activity:

The student must successfully complete the remedial activities and demonstrate ability to meet the learning objective(s) in a safe manner in:

- 1 week by _____ (date)
- 2–3 weeks by _____ (date)
- ____ weeks by _____ (date)

| | | |
|----------------------------|-----------|------|
| Clinical Instructor’s Name | Signature | Date |
|----------------------------|-----------|------|

| | | |
|----------------|-----------|------|
| Student’s Name | Signature | Date |
|----------------|-----------|------|

| | | |
|---------------------------|-----------|------|
| Simulation Lab Instructor | Signature | Date |
|---------------------------|-----------|------|

| | | |
|-----------------|-----------|------|
| Assistant Chair | Signature | Date |
|-----------------|-----------|------|

CLINICAL REMEDIATION ROOT CAUSE ANALYSIS

Student Name _____ Student Signature _____ Date _____

Simulation Instructor Name _____ Instructor Signature _____ Date _____

Course _____ (complete one per occurrence)

| Five Key Questions | Student thoughts | Simulation Lab Instructor thoughts |
|--|------------------|------------------------------------|
| What happened? | | |
| | | |
| When did it happen? | | |
| | | |
| Who was involved? | | |
| | | |
| How did it happen? | | |
| | | |
| Why did it happen? (keep asking why until real reason identified) | | |
| | | |

Linking Root Cause Analysis to Practice Using Problem-Based Learning, Nurse Educator; September/October 2016, Volume :41 Number 5 , page 225 - 227

Remediation of _____ (student name) for NRS _____ (course #)
Week: _____

| Date | Comments |
|------|---|
| | <u>1. Remedial Activity:</u> Progress: |
| | <u>2. Remedial Activity:</u> Progress: |
| | <u>3. Remedial Activity:</u> Progress: |
| | <u>Notes:</u> |

Instructor _____ Date _____

Remediation of _____ (student name) for NRS _____ (course #)

| Date | Comments |
|------|---|
| | <u>Reason/s for referral:</u> |
| | <u>Remedial Activities with completion dates:</u> |
| | |
| | |
| | <u>Remediation termination status:</u> |

Simulation Lab Instructor _____ Date _____



CALIFORNIA State University Channel Islands
Nursing Program Policies

Originating Author: Student Affairs

Policy Number: CC0112016

Approved By: Faculty

Approval Date: 11.16.2018

Effective Date: 8.1.2019

Number of Pages: 2

Next Review Date: 12.2020

**Policy Compliance with BRN Regulations for Awarding Credit for
Previous Education or Other Acquired Knowledge including Military
Education and Experiences**

PURPOSE: *Goals and objectives of the policy.*

Goal of the policy is to provide a mechanism for awarding academic credit for previous education or other acquired knowledge.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

Purpose of the policy is to comply with California SB 466 and California Board of Registered Nursing regulation awarding credit for previous education. The policy was adopted from a draft example developed for CSU Nursing programs December 2016.

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

The responsibility and accountability for this policy's compliance, implementation and monitoring lie with the Nursing Program Chair or designee with policy oversight by Curriculum Committee.

Applicability: *Specific individuals or groups to which this applies*

This policy applies to all BSN students both track I and II including those who are serving or who have served in the United States Armed Forces.

Definition(s) *Define unfamiliar terms as needed*

Policy Text: *Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy*

CSU Channel Islands complies with California Board of Registered Nursing regulations as follows:

1. The Prelicensure Student Handbook shall include a section referring to Executive Order 1036 policy Systemwide Admission Eligibility and/or Baccalaureate Credit Awarded for External Examinations, Experiential Learning, and Instruction in Non-Collegiate Settings (<https://csyou.calstate.edu/Divisions-Orgs/AcademicOrganizations/academicsenate/Plenary-Resolutions/2890attach.pdf>) as the mechanism for awarding course credit for previous education or other acquired knowledge, including military education and experience. The Students handbook should note that this policy applies to all students, including those who have served or are serving in the United States Armed Forces.
2. The campus nursing webpage listing information on its pre-licensure program shall provide a link identified as “Information on the awarding of course credit for previous education or other acquired knowledge, including military education and experience” that directs to the pre-licensure student handbook (or has a PDF of the policy and procedures) that outlines program procedures related to this policy.
3. A form outlining the procedures will be provided and kept as a record in the student’s file. The procedural section shall include the following key elements:
 - 3.1 A beginning and ending timeline for notification by the student to the undergraduate nursing program director or designee of request to seek credit for coursework and presentation of materials, documents and evidence for consideration for a specify course(s). The student must adhere to this timeline for consideration in order that necessary clearance may be granted.
 - 3.2 A timeline for review of student materials, documents and evidence by the appropriate faculty or faculty group and notification to the applicant of the decision to award or not award credit or the need to request a challenge examination for the CSU Nursing course to determine proficiency of knowledge and or skills.
 - 3.3 Identification of any meetings that must take place between faculty and student.

The student's individual program planner reflects adjustments made with the awarding of credit by external examination or the process through which evaluation of learning, knowledge, or skills acquired through experience was granted

Exhibits: *Optional forms, illustrations, references*

CSU Channel Islands Documentation Form Procedures for awarding of Credit for Previous Education or Acquired Knowledge, Including Military Education and Experience.

CSU Channel Islands Documentation Form
**Procedures for awarding of Credit for Previous Education or Other Acquired Knowledge,
Including Military Education and Experience**

1. Matriculated student notifies Chair of Nursing or designee within 4 weeks of acceptance into the pre-licensure program of his/her request to seek course credit for previous education or other acquired knowledge, including military education and experience and specifies course(s).

Yes No

Faculty Signature and Date _____

2. Student provides materials, documents, and evidence for consideration for a specified course(s) within 6 weeks of acceptance into the program

Yes No

Faculty Signature and Date _____

3. The student adheres to the timelines noted in 1 and 2 above for consideration of request.

Yes No (if no, the request is denied and the student is notified)

4. Student meets with undergraduate nursing advisor or designee as requested.

Yes No

Faculty Signature and Date _____

5. The appropriate faculty or faculty members designated by the Chair of Nursing or designee reviews the materials, documents and evidence and within 3 weeks of receipt of materials to the department and makes the following determination

Awards course credit (Attach documentation to this form and place in student file)

Cannot award course credit based on lack of appropriate or adequate documentation

(Comment below with rationale for denial of the request)

Comments:

Faculty Signature and Date _____

6. Student is notified by the Chair of Nursing or designee of the decision within 4 weeks of receipt of materials, documents or evidence. If a "cannot award credit" decision is made, the letter of notification will indicate the rationale behind the decision. The student will be told that he/she can request a challenge course by exam and follow that CSU policy.

Yes No

Faculty Signature and Date _____



CALIFORNIA State University Channel Islands
Nursing Program Policies

Originating Author: Curriculum Committee

Policy Number: CC0122017

Approved By: Faculty

Approval Date: 12.14.18

Effective Date: 8.26.2019

Number of Pages: 2

Next Review Date: 12.2020

Pass Fail Grading Scale Policy

PURPOSE: *Goals and objectives of the policy.*

The goal is to state the percentage for passing a class when the class is listed as a pass fail grade.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

<TEXT>

The policy was initiated in 2012 when the program went from letter grade to pass fail for clinical courses.

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

The curriculum Committee is responsible for implementing and monitoring the policy implementation.

Applicability: *Specific individuals or groups to which this applies*

The pass fail grading scale refers to the following courses: NRS 201, NRS 221, NRS 223, NRS 231, NRS 233, NRS 241, NRS 391, NRS 401, NRS 421, NRS 453, and NRS 461.

Definition(s) *Define unfamiliar terms as needed*

Policy Text: Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy

Students in Pass/Fail clinical courses will have course assignments graded in % with 76%, the adopted program pass rate.

Areas of each category of assignments such as Clinical Evaluation Tool (CET) or other, Care Planning and simulations must be met with a 76% criterion (refer to the Clinical Evaluation Tools Policy)

- The CET shall comprise 60% of the course and all other assignments will total 40%.
- The student must have an overall rating equivalent to or greater than 76% and pass all critical criteria as identified on the CET to pass the course.

Grades for the course are assigned as follows:

Credit: CET (60% of course grade) evaluated as Credit/No Credit and all remaining evaluated portions (40%) combined with CET resulting in a total course score of 76% or greater.

Syllabus must include points and percentage of course grade for each assignment.

No Credit: Fail (No Credit) on CET and/or total course scores less than 76%.

If a student is failing in a clinical course at any time in the semester with a grade less than Pass/Credit or with demonstrated unsafe patient care behaviors as outlined in the Clinical Evaluation Tool, the student can be failed and removed from the clinical setting at any time in the semester.

Exhibits: Optional forms, illustrations, references



CALIFORNIA State University Channel Islands
Nursing Program Policies

Policy Number: CC0132016
Proposed by: Curriculum Committee
Approved By: Faculty
Approval Date: 11.16.18
Effective Date: 10.2021
Number of Pages: 4
Next Review Date: 9.2024

**Preceptor-based Clinical Laboratories for the BSN Lab Courses that Utilize Preceptors
and MSN Practicums**

PURPOSE: *Goals and objectives of the policy.*

To coordinate the placements and ensuring the standards for clinical placements for preceptor-based clinical laboratories for BSN lab courses that utilize preceptors and all MSN practicum courses

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

The nursing program utilizes preceptors in the undergraduate program when placing students on Dedicated Education Units (DEUs), in the senior Transition to Practice course, community health and leadership. All MSN practicum courses utilize preceptors. These courses are self-directed where students are under the direct supervision of their qualified preceptor.

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

It is the policy of CSU Channel Islands Nursing Program to ensure compliance with established accreditation standards when selecting preceptors and when placing students in preceptor-based clinicals.

Program Faculty – hold the primary responsibility of meeting the intended program outcomes pursuant to the institutions [accreditation standards](#). Further, faculty are responsible for the evaluation of student outcomes that include the faculty, student, and preceptor, as well as the experience and setting of the clinical rotation. In addition, program faculty must ensure that the student acquires the content and competencies, which include those delineated in the [AACN Essentials of Baccalaureate Education for Professional Nursing Practice \(2008\)](#) and the [AACN Essentials of Master's Education in Nursing \(2011\)](#). Program faculty will need to clearly

communicate to the Clinical Preceptor the level, the intended clinical progression, and outcome objectives for the clinical rotation of the student during each clinical rotation experience thus affording the student meaningful clinical experiences that will develop the students' comfort in practice and clinical competency. Furthermore, the responsibility of the faculty includes the oversight of the design, implementation, and evaluation of clinical practice experiences that are aligned to student and program outcomes. Regular communication with the Clinical Preceptor is pivotal to ensure the curriculum is being effectively delivered and student outcomes are met.

Clinical Preceptor – is a vital component of the clinical education process in creating a safe setting for the student to gain experience and develop clinical competency to effectively manage the population consistent with the role for which they are being educated. While not an all-inclusive example the clinical preceptor serves as a role model by incorporating evidence-based education best practices to ensure safe and effective patient outcomes.

Applicability: Specific individuals or groups to which this applies

All Clinical Community Health Nursing and Nursing Leadership and Professional Issues (NRS 461), Transitions in Nursing (NRS 391), & Advanced Concepts of Health Across the Lifespan (NRS 525).

Definition(s): Define unfamiliar terms as needed

A clinical preceptor is a health care provider qualified by education, licensure and clinical competence in a nurse practitioner category and who provides direct supervision of the clinical practice experiences for a nurse practitioner student.

<http://www.rn.ca.gov/pdfs/regulations/proplang1480-1486.pdf>

Policy Text: Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy

Faculty will consult CSUCI Nursing Department Clinical Placement Coordinator as to the current contractual status of a facility. The criteria will proceed when there is a current/valid agreement between the facility and CSUCI. If there is not a valid contract with the facility, students will not be placed in that setting until a valid agreement is in place.

Undergraduate Program:

Criteria for Selection of Preceptors for NRS 453 Community Health:

- BSN level or higher working in a community health setting, such as public health, school health, home health, hospice, occupational health, epidemiological settings, correctional health, multispecialty community health clinics, etc
- Preceptors must be willing to devote time to the students and provide opportunities to enrich community health nurse's experiences
- Preceptor must have a minimum of one year in a community health nursing setting

Criteria for Selection of Preceptors for NRS 461 Leadership:

- BSN level of education or higher plus a leadership position, such as, Clinical Nurse; Educator, Nursing Manager, Nursing Director, Nurse Supervisor, Nursing faculty, Program Coordinator (i.e. infection control, wound care, quality, palliative care, etc);
- Preceptors must be willing to devote time to the students and have a leadership project that the student can complete during the semester;
- Preceptor must have a minimum of two years as a nurse leader.

Criteria for Selection of Preceptors for NRS 391 Transition to Practice:

- BSN level of education or higher preferred;
- Preceptors must be willing to devote time to the students during the semester;
- Preceptor must have a minimum of one year as a nurse in their specialty.

Criteria for Selection of Preceptors on Dedicated Educational Units (DEUs):

- BSN level of education or higher preferred;
- Preceptors must be willing to devote time to the students during the semester;
- Preceptor must have a minimum of one year as a nurse in their specialty;
 - Must have completed agency required preceptor training for nurses working with students on a DEU.

Criteria for Orientation of Undergraduate Preceptors

- Instructors meet with new preceptors before or during the first week of the semester to:
 - ✓ Discuss the roles and responsibilities for the preceptors, students and faculty (see documentation forms)
 - ✓ Establish whether the preceptor training has been completed or needs to be completed
 - ✓ Obtain a signed Student Preceptor Information and Agreement Form
 - ✓ To discuss course objectives, course assignments and to answer questions
 - ✓ To plan in the event the assigned preceptor may be absent then to designate either an equivalent preceptor for the day or to assign provisions of the assignment
- Existing preceptors will receive summary of the course outline or the complete course outline describing the learning objectives, assignments and other essential components
- Preceptor will provide the following required information on the Student-Preceptor Information and Agreement Record
 - ✓ Active clear RN license number and expiration date issued by the BRN
 - ✓ Special Certifications
 - ✓ Years of experience in this setting or specialty
 - ✓ Current CV/resume optional
 - ✓ Contact information
 - ✓ Verification of completion of a preceptor training program

Criteria for placement of students:

Faculty will meet at the beginning and near the end of the planning of student clinical placements to coordinate the student, day of the week and other clinical placement details. Once the clinical site commits to the student placement, instructors will facilitate the logistics in order to preserve the placement and ensure the student success. Once arranged with an agency, placements will not be changed. To the degree possible, student placements are also made considering the student's home city location and in the case of NRS 461, their place of employment if in a setting of their potential employer. Student's area of interest will not be guaranteed in any of the preceptor-based clinicals.

Contact with Faculty:

1. Faculty will provide telephone and email contact information to preceptor and student
2. Faculty will be available by phone on any scheduled clinical day
3. Should faculty not be available, provisions for backup shall be made
4. Students will be instructed to notify faculty within 24 hours, if possible, should a change of clinical day be necessary so faculty coverage can be maintained
5. Preceptors can contact the faculty at any time outside their scheduled clinical days
6. Faculty will meet with the student within the first month of the beginning of the semester and as needed during scheduled office hours.

Records and Evaluation:

1. Midterm and Final Clinical Evaluation Tools (CET) will be completed by the student and faculty as described in the respective course outlines.
2. Preceptor evaluations will serve to augment the CET and will not be used solely to render the pass-fail grade for a student
3. Students will complete the clinical site and preceptor evaluation surveys, which are reviewed annually by the Student and Faculty Affairs Committee to assure that preceptors and clinical site provide appropriate supervision and learning opportunities for students.
4. Student Preceptor Information and Agreement form will be kept on file by the Clinical Placement Coordinator.

Graduate Program**Criteria for Selection of FNP Preceptors:**

- All preceptors working with FNP students must have a Master's degree and be certified in the appropriate patient population focus, i.e. family, adult, women's health, peds;
 - Preceptors must be willing to devote time to the students during the semester;
 - Preceptor must have a minimum of one year as a nurse in their advanced practice specialty.
1. Preceptors must have a current, unencumbered state license and national certification, as appropriate, in the population focused or specialty practice area. Students may precept with a nurse practitioner (must have Masters), physician (e.g. MD, DO), or Physician Assistant (PA).

2. The preceptor must have at least one year of experience in the area of advanced practice relevant to the student's clinical focus.
3. Students may spend no more than two semesters with an individual preceptor without faculty approval
4. Students should have no more than two preceptors during a single clinical course without faculty approval.
5. A nurse practitioner preceptor is highly suggested for at least one semester during the program.

Criteria for Selection of NE Preceptors:

- All preceptors working with NE students in NRS 537 must have a Master's degree in nursing and a specialization in a specific patient population, i.e. gerontology, critical care, etc.
- All preceptors working with NE students in NRS 539 must have a Master's degree or higher and have completed courses work in nursing education or been a nurse educator for more than 1 year.
- Preceptors must be willing to devote time to the students during the semester;
- Preceptor must have a minimum of one year as a nurse in their patient population specialty and/or nursing education whether academic or clinical.

Criteria for Orientation of Graduate Student Preceptors

- Clinical faculty will meet with new preceptors before or during the first week of the semester to:
 - ✓ Discuss the roles and responsibilities for the preceptors, students and faculty (see documentation forms)
 - ✓ Set up and review common programs used in the program such as Typhon, email, etc.
 - ✓ Establish whether the preceptor training has been completed or needs to be completed
 - ✓ Ensure that an Affiliation Agreement or MOU has been completed
 - ✓ Obtain a signed Student Preceptor Information and Agreement Form
 - ✓ To discuss course objectives, course assignments and to answer questions
 - ✓ To plan in the event the assigned preceptor may be absent then to designate either an equivalent preceptor for the day or to assign provisions of the assignment
- Existing preceptors will receive summary of the course outline or the complete course outline describing the learning objectives, assignments and other essential components
- Preceptor will provide the following required information on the Student-Preceptor Information and Agreement Record
 - ✓ Active clear RN, APRN, Furnishing License (if needed) number and expiration date issued by the BRN

- ✓ and DEA license number and expiration date issued by the BRN
- ✓ Special Certifications
- ✓ Years of experience in this setting or specialty
- ✓ Current CV/resume optional
- ✓ Contact information
- ✓ Verification of completion of a preceptor training program

Criteria for Placement of Graduate Nurse Practitioner Students

1. Once a preceptor and facility have agreed to precept a student, the faculty and student must ensure that an Affiliation Agreement is in place with the University, facility, and preceptor.
2. a. If an Affiliation Agreement needs to be developed, the faculty and student will work with the Program Clinical Coordinator to initiate the Agreement.
3. b. Once the Affiliation Agreement has been fully executed, the student is responsible for completing any required documents or modules for the facility or practice site by the designated time frame.

Exhibits: *Optional forms, illustrations, references*

- 1) Preceptor, Student and Faculty Roles
- 2) Student Preceptor Information and Agreement (revised 6/2021)

California State University Channel Islands

Nursing Leadership and Professional Issues: Clinical Laboratory NRS 461

Preceptor, Student and Faculty Roles Defined

Preceptor Role:

A preceptor is an individual who acts in the role of an advisor or teacher in order to facilitate the learning of specified criteria and objectives for another individual. These specified learning activities and objectives are set forth and defined by the faculty of CSU Channel Islands. Evaluation of the objectives is to be a joint effort between student, faculty and preceptor with final decisions being made by faculty members.

Preceptor Qualifications:

1. Active California RN license
2. Preceptor must have a Bachelor's Degree or higher and submit their CV
3. The RN has been employed at the agency in a leadership role for at least two years.
4. Expertise in area of practice
5. Interest and commitment to act as a preceptor
6. Act as a positive role model

Preceptor Responsibilities:

1. Orient and assist in assimilating the student into clinical facility
2. Maintain effective communication with faculty and student
3. Coordinate student's learning activities
4. Act as a resource
5. Role model the necessity of standardization and adherence to agency policy and procedures
6. Review and assist student with clinical syllabus objectives to determine if course objectives are being met
7. Participate in collaborative evaluation with the student and faculty
8. Complete the Preceptor Module and complete the post module evaluation or provide experience as preceptor.

Student Role:

The student will be a senior in the Baccalaureate Nursing Program at CSU Channel Islands.

Student Responsibilities

1. Attend scheduled clinical time at agency.
2. Apply knowledge from previous and current courses to demonstrate leadership qualities that will ultimately impact the provision of safe/quality nursing care.
3. Seek direct and indirect supervision as needed from preceptor and faculty.
4. Function within RN Scope of Practice and Agency policies and procedures.*
5. Actively seek clinical experiences to facilitate learning.

*Subject to change

6. Evaluate experience, mentor, and clinical agencies.

*Students may not participate in any activity they have not received both didactic and skill lab experience. This clinical is a NON-Patient care clinical. If there is any patient interaction, it will be of an observational or interview basis.

Faculty Role:

Faculty acts as a resource to enhance learning objectives, activities, and evaluates specific course requirements.

Faculty Responsibilities

1. Verify currency of student health clearance, malpractice insurance, driver's license, automobile insurance and AHA BLS CPR for Healthcare Providers.
2. Orientation Plan:
 - a. Provide preceptor with faculty contact information for ongoing dialog of student progress
 - b. Preceptorship Clinical Course General Information
 - c. Clinical Objectives
3. Provide the student with a general orientation to the Preceptor course prior to the student's first day in assigned agency.
4. Be available to preceptor for collaboration regarding student performance.
5. Monitor/evaluate student performance throughout clinical rotation.
6. Provide on-going feedback to the student regarding strengths and areas for professional growth.
7. Conduct evaluation of student performance at completion of course.

Preceptor/Student Information and Agreement - Semester/Year: _____

- | | |
|--|--|
| <input type="checkbox"/> Intro to Professional Nursing Lab - NRS201 | <input type="checkbox"/> Med Surgical Lab - NRS221 |
| <input type="checkbox"/> Child & Family Lab - NRS233 | <input type="checkbox"/> Mental Health Lab - NRS241 |
| <input type="checkbox"/> Transition to Practice Lab - NRS391 | <input type="checkbox"/> Leadership Lab - NRS461 |
| <input type="checkbox"/> Community Health Lab - NRS453 | |

Preceptor's Information (Required by the BRN and AACN Accreditation)

Print Name: _____ Job Title: _____
 Years of Experience as a RN: _____ Years of Practice in Current Specialty: _____
 Site: _____ Area/Unit/Floor: _____
 Email: _____ Work Phone: _____ Cell Phone: _____
 RN #: _____ Credentials _____

Graduation & School Name

ADN (NRS391) – Year: _____ School Name: _____
 BSN - Year: _____ School Name: _____
 Master - Year: _____ School Name: _____
 DNP/PhD/EdD - Year: _____ School Name: _____
 Other - Year: _____ School Name: _____

Student's Information

Print Name: _____ Cell Phone: _____
 Email: _____

Agreement to serve as a Preceptor for CSU Channel Islands nursing student.

Have you had preceptor training? YES NO

If YES, when and where: _____

I have read and understand the Clinical Objectives, obtained the course summary and the Roles and Responsibilities for the Preceptor, Student and Clinical Instructor. YES NO

I agree to serve as a Preceptor for _____ (name of student) enrolled in
 (mark one) NRS201 NRS221 NRS233 NRS241 NRS391 NRS453 NRS461

Preceptor Signature: _____ **Date:** ___/___/____

Student Signature: _____ **Date:** ___/___/____

Clinical Instructor

Print Name: _____

Signature: _____ **Date:** ___/___/____



CALIFORNIA State University Channel Islands
Nursing Program Policies

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Approved By: Curriculum Committee
Approval Date: 4.20.2018
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Number of Pages: 3
Next Review Date: 4.2020

Policy on ATI Benchmarking of Course Outcomes for Program Improvement

PURPOSE: *Goals and objectives of the policy.*

The objective of this policy is to guide faculty and the Curriculum Committee in the evaluation of individual course content mastery. The interpretation of Assessment Technology Institute (ATI) Group Performance Profile is used to assist in planning for program quality improvement.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

The Commission on Collegiate Nursing Education CCNE Accreditation standards mandate quality improvement as a part of total program evaluation. Data from ATI proctored assessments throughout the program should guide the process of program improvement.

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

The Nursing Curriculum Committee and the individual course faculty are responsible for the implementation and monitoring for program compliance.

Applicability: *Specific individuals or groups to which this applies*

This policy applies to all Track I students and course instructors.

Policy Text: *Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy*

To accomplish the evaluation of the effectiveness of the students in comparison to a national average on a standardized exam, an institutional benchmark is established to evaluate group performance in the major content areas. A benchmark of 80% of students meeting level 2 or 3

is the established benchmarks for the CSU Channel Islands Nursing Program; The evaluation process for the ATI assessments is outlined as follows:

- Faculty analyze the results of the proctored exam in their course by identifying group performance levels of less than 80% of students meeting level 2 or 3 and provide a report to the Program Chair by the end of the semester after the exam using the ATI Benchmark Report (Exhibit A).
 - The report from faculty should identify the course in which the exam was given; name of the ATI proctored assessment; date of assessment; % of students who attained less than level 2 or 3; and, address each topic content mastery of less than 50% with a recommended plan for curriculum development (Exhibit B).
- The report is reviewed by the Curriculum Committee the semester after the exam to track trending data, guide implementation for program improvement, and monitor program improvement.

Matrix of ATI Proctored Assessment Benchmark Review

| ATI Proctored Assessment | Course or Timeframe | Faculty Submit | Curriculum Committee | |
|--------------------------|---|---|----------------------|--------|
| | | | Fall | Spring |
| Critical Thinking | NRS 304 Pharmacology II | <ul style="list-style-type: none"> • Cam Spring • Goleta Fall | C | G |
| Fundamentals | NRS 200 Introduction to Prof Practice | <ul style="list-style-type: none"> • Cam Fall • Goleta Spring | G | C |
| Nutrition | NRS 222 Nursing Care of Adults with Acute & Chronic Illness | <ul style="list-style-type: none"> • Cam Fall • Goleta Spring | G | C |
| Pharmacology | NRS 304 Pharmacology II | <ul style="list-style-type: none"> • Cam Spring • Goleta Fall | C | G |
| Mental Health | NRS 240 Psychiatric & Mental Health | Cam and Goleta Summer | C, G | |
| Maternal Newborn | NRS 230 Nursing Care of Women, Infants & Children | <ul style="list-style-type: none"> • Cam Spring • Goleta Fall | C | G |
| Nursing Care of Children | NRS 232 Nursing Care of Children & Families | Cam and Goleta Summer | C, G | |
| Adult Medical Surgical | NRS 420 Nursing Care of the Complex Client | <ul style="list-style-type: none"> • Cam Spring • Goleta Fall | C | G |
| Community Health | NRS 452 Community Health | <ul style="list-style-type: none"> • Cam Fall • Goleta Spring | G | C |
| Leadership | NRS 460 Leadership & Professional Issue | <ul style="list-style-type: none"> • Cam Fall • Goleta Spring | G | C |

| | | | | |
|-------------------------|--|---|----|----|
| Comprehensive Predictor | NRS 420 Nursing Care of the Complex Client – Designated Date of Final Exam | <ul style="list-style-type: none"> • Cam Spring • Goleta Fall | C | G |
| Critical Thinking | NRS 452 Community Health – Designated Date of Final Exam | <ul style="list-style-type: none"> • Cam Fall • Goleta Spring | G | C |
| | | Total | 14 | 10 |

C = Camarillo; G = Goleta

Exhibits

Exhibit A: ATI Benchmark Report: ATI Resources – Assessments & Focused Review: RN Assessment Information found at <https://www.atitesting.com/Home.aspx>; Previous course benchmark reports available in the Nursing Office

Exhibit B: ATI Proctored Assessment Benchmark Report & Plan of Action Template; see below

CSU CHANNEL ISLANDS' NURSING PROGRAM

ATI BENCHMARKING OF COURSE OUTCOMES FOR PROGRAM IMPROVEMENT: ATI PROCTORED ASSESSMENT BENCHMARK REPORT & PLAN OF ACTION

| | | |
|---|---------------------------------------|-------------------------------|
| Course No. | Course Name: | |
| Date of Assessment: | Title of Proctored Assessment: | |
| Results | | |
| | Number of Students | Percentage of Students |
| Level 1 | | |
| Level 2 | | |
| Level 3 | | |
| Total | | |
| Improvement Plan | | |
| <p>An improvement plan should be completed and submitted to the Program Chair by the end of the semester if $\geq 20\%$ of students scored Level 1 by identifying topic content mastery of less than 50% and a recommended plan of action for improvement. If Level 1 is $< 20\%$, mark n/a.</p> | | |
| Topic Content Mastery < 50% | Proposed Plan for Improvement | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Name/Date of Faculty: | | |
| <input type="checkbox"/> Nursing Program Chair Review | | |
| <input type="checkbox"/> Curriculum Committee Review | | |



CALIFORNIA State University Channel Islands
Nursing Program Policies

Policy Number: CC00152017
Proposed by: Curriculum Committee
Approved By: Faculty Committee
Approval Date: 5.15.2020
Effective Date: 8.2020
Number of Pages: 4
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Policy on Simulation Standards

PURPOSE: *Goals and objectives of the policy.*

The purpose of adopting standards for simulation is to provide a foundation for promoting best practices and guidelines for consistent application of simulation technology and pedagogy. Standards for simulation enhance best practices with integration of simulation in the curriculum for CSU Channel Islands' Nursing Program.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

CSU Channel Islands (CI) has a significant history of integrating simulation in its nursing curriculum beginning in 2009. Adopting standards of simulation is necessary to support best practices in simulation as an innovative technology for experiential learning in nursing curriculum. The California Board of Registered Nursing provides oversight and regulates the curriculum of nursing programs, supporting the integration of simulation. American Association of Colleges of Nursing (2008) *Essentials for Baccalaureate Education for Professional Nursing Practice* state:

Simulation experiences augment clinical learning and are complementary to direct care opportunities essential to assuming the role of the professional nurse. Laboratory and simulation experiences provide an effective, safe environment for learning and applying the cognitive and performance skills needed for practice. Reality based, simulated patient care experiences increase self-confidence in communication and psychomotor skills, and professional role development...A clinical immersion experience provides opportunities for building clinical reasoning, management, and evaluation skills.

POLICY:

CSU Channel Islands Nursing Program integrates simulation throughout its laboratory courses to enhance knowledge, psychomotor skill, attitude, critical thinking, and self-confidence. The Nursing Program embraces the theoretical framework developed by the National League of Nursing and Dr. Pamela Jeffries as the foundation for the pedagogy of simulation. The National League of Nursing (NLN) Jeffries Simulation Theory is grounded in a collaborative learner-centered practice and constructivism. The theoretical model consists of three main contextual elements for simulation: background/design, simulation experience, and outcomes (Jeffries, 2015). The theoretical construct provides a foundation for development, design, facilitation, and outcome for simulation.

The INACSL Standards of Best Practice: SimulationSM (INACSL, 2016) defines internationally accepted standards for simulation. The standards provide a foundation for the scope and use of simulation in nursing education, including research and funding. CSU Channel Islands' Nursing Program adopts the standards defined by INACSL and operationalizes through fundamental expectations in meeting each standard.

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

The Curriculum Committee, Nursing Program, and Program Chair provide oversight of the policy. The Technology in Teaching Subcommittee and applicable taskforce(s) guides and directs the integration and use of simulation for the Nursing Program. The Curriculum Committee and Nursing Program evaluate learning outcomes related to simulation. The Program Chair is responsible for administration of curriculum and program personnel; Clinical Faculty and Simulation Lab Instructors are responsible for application of the policy.

Applicability: Specific individuals or groups to which this applies

This policy applies to Track I (Generic) and Track II (RN to BSN) students.

Definition(s) Define unfamiliar terms as needed

Simulation: an immersive experience that mirrors reality using mid-/high-fidelity, standardized patient (SP), and/or extended reality (XR: mixed or virtual reality).

CSU Channel Islands' Nursing Program adopts the INACSL Standards of Best Practice: Simulation as required elements for integrating evidence-based simulation in its curriculum. The standards defined by The INACSL Committee in 2016 and 2017 are:

INACSL Standards of Best Practice: SimulationSM: Simulation Glossary

INACSL Standards of Best Practice: SimulationSM: Professional Integrity

INACSL Standards of Best Practice: SimulationSM: Outcomes & Objectives

INACSL Standards of Best Practice: SimulationSM: Facilitation

INACSL Standards of Best Practice: SimulationSM: Participant Evaluation

INACSL Standards of Best Practice: SimulationSM: Debriefing

INACSL Standards of Best Practice: SimulationSM: Professional Integrity

INACSL Standards of Best Practice: SimulationSM: Simulation-Enhanced Interprofessional Education (Sim-IPE)

INACSL Standards of Best Practice: SimulationSM: Simulation Design

INACSL Standards of Best Practice: SimulationSM: Operations

Policy Text: Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy

The INACSL Standards of Best Practices: Simulation are defined by background including rationale and intended outcome(s); criteria necessary to meet the standard outcome(s); and, required elements for each criteria. The intent of the standards is to promote consistent use of best practice by faculty while integrating simulation as pedagogy to meet course learning outcomes and program outcomes.

1. Faculty must demonstrate knowledge of simulation by completing the Nursing Program training available on the learning management system (LMS) and submitting evidence of successful completion of the online LMS training, including the “Teaching with Simulation” modules developed by the University of Washington or comparable training before conducting any simulated experiences. (Exhibit A)
2. Faculty are encouraged to attain on-going knowledge of simulation through formalized training that includes basic, intermediate and/or advanced courses provided by California Simulation Alliance (CSA), National League of Nursing (NLN), International Nursing Association for Clinical Simulation & Learning (INACSL), Society for Simulation in Healthcare (SSIH), and/or through mentoring by an expert in simulation. (Exhibit A)
3. Faculty are to select the type of immersive simulation (MF, HF, SP, XR) that includes a valid, reliable and evidence-based scenario that is scripted, such as those developed by the NLN or CSA, and meets the course learning outcomes; faculty should use an established evidence-based design template when creating simulation-based activity, e.g., NLN, CSA, (refer to INACSL Standard: Simulation Design Template References).
4. Faculty are to use a structured approach to allow progression through phases of debriefing (reaction, analysis, summary) such as a current standardized debriefing model: Debriefing with Good Judgement (Rudolph et al., 2006); Ee-Chats (Overstreet, 2010); CARPER’s Ways of Knowing (Johns, 1995), PEARLS Debriefing Tool. (Exhibit B)
5. Faculty are to determine an evaluation method or process for assessment of learners

participating in the simulated experience during the design phase with consideration of program adopted methods, i.e., Professional Behaviors & Safety, Assessment, Prioritization & Clinical Reasoning, Intervention & Evaluation (PAPIE) Simulation Evaluation Tool for mid-/ high-fidelity and standardized patient simulation. (Exhibit C)

6. Faculty are to determine a valid feedback tool before the simulation to use in evaluating learner competency during the simulated experience, i.e., Creighton Competency Evaluation Instrument (CCEI) or Lasater Clinical Judgement Rubric; the clinical team should agree on the tool, timing and method in which to provide feedback to student learners. (Exhibit D)
7. Faculty are to facilitate best practices in debriefing and reflective learning when using video recording by aligning the scenario objectives, consistency in debriefing practice, learner-centered approaches, reflective discussion, and communication of pre-defined guidelines for learners during simulation. (Exhibit E)

Exhibits: *Optional forms, illustrations, references*

Exhibit A, Resources

California Simulation Alliance: <https://www.californiasimulationalliance.org/>

Foronda, C. L., Alfes, C. M., Dev, P. Kleinheksel, A. J., Nelson Jr., D. A., O'Donnell, J. M., & Samosky, J. T. (2017). Virtually Nursing. *Nurse Educator*, 42(1), 14-17. <https://doi-org.summit.csuci.edu/10.1097/NNE.0000000000000295>

International Nursing Association for Clinical Simulation and Learning: <http://www.inacsl.org/>

National League of Nursing: <http://www.nln.org/centers-for-nursing-education/nln-center-for-innovation-in-simulation-and-technology>

Exhibit B, Debriefing Models

Debriefing with Good Judgment (Rudolph, Simon, Dufresne & Raemer, 2006)

| PHASE | DEBRIEFING STURUCTURE |
|----------------------|---|
| 1. Reactions | Acknowledge participants' emotional reaction to the simulation experience |
| 2. Reflection | Review events of simulation and examine participants' mental models guiding decisions. Reinforce positive thought processes or help participants to modify mental models to create models for correct decision in future events |

| | |
|-------------------|--|
| 3. Summary | Review learning points of the simulation; discuss how learning points can be applied to future clinical experience |
|-------------------|--|

Table 2

Educators' Questions for Novice Nurses Cued By Ee-ChATS

| | |
|---------------------------|---|
| e emotion | How did that experience feel to you? |
| e experience counts | Have you experienced something similar to this before? I would like to share a similar patient/family experience. Take a few minutes to think about what was most important to you during this experience. Then, I would like to hear your thoughts. |
| H Higher order thinking | The main objective today was to learn about (<i>insert objective</i>). With that in mind, can you identify any aspects of your nursing care you would change if you performed care for this patient again? |
| A Accentuate the positive | I saw excellent nursing care when you (<i>describe the behavior</i>). I think you are beginning to integrate the concept of (<i>name the concept</i>) into your everyday practice. I also saw some areas that need strengthening (<i>describe the behavior or concept</i>). |
| T Time | We will have approximately (<i>insert number</i>) minutes to debrief. First, I would like to hear about any emotion you experienced. Then, we will discuss (<i>insert your objectives</i>). |
| S Structure | Have you (<i>the educator</i>) allowed a list of questions or objectives to obstruct the flow of conversation or detract from learners' comments? Explore learners' thoughts and feelings and what was most important to them. |

Note. ee-chats © Maria Overstreet, PhD, RN, CCNS.

Facilitator's Tool for Guided Reflection Sessions (Johns, 1995)

| Carper's Ways of Knowing | Open-Ended Questions/Statement directed to Student Participants to Encourage Reflection-on-Action |
|--------------------------|--|
| Empirical | <ul style="list-style-type: none"> Talk about the knowledge, skills and experiences you have that helped provide patient care during this simulated experience |
| Aesthetic | <ul style="list-style-type: none"> Talk about the problem the patient was having What was your main goal/priorities during this simulation? |
| Personal | <ul style="list-style-type: none"> Tell what influenced your actions during this scenario Talk about how this experience made you feel Talk about how satisfied you are with the with the actions you initiated during this scenario |
| Ethical | <ul style="list-style-type: none"> Talk about how your personal values and beliefs influenced your actions during this experience |
| Reflection | <ul style="list-style-type: none"> Talk about how you knew what to do during this situation What would you do differently if we went back and repeated the scenario? Discuss how you will use what was learned in this experience in the future |

The Pearls Healthcare Debriefing Tool

| | Objective | Task | Sample Phrases |
|---|--|---|---|
| 1 Setting the Scene | Create a safe context for learning | State the goal of debriefing; articulate the basic assumption | "Let's spend X minutes debriefing. Our goal is to improve how we work together and care for our patients." "Everyone here is intelligent and wants to improve." |
| 2 Reactions | Explore feelings | Solicit initial reactions & emotions | "Any initial reactions?" "How are you feeling?" |
| 3 Description | Clarify facts | Develop shared understanding of case | "Can you please share a short summary of the case?" "What was the working diagnosis? Does everyone agree?" |
| 4 Analysis | Explore variety of performance domains | See backside of card for more details | Preview Statement <i>(Use to introduce new topic)</i> "At this point, I'd like to spend some time talking about [insert topic here] because [insert rationale here]" Mini Summary <i>(Use to summarize discussion of one topic)</i> "That was great discussion. Are there any additional comments related to [insert performance gap here]?" |
| Any Outstanding Issues/Concerns? | | | |
| 5 Application/ Summary | Identify take-aways | Learner centered Instructor centered | "What are some take-aways from this discussion for our clinical practice?" ----- "The key learning points for the case were [insert learning points here]." |

Reproduced with permission from *Academic Medicine*. Originally published as Bajaj K, Meguerdichian M, Thoma B, Huang S, Eppich W, Cheng A. The PEARLS Healthcare Debriefing Tool. *Acad Med*. 2017. [Post Author Corrections] <http://journals.lww.com/academicmedicine/00000pubshead>.

Exhibit C, PAPIE (Professional Behavior & Safety, Assessment, Prioritization & Clinical Reasoning, Intervention & Evaluation) Simulation Evaluation Tool

[PAPIE Simulation Evaluation Tool](#)

Exhibit D, Creighton Competency Evaluation Instrument & Lasater Clinical Judgment Rubric

[Creighton Competency Evaluation Instrument](#)*

[Lasater Clinical Judgement Rubric](#)*

*Refer to supporting literature on application and use

Exhibit E, CSUCI Simulation Viewing & Debriefing as a Group Guideline

The purpose of viewing the simulations videos and/or debriefing as a group is to enhance

educational development by examining the nursing care using a framework of facilitation and psychological safety. Clinical Faculty should guide simulation observers and participant learning by providing a safe environment, exploration of thought, group facilitation, and feedback from multiple perspectives (Fey et al., 2014)

The following guidelines are suggested for observers and participants when viewing simulation and debriefing in groups:

- **Inform learners “What goes on in simulation...stays in simulation!”**
 - Simulation performance and post discussion stay in the lab.
 - Video will not be published – no matter how well you did!
 - Do not discuss the simulation until all other groups and labs have finished to ensure integrity in learning.

- **Learners should adhere to honest, tactful observation and feedback.**
 - **Try to de-personalize:** Refrain from starting commentary with “I” or “we.”
 - Group/team performance should be evaluated versus individual performance.

- **Learning evaluation benchmarks and/or reflective questions may be useful for observers while viewing simulation or for participants and observers during intermittent debriefing between hand-off:**
 - Assessment/Evaluation:
 - Was there an adequate assessment/re-evaluation done? If not, what else might of or should’ve been assessed or evaluated?
 - Was data/diagnostics collected and reviewed with consideration to needs of the patient? If so, explain. If not, what is missing?
 - Was there re-assessment after each intervention? Was it sufficient?
 - Teamwork/Collaboration:
 - Did the team collaborate and assist one another? If so, what seemed to work well. If not, what approaches might have helped?
 - Was there adequate hand-off communication between members of the team and to the next group? If so, what helped during hand-off? If not, what approaches or methods could’ve helped in improving hand-off?
 - Safety:
 - Were safety measures adhered to, e.g., wash hands, introduce yourself, and identify the patient; fall risk; recognition of need of other resources; gloves; 3 checks/5 rights in medication administration; etc.?
 - Were interventions done in a timely manner? If so, explain. If not, what may have interfered with assuring timely intervention(s)?
 - Were there barriers to care? If so, what were the barriers and how could they be avoided or resolved?

- **Individual performance** should be evaluated through Clinical Faculty feedback; individual questions or issues may be discussed with the Clinical Faculty by arrangement.
- **Individual learning** can be further enhanced through guided self-reflection activity after the simulation experience.

Exhibit F, References

- American Association of Colleges of Nursing. (2008). The essentials of baccalaureate education for professional nursing practice. Retrieved from <http://www.aacn.nche.edu/education-resources/BaccEssentials08.pdf>
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CALIFORNIA State University Channel Islands
Nursing Program Policies

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Policy on Clinical Evaluation Tools

PURPOSE: *Goals and objectives of the policy.*

The goals and objectives of the clinical evaluation policy is to define guidelines for tools used for evaluation of students enrolled in a clinical course in the Nursing Program.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

The Commission on Collegiate Nursing Education (CCNE) Baccalaureate Accreditation Standard II and IV specify program quality and effectiveness to assure academic support and success of students. The CCNE standards and BRN regulations direct the Nursing Program to support students through evaluation methods. The Nursing Program delegates development and oversight of policy related to evaluation and grading of students in courses to the Curriculum Committee. The policy supports the Policy on Grading for the Nursing Program.

POLICY:

Accountability Management: accountability for policy compliance, implement and monitoring (committee or personnel)

The Curriculum Committee and Nursing Program provide oversight of the policy; the clinical faculty are responsible for implementation of the policy.

Applicability: *Specific individuals or groups to which this applies*

This policy applies to Track I (Generic) students enrolled in clinical courses NRS 201, 221, 223, 231, 233, 241, 391, 421, 453 and 461.

Definition(s) *Define unfamiliar terms as needed*

Policy Text: *Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy*

Clinical Faculty are obligated to evaluate performance and provide feedback to each student based on course learning outcomes; in addition, adopted tools identify behaviors descriptive of course learning outcomes.

- Clinical Evaluation Tools (CET) used in assessment of students:
 - CET I is used in NRS 201, 221, 223, 231 and 233
 - CET Level 1 for NRS 241
 - CET II is used in NRS 391 and 421
 - CET Level II for NRS 453
 - Student Reflective Self-Evaluation for NRS 461
- Guidelines for Clinical Evaluations:
 - Timeframe:
 - A mid-term evaluation should be conducted with the student in all courses longer than 6 clinical dates, either face-to-face or using audio-video feedback as a student requested option for additional face-to-face discussion
 - A mid-term evaluation of the student may be conducted in courses with ≤ 6 weeks at the discretion of the clinical faculty for purposes of feedback and/or documenting the need for remediation.
 - A face-to-face mid-term evaluation should occur for any student on remediation at the mid-term.
 - A final evaluation should be conducted face-to-face with the student at the end of the semester after completion of all clinical and lab requirements.
 - Use of clinical time to conduct evaluations is at the discretion of the course faculty.
 - Scoring: Refer to Grading Policy:
 - Scoring is pass/fail with mid-term options of “Pass”, “NR” = Needs Remediation, and “Fail”; the final CET scoring options are “Pass or Fail”.
 - If the student is in midst of remediation at the time of mid-term or is not meeting the learning outcomes or CET, the categories in which the student is not meeting criteria should be indicated as Needs Remediation (NR). Refer to Remediation Policy
 - Points designated for the CET are awarded at the end of the semester, e.g., total of 60%.
 - A student must pass the CET in order to pass the clinical course.
 - Comments:
 - Faculty Comments: Comments should reflect observations related to the CET categories and align with course learning outcomes, student strengths, and areas needing improvement.

- Student Comments: Students are encouraged to voluntarily complete the “Students Comments Section.”
 - **It is the responsibility of the assigned clinical faculty to assure completion of a clinical evaluation tool for each student and submit to be Nursing Office within 3 weeks of the end of the semester for the student file; in cases of failure, the clinical evaluation should be completed and submitted within the timeframe as agreed upon with the Program Chair.**
- Specialty Guidelines
 - NRS 231: Faculty include the SIM assessment and med quiz results on the final CET.
 - NRS 391 & 453: The agency preceptor provides an evaluation of the student’s clinical performance by completing an evaluation form before the final CET meeting. The evaluation form is used to assist in generating “pass-fail” scores for competencies on the CET.
 - The CET Level II for NRS 453 includes N/A at mid-term, which is used if an agency site does not offer the skill or if the student hasn’t done the skill.
 - NRS 461: Student Reflective Self-Evaluation (SRSE):
 - The student completes a self-assessment using the SRSE and submit to course faculty at mid-semester and at the end of the semester.
 - Scoring is pass/fail with the student providing reflective, descriptive rationale for rating of each learning outcome.
 - Points designated for the SRSE are awarded at mid-term and final submission.

Exhibits: *Optional forms, illustrations, references*

Exhibit A: Clinical Evaluation Tool (CET) I

Exhibit B: Clinical Evaluation Tool (CET) Level I for NRS 241

Exhibit C: Clinical Evaluation Tool (CET) II

Exhibit C: Clinical Evaluation Tool (CET) Level II for NRS 453

Exhibit D: Student Reflective Self-Evaluation (SRSE) for NRS 461

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS NURSING PROGRAM

Clinical Evaluation Tool -- Level I: 201; 221; 223; 231; 233

Student Name _____

Clinical Instructor _____

Course: NRS _____

Agency/Facility _____

Evaluation Scale

| Evaluation | Quality of Performance | Assistance |
|----------------------------|--|---|
| Pass with Credit | <p>Pass/Meets course objectives: Provides safe care. Usually coordinated, fair to well organized, usually prepared. Maintains appropriate communication with Instructor & primary nurse. Accepts Instructor prompts for new learning experiences. Accountable for patient care and own actions. Evidences critical thinking.</p> <p>Meets all critical criteria (*).</p> | Requires occasional to moderate supervision or supportive prompting |
| Fail with No Credit | <p>Fail/Does not meet course objectives: Poor coordination and organization of care. Unprepared. Care below safe standard without instructor prompts/supervision. Limited or absent communication with Instructor & primary nurse. Seeks limited guidance. Limited accountability.</p> <p>Does not meet all critical criteria (*).</p> | Requires nearly continuous supervision and supportive prompts. Performance at risk for safety issues. |

- **If any critical criteria (*) is not met, the student has not achieved the criteria for a passing grade.**

The Level I outcome criteria represent a basic minimum level of competencies given an individual and/or family with simple variances from wellness; the student at the end of the clinical course, should be able to demonstrate the core competencies in the roles of a nurse. The roles of the nurse as defined by the CSU Channel Islands' Nursing Program are:

- Provider of Care
- Teacher
- Patient Advocate
- Coordinator of Care
- Member of the Profession

It is the responsibility of the Clinical Instructor to complete and submit to the Nursing Office.

Fill in appropriate fields to the right & below:

Student must obtain a "P" Pass grade in all competencies at the Final Evaluation to pass the Course.

| Core Competencies | Midterm | | | Final | |
|--|---------|----|---|-------|---|
| | P | NR | F | P | F |
| QSEN Competency in Patient-Centered Care Role as Provider of Care, Teacher, & Patient Advocate | | | | | |
| Develop an individualized plan of care based on the Neuman Systems Model (NSM) with a focus on assessment and planning utilizing the nursing process: | | | | | |
| <ul style="list-style-type: none"> • *Demonstrate entry level skills in comprehensive physical assessment using appropriate techniques & equipment • *Recognize and reports critical assessment abnormalities; • *Demonstrate beginning levels of critical thinking to identify client health care needs • *Incorporate assessment data and analysis in plan of care; • *Perform interventions as per nursing care plan and demonstrates beginning levels of critical thinking to recognize and respond to abnormalities in patient status or changes in patient needs • *Utilize beginning levels of evidence based practice in the delivery of care • *Describe actual patient outcomes • *Understand if interventions should be continued, revised or discontinued • *Determine if new problems have evolved • *Advocate for patient-centered care in all activities within the scope of practice • *Assess the level of knowledge and expectations of the patient family and in the treatment plan of the client and remove any barriers to participation of the family in the integration of care • Demonstrate respect, caring, sensitivity, and beginning levels of culturally competent and developmentally appropriate patient care • *Willingly support patient-centered care for individuals and groups whose ethnicity, culture and values differ from their or your own | | | | | |
| <ul style="list-style-type: none"> • Demonstrate accurate assessment of holistic health history • Conduct a comprehensive assessment while eliciting patient values, preferences and needs • Assess the presence and extent of pain and suffering • Exhibit knowledge of physiological and behavioral sciences to assess client health stressors • Match assessment data with NANDA nursing diagnosis • Prioritize nursing diagnosis in order of importance • Include patient/family in development of plan of care, recognizing stressors (positive and negative) • Develop realistic short-term, intermediate and/or long term goals for patient outcomes • Use Nursing Interventions Classification (NIC) in developing appropriate nursing interventions • Demonstrate beginning competency in course-specific and pre-requisite course skills | | | | | |
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| Core Competencies | Midterm | | | Final | |
|--|---------|----|---|-------|---|
| | P | NR | F | P | F |
| QSEN Competency in Teamwork and Collaboration | | | | | |
| Role as Provider of Care, Coordinator of Care, & Patient Advocate | | | | | |
| <ul style="list-style-type: none"> • *Use effective communication in each step of transition of care in light of patient’s values, preferences, and expressed needs • *Function effectively within nursing and inter-professional teams by describing the scope of practice and roles of health care team members, communicating competently within your scope of practice as a team member while identify system barriers and facilitators of effective team functioning • *Demonstrate understanding of patient information that must be immediately communicated to the RN, MD and/or Instructor • *Establish appropriate relationships with team members | | | | | |
| <ul style="list-style-type: none"> • Develop effective communication skills (verbally and through charting) with patients, healthcare team members, and family • Follows communication and documentation practices that minimize risk associated with handoffs, utilizing SBAR or agency specific guidelines • Identify relevant data for communication in pre and post conferences • Identify intra and inter-professional team member roles and scopes of practice • Identify need for help when appropriate to situation | | | | | |
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| QSEN Competency in Evidence-Based Practice | | | | | |
| Role as Provider of Care & Member of Profession | | | | | |
| <ul style="list-style-type: none"> • *Value the concept of evidence-based practice in determining best clinical practice | | | | | |
| <ul style="list-style-type: none"> • Locate evidence-based literature related to clinical practice and guidelines • Reference clinical related activities with evidence-based literature | | | | | |
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| QSEN Competency in Quality Improvement | | | | | |
| Role as Member of the Profession | | | | | |
| <ul style="list-style-type: none"> • *Use data to monitor the outcomes of care process and use improvement methods to design and test changes to continuously improve the quality and safety of health care system by using tools to make the processes of care explicit | | | | | |
| <ul style="list-style-type: none"> • Deliver care in timely and cost effective manner • Seek information about processes/projects to improve care (QI) • Value the significance of variance reporting | | | | | |
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| Core Competencies | Midterm | | | Final | |
|---|---------|----|---|-------|---|
| | P | NR | F | P | F |
| QSEN Competency in Safety | | | | | |
| Role as Provider of Care & Member of Profession | | | | | |
| <ul style="list-style-type: none"> • *Minimize risk of harm to patients and providers through system effectiveness and individual performance by describing general categories of errors and hazards in care and demonstrate effective use of strategies to reduce risk of harm to self and others • *Maintain a culture of safety, advocating for safe patient environment appropriate to client condition and needs • *Engage in safe clinical practice at all times | | | | | |
| <ul style="list-style-type: none"> • Implement strategies to reduce risk of harm to self or others • Demonstrate effective use of technology and standardized practices that support safety and quality • Demonstrate appropriate clinical decision making • Acknowledge and abide by national patient safety goals and quality measures • Communicate observations or concerns related to hazards and errors to patient, families, and the health care team • Organize multiple responsibilities and provide care in a timely manner | | | | | |
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| QSEN Competency Informatics | | | | | |
| Role as Provider of Care | | | | | |
| <ul style="list-style-type: none"> • *Use data to monitor the outcomes of care process and use technology and information management tools to support safe processes of care • *Respect and adhere to patient confidentiality and HIPAA requirements | | | | | |
| <ul style="list-style-type: none"> • Protect confidentiality of electronic health records • Navigate the electronic health record for patient information where appropriate for clinical setting • Document clear and concise responses to care in the electronic health record, where appropriate for clinical setting • Identify information and clinical technology using critical thinking to collect, process, and communicate data | | | | | |
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| Core Competencies | Midterm | | | Final | |
|---|---------|----|---|-------|---|
| | P | NR | F | P | F |
| Role as Member of Profession | | | | | |
| <ul style="list-style-type: none"> • *Maintain appropriate professional behavior and appearance at all times • *Comply with the Code of Ethics, Standards of Practice, and policies and procedures of University, Nursing Program, and clinical agencies • *Respect and adhere to patient confidentiality, privacy, and HIPAA requirements • *Demonstrate respect and value of expertise of all members of the health care team through inter- and intra-professional collaboration • Clarify roles of team members, student and professional roles, within goals to achieve safe and optimal patient or process outcomes • *Practice within the student role in clinical activities • *Maintain rigorous standards of competence, honesty, ethical and accountable behavior • *Demonstrate strict adherence to the RN Scope of Practice according to the California Statute – Standards of Competent Performance Title 16, Chapter 14, Section 1443.5 Standard of Competent Performance Section, and Section 2725 Practice of Nursing Defined; clinical agency policy; and CSU Channel Islands Nursing Program standards and regulations • *Recognize limitations and seeks instructor guidance • *Accept individual responsibility and accountability for nursing interventions, outcomes, and other actions • *Arrive to clinical experiences at assigned times and be well prepared • *Maintain timely, effective and accurate written and verbal communication related to patient care | | | | | |
| <ul style="list-style-type: none"> • Accept constructive criticism and develop plan of action for improvement • Demonstrate core professional values (caring, altruism, autonomy, integrity, human dignity, and social justice) • Maintain a positive attitude and interact with inter-professional team members, faculty, and fellow students in a positive, professional manner • Provide evidence of preparation for clinical learning experiences • Demonstrate expected behaviors and complete tasks in a timely manner • Engage in self evaluation • Assume responsibility for learning | | | | | |
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Midterm Comments (Address Strengths and weaknesses)

Faculty Comments:

Student Comments:

Midterm Grade: _____ **Pass** _____ **Needs Remediation** _____ **Fail**

Student Signature _____ **Date** _____

Faculty Signature _____ **Date** _____

Mid-clinical Evaluation: faculty and student must complete documentation of remediation in areas of unsatisfactory performance. The Remediation Contract for the course must be initiated for any unsatisfactory areas, and when completed it is filed in the student's file in the Nursing Program Offices.

It should be noted that a Remediation Contract may be initiated at any time during the clinical course.

Final Comments (Address Strengths and weaknesses)

Faculty Comments:

Student Comments:

Final Grade: _____ **Pass** _____ **Fail**

Student Signature _____ **Date** _____

Faculty Signature _____ **Date** _____

It is the responsibility of the Clinical Instructor to complete and submit to the Nursing Office.

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS NURSING PROGRAM

Clinical Evaluation Tool -- Level I: NRS 241

Student Name _____

Clinical Instructor _____

Course: NRS _____

Agency/Facility _____

Evaluation Scale

| Evaluation | Quality of Performance | Assistance |
|----------------------------|--|---|
| Pass with Credit | <p>Pass/Meets course objectives: Provides safe care. Usually coordinated, fair to well organized, usually prepared. Maintains appropriate communication with Instructor & primary nurse. Accepts Instructor prompts for new learning experiences. Accountable for patient care and own actions. Evidences critical thinking.</p> <p>Meets all critical criteria (*).</p> | Requires occasional to moderate supervision or supportive prompting |
| Fail with No Credit | <p>Fail/Does not meet course objectives: Poor coordination and organization of care. Unprepared. Care below safe standard without instructor prompts/supervision. Limited or absent communication with Instructor & primary nurse. Seeks limited guidance. Limited accountability.</p> <p>Does not meet all critical criteria (*).</p> | Requires nearly continuous supervision and supportive prompts. Performance at risk for safety issues. |

- **If any critical criteria (*) is not met, the student has not achieved the criteria for a passing grade.**

The Level I outcome criteria represent a basic minimum level of competencies given an individual and/or family with simple variances from wellness; the student at the end of the clinical course, should be able to demonstrate the core competencies in the roles of a nurse. The roles of the nurse as defined by the CSU Channel Islands' Nursing Program are:

- Provider of Care
- Teacher
- Patient Advocate
- Coordinator of Care
- Member of the Profession

It is the responsibility of the Clinical Instructor to complete and submit to the Nursing Office.

Fill in appropriate fields to the right & below:

Student must obtain a "P" Pass grade in all competencies at the Final Evaluation to pass the Course.

| Core Competencies | Midterm | | | Final | |
|---|---------|----|---|-------|---|
| | P | NR | F | P | F |
| QSEN Competency in Patient-Centered Care | | | | | |
| Role as Provider of Care, Teacher, & Patient Advocate | | | | | |
| <p>Develop an individualized plan of care based on the Neuman Systems Model (NSM) with a focus on assessment and planning utilizing the nursing process:</p> <ul style="list-style-type: none"> • *Demonstrate entry level skills in comprehensive mental health assessment using appropriate techniques & equipment • *Recognize and reports critical assessment abnormalities, especially in a variety of psychiatric disorders and safety issues; • *Demonstrate beginning levels of critical thinking to identify client health care needs • *Incorporate assessment data and analysis in plan of care; • *Perform interventions as per nursing care plan and demonstrates beginning levels of critical thinking to recognize and respond to abnormalities in patient status or changes in patient needs • *Utilize beginning levels of evidence based practice in the delivery of care • *Describe actual patient outcomes • *Understand if interventions should be continued, revised or discontinued • *Determine if new problems have evolved • *Advocate for patient-centered care in all activities within the scope of practice • *Assess the level of knowledge and expectations of the patient family and in the treatment plan of the client and remove any barriers to participation of the family in the integration of care • *Demonstrate respect, caring, sensitivity, and beginning levels of culturally competent and developmentally appropriate patient care • *Willingly support patient-centered care for individuals and groups whose ethnicity, culture and values differ from their or your own • *Demonstrates use of therapeutic communication techniques in clinical setting and in collection of assessment data. | | | | | |
| <ul style="list-style-type: none"> • Demonstrate accurate assessment of holistic health history • Conduct a comprehensive assessment while eliciting patient values, preferences and needs • Assess the presence and extent of pain and suffering • Exhibit knowledge of physiological and behavioral sciences to assess client health stressors • Match assessment data with NANDA nursing diagnosis • Prioritize nursing diagnosis in order of importance • Include patient/family in development of plan of care, recognizing stressors (positive and negative) • Develop realistic short-term, intermediate and/or long term goals for patient outcomes • Use Nursing Interventions Classification (NIC) in developing appropriate nursing interventions • Demonstrate beginning competency in course-specific and pre-requisite course skills | | | | | |

| Core Competencies | Midterm | | | Final | |
|---|---------|----|---|-------|---|
| | P | NR | F | P | F |
| QSEN Competency in Teamwork and Collaboration | | | | | |
| Role as Provider of Care, Coordinator of Care, & Patient Advocate | | | | | |
| <ul style="list-style-type: none"> • *Use effective communication in each step of transition of care in light of patient's values, preferences, and expressed needs • *Function effectively within nursing and inter-professional teams by describing the scope of practice and roles of health care team members, communicating competently within your scope of practice as a team member while identify system barriers and facilitators of effective team functioning • *Demonstrate understanding of patient information that must be immediately communicated to the RN, MD and/or Instructor • *Establish appropriate relationships with team members | | | | | |
| <ul style="list-style-type: none"> • Develop effective communication skills (verbally and through charting) with patients, healthcare team members, and family • Follows communication and documentation practices that minimize risk associated with handoffs, utilizing SBAR or agency specific guidelines • Identify relevant data for communication in pre and post conferences • Identify intra and inter-professional team member roles and scopes of practice • Identify need for help when appropriate to situation | | | | | |
| QSEN Competency in Evidence-Based Practice | | | | | |
| Role as Provider of Care & Member of Profession | | | | | |
| <ul style="list-style-type: none"> • *Value the concept of evidence-based practice in determining best clinical practice | | | | | |
| <ul style="list-style-type: none"> • Locate evidence-based literature related to clinical practice and guidelines • Reference clinical related activities with evidence-based literature | | | | | |
| QSEN Competency in Quality Improvement | | | | | |
| Role as Member of the Profession | | | | | |
| <ul style="list-style-type: none"> • Deliver care in timely and cost effective manner • Seek information about processes/projects to improve care (QI) • Value the significance of variance reporting | | | | | |
| QSEN Competency in Safety | | | | | |
| Role as Provider of Care & Member of Profession | | | | | |
| <ul style="list-style-type: none"> • *Minimize risk of harm to patients and providers through system effectiveness and individual performance by describing general categories of errors and hazards in care and demonstrate effective use of strategies to reduce risk of harm to self and others • *Maintain a culture of safety, advocating for safe patient environment appropriate to client condition and needs • *Engage in safe clinical practice at all times • Immediately communicate observations or concerns related to patient safety including risk of patient self-harm or harm to others to the health care team • *Demonstrates understanding of patient information that must be immediately communicated to RN, MD, and/or Instructor. | | | | | |
| <ul style="list-style-type: none"> • Implement strategies to reduce risk of harm to self or others | | | | | |

| Core Competencies | Midterm | | | Final | |
|--|---------|----|---|-------|---|
| | P | NR | F | P | F |
| <ul style="list-style-type: none"> • Demonstrate effective use of technology and standardized practices that support safety and quality • Demonstrate appropriate clinical decision making • Acknowledge and abide by national patient safety goals and quality measures • Organize multiple responsibilities and provide care in a timely manner | | | | | |
| QSEN Competency Informatics | | | | | |
| Role as Provider of Care | | | | | |
| <ul style="list-style-type: none"> • *Use data to monitor the outcomes of care process and use technology and information management tools to support safe processes of care • *Respect and adhere to patient confidentiality and HIPAA requirements | | | | | |
| <ul style="list-style-type: none"> • Protect confidentiality of electronic health records • Navigate the electronic health record for patient information where appropriate for clinical setting • Document clear and concise responses to care in the electronic health record, where appropriate for clinical setting • Identify information and clinical technology using critical thinking to collect, process, and communicate data | | | | | |
| Role as Member of Profession | | | | | |
| <ul style="list-style-type: none"> • *Maintain appropriate professional behavior and appearance at all times, including dress code per agency and CSU-Channel Islands Nursing Program dress code. • *Comply with the Code of Ethics, Standards of Practice, and policies and procedures of University, Nursing Program, and clinical agencies • *Respect and adhere to patient confidentiality, privacy, and HIPAA requirements • *Demonstrate respect and value of expertise of all members of the health care team through inter- and intra-professional collaboration • Clarify roles of team members, student and professional roles, within goals to achieve safe and optimal patient or process outcomes • *Practice within the student role in clinical activities • *Maintain rigorous standards of competence, honesty, ethical and accountable behavior • *Demonstrate strict adherence to the RN Scope of Practice according to the California Statute – Standards of Competent Performance Title 16, Chapter 14, Section 1443.5 Standard of Competent Performance Section, and Section 2725 Practice of Nursing Defined; clinical agency policy; and CSU Channel Islands Nursing Program standards and regulations • *Recognize limitations and seeks instructor guidance • *Accept individual responsibility and accountability for nursing interventions, outcomes, and other actions • *Arrive to clinical experiences at assigned times and be well prepared • *Maintain timely, effective and accurate written and verbal communication related to patient care | | | | | |
| <ul style="list-style-type: none"> • Accept constructive criticism and develop plan of action for improvement • Demonstrate core professional values (caring, altruism, autonomy, integrity, human dignity, and social justice) | | | | | |

| Core Competencies | Midterm | | | Final | |
|---|---------|----|---|-------|---|
| | P | NR | F | P | F |
| <ul style="list-style-type: none"> Maintain a positive attitude and interact with inter-professional team members, faculty, and fellow students in a positive, professional manner Provide evidence of preparation for clinical learning experiences Demonstrate expected behaviors and complete tasks in a timely manner Engage in self evaluation Assume responsibility for learning | | | | | |

Midterm Comments (Address Strengths and weaknesses)

Faculty Comments:

Student Comments:

Midterm Grade: ___X___ Pass _____ Needs Remediation _____ Fail

Student Signature _____ Date _____

Faculty Signature _____ Date _____

Mid-clinical Evaluation: faculty and student must complete documentation of remediation in areas of

unsatisfactory performance. The Remediation Contract for the course must be initiated for any unsatisfactory areas, and when completed it is filed in the student's file in the Nursing Program Offices.

It should be noted that a Remediation Contract may be initiated at any time during the clinical course.

Final Comments (Address Strengths and weaknesses)

Faculty Comments:

Student Comments:

Final Grade: _____ Pass _____ Fail

Student Signature _____ Date _____

Faculty Signature _____ Date _____

It is the responsibility of the Clinical Instructor to complete and submit to the Nursing Office.

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS NURSING PROGRAM

Clinical Evaluation Tool -- Level II: 391, 421

Student Name _____

Clinical Instructor _____

Course: _____

Agency/Facility _____

Evaluation Scale

| Evaluation | Quality of Performance | Assistance |
|----------------------------|--|---|
| Pass with Credit | <p>Pass/Meets course objectives: Provides safe care. Usually coordinated, fair to well organized, usually prepared. Maintains appropriate communication with Instructor & primary nurse. Accepts Instructor prompts for new learning experiences. Accountable for patient care and own actions. Evidences critical thinking.</p> <p>Meets all critical criteria (*).</p> | Requires occasional to moderate supervision or supportive prompting |
| Fail with No Credit | <p>Fail/Does not meet course objectives: Poor coordination and organization of care. Unprepared. Care below safe standard without instructor prompts/supervision. Limited or absent communication with Instructor & primary nurse. Seeks limited guidance. Limited accountability.</p> <p>Does not meet all critical criteria (*).</p> | Requires nearly continuous supervision and supportive prompts. Performance at risk for safety issues. |

- **If any critical criteria (*) is not met, the student has not achieved the criteria for a passing grade.**

The Level II outcome criteria reflect a level of competence beyond the minimum level of competencies and represent a level of performance expected by a baccalaureate graduate nurse. These outcome criteria are consistent with the competencies of the baccalaureate nurse suggested by the AACN. The roles of the nurse as defined by the CSU Channel Islands' Nursing Program are:

- Provider of Care
- Teacher
- Patient Advocate
- Coordinator of Care
- Member of the Profession

It is the responsibility of the Clinical Instructor to complete and submit to the Nursing Office.

Fill in appropriate fields to the right & below:

Student must obtain a "P" Pass grade in all competencies at the Final Evaluation to pass the Course.

| Core Competencies | Midterm | | | Final | |
|---|---------|----|---|-------|---|
| | P | NR | F | P | F |
| QSEN Competency in Patient-Centered Care Role as Provider of Care, Teacher, & Patient Advocate | | | | | |
| <p>Develop an individualized plan of care based on the Neuman Systems Model (NSM) with a focus on assessment and planning utilizing the nursing process:</p> <ul style="list-style-type: none"> • *Demonstrate advanced level skills in comprehensive physical assessment using appropriate techniques & equipment • *Utilizes holistic perspective: incorporates spiritual, psychological, physiological, sociocultural, developmental and individual variables • *Recognize and reports critical assessment abnormalities; • *Demonstrate evidence in advance levels of critical thinking and integrated analysis to identify patient deviations • *Synthesize pathophysiology of patient conditions and associated pharmacological interventions • *Uses evidence-based practice in the development of individualized plan of care • *Consistently performs interventions based on plan of care • *Evaluate changes in patient status and reports complete and accurate information to appropriate resources • *Evaluate actual patient outcomes • *Determine if new problems have evolved • *Evaluate if interventions should be continued, revised or discontinued • *Consistently includes patient/family in development and implementation of plan of care • *Demonstrates the ability to comprehensively assess the risk factors and adequacy of an individual's/support system's health information that may influence the health and well-being of the patient • *Demonstrate caring, sensitivity, and advanced levels of culturally competent and developmentally appropriate patient care • *Develop, implement, and evaluate a comprehensive health education plan for a specific patient or group of patients that includes teaching strategies for health promotion, risk reduction, and disease prevention across socioeconomic status. • *Advocate for patients/families' based on patient/family values, preferences, needs, and diversity within scope of practice | | | | | |
| <ul style="list-style-type: none"> • Match assessment data with NANDA nursing diagnosis, prioritizing in order of importance • Develop realistic, short-term, intermediate and/or long term goals for patient outcomes • Consistent use of Nursing Interventions Classification (NIC) in plan of care • Modify interventions to address physical, emotional, and spiritual comfort, pain, and/or suffering • Implement discharge planning • Conduct a comprehensive assessment while eliciting patient values, preferences and needs • Demonstrate beyond beginning level competency in course-specific and pre-requisite course skills | | | | | |
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| Core Competencies | Midterm | | | Final | |
|--|---------|----|---|-------|---|
| | P | NR | F | P | F |
| QSEN Competency in Teamwork and Collaboration | | | | | |
| Role as Provider of Care, Coordinator of Care, & Patient Advocate | | | | | |
| <ul style="list-style-type: none"> *Use effective communication in each step of transition of care in light of patient's values, preferences, and expressed needs *Function effectively within nursing and inter-professional teams by describing the scope of student and nursing practice and roles of health care team members, communicating competently within your scope of practice as a team member while working with system barriers and facilitators of effective team functioning *Demonstrate understanding of patient information that must be immediately communicated to the RN, MD and/or Instructor *Establish professional relationships with team members *Initiate requests for help when appropriate to situation | | | | | |
| <ul style="list-style-type: none"> Follows communication and documentation practices that minimize risk associated with handoffs, utilizing SBAR or agency specific guidelines Examine roles of inter-professional health care team Delegate to the inter-professional healthcare team within the scope of practice Interpret physician and inter-professional orders and communicate accordingly Provides relevant data for communication in pre and post conferences | | | | | |
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| QSEN Competency in Evidence-Based Practice | | | | | |
| Role as Provider of Care & Member of Profession | | | | | |
| <ul style="list-style-type: none"> *Interpret evidence-based practice in healthcare settings related to clinical practice and guidelines | | | | | |
| <ul style="list-style-type: none"> Demonstrates ability to discriminate between clinical opinion from research and evidence | | | | | |
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| QSEN Competency in Quality Improvement | | | | | |
| Role as Member of the Profession | | | | | |
| <ul style="list-style-type: none"> *Evaluates quality of care delivered by others by using data to monitor the outcomes of care and use improvement methods to design and test changes to continuously improve the quality and safety of health care system through tools to make the processes of care explicit | | | | | |
| <ul style="list-style-type: none"> Deliver care in timely and cost effective manner Seek information about processes/projects to improve care (QI) Value ongoing self-assessment and commitment to excellence in practice | | | | | |
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*Subject to change

| Core Competencies | Midterm | | | Final | |
|---|---------|----|---|-------|---|
| | P | NR | F | P | F |
| QSEN Competency in Safety | | | | | |
| Role as Provider of Care, Patient Advocate, & Member of Profession | | | | | |
| <ul style="list-style-type: none"> • *Facilitate effective strategies to reduce risk of harm to self, patients and others through avoidance of errors and hazards in care • *Perform safe medication administration • *Maintain a culture of safety, advocating for safe patient environment appropriate to client condition and needs • *Engage in safe clinical practice at all times • | | | | | |
| <ul style="list-style-type: none"> • Appraise health care environment to determine patient safety needs • Implement strategies to reduce risk of harm to self or others • Perform appropriate clinical decision making and clinical procedures based on appropriate knowledge, skills and attitude • Demonstrate time management skills by working independently • Acknowledge and abide by national patient safety goals and quality measures | | | | | |
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| QSEN Competency Informatics | | | | | |
| Role as Provider of Care | | | | | |
| <ul style="list-style-type: none"> • *Use data to monitor the outcomes of care process and use technology and information management tools to support safe processes of care • *Respect and adhere to patient confidentiality and HIPAA requirements • *Manage data, information and knowledge of technology in an ethical manner • *Protect confidentiality of electronic health records | | | | | |
| <ul style="list-style-type: none"> • Integrate informatics and communication technologies, abiding by facility and school policy • Conduct, navigate and document patient admit and shift assessments within the electronic health record where applicable to clinical setting • Synthesize technology and information management tools using critical thinking for clinical reasoning and quality improvement to support safe processes of care | | | | | |
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*Subject to change

| Core Competencies | Midterm | | | Final | |
|--|---------|----|---|-------|---|
| | P | NR | F | P | F |
| Role as Member of Profession | | | | | |
| <ul style="list-style-type: none"> • *Maintain appropriate professional behavior and appearance at all times • *Comply with the Code of Ethics, Standards of Practice, and policies and procedures of University, Nursing Program, and clinical agencies • *Respect and adhere to patient confidentiality, privacy, and HIPAA requirement • *Demonstrate respect and value of expertise of all members of the health care team through inter- and intra-professional collaboration • Clarify roles of team members, student and professional roles, within goals to achieve safe and optimal patient or process outcomes • *Practice within the student role in clinical activities • *Maintain rigorous standards of competence, honesty, ethical and accountable behavior • *Demonstrate strict adherence to the RN Scope of Practice according to the California Statute – Standards of Competent Performance Title 16, Chapter 14, Section 1443.5 Standard of Competent Performance Section, and Section 2725 Practice of Nursing Defined; clinical agency policy; and CSU Channel Islands Nursing Program standards and regulations • *Utilizes and seeks appropriate resources when faced with own limitation • *Maintain professional communication with Instructor and health care team • *Accept individual responsibility and accountability for nursing interventions, outcomes, and other actions • *Demonstrate respect for all members of the health care team • *Arrive to clinical experiences at assigned times and well prepared • *Maintain timely, effective and accurate written and verbal communication related to patient care | | | | | |
| <ul style="list-style-type: none"> • Demonstrate core professional values (caring, altruism, autonomy, integrity, human dignity, and social justice) • Maintain a positive attitude and interact with inter-professional team members, faculty, and fellow students in a positive, professional manner • Demonstrate expected behaviors and complete tasks in a timely manner • Accept individual responsibility and accountability for nursing interventions, outcomes, and other actions • Accept constructive criticism and develop plan of action for improvement • Assume responsibility for learning, providing evidence of preparation, critical reflection and self-evaluation, and development of personal and professional goals | | | | | |
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Midterm Comments (Address Strengths and weaknesses)

Faculty Comments:

Student Comments:

Midterm Grade: _____ **Pass** _____ **Needs Remediation** _____ **Fail**

Student Signature _____ **Date** _____

Faculty Signature _____ **Date** _____

Mid-clinical Evaluation: faculty and student must complete documentation of remediation in areas of unsatisfactory performance. The Remediation Contract for the course must be initiated for any unsatisfactory areas, and when completed it is filed in the student's file in the Nursing Program Offices.

It should be noted that a Remediation Contract may be initiated at any time during the clinical course.

Final Comments (Address Strengths and weaknesses)

Faculty Comments:

Student Comments:

Final Grade: _____ **Pass** _____ **Fail**

Student Signature _____ **Date** _____

Faculty Signature _____ **Date** _____

It is the responsibility of the Clinical Instructor to complete and submit to the Nursing Office.

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS NURSING PROGRAM

Clinical Evaluation Tool (CET) -- Level II: Course NRS 453 Community Health Nursing

Name: _____

Course: NRS 453

Clinical Instructor: _____

Semester/Year: _____

Agency: _____ Preceptor: _____

| Evaluation | Quality of Performance | Assistance |
|--|---|--|
| <p>Pass with Credit</p> <p>Meets all critical criteria (*).</p> | <p>Pass/Meets course objectives: Prepares and organizes for clinical experience; Arrives with established learning objectives; Provides, coordinates or advocates for safe and effective care; Actively seeks learning experiences; Accountable for actions; Utilizes evidence based critical thinking; Maintains appropriate communication with instructor and preceptor; Accepts prompts and direction from instructor and preceptor; Accountable for patient care and own actions.</p> | <p>Requires minimal or supported supervision; Responds to directions of Clinical Preceptor and Instructor.</p> |
| <p>Fail with No Credit</p> <p>Does not meet all critical criteria (*).</p> | <p>Fail/Does not meet course objectives: Unprepared and unorganized for clinical experiences; Performs or advocates at unsafe standards; Limited or absent communication with instructor or preceptor; Seeks limited guidance and invests minimal efforts; Doesn't meet clinical competencies: limited accountability; Care below safe standard without instructor prompts/supervision. <u>Preceptor asks student to leave clinical site for reasons of incivility, laziness, lack of following directions or for unprofessional reasons.</u></p> | <p>Requires continuous supervision and supportive prompts. Performance at risk for safety or minimal scope of practice issues.</p> |

- **If any critical criteria (*) is not met, the student has not achieved the criteria for a passing grade**

The Level II outcome criteria reflect a level of competence beyond the minimum level of competencies and represent a level of performance expected by a baccalaureate graduate nurse. These outcome criteria are consistent with the competencies of the baccalaureate nurse suggested by the AACN. The roles of the nurse as defined by the CSU Channel Islands' Nursing Program are:

- **Provider of Care**
- **Teacher**
- **Patient Advocate**
- **Coordinator of Care**
- **Member of the Profession**

It is the responsibility of the Clinical Instructor to complete and submit to the Nursing Office.

Fill in appropriate fields to the right & below:

Student must obtain a “P” Pass grade or “NA” Not applicable for this clinical in all competencies at the Final Evaluation to pass the Course.

Note: Each community health clinical experience is different and will include different aspects of these competencies.

| Core Competencies | NA | Midterm | | | Final | |
|--|----|---------|----|---|-------|---|
| | | P | NR | F | P | F |
| General Community Health Nursing Competencies Role as Member of Profession | | | | | | |
| Integrates Community Health Nursing (NRS 452) lecture content in the observations and experiences in Clinical Community Health (NRS 453) | | | | | | |
| *Comply with the Code of Ethics, RN Scope of Practice (according to the California Statute – Standards of Competent Performance Title 16, Chapter 14, Section 1443.5 Standard of Competent Performance Section, and Section 2725 Practice of Nursing Defined), and policies and procedures of University, Nursing Program, and the clinical agency in which the student is assigned. | | | | | | |
| *Ensures compliance with “Section 2818 (a) of the Business and Professions Code the Legislature recognizes that public health nursing is a service of crucial importance for the health, safety, and sanitation of the population in all of California’s communities. These services currently include, but are not limited to: <ul style="list-style-type: none"> ◆Control and prevention of communicable disease. ◆Promotion of maternal, child, and adolescent health. ◆Prevention of abuse and neglect of children, elders, and spouses. ◆Outreach screening, case management, resource coordination and assessment, and delivery and evaluation of care for individuals, families, and communities.” Business and Professions Code | | | | | | |
| *Demonstrates professional behaviors that exemplify accountability, integrity, honesty and responsibility in this clinical setting | | | | | | |
| *Maintain appropriate professional behavior and appearance at all times | | | | | | |
| *Respects agency privacy when exposed to sensitive agency information | | | | | | |
| *Ensures HIPAA and sensitive agency information compliance within 24 hours of clinical as instructed | | | | | | |
| *Practice within the student role in clinical activities | | | | | | |
| *Utilizes and seeks appropriate resources when faced with own limitation | | | | | | |
| *Arrives to clinical experiences at assigned times and prepared with clinical objectives | | | | | | |
| *Maintains timely effective and accurate written and verbal communication | | | | | | |
| *Accepts individual responsibility and accountability for clinical experiences and assignments | | | | | | |
| *Accepts constructive criticism and develops strategies for improvement | | | | | | |
| *Integrates all QSEN Domains in community health clinical experience; describes QSEN Domains observed or experienced in weekly journaling | | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| *Practices time management strategies effectively | | | | | | |
| *Development of a community assessment and care plan based on the Neuman Systems Model (NSM) with a focus on implementation of intervention | | | | | | |
| *Utilized relevant evidence-based resources to support the project interventions | | | | | | |
| QSEN Competency in Patient-Centered Care (Individual, Family, community) Role of Provider of Care, Teacher, & Patient Advocate | | | | | | |
| *Respect and adhere to patient confidentiality, privacy, and HIPAA requirement | | | | | | |
| *Uses communication that promotes an effective exchange of information, shared decision making, and achievement of optimal patient outcomes for the individual, family and community (if applicable) | | | | | | |
| *Demonstrates the ability to perform case management in patient-centered care. | | | | | | |
| *Utilizes holistic perspective: incorporates spiritual, psychological, physiological, sociocultural, developmental and individual variables | | | | | | |
| *Demonstrate caring, sensitivity, and advanced levels of culturally competent and developmentally appropriate care | | | | | | |
| *Advocate for patients/families' based on patient/family values, preferences, needs, and diversity within scope of practice | | | | | | |
| *Demonstrates advanced level of assessment skills that meet expectations of clinical site, recognizes abnormalities and reports appropriate staff/preceptor, and performs appropriate interventions based assessment and agency guidelines and skills practiced in prior clinical rotations. | | | | | | |
| Demonstrates understanding of patient (individual, family, or community) information that must be immediately communicated to the RN, MD, or faculty | | | | | | |
| *Demonstrates the ability to apply evidence-based practice principles to relevant interventions relating to community assessment and to the clinical agency. | | | | | | |
| QSEN Competency in Evidence Based Practice Role as provider of care & Member of Profession | | | | | | |
| *Interpret evidence-based practice in community healthcare settings related to clinical practice and guidelines | | | | | | |
| QSEN Competency in Quality Improvement Role as Member of the Profession | | | | | | |
| Value ongoing self-assessment and commitment to excellence in practice | | | | | | |
| QSEN Competency in Safety Role of Provider of Care, Patient Advocate, & Member of Profession | | | | | | |
| *Facilitate effective strategies to reduce risk of harm to self, patients, families, and communities through safe practice and awareness of surroundings | | | | | | |
| *Advocates for a safe client environment appropriate to the setting and community project selected | | | | | | |
| *Performs appropriate decision-making based on previous clinical courses of clinical skill building, evidence-based practice, patient safety | | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| goals and appropriate knowledge, skills and attitudes of QSEN Safety Competencies as relevant to this clinical | | | | | | |
| *Engage in safe clinical practice at all times | | | | | | |
| QSEN Competency of Informatics Role as Provider of Care | | | | | | |
| *Respect and adhere to patient confidentiality and HIPAA requirements | | | | | | |
| QSEN Competency Teamwork and Collaboration Role as Provider of Care, Coordinator of Care, & Patient Advocate | | | | | | |
| *Demonstrate respect and value of expertise of all members of the health care team through inter- and intra-professional collaboration | | | | | | |
| Clarify roles of team members, student and professional roles, within goals to achieve safe and optimal patient outcomes | | | | | | |
| Works collaboratively with members of the healthcare team | | | | | | |
| *Maintain professional communication and positive attitudes with Instructor, preceptor and health care team | | | | | | |
| *Initiate requests for help when appropriate to situation | | | | | | |
| *Use effective communication in each step of transition of care in light of patient's, families, and/or community values, preferences, and expressed needs | | | | | | |
| *Function effectively within nursing and inter-professional teams | | | | | | |
| Provides relevant data for communication in discussion board | | | | | | |
| *Use effective communication in each step of transition of care in light of patient's values, preferences, and expressed needs | | | | | | |
| Required Documents Completed and Turned in Timely | | | | | | |
| Signed Student and Preceptor Information and Agreement | | | | | | |
| Preceptor's evaluation of student's performance | | | | | | |
| Signed Clinical Log of hours (and hours totalled) | | | | | | |
| Student's clinical site evaluation | | | | | | |
| Student's weekly and timely Patient PHI/Sensitive agency information disclosure | | | | | | |
| Student's weekly journaling completed and timely | | | | | | |

Midterm Comments (Address Strengths and weaknesses)

Faculty Comments:

Student Comments:

Midterm Grade: _____ Pass _____ Needs Remediation _____ Fail

Student Signature _____ Date _____

Faculty Signature _____ Date _____

Midterm Evaluation: faculty and student must complete documentation of Corrective Action Plan or remediation in areas of unsatisfactory performance. The Remediation Contract or Corrective Action Plan for the course must be initiated for any unsatisfactory areas, and when completed it is filed in the student’s file in the Nursing Program Offices. It should be noted that a Remediation Contract or Corrective Action Plan may be initiated at any time during the clinical course.

Community Project Summary:

Final Comments (Address Strengths and weaknesses)

Faculty Comments:

Student Comments:

Final Grade: _____ Pass _____ Fail

Student Signature _____ Date _____

Faculty Signature _____ Date _____

It is the responsibility of the Clinical Instructor to complete and submit to the Nursing Office.

Student Reflective Self-Evaluation Leadership Practicum – NRS461

STUDENT NAME: _____ **SEMESTER/YEAR:** _____

INSTRUCTOR NAME: _____ **SITE:** _____

The purpose of the Student Reflective Self-Evaluation is to foster skill in realization of knowledge, critical thinking, reasoning, and competency while facilitating professional growth through self-examination. The self-evaluation is graded as pass/fail, requiring the student to check mark ✓ in the scale provided for each course learning outcome and add reflective comments below each learning outcome; the reflective comments should:

- provide rationale for the rating;
- describe at least one or more examples to substantiate the rating and status of meeting the outcome;
- identify at least one or more actions that you plan to initiate in order to improve; and,
- convey honest, individualized reflection of course clinical experience related to the learning outcomes.

The mid-term and final Reflective Self-Evaluation sections must be signed, dated and submitted to the course instructor as outlined in the syllabus and/or directions on CI Learn.

Mid-Term Reflective Self-Evaluation

| Learning Outcome | Rating | | |
|--|-------------------|--------------------------|---------------------------|
| | Needs Improvement | Satisfactory Performance | Above Average Performance |
| 1. Demonstrates project management, delegation and team building strategies. | | | |
| <u>Reflective comments:</u> | | | |
| 2. Analyze the nurse’s role in ensuring the provision of safe patient care that meets institutional and professional standards. | | | |
| <u>Reflective comments:</u> | | | |
| 3. Construct activities related to the development implementation and evaluation of quality improvement plans to improve health care services. | | | |
| <u>Reflective comments:</u> | | | |
| 4. Demonstrate professional behaviors that exemplify accountability, integrity and responsibility in the nursing role. | | | |
| <u>Reflective comments:</u> | | | |
| 5. Integrate QSEN domains in clinical leadership. | | | |
| <u>Reflective comments:</u> | | | |
| 6. Execute relevant leadership skills for the successful demonstration of the leadership project. | | | |
| <u>Reflective comments:</u> | | | |

**Student Reflective Self-Evaluation
Leadership Practicum – NRS461**

| | | | |
|--|--|--|--|
| 7. Practice leadership in a professional, ethical and legal manner and within established legal parameters. | | | |
| <u>Reflective comments:</u> | | | |
| 8. Use communication that promotes an effective exchange of information, shared decision making, and achievement of optimal patient outcomes for the individual, family and community. | | | |
| <u>Reflective comments:</u> | | | |
| 9. Participate in nursing strategic planning, planned organizational change and fiscal planning. | | | |
| <u>Reflective comments:</u> | | | |

STUDENT SIGNATURE: _____

DATE: _____

INSTRUCTOR COMMENTS:

INSTRUCTOR SIGNATURE: _____

DATE: _____

Final Reflective Self-Evaluation

| Learning Outcome | Rating | | |
|--|-------------------|--------------------------|---------------------------|
| | Needs Improvement | Satisfactory Performance | Above Average Performance |
| 1. Demonstrates project management, delegation and team building strategies. | | | |
| <u>Reflective comments:</u> | | | |
| 2. Analyze the nurse’s role in ensuring the provision of safe patient care that meets institutional and professional standards. | | | |
| <u>Reflective comments:</u> | | | |
| 3. Construct activities related to the development implementation and evaluation of quality improvement plans to improve health care services. | | | |
| <u>Reflective comments:</u> | | | |
| 4. Demonstrate professional behaviors that exemplify accountability, integrity and responsibility in the nursing role. | | | |
| <u>Reflective comments:</u> | | | |
| 5. Integrate QSEN domains in clinical leadership. | | | |
| <u>Reflective comments:</u> | | | |
| 6. Execute relevant leadership skills for the successful demonstration of the leadership project. | | | |
| <u>Reflective comments:</u> | | | |
| 7. Practice leadership in a professional, ethical and legal manner and within established legal parameters. | | | |
| <u>Reflective comments:</u> | | | |

**Student Reflective Self-Evaluation
Leadership Practicum – NRS461**

| | | | |
|--|--|--|--|
| 8. Use communication that promotes an effective exchange of information, shared decision making, and achievement of optimal patient outcomes for the individual, family and community. | | | |
| <u>Reflective comments:</u> | | | |
| 9. Participate in nursing strategic planning, planned organizational change and fiscal planning. | | | |
| <u>Reflective comments:</u> | | | |

STUDENT SIGNATURE: _____ **DATE:** _____

INSTRUCTOR COMMENTS:

INSTRUCTOR SIGNATURE: _____ **DATE:** _____

CALIFORNIA State University Channel Islands
Nursing Program Policies

Originating Author: Technology Subcommittee
Policy Number: CC0172018
Approved By: Curriculum Committee
Approval Date: 5.21.2021
Effective Date: 6.1.21
Number of Pages: 4
Next Review Date: 5.2024

Simulation Lab Student Recordings: Securement and Disposition

PURPOSE: *Goals and objectives of the policy.*

This policy will determine how long video recordings of students will be held by the nursing department, how and where they will be stored, and who will have access to the video recordings.

BACKGROUND:

The nursing simulation lab creates simulation recordings of students enrolled in the nursing program. Student nurses from Track I (generic) and Track II (RN-BSN) are recorded during simulated practice at the discretion of the instructor. MSN Students may demonstrate skills via recording at the discretion of the instructor and course assignments. Undergraduate students may also be assigned to self-record skills practice for demonstration of competency.

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

Accountability for the policy will be the Nursing Program Director

Custodian: Simulation Lab Director, or designee, which would be the program director or program chair.

Purpose

This executive order provides for the implementation of the California State University (CSU) System-wide Records/Information Retention Schedules. It is issued under the authority of Section II of the Standing Orders of the Board of Trustees, related policies adopted by the Board of Trustees, and Education Code section 89043. The objective of this executive order is to ensure compliance with legal and regulatory requirements while implementing appropriate operational best practices.

Based on Executive Order No. 1031 (February 27, 2008)

“Each campus must ensure that appropriate campus department(s) implements the records/information retention and disposition schedules for that area, including designating official campus custodian(s) for each type of record. Records/information custodians are responsible for controlling the administration of records/information in all media forms and for valuing such records/information in accordance with retention authority requirements. The retention and disposition of records/information are to conform to standards set forth within retention and disposition schedules issued in conjunction with this executive order.”

Applicability: Specific individuals or groups to which this applies

Nursing faculty assigned to teach lab courses that have a simulation component, which necessitates the recording of students. The simulation laboratory instructor will assist to record the students, as needed. Recording of student performance during simulation may occur in the in the main simulation room (EMS Mobile Recording Unit) or in the Simulation Control room (SimiQ) all-in-one computer and is securely attached to the wall. Recording of student performance in the lab may also occur using mobile devices and campus/program approved cloud-based services. Photographs or video may be taken when extended reality (virtual, mixed, or augmented) simulations are conducted.

Definition(s) Define unfamiliar terms as needed

Custodian: The title of the campus-designated department head who maintains the official/original copy of the record/information. Retention schedules should specifically identify the campus-designated custodian responsible for identified records/information.

Disposition: A range of processes associated with implementing records/information retention, destruction, or transfer decisions that are documented in the records/information retention and disposition schedule or other authority.

Media: A general term referring to the material onto which business information has been recorded and may subsequently be used for business purposes.

Record/Information: Every means of recording upon any tangible thing in any form of communication or representation, including letters, words, pictures, sounds, or symbols, any combination of these or other means to engage in business, regardless of media.

This includes, but is not limited to:

- Electronic communication such as e-mail content and attachments, voicemail, instant messages, and data on a contactless integrated circuit;
- Content on web sites, PDAs, mobile devices, desktops, and servers;
- Information/data captured in various databases;

- Physical paper in files, such as memos, contracts, reports, photographs and architectural drawings;
- Licenses, certificates, registration, identification cards, or other means;
- Handwriting, typewriting, printing, photostatting, photographing, photocopying, transmitting by electronic mail or facsimile;
- Any record thereby created, regardless of the manner or media in which the record has been stored and/or created; and
- Backups of electronic information.

Retention Authority: The statute, code or good business practice that governs the length of time a particular record/information shall/should be kept.

Retention Period: The period of time that a record/information shall/should be kept. This period may be divided into:

- Active Retention Period – This is the length of time the records or information are to remain available for immediate retrieval to meet operational needs.
- Inactive Retention Period – This is the length of time the records or information are to be retained to meet the long-term needs of the campus/CSU.

Schedule: A document identifying a series of unique records/information associated with a university process or function. For each record/information listed, the schedule will include a unique number/identifier, title, custodian, value, retention authority, and retention period. The basic schedules are to be modified by each campus as needed, e.g., to specify custodians, update record/information value according to campus needs, and incorporate additional records.

Policy Text: *Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy*

1. Video recordings taken of students while performing simulated care of patients in the simulation lab will be saved on the server, portable memory storage device, or an AV computer system designed to download all video recordings automatically, which will be securely locked. Cloud-based recordings or recordings on mobile devices will be stored on the cloud-based service or mobile device with access limited to nursing program faculty and/or staff. Recordings will not be stored on mobile devices in the lab and will only be used temporarily to record the lab activity and uploaded to the cloud-based service if needed. Video recordings may be transferred to a portable memory storage device and/or to the learning management system (LMS) to allow videos to be viewed by the nursing students and or nursing faculty inside the classroom for discussion and self-reflection. Students self-recording in the simulation lab are not to record on a personal device. Students are to self-record on the available recording devices in the lab. MSN students may have special circumstances requiring them to record outside of campus, therefore, the course instructor will provide clear instruction in those cases and

the recordings will be submitted through the LMS. MSN students recording on personal devices in this circumstance will be responsible for the retention and disposal of their own recordings on the device used. Both the students and the faculty accessing the videos must adhere to the Family Educational Rights and Privacy Act (FERPA) and videos can ONLY be viewed by those student/group of students that participated in the video. The AV recording system that stores the video recordings in Goleta campus is located inside the simulation room. The recordings are secured in a locked room.

2. Custodian: The simulation lab director or designee will be responsible for assuring the key to access the simulation recordings is kept securely locked. The mobile devices are secured in a locked cabinet, maintained by the simulation lab instructor or designee.
3. Retention Authority: The video recordings, cloud-recordings, a will be securely locked, and/or and maintained by the simulation lab instructor for a four-year retention period. Cloud-based recordings will be retained for four-years or less, depending upon the contract agreement and access to the cloud-based service, unless consent to retain longer has been attained such as for the purpose of accreditation or research. The simulation lab director or designee should review video recording dates and equipment for retained recordings at the end of each spring semester to confirm retention or disposal as outlined above. Faculty may have access to recordings submitted through the LMS beyond the four-year retention period (based upon continual access to LMS and past courses), however, faculty are expected to follow FERPA guidelines allowing the videos to remain protected within the LMS. Faculty are recommended to close the ability to view the course in the LMS to students at the end of the semester.
4. Disposition: Once the students have graduated, the videos can be erased and destroyed from the server or portable memory storage device, or in the cloud-based service, unless consent to retain longer has been attained such as for the purpose of accreditation or research.

References:

CSU Channel Islands. (October 23, 2017). What is FERPA? Family Educational Rights and Privacy

Act, Retrieved from: <https://www.csuci.edu/records-registration/ferpa.htm#ferpa>

Reed, C.B. (2008). Executive Order 1031: Systemwide Records/ Information Retention and

Disposition Schedules Implementation, Letter from the CSU Chancellor, pp. 1-4.

(+Attachment A)



Originating Author: Student Affairs Committee
Policy Number: SA0012016
Approved By: Faculty
Approval Date: 12.18.20
Effective Date: 1.15.21
Number of Pages: 5
Next Review Date: 12.2023

Policy and Procedure for Nursing Program Application and Admissions Processing

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

The compliance of this policy lies with nursing faculty and University Admissions.

PURPOSE: *Goals and objectives of the policy.*

It is the policy of the Nursing Department to follow and implement the University Policy on Nursing Program Admissions to administer and process the admissions to the programs offered by the Department.

BACKGROUND:

California State University Office of the Chancellor's Coded Memo: AA-2015-21
Executive Order No. 563

Applicability: *Specific individuals or groups to which this applies*

All students applying for admissions into the nursing programs offered by the Department.

DEFINITION (S):

Impaction – defined as when significantly more CSU eligible applicants and currently enrolled students seeking to change major are likely to request access during the filing period than can be accommodated.

Undergraduate-Any student who has yet to obtain a Bachelor's Degree

Post-baccalaureate – any student who possesses a Bachelor's Degree and is seeking a Second Bachelor's Degree.

Pre-Nursing- indicated major that is a prerequisite to the official major designation of nursing.

Policy Text:

Process:

The Supplemental Admission Criteria for the BSN program (both campuses) and statistics on previous year admissions to all nursing programs is annually reviewed and approved by the Nursing Department and the CSU Chancellor's Office.

Admission to all the nursing programs is determined by the Nursing Department.

Procedure for BSN (Track I) Program Applications

1. Applicants to the BSN Program must submit an application to CSU Channel Islands as well as the nursing program.
 - a. Non-matriculated nursing applicants applying for the main campus may only apply to CSU Channel Islands October 1st – November 30th in the year prior to fall entrance. Non-matriculated applicants submit an application to CSU Channel Islands via CAL State Apply (<https://www2.calstate.edu/apply>)
 - i. Undergraduate applicants declare nursing as their major and select an alternate major. If an undergraduate applicant is not admitted to the nursing program, the applicant will be given the option of enrolling at CSU Channel Islands with the alternate major. Post-baccalaureate applicants will select "BSN-Nursing (2nd Bachelor) as their major. If a post-baccalaureate is not admitted to the nursing program they will not be enrolled at CSU Channel Islands.
 - b. Applicants for the Goleta campus apply for admission to the University July 15- August 15 via CAL State Apply (<https://www2.calstate.edu/apply>) and select the BS at Cottage Health System nursing program major.
2. All applicants who wish to apply to the nursing program must complete the online nursing application via NursingCAS (<https://nursingcas.org/>).
 - a. Nursing program applications are accepted October 1st – November 30th for entry into the Track I Camarillo campus program in fall of the following year. Nursing program applications and University applications are accepted July 15 – August 15 in the year prior to a spring entrance for the Track I Goleta campus program.
 - i. Applications are accepted to the Camarillo campus only for the fall term.
 - ii. Applicants are accepted to the Goleta campus only for the spring term.
 - iii. Application to the University and nursing program are only good for the term to which an applicant is applying.
 - b. All applicants must submit, during the application period, documentation for consideration of items from the Supplemental Criteria (such as language proficiency work or volunteer hours) the applicant wishes to have considered in admissions decisions.
 - c. Application documents for the BSN program are submitted online to NursingCAS. All documents must be received by NursingCAS (<https://nursingcas.org/>) prior to the application deadline for each specific program.

Procedure for Notification of Admission:

1. The Admissions Department will provide the Nursing Department with a list of applicants who are eligible for admission to the nursing program and university.
 - a. The Admission Department will provide the Nursing Department with the list of

- applicants, who are eligible for university admission, by the end of January for the Camarillo campus and September 15 for the Goleta campus.
- b. Nursing department will utilize the list of applicants who are eligible for admission to the university prior to determining which applicants will be invited to campus for the admission interview.
2. The Nursing Department will review and evaluate nursing program applications no later than the second week in February for the Camarillo campus and first week of October for the Goleta campus.
 3. Based on review of applicant materials, applicants are ranked using supplemental criteria. The top 70 applicants for the Camarillo campus program and the top 48 applicants for the Goleta campus program will be invited to participate in on campus panel interviews.
 4. Following the panel interviews, the top 48 applicants and 15 alternates will be selected for admission to the Camarillo campus. The top 22 applicants and 5 alternates will be selected for admission to the Goleta campus.
 5. Applicants who have courses in progress during the fall term are given a conditional admission letter.
 - a. The condition of program admission is successful completion of the in-progress courses with a grade of B or better.
 - i. Final official transcripts with official grades posted are due in early February for Camarillo campus and early January for Goleta campus.
 6. A full admission letter from the nursing program chair is sent via email to the conditionally admitted student after verification of official transcripts.
 - a. Students who receive notification of nursing offers are given two- three weeks to accept a seat in the program.
 - i. Students who are admitted can either accept or decline the offer.
 - ii. Students, who are offered an admission as an alternate candidate, can accept or decline the offer as an alternate.
 - b. Students are selected from the alternates in order of rank received as soon as a denial of acceptance is received.
 7. Denial to the nursing program may not be appealed.

Resources posted on the Nursing Website:

1. The approved Supplemental Criteria (Exhibit A) are posted on the nursing website at <https://nursing.csuci.edu/>.

Procedure for ADN to BSN and RN to BSN Program Applications

1. Applicants to the ADN-BSN and RN to BSN Programs must submit an application to CSU Channel Islands as well as the nursing program.
 - a. Non-matriculated applicants apply for admission to CSU Channel Islands from February 1 to March 31. Non-matriculated applicants submit an application to CSU Channel Islands via CAL State Apply (<https://www2.calstate.edu/apply>)
2. All ADN-RN to BSN-RN applicants who wish to apply to the nursing program must complete the online nursing application via NursingCAS (<https://nursingcas.org/>) between February 1 to March 31 each year.

- a. Information on the materials that must be submitted to NursingCAS as part of application to the program can be found on the Nursing Department website (<https://nursing.csuci.edu/programs/adn-to-bsn-ready-to-apply.htm>). All materials must be submitted to NursingCAS by March 31.
- b. Application to the University and nursing program are only good for the term to which an applicant is applying.

Procedure for Notification of Admission:

1. Extended University will provide the Nursing Department with a list of applicants who are eligible for admission to the nursing program and university.
2. Nursing department will utilize the list of applicants who are eligible for admission to the university prior to making admission decisions.
3. The Nursing Department will review and evaluate nursing program applications no later than the end of April.
4. Applicants who have courses in progress are given a conditional admission letter. The condition of program admission is successful completion of the in-progress courses.
 - a. Once outstanding courses are completed the applicant must submit a copy of official transcripts to University Records.
 - b. A full admission letter from the nursing program chair is sent via email to the conditionally admitted student after verification of official transcripts.
5. Students who receive notification of nursing offers are given two- three weeks to accept a seat in the program. Students who are admitted can either accept or decline the offer.
6. Denial to the ADN-RN and RN-BSN program may not be appealed.

Record Storage

1. Record of students admitted and accepted, denied and students moved from the alternate list will be kept for 3 years.
2. Application information for admitted students is a part of the student file and kept for three years.

Procedure for MSN and Post-Master's Certificate Program Applications

1. Applicants to the MSN and Post-Master's Certificate Programs must submit an application to CSU Channel Islands as well as the nursing program.
 - a. All applicants apply for admission to CSU Channel Islands from March 1 to April 30 via CAL State Apply (<https://www2.calstate.edu/apply>)
2. All MSN and Post-Master's Certificate program applicants who wish to apply to the nursing program must complete the online nursing application via NursingCAS (<https://nursingcas.org/>) between March 1 to April 30 each year.
 - a. Information on the materials that must be submitted to NursingCAS as part of application to the program can be found on the Nursing Department website (<https://nursing.csuci.edu/msn#application-msn>). All materials must be submitted to NursingCAS by April 30.
 - b. Application to the University and nursing program are only good for the term to which

an applicant is applying.

Procedure for Notification of Admission:

1. Extended University will provide the Nursing Department with a list of applicants who are eligible for admission to the nursing program and university.
2. The Nursing Department will utilize the list of applicants who are eligible for admission to the university prior to making admission decisions.
3. The Nursing Department will review and evaluate nursing program applications no later than the end of May.
4. Based on review of applicant materials, applicants are ranked using supplemental criteria. The top 60 MSN applicants will be invited to participate in on campus panel interviews. Post-Master's Certificate applicants will not be interviewed.
5. Following the panel interviews, the top 40 MSN be selected for admission to the program. Selection of applicants into specific MSN tracks will be based on space available, which is dependent on preceptor availability.
 - a. A determination will be made for all Post-Master's FNP Certificate students regarding whether not the advanced health assessment, advanced pathophysiology and advanced pharmacology (3Ps) requirement was met in their previous degree program. Those applicants who have not taken any or all of the 3 Ps courses will be required to successfully complete these courses prior to enrolling in the Post-Master's FNP Certificate program.
6. Students who receive notification of nursing offers are given two- three weeks to accept a seat in the program and submit their deposit. Students who are admitted can either accept or decline the offer.
7. Denial to the MSN and Post-Master's Certificate programs may not be appealed.

Exhibits

Exhibit A: Approved Supplemental Criteria



Supplemental Criteria Fall Admissions

SUPPLEMENTAL CRITERIA FOR ADMISSION TO THE TRACK I PRE-LICENSURE NURSING PROGRAM AT CSU CHANNEL ISLANDS (Main Camarillo Campus)

Student applicants will be rank ordered for admission. All Students must meet the minimum prerequisite course requirements to be eligible for admission to the Track I Program.

Grade point average in Pre-Nursing Core courses or equivalents*:

| Course # | Class |
|----------|-------------------------------|
| BIOL 210 | Human Anatomy & Physiology I |
| BIOL 211 | Human Anatomy & Physiology II |
| BIOL 217 | Medical Microbiology |
| CHEM 110 | Chemistry of Life |
| COMM 101 | Public Speaking |
| ENGL 105 | Composition and Rhetoric I |
| BIO 203 | Stats-Quantitative Methods |
| | Critical Thinking (GE A3) |

The core GPA is calculated by averaging the grades earned in each course. If a CI course is repeated at CI, the new grade will replace the previous grade when calculating the GPA. For transferred courses the GPA is calculated using the individual institutions grading policy.

***Prerequisites may be in progress (IP) during the semester the application is submitted, and will be calculated at a “B” pending receipt of final transcript(s).**

Overall Cumulative Grade Point Average (GPA):

The minimum acceptable GPA is 2.5.

ATI TEAS Testing Proficiency:

Completion of the standardized ATI Test of Essential Academic Skills (TEAS) by Assessment Technologies Inc (ATI) is mandatory for all applicants.

***A minimum National Percentile overall rank of proficient (>58.7%) is required to be considered for admission.**

****Students may take the ATI TEAS exam up to 2 (two) times in a calendar year with no less than 30 days**

between testing dates**

Academic Accommodation Members:

Members of the following:

- Foster Youth
- Educational Opportunity Program (EOP)
- Student Support Services (SSS)
- Extended Opportunity Programs and Services (EOPS)

*Verification of accommodation required

Proficiency in a Second Language:

- Successful completion of a certificate program for Language Fluency such as:
 - College-Level Examination Program (CLEP) with a proficiency score of 68 or higher.
 - American Council on the Teaching of Foreign Languages (ACTFL)/Language Testing International (LTI) with a proficiency level of “Advanced-Mid”.
- Translated transcripts from an academic institution outside the U.S. in which the curriculum was taught in another language.
- Documentation showing completion of a college level intermediate ASL course.

***ALL documentation is subject to verification and approval.**

Current CI Student **::

Students who were admitted to CSU Channel Islands as freshmen, **enrolled, and have maintained continuous enrollment.**

OR

Students who have completed 5 of the 8 prerequisite courses at CSU Channel Islands.

**Acceptable forms of verification include: A current unofficial CSU Channel Islands transcript.

Residency:

Residency determination based on the last school attended (or permanent residency) within the following college/university and public school districts (the same geographical boundaries apply to non-public schools):

Ventura County, Santa Barbara County, San Luis Obispo County, Southern Monterey County, and Malibu

Previous Education from an Accredited Institution of Higher Education:

Previous completed Baccalaureate or higher degree

Military Experience:

Military Service; discharged under honorable conditions or Active Duty.

Or

Spouses of Active Military personnel. (Proof of Marriage required.)

Work/Volunteer Experience:

Work Experience:

Experience in a health care setting as a paid employee, **minimum of 200 hours** or current Licensure from a Certified Nursing Assistant (CNA)/Medical Assistant (MA) certificate program

Or

Volunteer Experience: in a related health care setting.

Work or volunteer service must be verified by a letter from the employer or volunteer coordinator, and include the number of hours served and duties performed.

Examples of acceptable work experience includes: employment in fields such as a Licensed Vocational Nurse (LVN), Certified Nursing Assistant (CNA), Respiratory Therapist (RT), Emergency Medical Technician (EMT), Medical Assistant (MA), a Psychiatric Technician, or military medic/corpsman. Other work experience will be evaluated on an individual basis.

Local qualifying volunteer opportunities include, but are not limited to: TLC Home Hospice (Loving Heart Hospice Foundation) and COPE Health Solutions Clinical Care Extender Internship (St. John's Regional Medical Center, St. John's Pleasant Valley Hospital).

***ALL documentation is subject to verification and approval.**

High school participation in regional health science or bioscience academy or ROP:

Awarded to students who have successfully completed a regional health or bioscience academy or have successfully completed medical related ROP during High School, as validated by a letter of recommendation from the program director/academic director or lead instructor of the program or academy.

Interview:

The top 70 applicants to the nursing program will be required to participate in a face-to-face group interview with nursing faculty, staff, students and alumni. Admission decisions will be made based on supplemental criteria scores and the rating of the face-to-face interview.

Supplemental Criteria

Spring Admissions

SUPPLEMENTAL CRITERIA FOR ADMISSION TO THE CSU CHANNEL ISLANDS TRACK I PRE-LICENSURE NURSING PROGRAM AT COTTAGE HEALTH SYSTEM

Student applicants will be rank ordered for admission based on the criteria below. Students must still meet the minimum prerequisite course requirements for admission to be eligible for admission to the Track I Program.

Grade point average in Pre-Nursing Core courses or equivalents:

| Course # | Class |
|-----------------|-------------------------------|
| BIOL 210 | Human Anatomy & Physiology I |
| BIOL 211 | Human Anatomy & Physiology II |
| BIOL 217 | Medical Microbiology |
| CHEM 110 | Chemistry of Life |
| COMM 101 | Public Speaking |
| ENGL 105 | Composition and Rhetoric I |
| BIO 203 | Stats- Quantitative Methods |
| | Critical Thinking (GE A3) |

The core GPA is calculated by averaging the grades earned in each course. If a CI course is repeated at CI, the new grade will replace the previous grade when calculating the GPA. For transferred courses the GPA is calculated using the individual institutions grading policy.

***Prerequisites may be in progress (IP) during the semester the application is submitted, and will be calculated at a “B” pending receipt of final transcript(s).**

Overall Cumulative Grade Point Average (GPA):

The minimum acceptable GPA is 2.5.

ATI TEAS Testing Proficiency:

Completion of the standardized ATI Test of Essential Academic Skills (TEAS) by Assessment Technologies Inc (ATI) is mandatory for all applicants.

**A minimum National Percentile overall rank of proficient (>58.7%) is required to be considered for admission.*

****Students may take the ATI TEAS exam up to 2 (two) times in a calendar year with no less than 30 days between testing dates****

Proficiency in a Second Language:

- Successful completion of a certificate program for Language Fluency such as:
 - College-Level Examination Program (CLEP) with a proficiency score of 68 or higher.
 - American Council on the Teaching of Foreign Languages (ACTFL)/Language Testing International (LTI) with a proficiency level of “Advanced-Mid”.
- Translated transcripts from an academic institution outside the U.S. in which the curriculum was taught in another language.
- Documentation showing completion of a college level intermediate ASL course.

***ALL documentation is subject to verification and approval.**

Residency in preferred geographic areas:

Will be awarded based on students who currently reside within Santa Barbara and San Luis Obispo counties. Acceptable forms of verification include: An official and current non-expired driver’s license, an official and current non-expired lease agreement (in applicant’s name), or an official and current utility bill (in applicant’s name). Other forms of verification will be evaluated on an individual basis.

Previous Education from an Accredited Institution of Higher Education:

Previous completed Baccalaureate or higher degree

Military Experience:

Military Service; discharged under honorable conditions or Active Duty.

Or

Spouses of Active Military personnel. (Proof of Marriage required.)

Work/Volunteer Experience:

Work Experience:

Experience in a health care setting as a paid employee, **minimum of 200 hours** or current Licensure from a Certified Nursing Assistant (CNA)/Medical Assistant (MA) certificate program.

Or

Volunteer Experience: in a related health care setting.

- **Work or volunteer service must be verified by a letter from the employer or volunteer coordinator, and include the number of hours served and duties performed.**
- Examples of acceptable work experience includes: employment in fields such as a Licensed Vocational Nurse (LVN), Certified Nursing Assistant (CNA), Respiratory Therapist (RT), Emergency Medical Technician (EMT), Medical Assistant (MA), a Psychiatric Technician, or military medic/corpsman. Other work experience will be evaluated on an individual basis.
- **Local qualifying volunteer opportunities include, but are not limited to: TLC Home Hospice (Loving Heart Hospice Foundation) and COPE Health Solutions Clinical Care Extender Internship (St. John's Regional Medical Center, St. John's Pleasant Valley Hospital).**

***ALL documentation is subject to verification and approval.**

High school participation in regional health science or bioscience academy or ROP:

Awarded to students who have successfully completed a regional health or bioscience academy or have successfully completed medical related ROP during High School, as validated by a letter of recommendation from the program director/academic director or lead instructor of the program or academy.

Interview:

The top 40 applicants to the nursing program will be required to participate in a face-to-face group interview with nursing faculty, staff, students and alumni. Admission decisions will be made based on supplemental criteria scores and the rating of the face-to-face interview.

CALIFORNIA State University Channel Islands Nursing Program Policies

Originating Author: Student Affairs Committee Policy
Number: SA0022016
Approved By: Faculty
Approval Date: 2.19.21
Effective Date: 6.1.2021
Number of Pages: 7
Next Review Date: 2.2024

Policy on HIPAA Privacy Rule Training

PURPOSE: *Goals and objectives of the policy.*

The purpose of this document is to summarize relevant Channel Islands policies regarding protection of patient's health information.

BACKGROUND: *Context for the policy provisions i.e., BRN regulations, Chancellor's Office, Accreditation*

As a student nurse in an education program at CSU Channel Islands you are required to learn about the health information privacy requirements ("Privacy Rule") of a federal law called **HIPAA** (Health Insurance Portability and Accountability Act of 1996 Public Law 104-191).

POLICY:

Accountability: *Management accountability for policy compliance, implement and monitoring*

The designated nursing department HIPAA compliance officer (nursing department chair or designee) is accountable for implementing and monitoring policy compliance.

Applicability: *Specific individuals or groups to which this applies*

All students and faculty in a Board approved program of nursing and delivering care in a health care or community setting are subject to this policy.

Definition(s): *Define unfamiliar terms as needed*

HIPAA Health Insurance Portability and Accountability Act

PHI "Protected Health Information" PHI includes such material as written, spoken and electronic information. PHI is defined as any information that identifies a patient, including demographic, financial, and medical, that is created by a health care provider or health plan that relates to past, present or future condition, treatment or payment of the individual. The Privacy Rule broadly defines "identifiers" to include not only patient name, address, and social security number, but also, for example, fax numbers, email addresses, vehicle identifiers, URLs, photographs and voices or images on tape or electronic media. **When in doubt, you should**

assume any individual health information is protected under HIPAA.

Policy Text: *Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy*

Guidelines for protecting PHI while in clinical settings

1. Using and disclosing PHI for educational purposes only

As a student in a clinical education program, you are permitted to access, use and disclose PHI only as minimally necessary to meet your clinical education needs). You are not permitted to disclose PHI to anyone outside the staff at the clinical facility in which you are assigned or your clinical instructor, without first obtaining written patient authorization or de-identifying the PHI. **This means that you may not discuss or present identifiable patient information with or to anyone, including classmates or faculty, who are not part of your educational program, unless you first obtain written authorization from the patient.** It is mandated that whenever possible you de-identify PHI before presenting any patient information outside the hospital. If you are unable to de-identify such information, you must discuss your need for identifiable information with the faculty member supervising your clinical education and/or the nursing chair, to determine appropriate procedures for obtaining patient authorization for your use and disclosure of PHI.

2. Material to be De-identified

In order for PHI to be considered de-identified, all of the following identifiers of the patient or of relatives, employers, or household members of the patient, must be removed:

- a. Name (including a part of it, e.g. actual name initials)
- b. Geographic subdivisions smaller than a state (i.e. county, town, or city, street address and zip code)
- c. All elements of dates (except year) for dates directly related to an individual (including birth date, admission date, discharge date, date of death, and exact age if over 89 years old)
- d. Phone numbers
- e. FAX numbers
- f. E-mail addresses
- g. Social Security numbers
- h. Medical record number
- i. Health plan beneficiary number
- j. Account number
- k. Certificate/license number
- l. Vehicle identifiers and serial numbers
- m. Device identifiers and serial numbers
- n. URL's
- o. Internet protocol addresses
- p. Biometric identifiers (e.g., fingerprints or voice print)

- q. Full face photographic and any comparable images not limited to images of the face
- r. Any other unique identifying number or characteristic that could uniquely identify the individual

3. **Safeguarding PHI**

Recommended steps to protect PHI:

- If you see a medical record in public view where patients or others can see it, cover the file, turn it over, or find another way of protecting it. This includes following the information technology precautions in place when utilizing electronic medical records.
- When you talk about patients as a part of your education, try to prevent others from overhearing the conversation such as hallways, cafeteria, elevators, break rooms, or other areas where unauthorized people or those that do not need to know may overhear. Wherever possible, hold conversations about patients in private areas.
- When medical records are not in use, store them in offices, shelves or filing cabinets as per the healthcare facility policies or guidelines.
- Remove patient documents from faxes and copies as soon as you can.
- Make sure you dispose of documents containing PHI in hospital confidential bins for shredding.
- Never remove the patient's official medical record from the clinical site. Unauthorized removal of any part of an original medical record is prohibited. **Student and faculty may not release or display copies of PHI.** Case presentation material will be used in accordance with healthcare facility policies.
- Log out of electronic systems containing PHI when you are done using them, or during any circumstance where you leave the computer/screen.
- **Do not remove copies of the PHI from the clinical site even with the information de-identified.**
- **All information for care planning purposes is to be handwritten on a worksheet containing only the information necessary to develop the plan.**
- Students and faculty shall not access data on patients for whom they have no responsibilities or a "need-to-know" the content of PHI concerning those patients.
- A computer ID and password are assigned to individual students and faculty. Students and faculty are responsible and accountable for all work done under the associated access, in compliance with the healthcare facility policy.
- Breach of confidentiality by disregarding the policies governing PHI is grounds for dismissal from the hospital or sanctions from the university with range from verbal or written notification, remediation or failure of the course for failure to meet essential course behaviors (see CET for essential behaviors)

All students must sign the acknowledgment that they have read and understand the HIPAA policy. The acknowledgment must be submitted via

Canvas to the clinical faculty at the start of each semester. Faculty will submit all documentation to the Clinical Coordinator at the end of the semester.

4. **Disclosure of PHI to family members or friends involved in the care of the patient** Care must be taken when discussing PHI in front of or with a family member or friend who is involved in the care of the patient. Generally, you can assume that the patient does not object to talking about them with such a person, however, if you have any reason to believe that the patient would object in all cases when discussing a sensitive diagnosis or procedure and etc., then you should ask the person to step out of the room or ask the patient if it is okay to talk to that person. Phone call inquiries should follow the practices and policy of the facility to protect patient information.
5. **Email**
Because of potential security risks, you are not permitted to email PHI to anyone
6. **Requests for Access to or copies of medical records**
HIPAA grants patients the right to access and to obtain copies of their medical records. However, please refer all requests to the patient's primary care provider (e.g. nurse) to ensure that all proper procedures are followed.
7. **Requests for PHI by law enforcement**
Request for PHI by law enforcement officers (e.g., police, sheriff) must be referred to the patient's primary caregiver (e.g. nurse) to ensure that proper procedures are followed.

Procedure to Ensure Compliance (Generic BSN Program Only):

At the beginning of each semester within the first three weeks of the clinical rotation:
Students complete the ATI HIPAA Skills module acknowledgment; completing portions of the **ATI Skills Module 3.0: HIPAA** as outlined below:

NRS 201 Review the Glossary Terms; Complete the Overview and Pretest;
Complete Understanding HIPAA Step-by-step video (both videos)
NRS 221 Complete Key Considerations; Complete Activity Practice Challenge 1
NRS 241 Complete Understanding HIPAA: Accepted practice
NRS 231 Complete Evidence-based practice: HIPAA; Complete Documentation: Tips
NRS 233 Complete Key Considerations; Review HIPAA Compliance: Step-by-step - Visitors and Password protection and Communication between personnel and family members (3 videos)
NRS 223 Review Promoting HIPAA Compliance: Step-by-step - Sharing protected information and Clergy visits (2 videos); Complete Activity Practice Challenge 2
NRS 421 Complete Virtual Scenario: HIPAA
NRS 461 Complete Promoting HIPAA Compliance: Accepted practice NRS
453 Complete Activity Practice Challenge 3
NRS 391 Review the entire Skills Module 3.0: HIPAA; Complete the Post Test

Return proof of completion of the ATI portions of the module and the acknowledgment to the clinical

faculty to validate completion or review of the content for each clinical rotation.

Consequences of Violation of the HIPAA Policy:

Depending on the nature of the breach of confidentiality, violations at any level may result in more severe action or dismissal from the major. Levels I-III violations are considered to be without malicious intent. Level IV and V connote malicious intent. A Level IV or V violation may subject the student to civil or criminal liability under HIPAA for actions in violation of the law. For any offense, a preliminary investigation will precede assignment of level of violation.

Violations, Process, Actions and Notifications

| Type of Violation | Process | Corrective Action | Notification |
|---|--|--|---|
| I. Accidental breaches of confidentiality that may or may not result in the actual disclosure of patient information. | Discussion between instructor and student. | Re-education and/or process improvement. | A written warning will be given to the student and a copy placed in his/her student file. |
| Examples of Violation I: | | | |
| <ul style="list-style-type: none"> a) Age over 89, use of actual patient initials of their name, or admission date disclosure on assignment or care plan b) Misdirected faxes, e-mails & mail. c) Failing to log-off or close or secure a computer with protected PHI displayed. d) Leaving copy of PHI in a non-secure area. e) Dictating or discussing PHI in non-secure area (lobby, hallway, cafeteria, elevator, etc.). f) Failing to redact or de-identify patient information for operational/business uses. g) Transmission of PHI using an unsecured method. h) Leaving detailed PHI on an answering machine. i) Improper disposal of PHI | | | |
| Type of Violation | Process | Corrective Action | Notification |
| II. Failure to follow existing policies/procedures governing patient confidentiality. | Discussion between instructor and student. | Re-education and/or process improvement. | A written warning will be given to the student and a copy placed in his/her student file. |

Examples of Violation II:

- a. Leaving copy of PHI in a non-secure area.
- b. Dictating or discussing PHI in a non-secure area (lobby, hallway, cafeteria, elevator, etc.).
- c. Failure to obtain appropriate consent to release information
- d. Failure to fulfill training requirements
- e. Requesting another individual to inappropriately access patient information.
- f. Inappropriate sharing of ID/password with another coworker or encouraging coworker to share.
- g. Failure to secure data on mobile devices through encryption/password.

| Type of Violation | Process | Corrective Action | Notification |
|--|--|---|---|
| III. Repeat Offense of Type I or II Violation. | May range from discussion of instructor and student to Chair convening a committee to address action | May range from re-education and process improvement; to disciplinary sanctions, such as: <ol style="list-style-type: none"> i Reprimand; ii Removal from clinical site; or iii Probation or other disciplinary action including dismissal from the nursing program | Written communication between instructor and student will be included in student record and sent to the Chair of the Nursing Program. |

| Type of Violation | Process | Corrective Action | Notification |
|--|--|--|---|
| IV. Inappropriately accessing a patient's record without a need to know. | May range from discussion between instructor and student to Chair convening a committee to address action. | May range from removal from course; to disciplinary sanctions, such as dismissal from the program. | Written report to: Student Record Dean of the College of Arts and Sciences |

Examples of Violation IV:

- a. Releasing or using aggregate patient data without facility approval for research, studies, publications, etc.
- b. Accessing or allowing access to PHI without having a legitimate reason.
 - ii Giving an individual access to your electronic signature.
- c. Accessing patient information due to curiosity or concern, such as a family member, friend, neighbor, coworker, famous or "public" person, etc.
- d. Posting PHI to social media (refer to SA0082016 Policy on Social Media in the Student Handbook).
- e. Removing documents from a nursing unit or clinical site that contain PHI.

| Type of Violation | Process | Corrective Action | Notification |
|--|--|--|--|
| V. Accessing and using patient information for personal use or gain or to harm another individual. | Notification to Chair or designee. Chair convenes committee to address action. | May range from removal from course; to disciplinary sanctions, such as dismissal from the major. | Written report to: Student Record Dean of the College of Arts and Sciences |

Examples of Violation V:

- a) Releasing or using data for personal gain.
- b) Compiling a mailing list to be sold for personal gain or for some personal use.
- c) Disclosure or abusive use of PHI
- d) Tampering with or unauthorized destruction of information.

Policy modified from University of Wisconsin Policy and Procedures

Exhibits:

Exhibit A: HIPPA Compliance Acknowledgment form

Exhibit B: Skills Module 3.0 HIPAA Goals and Objectives



HIPAA Compliance acknowledgement Form

Print Name _____ Course _____ Semester _____

_____ Date _____
Signature of the student (Acknowledges reading and understanding of policy)

_____ Date _____
Signature of the student (Acknowledges completion of the ATI modules before the beginning of clinical

Skills Modules 3.0: HIPAA Goals and Objectives

Purpose

The purpose of this module is to provide comprehensive information about the Health Insurance Portability and Accountability Act (HIPAA) rules and regulations that affect clinical settings and client care.

Learning objectives

At the completion of this module, you will be able to:

- Define and pronounce terms specific to HIPAA rules.
- Define clients' rights under HIPAA's privacy regulations.
- Describe the goals of HIPAA for health care providers and institutions.
- Describe actions for adhering to the Privacy Rule that maintain clients' communications in a confidential manner.
- Identify acceptable ways to communicate clients' medical information to other individuals, health care providers, insurance providers, and other covered entities.
- Evaluate the implementation of HIPAA in clinical settings involving research, coding, and billing.
- Describe how the use of social media is affected by HIPAA rules.
- Present methods of compliance with the Security Rule, involving administrative, physical, and technical safeguards of protected health information.
- Explain how HIPAA is monitored and regulated throughout the U.S.
- Explain processes for reporting suspected violations of health information privacy rights.



CALIFORNIA State University Channel Islands
Nursing Program Policies

Originating Author: Student Affairs

Policy Number: SA0032017

Approved By: Faculty

Approval Date: 5.17.2019

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Number of Pages: 6

Next Review Date: 5.2021

Policy on Impaired Student

PURPOSE: *Goals and objectives of the policy.*

The CSU Channel Islands Nursing program faculty members follow the guidelines established by the California Board of Registered Nursing related to Impaired Nursing Students.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

The Board of Registered Nursing Statement regarding *Impaired Nursing Students Guidelines for Schools of Nursing in Dealing with the Matter of Nursing Students Impaired by Alcoholism, Drug Abuse, and Emotional Illness* is as follows:

In the matter of nursing students impaired by alcoholism, drug abuse and emotional illness the California Board of Registered Nursing recognizes that:

- these are diseases and should be treated as such;
- personal and health problems involving these diseases can affect one's academic and clinical performance and that the impaired nursing student is a danger to self and a grave danger to the patients in her or his care;
- nursing students who develop these diseases can be helped to recover;
- it is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness;
- Confidential handling of the diagnosis and treatment of these diseases is essential.

Therefore, the Board of Registered Nursing expects schools of nursing with students impaired by these diseases to offer appropriate assistance, either directly or by referral.

Furthermore, the Board expects that schools of nursing will ensure that instructors have the responsibility and authority to take immediate corrective action with regard to the student's conduct and performance in the clinical setting.

It is outside of the Board's scope of function to endorse or recommend a particular course of therapy; however, it does wish to inform nursing students of the importance of seeking voluntary aid for conditions that could, if left unattended, lead to disciplinary action and may prevent them from being licensed [or losing their license] to practice nursing in the State of California.

As a preventive measure, schools of nursing are asked to provide factual material to incoming students regarding school policy on drug or alcohol abuse and mental illness among nursing students.

Source: Board of Registered Nursing State of California, 2007 (EDP-P-03)

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring
The Student Affairs committee and the Chair of the program is responsible for policy compliance, implementation and monitoring.

Applicability: This policy applies to all students enrolled in CSU Channel Islands Nursing Program.

Definition(s) Define unfamiliar terms as needed

Policy Text: Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy

GENERAL INFORMATION

Philosophy of Faculty at CSU Channel Islands Nursing Program related to Impaired Students:

The nursing faculty is committed to facilitating the success of the nursing student and will make every effort to assist in maintaining optimal health to safely achieve academic and clinical performance objectives. Impaired health status, which includes physical problems, mental/emotional problems, and drug and alcohol use/abuse, affects academic and clinical performance. Substances which may impair student performance include legal drugs (prescription and over-the-counter), illegal drugs, alcohol, marijuana (including prescribed), and other chemicals. The impaired nursing student is a danger to self and to others in his/her care. The nursing faculty, out of concern for the impaired student, has developed the following policy which is consistent with the California Board of Registered Nursing Guidelines of 11/84. Confidentiality will be strictly maintained at all times.

POLICY

The Nursing Program adheres to the following clear prohibitions regarding drugs and alcohol:

1. Students may not possess or be under the influence of alcohol and/or marijuana while in clinical or nursing classroom settings.
2. Students may not possess, or be under the influence of drugs i.e. controlled substances, or prescriptions drugs, when there is a possibility that such use may impair the student's ability to safely perform nursing care or impair the learning in a classroom setting.
3. Students may not be involved in the illegal possession, distribution, sale, diversion or purchase of a controlled substance.

ASSESSMENT

The student shall be immediately removed from the classroom or clinical setting when the student's behaviors and performance pose a danger to the safety and well-being of self or others. These behaviors may include but are not limited to:

- Behaviors;
 - Observed/reported possession or use of a prohibited substance
 - Apparent drug or alcohol intoxication
 - Observed abnormal or erratic behavior
 - Observed deterioration of classroom or clinical performance
 - Medication diversion
 - Unusual behaviors such as verbal abuse, physical abuse, extreme agitation or aggression, withdrawal, depression, mood changes, unresponsiveness, inappropriate responses to questions or instructions, other erratic and/or inappropriate behavior such as hallucinations, disorientation, excessive euphoria, or confusion.

Physical signs of symptoms;

1. Possessing, dispensing or using controlled substances
2. Slurred or incoherent speech
3. Unsteady gait or other loss of physical control; poor coordination
4. Bloodshot or watery eyes
5. Dilated or constricted pupils or unusual eye movements
6. Extreme fatigue, drowsiness, sleeping
7. Excessive sweating or clamminess of the skin
8. Flushed or very pale face
9. Highly excited or nervous
10. Nausea or vomiting
11. Odor of alcohol on breath, body, and/or clothing
12. Odor of marijuana
13. Dry mouth
14. Dizziness or fainting
15. Shaking of hands or body tremor/twitching

16. Irregular or difficult breathing
17. Runny sores or sores round nostrils
18. Inappropriate wearing of sun glasses
19. Puncture marks or “tracks”
20. Disheveled appearance

Behavioral Pattern:

1. Repeated absences
2. Frequent absences from work area
3. Frequently coming in late or leaving early
4. Alternate periods of high and low productivity
5. Complaints from patients, families, staff or other students
6. Making poor decisions or using poor judgment
7. An increase in errors, forgetfulness and difficulty following instructions
8. Accidents related to apparent lack of concentration

PROCEDURE

STUDENTS

Students will be required to sign a release of relevant information as it relates to potential impairment for purposes of implementing the procedure. The information should include but not be limited to Emergency Contact Information and list of controlled substances prescribed for the student.

FACULTY

Faculty who suspects alcohol or drug use/dependency will comply with these policies. If reasonable suspicion of alcohol and/or drug use by a student occurs in the classroom or clinical setting, the student will be immediately removed from the setting. The faculty member will discuss the concerns with the student. If reasonable suspicion still exists the Chair of the Nursing Program will be informed and determine what actions need to be taken. Screening for drugs or alcohol will be required. The student must give consent for such testing, and authorization for results to be made available to the nursing program

- If use of alcohol is suspected, the student will be transported to a testing site or the university police will be required to administer a breath test. If the student is

in a clinical setting distant from the campus, a blood alcohol may be drawn at an available health care agency laboratory.

- If drugs are suspected the student will be required to provide a witnessed urine or blood sample. Such testing may occur at the Student Health Center during regular hours, though Corporate Screening.com or at a healthcare agency such a hospital emergency department or urgent care center contingent on testing site availability.
- All costs will be borne by the student. The student shall be excluded from the classroom and/or clinical agency until test results are available, have been reviewed and a decision made about the severity of the impairment.
- The instructor shall call the student's emergency contact person for transport from the campus or setting if, in the instructor's judgment, the student is incapable of driving safely.

Faculty who suspect a student of alcohol or drug use/dependency (based on behaviors consistent with impairment or reported by individuals who directly observed such behaviors) will document the specific behaviors or evidence of such impairment on the Clinical Evaluation Tool CET or as an addendum to the specific behaviors or evidence of such impairment. These concerns will be reported immediately to the Chair or Assistant Chair in the Chair's absence, who will determine the action to be taken. If the Chair and the involved faculty feel further investigation or action are warranted, any of the following may occur (actions are not limited to this list);

- A warning, with continued observation, confidential consultation with all other nursing faculty who has contact with the student will occur, to involve them in continued observation.
- Immediate request for body fluid screen for alcohol and/or drugs. All costs of testing will be borne by the student. Refusal to comply with testing will result in immediate dismissal from the nursing program.
- Referral to a Primary Care Provider or Student Health Services on campus for assessment of drug and/or alcohol problems. Resources will be suggested to the student, choice of provider will be made by the student. All costs will be the responsibility of the student. The student will be asked to release provider recommendations to the nursing program.
- Immediate administrative probation, resulting in removal of the student from all clinical courses.
- Referral to Student Judicial Affairs for disciplinary action as appropriate

DISMISSAL FROM THE PROGRAM AS AN IMPAIRED STUDENT

If the student is believed to be impaired, and therefore a danger to self or others, and refuses to submit to further professional assessment, the student will be dismissed from the Nursing Program. The student may also be subject to suspension or expulsion from other university programs in accordance with the university rules and regulations. If the student submits to further professional assessment and is found to be impaired, and therefore a danger to self or

others, the student will be dismissed from the Nursing Program and will be required to provide proof of having received professional treatment prior to re-entry.

STATUS IN THE NURSING PROGRAM AFTER DISMISSAL FOR IMPAIRMENT

After a minimum period of one year with consistently negative random body fluid screens, the student may petition for readmission to the Nursing Program. The requirements for readmission are:

- The student shall submit a petition to the Chair of the Nursing Program.
- The student shall provide proof of active participation in a recognized treatment program on a regular basis and evidence of rehabilitation and/or recovery at the time of petition for re-entry.
- The student may be required to participate in on-going rehabilitation treatment as a condition of readmission.
- If admitted to the nursing program and required to participate in on-going rehabilitation treatment, the student shall provide evidence of such continued rehabilitation treatment on a schedule as determined the Chair of the Nursing.
- Students readmitted will be subject to randomized drug testing during the time they are enrolled in the nursing program.
- A student with known prior chemical impairment to controlled substances will be restricted from access to controlled substances in the clinical setting. The student must be directly supervised for medication administration by faculty in clinical facility during their entire duration in the program. Depending on the nature of the prior chemical impairment, the student may be restricted from participating in those clinical courses where supervision is less available, where the student might have access to prescription drugs in client homes, or might be exposed to illicit drugs in client homes.
- Faculty with the student in the clinical setting is made aware of the medication restriction of the student.
- Failure to submit evidence of on-going rehabilitation treatment will result in permanent dismissal from the Nursing Program.
- Readmission is on a space-available basis.
- A second documented incident of impaired behavior will result in permanent dismissal from the Nursing Program.

Source: Adopted from CSU Fullerton Impaired Student Policy and CSU Chico Impaired Student Policy

Date 5.14.15

Exhibits: *Optional forms, illustrations, references*

Release of Relevant Information form

Release of Relevant Information Form

Student's Name _____

Date: _____

Time: _____

Emergency Contact Number _____

Controlled Substances Prescribed for the Student:



CALIFORNIA State University Channel Islands
Nursing Program Policies

Policy Number: SA0042016
Proposed by: Student Affairs Committee
Approved By: Faculty Committee
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Number of Pages: 3
Next Review Date: 12.2020

Clinical Absence Policy

PURPOSE: This policy provides guidance for the management of nursing student clinical absences.

BACKGROUND: This policy adheres to the Title 16 California Code of Regulations: Division 14 Board of Registered Nursing, Article 3 Pre-licensure Program- 1426 Required Curriculum

POLICY: The nursing program chair, faculty, and curriculum committee are accountable for policy compliance, implementation, and monitoring.

Applicability: Students actively enrolled into the Nursing Major.

Definition(s) Define unfamiliar terms as needed

Policy Text:

1. The student may absent for no more than 10% of the total course clinical hours without jeopardizing their ability to meet the clinical objectives of the course. With the exception of a 5-week course where one missed clinical day is over 25% of the total clinical hours for the course. Please refer to the Clinical Make-up Contract (Exhibit A).
2. In order to be excused, notification must be given to the primary Clinical Instructor 2 hours prior to the start of the clinical day. Clinical absences due to illness **may** be subject to documentation to medically clear students enrolled in “high risk” clinical areas (pediatrics, NICU, Oncology and maternal-child units)-Infectious illnesses (both viral and bacterial) may preclude clinical rotations to these high risk areas and are to be discussed with the clinical instructor or cleared medically with documentation from a physician.

3. Clinical practicum missed during the last week prior to finals must be made up prior to the last day of the semester, if available otherwise an incomplete may be issued and completion can be continued the next time the course is offered (contingent on space availability). Students are to make an appointment to discuss any and all options with Nursing Program Chair.
4. Unexcused absences may result in failure of the course.
5. Absences from clinical practicum must be for serious and compelling reasons such as:
 - ◆ Illness of self or immediate family
 - ◆ Death of an immediate family member
 - ◆ Court Subpoena
 - ◆ Recognized religious observation
 - ◆ Educational absence: an absence in which written permission from the faculty responsible for the class or clinical is given
 - ◆ Military Deployment: day of deployment and return from deployment of an immediate family member
 - ◆ Faculty approved attendance at a nursing research convention or other educational opportunities
6. If requested, documentation is required for the second and subsequent absences of either clinical practicum or simulation lab. Documentation must be submitted to the clinical instructor within 7 days of the absence.
7. Emergencies as listed above which prevent the student from attending assigned clinical practicum and meeting the educational objectives must be made up following these guidelines:
 - a. Students may make up the clinical practicum under the direction of the clinical faculty and with supervision of the Simulation Lab Instructor when appropriate.
 - b. Make up of assigned labs will include content delivered during the missed clinical day or clinical lab under the direction of the clinical faculty and under the supervision of the Simulation Lab Instructor when appropriate.
 - c. A "Clinical Absence Makeup Contract" (see Exhibit A) must be signed by the clinical faculty prior to the make up clinical day.
 - d. A copy of the contract and documented work completed by the student will be submitted to the nursing office for filing in the student's file, by the clinical faculty. Clinical make up activities must be completed within 2 weeks of the absence; 1 week for short courses.
 - e. Prior to the start of the semester, lead clinical faculty and the clinical team will design a make-up activity template.

- f. Completion of the clinical or simulation lab make up will be verified by the clinical faculty. The student is responsible for taking the verification to the clinical faculty within a week of completing the experience.
- g. Absences from clinical constituting greater than 10% must be evaluated in consultation with the lead clinical faculty and the Nursing Program Chair.
- h. Decisions regarding eligibility for a second makeup during any clinical rotation would be determined by the student's ability to successfully meet the clinical objectives of the course. If it is determined by the Nursing Program Chair that a student would not be able to meet the course objectives due to 2 or more excused absences, an incomplete may be issued and completion may be continued the next time the course is offered (contingent on space availability).

Exhibits: *Optional forms, illustrations, references*

Exhibit A: Clinical Make Up Contract Plan

Exhibit A

CALIFORNIA STATE UNIVERSITY, CHANNEL ISLANDS NURSING PROGRAM Clinical Make Up Contract Plan

Student _____ is required to make up _____ **Hours** for clinical
Course NRS _____ for hours missed on _____

Clinical Course Make Up Requirements:

Assignment: (activities)

Objectives: (Clinical Faculty to list here)

******You must make an appointment with the Clinical Faculty and Simulation Lab Instructor to arrange for your clinical make up.**

_____ Make up time in Sim Lab; Contact Sim Lab Instructor no later than _____
In order to meet the course objectives of _____

_____ Turn in the assignment in to: _____ Course Clinical Faculty _____
_____ Sim Lab Instructor

_____ Assignment is due no later than: _____

Clinical make up must be completed in order to meet the requirements of continuance in the Nursing Program.

Instructor's Name and Signature Date

Student's Name and Signature Date

Simulation Lab Instructor Signature Date



CALIFORNIA State University Channel Islands Nursing Program Policies

Originating Author: Student Affairs
Policy Number: SA0052016 Approved
By: Faculty
Approval Date: 2.19.2021
Effective Date: 6.1.2021
Number of Pages: 3
Next Review Date: 2.2024

Student promotion, continuance in the program, and repeating a class Policy

PURPOSE: Goals and objectives of the policy.

To define the criteria to which the student must adhere in order to progress in the nursing program and the criteria to which they can continue in the program or repeat a class.

BACKGROUND: Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation

California BRN regulation state didactic and clinical requirements must be completed simultaneously.

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring) Student Affairs Committee

Applicability: Specific individuals or groups to which this applies

Applicable to all nursing students.

Definition(s) Define unfamiliar terms as needed

Policy Text: Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy

Minimum Passing Grades in Courses

BSN students must earn a minimum of a "C or Pass" (2.0) grade in all required nursing, natural science and social science courses. Calculation of GPA for courses that are repeated will follow university policy. If grade forgiveness is given, then the grade that is posted on the transcripts will be used. If the transfer institution does not have a grade forgiveness policy, an average grade for the repeated courses will be calculated.

Students may not enroll in 400-level required nursing course until they have completed all lower division nursing and 300-level nursing classes with a “C or Pass” grade or better.

MSN students must maintain a “B” average (3.0 GPA) in their nursing courses (SP05-22). If after completing 12 units or more, a student’s GPA falls below 3.0, the students will be placed on academic probation by the University. Students who are placed on probation will receive a letter from the University that includes what conditions must be met to be removed from probationary status and will explain what circumstances will lead to disqualification from the graduate program. To be removed from academic probation, the student must meet the conditions outlined in the letter and increase their cumulative GPA to 3.0 or higher.

Criteria for Program Continuance and Repeating a Nursing Course (BSN Program)

The criteria for program continuance are as follows:

1. Students in the nursing major must attain grades of C / Pass or better in all required nursing courses.
2. Students in the nursing major must maintain good academic standing. Students on academic probation are not permitted to enroll in a nursing course until the probation has been removed.
3. Nursing courses for which the student earns less than a grade of C or fail may be repeated once on a space available basis. To repeat a nursing course the student will be required to:
 - a. Consult with the course faculty to determine what academic/personal factors led to a satisfactory grade.
 - b. After meeting with the course faculty, the student must schedule a meeting with the nursing advisor.
4. If a student is failing in a clinical course at any time in the semester with a grade less than Pass or with demonstrated unsafe patient care behaviors as outlined in the Clinical Evaluation Tool, the student can be failed and removed from the clinical setting at any time in the semester.
5. According to BRN regulations students must be enrolled in didactic and clinical courses simultaneously.
 - a. If a student has passed a clinical course but failed the didactic or if the student has passed didactic and failed clinical, the student will receive an *Academic Withdrawal* from the co-requisite course (either clinical or didactic).
 - b. Students may repeat both co-requisite courses in which they have earned less than a C/ or Fail or been academically withdrawn on a space available basis.
 - c. Failure of one or both co-requisite clinical/didactic courses will be considered failure of one course.
6. Students with failure in two required nursing courses will be withdrawn from the Nursing Program.
 - a. Failure in two required nursing courses is defined as a grade of less than C or

- Pass in two separate nursing courses or in two attempts in one nursing course.
- b. Students who fail two nursing courses must meet with nursing advisor to discuss program withdrawal and student options.
 - c. Students who are withdrawn from the nursing program may complete the semester in free-standing nursing courses in which they are currently enrolled.

Criteria for Program Continuance and Repeating a Nursing Course (MSN Program)

The criteria for program continuance are as follows:

1. Students in the MSN program must attain grades of C / Pass or better in all graduate nursing courses but must maintain an overall GPA of 3.0 or higher.
2. A failed course may be repeated once. If the second attempt to pass the course is not successful, the student will be dismissed from the graduate nursing program.
3. The calculation of overall GPA after the make-up of a course failure will follow the University Forgiveness policy.
4. Students who do not complete a Family Nurse Practitioner or Nurse Educator specialty course will not progress in the FNP or Nurse Educator program until the incomplete is satisfied.
5. Family Nurse Practitioner students (both MSN and Post-Master's Certificate students) must successfully pass the APEA 3 Ps Exam to progress into NP specialty courses. Students will have 3 attempts to pass the exam. Failure to pass the 3 Ps exam on the third attempt will result in dismissal from the Family Nurse Practitioner or Post-Master's Family Nurse Practitioner program.
6. Students dismissed from the NP program will have the option of changing major to the Nurse Educator program.
7. Graduate students may apply to take a leave of absence. Per university policy, the leave of absence can be no longer than 4 consecutive semesters or 6 semesters total (SP09-09).
8. All graduate students (except Post-Master's Certificate students) will need to complete the degree culminating experience to be eligible for graduation from the MSN program.



CALIFORNIA State University Channel Islands
Nursing Program Policies

Originating Author: Student Affairs Committee

Policy Number: SA0062018

Approved By: Faculty

Approval Date: 11/15/2019

Effective Date: 11/2019

Number of Pages: 2

Next Review Date: 11/2021

Policy on Submission of Clinical and Medical Documents

PURPOSE: *Goals and objectives of the policy.*

The objective of this policy is to provide a defined timeline to ensure the proper submission of clinical and medical documents to the clinical sites. This process, however, in extreme circumstances, may be adjusted by the Nursing Program Student Affairs Committee.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

To ensure timely submission of clinical and student health documents to clinical sites.

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

The Student Affairs committee is responsible for implementing and monitoring adherence to the procedure.

Applicability: *Specific individuals or groups to which this applies*

This policy is specific to all students and applies to the following clinical courses: NRS 201, NRS 221, NRS 223, NRS 231, NRS 233, NRS 241, NRS 391, NRS 421, NRS 453, and NRS 461.

Definition(s) *Define unfamiliar terms as needed*

Policy Text: *Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy*

Timeline for submission of clinical and medical documents

- 1) **Eight weeks** prior to the start of the student's clinical rotation, the Clinical Coordinator or Goleta Support Coordinator will email the students the clinical paperwork that the student is required to complete. The student will be given one week to complete and return the completed paperwork to the Clinical Coordinator or Goleta Support Coordinator.

2) During the seventh and the **six weeks** prior to the start of the clinical rotation, the Clinical Coordinator or Goleta Support Coordinator will email the students who have not returned their paperwork or who have outstanding health information informing them that they have **one** week to submit their paperwork and have their Health Documents up to date on CastleBranch.

3) Students who do not submit their paperwork **five weeks** prior to the start of the clinical rotation will be at risk of not getting clearance to begin their clinical rotation on time and as a result may be dropped from the course. Clinical Faculty will be notified at this time which students are not in compliance.

4) Clinical documents and student health information will be sent to the facilities **four weeks** prior to the start of the clinical rotation with the exception of students placed at Cottage who need to submit a new background check and drug screening **30 days** prior to the start of their rotation. **At this time, if students don't have all their Health Documents up to date on CastleBranch, they will be at risk of being dropped from the course.**

Exhibits: *Optional forms, illustrations, references*



CALIFORNIA State University Channel Islands
Nursing Program Policies

Policy Number: SA0072016
Proposed by: Student Affairs
Approved By: Faculty
Approval Date: 12.14.2018
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Next Review Date: 12.2020

Pregnant Nursing Student Policy

PURPOSE: This policy reflects the recognition of the changes in health needs and potential restrictions on activities during pregnancy to prevent potential harm to the student or their unborn child and thus provides academic guidance for the pregnant nursing student.

BACKGROUND: *This policy adheres to the Title 16 California Code of Regulations: Division 14 Board of Registered Nursing, Article 3 Pre-licensure Program- 1426 Required Curriculum; Title IX and University policy prohibiting discrimination, harassment, or retaliation related pregnancy.*

POLICY: The Nursing Program Chair and Student & External Affairs Committee are accountable for policy development, implementation and monitoring; faculty and students are accountable for policy compliance.

Applicability: *Students enrolled into the Nursing Major with didactic and clinical courses.*

Definition(s): *Define unfamiliar terms as needed*

Not applicable

Policy Text:

1. Pregnancy is deemed a natural and temporary medical condition that may or may not interfere with course requirements. Adjustment to course requirements is at the discretion of faculty in assuring student safety and meeting course learning outcomes; faculty and/or students should discuss unclear issues with the Nursing Program Chair. A letter addressed to the Nursing Program Chair may be required from the obstetrician or nurse midwife in order to clarify student needs related to course adjustments (refer to physical requirements for clinical experience in the Student Handbook and course syllabi requirements).
2. As outlined in the Nursing Clinical Absence Policy, the student may only be absent for 10% of the total course clinical hours without jeopardizing their ability to meet the clinical objectives of the course (refer to the Clinical Absence Policy).

3. If the student becomes unable to perform the expected duties, requirements, or functions of the course(s), the student may be given an incomplete (I) or withdrawal (W) according to CSU Channel Islands' nursing and university policy in consultation with the faculty and Program Chair.
4. If any agency has restrictions, the clinical faculty and student will follow the guideline of the agency.



CALIFORNIA State University Channel Islands Nursing Program Policies

Policy Number: SA0082016
Proposed by: Student Affairs Committee
Approved By: Faculty
Approval Date: 10.19.2018
Effective Date: 1.2019
Number of Pages: 3
Next Review Date: 10.2020

Policy on Social Media

PURPOSE: *Goals and objectives of the policy.*

The CSU Channel Islands Nursing Program supports the use of social media to reach audiences important to the University such as students, prospective students, faculty and staff. The University presence or participation on social media sites is guided by university policy. This policy applies to nursing students who engage in internet conversations for school related purposes or school-related activities such as interactions in or about clinical and didactic course activities. Distribution of sensitive and confidential information is protected under HIPAA and FERPA whether discussed through traditional communication channels or through social media.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

While this policy may need to be modified as new technologies and social networking tools emerge, the spirit of the policy will remain the protection of sensitive and confidential information. Social media often spans traditional boundaries between professional and personal relationships and thus takes additional vigilance to make sure that one is protecting personal, professional, and university reputations. Students will represent the University and the Program in a fair, accurate and professional while protecting the brand and reputation of the institution.

When publishing information on social media sites remain cognizant that information may be public for anyone to see and can be traced back to any student as an individual. Since social media typically enables two-way communications with any audience, students have less control about how materials are posted or used by others. As one person remarked, "If you wouldn't put it on a flier, carve it into cement in the quad or want it published on the front of the Wall Street Journal, don't broadcast it via social media channels."

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

The Student Affairs committee is responsible for policy compliance in the area of social media.

Applicability: *Specific individuals or groups to which this applies*

This policy applies to the track one and track two nursing students enrolled in CSU Channel Islands Nursing Program.

Definition(s) *Define unfamiliar terms as needed*

HIPAA Health Insurance Portability & Accountability Act of 1996 Public Law 104-191 FERPA Family Education Rights and Privacy Act 20 USC 1232g CFR Part 99

Policy Text: *Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy*

POLICY:

The policy on use on protection of confidentiality includes:

- Protect confidential, sensitive, and proprietary information: Do not post confidential or proprietary information about the university, staff, students, clinical facilities, patients/clients, or others with whom one has contact in the role of a CSU Channel Islands nursing student.
- Respect copyright and fair use. When posting, students must be mindful of the copyright and intellectual property rights of others and of the university. For guidance, visit the University's library site or seek consultation with a Librarian.
- Do not use CSU Channel Islands Nursing Program logos and graphics, on personal social media sites. Do not use CSU Channel Islands name to promote a product, cause, or political party or candidate.
- Use of the University marks (logos and graphics) for School sanctioned events must be approved (posters, fliers, postings) by administration.
- During clinical courses the use of cell phones is determined by the faculty of the course and in accordance with the agency's policy regarding use of cell phones. If using a cell phone or electronic device, it is expected that the device is silenced and used only for course related activity.
- No personal phone conversations or texting are allowed at any time while in patient/client areas or in the classroom. If the student needs to respond to an emergency text or phone call during class, the student is asked to leave the classroom or clinical area and respond as deemed necessary. If the student leaves the clinical area to respond to a phone call, then it is expected that he/she notify the instructor before leaving the nursing unit.
- Use of computers (phones, Notebooks, etc.) during class shall be restricted to note taking and classroom activities. Use otherwise is distracting for not only the student involved in the activity but those in the immediate area/vicinity.
- No student shall videotape or record professors or fellow students for personal or social media use without the express **permission** of the faculty or fellow student. At NO time shall patients/clients be videotaped or photographed without written permission of the patient/client **and** of the facility.

- Be aware of any association with CSU Channel Islands in online social networks. If a person is identified as a student at CSU Channel Islands, ensure any profile and related content reflects how the student is represented to colleagues, clients and potential employers. Any viewpoints written in social media should be identified solely as the viewpoints of the student and shall not represent, claim or imply any representation on behalf of CSU Channel Islands, unless specifically authorized, in writing, to do so.
- Health Insurance Portability and Accountability Act (HIPAA) guidelines must be followed at all times. Identifiable information concerning clients/clinical rotations must not be posted in any online forum or webpage.
- Ultimately, students have sole responsibility for what is posted. This is inclusive of awareness of open source web-based websites, social media websites, and copyright regulations. Students are encouraged to be familiar with the privacy policies for any social media websites they are utilizing. Students need to be professional in representing themselves while protecting the privacy and confidentiality of sensitive health and/or CSU Channel Islands information.

CSU Channel Islands Nursing Program Social Media Policy is adapted from Social Media Policy, Student Handbook Purdue University School of Nursing.

Exhibits:

A Nurses Guide to the Use of Social Media from the National Council of State Boards of Nursing (NCSBN) <https://www.ncsbn.org/3739.htm>



CALIFORNIA State University Channel Islands
Nursing Program Policies

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Policy and Procedure for Selection of the DAISY Award Recipients

PURPOSE: *Goals and objectives of the policy.*

To implement and operationalize the selection of The DAISY Award for Extraordinary Nursing Faculty and The DAISY Award for Extraordinary Nursing Students in accordance with the standards established by the DAISY Award Foundation.

BACKGROUND:

An acronym for Diseases Attacking the Immune System, The DAISY Foundation was established in 1999 in memory of J. Patrick Barnes who died (at the age of 33) from complications of the auto-immune disease Idiopathic Thrombocytopenic Purpura (ITP). Patrick's family was very touched by the remarkable compassion and clinical skill demonstrated by Patrick's nurses during his illness, so they created DAISY to recognize exceptional nurses everywhere. The DAISY Foundation is dedicated to saying Thank You to Nurses and is now proud to recognize Nursing Students for their care of patients and their families.

The CSUCI Nursing Program is dedicated in recognizing out-standing and exemplary education. Nursing faculty who are exemplary educators and outstanding role models may be nominated via this process and considered for The DAISY Award for Extraordinary Nursing Faculty. Compassionate and caring nursing students who demonstrate exceptional skills may be nominated and considered for The DAISY Award for Extraordinary Nursing Students. The following procedure outlines the process for both awards.

POLICY:

Accountability: Student & External Affairs Committee, plus at least one outside member as outlined below.

Applicability: All CSU Channel Islands' nursing program faculty and students

Definition(s)

1. Awardee: The person selected to receive the annual award
2. DAISY Award for Extraordinary Faculty: A nurse educator in the Nursing Program at CSU Channel Islands
3. The DAISY Award for Extraordinary Nursing Students: A Nursing Student currently enrolled at CSU Channel Islands
4. Nominee: A faculty or student nurse who met the criteria to be nominated
5. Nominator: The person submitting the application to nominate faculty or nursing student

Policy Text:

1. Guidance for establishing the criteria for nominations for the DAISY Award for Extraordinary Faculty and the DAISY Award for Extraordinary Nursing Students will be provided by the Daisy Foundation (www.daisyfoundation.org)
2. The nursing program staff will review the website at the beginning of each spring term to update the "DAISY Award" menu and ensure accuracy.
3. Applications to nominate a faculty member for the DAISY Award for Extraordinary Faculty or a student nurse for The DAISY Award for Extraordinary Nursing Students will be available on the web site along with the deadline to submit the nomination. Acceptance criteria for the nomination of DAISY Award for Extraordinary Faculty and the DAISY Award for Extraordinary Nursing Students are below:

a. DAISY Award for Extraordinary Faculty criteria for the nomination of faculty include demonstration of the following:

- Remarkable inspirational influence on students that extends to patients
- Outstanding role model of professional nursing
- Consistent excellence through their clinical expertise and commitment to extraordinary compassionate patient care
- Exceptional attributes that facilitate learning (e.g., caring, kindness, confidence, patience, integrity, and flexibility)
- Excellent interpersonal skills
- Collaborative working relationship with students and colleagues
- Compassion by showing interest in students and having a respectful attitude in their learning experience
- Enthusiasm for teaching, learning, and the nursing profession that inspires and motivates students

b. DAISY Award for Extraordinary Nursing Students criteria for the nomination of students must include at least two of the following:

- Demonstrate extraordinary commitment to compassionate care of patients and families
 - Connect with patients, families and peers by building trust and respect in ways that make a difference
 - Display kindness and sensitivity by providing empathetic patient care
 - Advocate strongly for patients and families
 - Show outstanding clinical and interpersonal skills
4. Any person, student, classmate, faculty/professor, member of the agency community, patient (or patient's family), visitor, physician, preceptor, unit manager may nominate a candidate for either DAISY Award for Extraordinary Faculty and the DAISY Award for Extraordinary Nursing Students.
 5. Nominator must include their name, email and contact phone number.
 6. The deadline for submission of the nominations will be March 1 of every year. Nominations may be accepted at any point of the year however, the consideration and selection process for each year will be the first Friday in April or the April meeting of the Student Affairs Committee.
 7. The CSU Channel Islands' Nursing Program Student & External Affairs Committee will review each nominee application for completion, for meeting the criteria as defined by the DAISY Foundation and for meeting the criteria as outlined on the CSUCI Nursing program website. The Committee will honor the following exemptions:
 - a. If a selection member of the Student & External Affairs Committee is a nominee, that member will recuse him or herself in the selection process.
 - b. If a member (or members) of the Student & External Affairs Committee is (are) recused, efforts shall be made to have the selective process objective and fair. This may be done, by the addition of an external member as chosen by the Chair of the nursing program.
 8. The Student & External Affairs Committee is composed of faculty and student representatives per the Nursing Program bylaws. In addition to the current committee, the nominating committee should be expanded to include an objective member who is neither a CSUCI nursing student nor a CSUCI nursing faculty. Consider a representative (s) from the following:
 - a. CSU Channel Islands' former alumni awardees or former nominees
 - b. CSU Channel Islands' Nursing Honor Society alumni
 - c. CSU Channel Islands' Advisory Council (with members from nursing programs and from local agency representatives)
 - d. Retired Nursing Leaders
 9. Criteria for selection the awardees are posted on the Website:
 - a. Students from any CSUCI Nursing class may be considered for nomination.
 10. Once the final awardees are determined, the arrangement in securing the awards is defined by the implementation Guide for the DAISY Awards; staff and Program Chair will submit the

names and make arrangements for the awards following the instructions from the DAISY Foundation.

11. All names, nominees and awardee are kept confidential by members of the Student & External Affairs Committee.
12. Announcement of the awardees and nominees with presentations of both the DAISY Award for Extraordinary Faculty and the DAISY Award for Extraordinary Nursing Students will be provided by the Daisy Foundation is be made at the Annual Nursing Pinning Ceremony in May. Nominees will receive a certificate acknowledgment of their DAISY Nomination.

Exhibits:

Exhibit A: DAISY Award for Extraordinary Faculty Nomination Form

Exhibit B: DAISY Award for Extraordinary Nursing Students Nomination Form



FOR EXTRAORDINARY NURSING FACULTY

HONORING NURSES INTERNATIONALLY
IN MEMORY OF J. PATRICK BARNES

Want to Say Thank You to Your Nursing Instructor?

Share your story!

About The DAISY Foundation An acronym for Diseases Attacking the Immune System, The DAISY Foundation was established in 1999 in memory of J. Patrick Barnes who died (at the age of 33) from complications of the auto-immune disease Idiopathic Thrombocytopenic Purpura (ITP). Patrick’s family was very touched by the remarkable compassion and clinical skill demonstrated by Patrick’s nurses during his illness, so they created DAISY to recognize exceptional nurses everywhere. The DAISY Foundation is dedicated to saying Thank You to Nurses and is now proud to recognize Nursing Faculty with The DAISY Faculty Award.

Learn more about The DAISY Award for Extraordinary Nurses and The DAISY Award for Extraordinary Nursing Students at **DAISYfoundation.org**

INSERT NURSING SCHOOL LOGO HERE

*Subject to change

What Is The DAISY Award for Extraordinary Nursing Faculty?

The DAISY Foundation, as part of its service to the nursing profession’s role in patient care, established The DAISY Award for Extraordinary Nursing Faculty. The purpose of this program is to provide to colleges/schools of nursing a national recognition program they may use to demonstrate appreciation to faculty for their commitment and inspirational influence on their nursing students. The Foundation hopes that, in some way, this program will contribute to a positive work environment for faculty in schools.

Your Name _____
 Phone _____
 Email _____

I am (please check one): Student Administrator
 Alumnus Other

Date of nomination _____

If you have any questions, please contact: _____.

Each DAISY Award Honoree will be recognized at a public ceremony and will receive: a beautiful certificate, a DAISY Faculty Award pin, and a hand-carved stone sculpture entitled A Healer’s Touch.

INSERT ORGANIZATION LOGO HERE
And mailing address

To Nominate an Extraordinary Faculty Member:

I would like to nominate _____(name), from _____(college/school) as a deserving recipient of the DAISY Award for Extraordinary Nursing Faculty. This faculty member exemplifies the kind of faculty member that students, colleagues, staff and administrators recognize as an exemplary educator and an outstanding role model.

[Add in electronic nomination form URL if available]

I would like to thank this faculty member and share my story of why this instructor is so special:

Thank you for taking the time to thank your student nurse!

Your Name _____
Phone _____
Email _____

I am (please check one): RN MD
 Patient Family/Visitor Staff
 Preceptor Instructor

Date of nomination _____

If you have any questions, please contact:
_____.

[*Organization Name*] is proud to be a DAISY Award Partner, recognizing one of our Student Nurses with this special honor [*fill in frequency*].

Each DAISY Award for Extraordinary Nursing Students Honoree will be recognized at a public ceremony in her/his school and will receive: a beautiful certificate, a DAISY Award pin, and a hand-carved stone sculpture entitled A Healer's Touch.

*Subject to change

INSERT NURSING SCHOOL LOGO HERE

Your School Name

Attn: [DAISY Coordinator]

Address

City, State ZIP



DAISY Award for Extraordinary Nursing Students Nomination Form

The *DAISY Award for Extraordinary Nursing Students* is designed to remind students, even on the hardest days in nursing school, why you want to be a nurse. By recognizing nursing students for the above-and-beyond care and compassion shown to patients and their families, we celebrate what it truly means to be a nurse. We honor the nurse-patient *connection* that makes all the difference to patients and their families in their healthcare experience and that makes great nurses truly great.

Celebrating Student Nurses for their Commitment to Compassionate Patient Care and for Outstanding Clinical Skill

INSERT NURSING SCHOOL LOGO HERE ²⁷⁹

The DAISY Award for Extraordinary Nursing Students



To Nominate an Extraordinary Student

Nurse:

Anyone may thank a deserving nursing student by filling out this form and submitting it to _____.

[Add in electronic nomination form URL if available]

Name of the nursing student you are nominating:

Unit where this nursing student works:

I would like to thank this student nurse and share my story of why this nurse is so special:

Form with multiple horizontal lines for text entry, organized into three columns corresponding to the sections above.

About The DAISY Foundation An acronym for Diseases Attacking the Immune System, The DAISY Foundation was established in 1999 in memory of J. Patrick Barnes who died (at the age of 33) from complications of the auto-immune disease Idiopathic Thrombocytopenic Purpura (ITP). Patrick’s family was very touched by the remarkable compassion and clinical skill demonstrated by Patrick’s nurses during his illness, so they created DAISY to recognize exceptional nurses everywhere. The DAISY Foundation is dedicated to saying Thank You to Nurses and is now proud to recognize Nursing Students for their care of patients and their families.

Learn more about The DAISY Award for Extraordinary Nurses and The DAISY Award for Extraordinary Faculty at DAISYfoundation.org



CALIFORNIA State University Channel Islands
Nursing Program Policies

Originating Author: Student Affairs Committee
Policy Number: SA0102018
Approved By: Faculty Affairs
Approval Date: 5.21.2021
Effective Date: 6.1.21
Number of Pages: 2
Next Review Date: 5.2024

**Student Nurses Association (SNA) Faculty
Supervision for Community Volunteer Events Policy**

PURPOSE: *Goals and objectives of the policy.*

To guide the process of faculty supervision at SNA volunteer events as well as to coordinate these events with community health clinical opportunities.

BACKGROUND:

According to SNA guidelines, when nursing students perform nursing duties a faculty or RN must supervise. Due to the number of requests from the community for volunteers and not enough faculty able/willing to supervisor some events are cancelled. In addition, various events could provide students in community health clinical much needed clinical hours. Events that could be used for community health clinical hours should be offered to these students prior to being posted to SNA students.

The SNA currently has two faculty advisors who are available to provide guidance over general organizational operations, meetings and to participate with volunteer activities. However, it is not incumbent for the advisors to supervise all of the SNA community volunteer events. The goal of this policy is to create a process for the communication of events that will occur during each semester, and to develop a calendar of volunteer activities which would necessitate a faculty member to be present to supervise.

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

The Student Affairs Committee, SNA faculty advisors, and Community Health Nursing lead provide oversight on the policy compliance and monitoring in collaboration with the SNA student board members.

Applicability: Specific individuals or groups to which this applies.

1. Nursing Department faculty
2. SNA Members
3. SNA Board Members.
4. Lead Faculty for NRS 453 Community Health Nursing
5. SNA Faculty Advisors.

Definition(s) *Define unfamiliar terms as needed*

Student Nurses Association (SNA): The volunteer student nurse organization for CSU Channel Islands, performing community outreach, servant leadership, volunteerism, public education for multiple events in Santa Barbara County, Ventura County and Los Angeles County.

SNA Purpose and Function:

1. To represent nursing students to the consumer, to institutions, and other organizations.
2. To promote and encourage students' participation in interdisciplinary activities.
3. To facilitate community service related to the healthcare needs of the area or region.

A licensed professional may supervise experiences for the SNA participants. **Nursing skills needing direct supervision by a licensed professional** comprise of but not limited to: applying first aid, health education, vital signs, administration of vaccines, and health screening.

POLICY TEXT: Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy.

1. The Calendar for SNA Volunteer Events will be updated by the SNA Board every September and February, and then present to the SNA Advisors.
2. Volunteer requests that come in after the calendar is approved, must be submitted to and approved by SNA board members, SNA Faculty Advisors, and Community Health Faculty Lead prior to affirming SNA can attend and the request for faculty is posted.
3. Prior to new events being placed on the SNA event calendar, the SNA events coordinator will contact the Community Health Faculty Lead to inquire if the new event could/should be used for community health clinical hours or a joint volunteer event.
4. SNA advisors will identify volunteer events that require additional faculty supervision, as needed and make an announcement or request at nursing faculty meetings. The SNA Calendar will be posted on the faculty agenda meeting schedule Fall and Spring Terms.
5. Volunteer events that include nursing skills and were not able to obtain faculty supervision will be scheduled unless faculty supervision is obtained in advance of the event. An SNA board member will contact the requesting agency regarding SNA ability to attend, in advance of the event.

EXHIBITS:

Exhibit A: Current SNA Bylaws discussion of volunteerism

Article III section 2. Volunteering

- When an event or activity requires the performance of a nursing skill, only active members currently enrolled in the nursing program at CSU Channel Islands who are under the supervision of a registered nurse may participate in the skilled nursing tasks. Associate members may still participate in the event as long as they are not performing any skilled nursing tasks.

Article XVI Volunteering. Section 1. Volunteer Event Commitment/Discipline Policy

- The expectation is that SNA members who sign-up for volunteer hours do so responsibly. Club members are expected to model professional behavior by upholding commitments that are made to serve the community, or at the very least, provide sufficient notice (24-48 hours) for finding a replacement. Examples of excusable absences align with clinical absence policy and include: illness or injury of self or immediate family member; death of a family member. Barring these emergency situations, the volunteer's or a replacement volunteer's attendance is expected. It is the responsibility of the volunteer to arrange a replacement. The volunteer must email the event coordinator, cc-ing the SNA president, SNA advisor (Michele Solakian), and the replacement volunteer. The replacement must reply to all accepting and confirming the volunteer assignment.

- Failure to follow the above policy will result in a semester-long hold being placed on the volunteer's ability to sign up for SNA volunteer events regardless of membership or graduation status. This hold will be recorded by the SNA Membership Chair. Individuals will return to active membership after the one-semester hold. In the event that the individual commits a second infringement, he/she will be terminated from SNA. Sign-ups for events will be created through modalities that don't allow anonymous log-in or deletion without email notification to event creator. (i.e., SignUpGenius).

- In the event that you are unable to attend a social event you signed up for, it is strongly encouraged that you remove yourself from the sign-up no less than 48 hours before the event. This allows for the event coordinator to adjust accordingly for head-count and supplies/materials needed in addition to modeling the professional and respectful behavior you will bring to your professional career.

- A notification email from the SNA member would be greatly appreciated, although as with volunteer events, sign-ups for social events will be created through modalities that do not allow anonymous log-in or deletion without email notification to the event creator (i.e., SignUpGenius)



CALIFORNIA State University Channel Islands
Nursing Program Policies

Originating Author: Student Affairs Committee
Policy Number: SA0122019
Approved By: Faculty
Approval Date: 4.19.2019
Effective Date: 5.2019
Number of Pages: 2
Next Review Date: 4.2021

Policy and Procedure Incident Reporting

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

The compliance of this policy lies with nursing faculty and University Admissions.

PURPOSE: *Goals and objectives of the policy.*

Following, the Just Culture model of event reporting (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3776518/>) used in most acute care settings this policy aims to provide guidance to faculty and students when there is an adverse event occurrence or error in the clinical setting.

BACKGROUND:

An adverse event is defined as “harm from medical care rather than underlying disease.” (<https://psnet.ahrq.gov/primers/primer/34/Adverse-Events-Near-Misses-and-Errors>). The majority of adverse events are preventable and result from error; failure to follow established policies and procedures; or negligence. It is important the faculty are made aware of any adverse event occurrence so that the cause(s) for the occurrence can be identified and ameliorated if possible.

DEFINITION (S):

Adverse event: preventable error that results in harm.

Error: act of omission or commission that exposes a patient to potential harm.

Near miss: preventable error that does not result in harm.

Sentinel event: event that reaches the patient and results in death, permanent harm, or severe temporary harm and intervention to sustain life.

POLICY

1. Students are expected to report any error, near miss, or adverse event in which they are involved immediately to their clinical faculty. Failure to report an error or event immediately may result in clinical course failure.
2. Clinical faculty must report the occurrence to the course lead and the program chair within 12 hours of occurrence by text or phone call.
3. In addition to reporting the incident as described in this policy, the agency's incident reporting policy must be followed at all times.
4. The student involved in the incident will be counseled by the clinical faculty. Counseling should include referral to Campus Counseling and Psychological Services (CAPS) or the Campus Assessment, Response and Evaluation (CARE) team if the incident resulted in significant patient harm.
5. The clinical faculty will be responsible for submission of the Student Nurse Adverse Event Reporting Form to the course lead and program chair that describes the event and any contributing factors. The completed form must be submitted within 24 hours of event occurrence.
6. Upon receipt of the form, the program chair will notify the Student Affairs Committee chair to call an ad hoc meeting of the committee with the exception of near misses unless deemed necessary for consideration by the committee or program chair.
7. The Student Affairs Committee will review the form and as appropriate, interview the student and/or faculty involved.
8. Based on review of the form and, when conducted, interviews, the Student Affairs Committee will recommend that the student be placed on remediation or failed from the course.
9. If remediation is recommended, the chair of the Student Affairs Committee, the course lead, and the clinical faculty will collaboratively develop the remediation plan. Once the remediation plan is developed the Remediation Policy will be followed.
10. If course failure is recommended, the chair of the Student Affairs Committee will notify the program chair, course lead, and clinical faculty. The clinical faculty will inform the student about the course failure.
11. If this is the student's first course failure, the student must schedule a meeting within 48 hours with the program chair to discuss continued progression in the nursing program.
12. If this is the student's second course failure, the student will be dismissed from the program.
13. The completed form will become part of the permanent student file.

Exhibits

Exhibit A: Student Nurse Adverse Event Reporting Form.

Student Nurse Adverse Event Reporting Form

This form is to be completed by the clinical instructor and nursing student for all adverse events or near misses. The original completed form is to be submitted to the Nursing Program Chair. Be sure to never include the name of the patient or the facility where the incident occurred. Always use a generic term as listed below. Please note: This form does not take the place of the clinical agency reporting process. All adverse events or near misses must be reported via the usual reporting mechanism of the clinical agency.

Date of Incident: _____

Student Name: _____

Type of Incident: Adverse Event Near Miss

| | |
|------------------------|--|
| Medication | |
| Name of med: | |
| Documentation | |
| Safety | |
| Asepsis | |
| Other (please clarify) | |

Type of Facility (hospital, public health agency, etc.): _____

Nursing Unit (if applicable) _____

Semester in which student is enrolled: _____

Faculty completing form: _____

Brief Description of Incident:

Patient Male Female Age _____

Contributing Factors:

System Contributing Factors:

Patient Condition Post Incident:

How event was managed:

Recommendations:

Nursing Program Discussion and Follow-up

Type of Error:

Human Behavior - console

At Risk Behavior - coach

Reckless Behavior – discipline

Follow-up Recommendations:

Student Signature

Date

Faculty Signature

Date

Student Affairs Committee Chair

Date

CSU Channel Islands
Nursing Program

Originating Author: Student Affairs Committee
Policy Number: SA0132019
Approved By: Faculty
Approval Date: 4.16.2021
Effective Date: 6.1.2021
Number of Pages: 3
Next Review Date: 4.2024

Policy and Procedure on Medication Calculation Competency Assessment

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

The compliance of this policy lies with nursing faculty and University Admissions.

PURPOSE: *Goals and objectives of the policy.*

To assure that students are able to safely administer medications in the clinical setting.

BACKGROUND:

Assuring patient safety is an essential nursing competency. Medication errors can result in significant patient harm and are avoidable. To develop and assure that students are competent to administer medications, it is important that there is regular, ongoing assessment of student medication administration competency. The Nursing Program administers a medication calculation competency assessment (MCCA) at the beginning of every semester to ensure that students are able to calculate medication doses accurately. The successful completion of the MCCA is a pre-requisite to proceeding in all clinical courses. Students are given the opportunity to practice these skills before testing.

POLICY

There are two pathways for Medication Calculation Competency

| Pathway 1 for 1 st semester students | Pathway 2 for students in semesters 2-7 |
|--|--|
| <p>The MCCA will be given by the NRS 303 faculty.</p> <ul style="list-style-type: none">• Students will be provided the content for calculating drug dosages during the first five weeks of the semester;• Before entry to the lab, the student must achieve 80% or greater on measurement, conversions, and dosages related to medications; and.• By the last lab, the student must achieve 90% or greater on measurement, conversions, and calculating dosages related to medications. | <p>The MCCA will be given by the clinical faculty before week 2 for 5-week courses and before week 3 for 16-week courses.</p> <ul style="list-style-type: none">• If the student passes, no further assessment is necessary.• If the student fails, he/she will meet with the clinical faculty, develop a remediation plan that includes practice questions and review of their failed assessment; the reassessment should be scheduled the following week during faculty office hours or by appointment.• MCCA will be given in courses where students are expected to administer medications, students are NOT allowed to give medications in the clinical setting until they have passed the MCCA.• Three attempts to pass the MCCA are allowed in NRS 200 – 303 courses; two attempts are allowed in NRS 391 and 421 courses. Failure after all allowed MCCA attempts will require the student to withdraw from the corresponding (theory/didactic courses) that they are enrolled in that semester. The student may re-enroll in those courses the next time the course is offered on a space available basis.• If a student fails to pass the MCCA during a subsequent semester, the student will not be allowed to continue in the nursing major. |

1. The 10 question MCCA will be given by clinical faculty in each semester as follows:

- Pharmacology I (NRS 303)
- Nursing Care of Adults Acute & Chronic I (NRS 221)
- Psychiatric and Mental Health Nursing (NRS 241)
- Nursing Care of Adults Acute & Chronic II (NRS 223)
- Pediatrics (NRS 233) and Obstetrics (NRS 231)
- Transition to Practice (NRS 391)
- Nursing Care Complex Client (NRS 421)

2. Thirty (30) minutes will be allowed for completion of the MCCA. Standard instructions will be used for all MCCAs.
3. Faculty for NRS 303 will review medication calculation the first few weeks of the semester and provide additional math calculation support/practice on the course learning management system (LMS). Practice questions will mirror assessment questions.
4. Faculty in teaching the courses listed above in subsequent semesters will provide math calculation support/practice on the course website two weeks prior to the beginning of the semester. Practice questions will mirror assessment questions.
5. The assessment will be conducted and graded by the clinical faculty, who will record the grade in Gradebook for the course. -
6. The student must pass the MCCA with a minimum score of 90%.
7. It is the student's responsibility to seek the support they need to be successful. Both theory/didactic and clinical faculty will be available by appointment to assist students to be successful.
8. Each MCCA will reflect calculation questions that are frequently used in clinical settings that semester. Questions will be independent of each other i.e., the answer to a question will not rely on the correct answer to the previous question.
 - There should be a mix of common conversion and calculation questions aligned to content that has been covered, e.g., mass, fluid, weight-based
 - Calculation questions should align to courses in terms of level of the learner knowledge as learned in previous course(s) and context of the course (e.g., medications and routes within the course specialty)
9. All calculations must be shown to receive credit. If the test is given online then students will be provided scratch paper which must be submitted at the end of the exam to show proof of work.
10. The theory/didactic and clinical faculty will collaborate annually to review each MCCA to ensure that calculation questions reflect current clinical practice.



CALIFORNIA State University Channel Islands
Nursing Program Policies

Policy Number: SA0142019
Approved By: Student Affairs Committee
Approval Date: 5.17.2019
Effective Date: 5.2019
Number of Pages: 3
Next Review Date: 5.2021

Policy on Faculty Supervision of Medication Administration

PURPOSE: *Goals and objectives of the policy.*

The CSUCI Nursing faculty are committed to establishing effective strategies to safe medication administration and reduction of medication errors. An appropriate faculty supervision of medication administration policy is necessary for safe student medication administration.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

Business and Professions Code § Section 2729 statutorily authorizes that nursing services may be rendered by a student nurse when these services are incidental to the course of study when the nursing student is enrolled in a board approved nursing program. **BRN Position:** Nursing faculty of a California board approved nursing program is authorized by the above law to initiate and continue to allow nursing student's clinical education functions including administration of medication. The role of the nursing faculty is to provide direct and indirect supervision of nursing students in all clinical activities. The Board of Registered Nursing has relied on Business and Professions Code Section § 2729 and does not consider nursing students as unlicensed assistive personnel for the purpose of clinical nursing education.

The Commission on Collegiate Nursing Education (CCNE) accreditation identifies in Standard II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring

The Curriculum Committee and Program Chair provide oversight for policy compliance, including implementation and monitoring.

Applicability: *All courses required to administer medications*

Definition(s):

1. Medication administration refers to the following routes:
 - a. Oral (p.o.)
 - b. Intramuscular (IM)
 - c. Subcutaneous (SC)
 - d. Intradermal
 - e. Transdermal
 - f. Topical
 - g. Enteral tubes
 - h. Drops (eye/ear)
 - i. IVPB
2. RN – Registered Nurse
3. IVP – Intravenous Push
4. IVPB – Intravenous Piggyback
5. IO – Intraosseous
6. PCA – Patient Controlled Anesthesia
7. CVC – Central Venous Catheters

Policy Text: *Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy*

1. Students enrolled in NRS 201 (Fundamentals) are **not** allowed to administer medications at any given time.
2. Students enrolled in NRS 221 (M/S 1), NRS 223 (M/S 2), and NRS 233 (Pediatrics) are **only** allowed to administer medications with the direct supervision of the faculty **not** the RN.
3. Precepted students (NRS 391& NRS 421) are allowed to administer medications with the preceptor and/or RN with direct supervision.
4. Students enrolled in NRS 231 are allowed to administer oral medications with the RN after one successful pass supervised by the faculty.
5. Students at any level are **not** allowed to:
 - a. Administer medications via IVP/IO/CVC **except** for saline flushes to check for patency.
 - b. Initiate & administer chemotherapy
 - c. Set up/manipulate/initiate PCA/Epidural pumps
 - d. Pull cardiac sheaths and central venous catheters
 - e. Initiate and titrate heparin, vasoactive, anti-arrhythmic, or insulin drips
 - f. Initiate blood products administration
 - g. Administer IV narcotic medications
6. Students are expected to always follow the organization's policy and procedure regarding medication administration by students and faculty.

Patient Care Variance Reports

1. The Team Lead and Program Chair must be notified immediately via phone call/text/email when a medication error occurred.

2. In the event of a medication error, the student must complete any hospital-based patient care variance report and nursing program form with their faculty supervisor.

Exhibits: *Optional forms, illustrations, references*

<https://www.m.ca.gov/pdfs/regulations/npr-b-66.pdf>



CALIFORNIA State University Channel Islands
Nursing Program Policies

Originating Author: Student Affairs

Policy Number: SA0152019

Approved By: Faculty

Approval Date: 5.17.2019

Effective Date: 5.2019

Number of Pages: 2

Next Review Date: 5.2021

Policy on Student Emergency Contact Information

PURPOSE: Emergency Contact (EC) information is needed to facilitate and/or notify appropriate parties in the event of an emergency.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*

Emergency Contact information is needed to facilitate care and/or notification to appropriate parties in the event of an emergency.

POLICY:

Accountability Management accountability for policy compliance, implement and monitoring (committee or personnel)

The Student Affairs committee is responsible for implementing and monitoring adherence to the procedure. The clinical coordinator will ensure that all students have completed the emergency contact information prior to the start of each semester.

Applicability: *All nursing students on the Camarillo and Goleta campuses*

Definition: Emergency Contact (EC): To contact someone of your choice in case of an emergency on your behalf. This could be used if you had a medical emergency and someone needed to be notified.

Policy Text:

Students are required to update or validate a designated emergency contact in Castle Branch January 1, May 1, and August 1. This designated contact person will be the individual of the student's choice to notify in case of an emergency on their behalf. The information will only be used if a medical emergency occurred and someone needed to be notified.

The EC information provided to the nursing department is confidential and will only be used by nursing department to provide notification in the event of a personal or campus emergency.

The emergency contact information will be accessible on Dropbox to faculty at the beginning of every term an Emergency Contact Policy.

Information provided through the CSUCI emergency contact site will adhere to University policy and can be found on <https://www.csuci.edu/housing/apply/update-emergency-contacts.htm>. It is highly encouraged students update this information whenever there is a change in the EC.

1. Update Emergency Contacts at CSUCI
 - a. <https://www.csuci.edu/housing/apply/update-emergency-contacts.htm>
2. Update Emergency Contacts at Nursing Department
 - a. <https://www.castlebranch.com/sign-in>

EC information for each student includes:

- i. Primary and secondary emergency contacts
- ii. First and last name of each emergency contact
- iii. Relationship of each contact to the student
- iv. The phone number and address of each emergency contact
- v. If more than one EC provided add order of contact- primary contact will be notified first. If the department is not able to contact primary EC nursing faculty or staff will contact the secondary EC.
- vi. Information will be stored in a secure yet easily accessible by nursing staff and faculty
- vii. Clinical faculty will have access to the information in Dropbox

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency. Please be sure to complete all information, sign and date this form.

STUDENT

Last Name: _____ First Name: _____ MI: _____

Personal E-mail: _____

Home Phone: _____ Cell Phone: _____

Address (Street, City, State, Zip Code): _____

PRIMARY EMERGENCY CONTACT

Last Name: _____ First Name: _____ MI: _____

Relationship: _____

Personal E-mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address (Street, City, State, Zip Code): _____

SECONDARY EMERGENCY CONTACT

Last Name: _____ First Name: _____ MI: _____

Relationship: _____

Personal E-mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address (Street, City, State, Zip Code): _____

Preferred Local Hospital: _____

Health Insurance Provider Name: _____

Comments - include any special medical or personal information you would want to emergency care provider to know, or special contact information:

Student Signature: _____ Date: _____

Forms & Other Documents

CSU Channel Islands BSN Program

Request for a Letter of Recommendation from a Nursing Faculty Member

Date of Request: _____ Instructor: _____

Student Name: _____ Email: _____

Student Address: _____

Date Letter Needed: _____

___ Letter to be mailed to student at home (Must include stamped, self-addressed envelope)

___ Letter to be picked up in Nursing Program

___ Letter to be picked up in faculty member's mailbox (outside door)

Please list the semester, year and course in which you completed the class of the above instructor:

Didactic: _____

Clinical: _____

Please provide the following information concerning the letter and the person to whom the letter is to be addressed:

Name: _____ Title: _____

Facility Name and Address:

Purpose of the letter (employment, scholarship, internship etc.)

Specific information you would like included in the letter: (Include volunteer activities and hours, student nurses association, committee work, tutoring etc.)

Please allow at least 2 weeks minimum for processing. Please personally contact the instructor prior to the submission of this form.

About the CSUCI Nursing Department ePortfolio Project

A well-organized portfolio can help students document their professional development, demonstrate achievement of expected nursing competencies, showcase their use of the latest evidence in making nursing practice decisions, and articulate their professional philosophy. A portfolio shows a sample of the breadth and depth of a person's work. It allows students demonstrate achievement of Nursing Department program learning outcomes. Students develop the finished portfolio over time using examples from nursing course work and non-nursing courses.

Although many print-based materials can be displayed nicely in a paper-based format, use of a paper-based format presents some distinct limitations. For example, paper-based formats do not easily allow for the presentation of dynamic artifacts, such as video, audio, slides, or web links. It is difficult to share paper portfolios beyond a limited, local audience.

Nursing students will use students Google Site/Suite to develop their portfolios for submission and review by nursing faculty. Sample completed course work that demonstrates achievement of course learning outcomes will be incorporated into the portfolio. Nursing students may also opt to develop a personal, professional portfolio is CI Keys. The professional portfolio can be shared with prospective employers after graduation.

ePortfolio FAQs

1. What needs to be included in my ePortfolio?
2. How will my ePortfolio be assessed?
3. Who will see my ePortfolio?
4. What happens to my ePortfolio after I graduate?

1. What needs to be included in my ePortfolio?

All BSN (including RN-BSN) students are required to include the content outlined below in their completed ePortfolio:

- 1) Baccalaureate Nursing Competencies (AACN BSN Essentials 2008).
 - a) Clinical Prevention and Population Health
 - i) Patient Centered Care
 - b) Basic Organizational and Systems Leadership for Quality Care and Patient Safety
 - i) Leadership
 - ii) Quality Improvement
 - iii) Patient Safety
 - c) Interprofessional Communication and Collaboration for Improving Patient Health Outcomes
 - i) Team Work and Collaboration
 - d) Information Management and Application of Patient Care Technologies

- i) Informatics
 - e) Scholarship for Evidence-based Practice
 - i) Evidence-based Practice
 - f) Health Care Policy, Finance and Regulatory Environments
 - g) Professionalism and Professional Values
 - h) Baccalaureate Generalist Nursing Practice
- 2) Résumé

Optional: In addition to the requirements above, you might also want to create a Specialized Projects & Initiatives page. On this page, you would showcase any accomplishments that go beyond the basic requirements of the Nursing program. Examples include:

- Extracurricular activities that contribute to your professional development

Each section of the ePortfolio must include a reflective statement that conveys to the reader how the materials you included in a particular section of the ePortfolio demonstrate achievement of the competency that is the focus of that particular section. Faculty will evaluate the reflective statement to determine your understanding of the competency and whether you have achieved an appropriate level of knowledge, skill or attitude related to the competency.

Guidelines for the Nursing Competencies Pages

The competency pages of the ePortfolio provide you with the opportunity to provide examples from various courses that demonstrate achievement of specific nursing competencies as described in course syllabi as course learning outcomes. You can upload papers, presentations, case studies, etc. that illustrate work you have done to achieve a particular nursing competency. Examples of materials that should be included in the ePortfolio are:

- Leadership – resume, cover letter and philosophy statement
- Research – EBP/QI poster
- Community Health – community assessment, ecomap
- Psych/Mental Health – care plan(s)
- Medical/Surgical, Pediatrics, Maternal/Child – concept maps

It's important that you protect the confidentiality of your clients at all times. Erase all identifying information or replace it with pseudonyms. You must also obtain written consent before posting any pictures, videos, or audio recordings that include images or recordings of patients, families, colleagues, on your ePortfolio.

2. How will my ePortfolio be assessed?

The ePortfolio will be assigned as part of the required course work for specific nursing courses in your nursing program. The faculty who assign the ePortfolio for the course will develop a rubric that will be used to assess your work. Plan to discuss the grading rubric with your faculty so that you are clear about faculty expectations for the ePortfolio. You should discuss faculty

expectations regarding the uploading of specific examples of work that demonstrates achievement of specific nursing competencies.

3. Who will see my ePortfolio?

Do I need to make my ePortfolio site public?

You will share your ePortfolio with faculty so that they can access the materials you published and provide you with feedback.

Who is the intended audience of my ePortfolio?

Your ePortfolio is meant to showcase your best work for the purpose of evaluation and feedback by your faculty. Furthermore, as you get ready to apply for internships and employment, your ePortfolio will also provide a collection of your work to present to potential employers.

Will my ePortfolio be viewable by anyone online?

4. What happens to my ePortfolio after I graduate from CSUCI?

You retain control of your ePortfolio once you graduate. You may opt to share it with other but that choice is yours.

Clinical Requirements (CastleBranch)

Students must provide the following Health Documents to the Nursing Program by uploading to CastleBranch.

| Vaccinations | | |
|--|---|--|
| Vaccines | To do action | Comments |
| Influenza (Seasonal Flu) | Submit an official form/letter from a healthcare provider, pharmacy, or clinic, which states that you received a Flu vaccine during the current Flu season. | Renewal date will be set for October 1 st of each year. |
| Varicella (Chicken Pox) (Series of two vaccines, usually given to children 12 months through 12 years of age.) | Submit one of the following: <ul style="list-style-type: none"> - 2 vaccines, <u>OR</u> - <u>Positive</u> antibody titer lab report If titer is <u>Negative</u> or <u>Equivocal</u> , you will have to receive one booster shot and a follow up titer after 3 months. | If series is in progress, submit where you are and follow up when series is completed. |
| Measles, Mumps & Rubella (MMR) (Series of two vaccines, usually given to children 12 months through 6 years of age.) | Submit one of the following: <ul style="list-style-type: none"> - 2 vaccines, <u>OR</u> - <u>Positive</u> antibody titer lab report for <u>all 3</u> components If any titer is <u>Negative</u> or <u>Equivocal</u> , you will have to receive one booster shot and a follow up titer after 3 months. | If series is in progress, submit where you are and follow up when series is completed. |
| Hepatitis B (Hep B or HBV, series of three vaccines, usually given over a period of six months) | Submit one of the following: <ul style="list-style-type: none"> - 3 vaccines, <u>OR</u> - <u>Positive</u> antibody titer lab report If titer is <u>Negative</u> or <u>Equivocal</u> , you will have to receive one booster shot and a follow up titer after 3 months. | If series is in progress, submit where you are and follow up when series is completed. |
| Tuberculosis (TB) (Quantiferon – TB Test) | Submit one of the following: <ul style="list-style-type: none"> - <u>Negative</u> blood test lab report administered within the past 12 months, <u>OR</u> - If blood test result is <u>Positive</u> or <u>Equivocal</u>, you will have to submit a clear Chest X-Ray lab report administered within the past 12 months, along with your positive result. | Renewal date will be set for 1 year for Negative blood test and 2 years for Chest X-Ray. |
| Tetanus, Diphtheria, & Pertussis (Tdap) (It is routinely given at age 11 or 12) | Submit a Tdap vaccine administered within the past 10 years. | Renewal date will be set 10 years from the administered date. |
| Meningococcal Conjugate (Serogroups A, C, Y, & W-135) | CB will ask student’s age. If you are 21 or over, this requirement will be marked as COMPLETE. If you are under the age of 21, you must follow what is required. | This Vaccine is required by CSU, not by the Nursing Program. |
| COVID-19 Vaccine | Submit your proof of Covid-19 Vaccine. | |

cont. Clinical Requirements (CastleBranch)

Students must provide the following Health Documents to the Nursing Program by uploading to CastleBranch.

| Health Documents | | |
|--|---|--|
| Documents | To do action | Comments |
| Handbook Acknowledgement | Download, print, and complete the Handbook Acknowledgement form available for download from this requirement. Then upload to CastleBranch. This form states that you read, and understood the policies, procedures and requirements in the CSUCI Nursing Program Handbook. | Renewal date will be set for January 15 th and August 1 st of each year. |
| Faculty Handbook Acknowledgement (ONLY for FACULTY) | Download, print, and complete the Handbook Acknowledgement form available for download from this requirement. Then upload to CastleBranch. This form states that you read, and understood the policies, procedures and requirements in the CSUCI Nursing Program Handbook. <u>Also, understand the Faculty/Curriculum/Student Affairs committee may alter policies.</u> | Renewal date will be set for September 1 st of each year. |
| Acknowledgement of Responsibility | Download, print, and complete the Acknowledgement of Responsibility form available for download from this requirement. Then upload to CastleBranch. This form states that you are fully responsible for maintaining Health Insurance throughout the Nursing Program in order to have coverage in the case of any injury or accident. | Renewal date will be set for September 1 st of each year. |
| Physical Examination | Submit documentation of your completed physical examination. The exam must be completed and signed by a medical professional and be dated within the past 6 month. | Renewal date will be set for September 1 st of each year. |
| Social Media Policy | Download, print, and complete the Social Media form available for download from this requirement. Then upload to CastleBranch. This form states that you received, and understood the Social Media policy and potential consequences. | |
| Visual/Audio Image Release Form | Download, print, and complete the Visual/Audio Image Release form available for download from this requirement. Then upload to CastleBranch. This form states that California State University system has permission to utilize visual/audio images that may pertain to you or your materials. | |
| BLS Certification (Basic Life Support) | Submit a copy of your current BLS Certification (both sides if necessary). The CPR must be one of the following: <ul style="list-style-type: none"> - American Heart Association Healthcare Provider course, or - Certification issued in accordance with the AHA Healthcare Provider course. - It cannot be an online course. | Renewal date will be set per the expiration date on card. |
| Fire Safety Card | Submit a copy of your current Fire Safety Card. ONLY for Track I Camarillo - This card will prove that you attended a mandatory Fire Class. Must be Los Angeles Fire Safety training. | Renewal date will be set per the expiration date on card. |
| Emergency Contact Information | Download and complete the Emergency Contact Information form available for download from this requirement. Then upload to CastleBranch. This information will be extremely important in the event of an accident or medical emergency. | Renewal date will be set for January 1st, May 1st , and August 1st of each year. |
| California RN License | Submit a current California RN license or verification of licensure through the state website. ONLY for Faculty and Track II (ADN/RN-BSN) (optional for Bridge Student) | Renewal date will be set per the expiration date of licensure. |

Important contacts:

- **CastleBranch User Experience Services (UES):** 888-723-4263
- **Nursing Clinical Coordinator:** Liege Ayub - liege.ayub@csuci.edu

Physical Examination

(This page must be completed by applicant)

| | | |
|-------------------|--------------------|---------------------|
| Last Name: | First Name: | Middle: |
| DOB: | Sex: | Student ID#: |

Medical History

| | | | | | |
|------------------------|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|
| Abdominal Pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hernia | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Allergies | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Kidney Disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, list: | | | High Blood Pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Anemia | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Liver Disease/Hepatitis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Anxiety | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Surgery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, date & type: | | |
| Back Pain/Injury | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Thyroid Disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Depression | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ulcers/Gastritis/GERD | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vision Problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eating Disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Smoke | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Epilepsy/Seizure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Packs per week: | | |
| Headaches/Migraines | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Alcohol Use | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Head Injury/concussion | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Drinks per week: | Drinks per month: | |
| Hearing Problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Drug Use | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart Disease/Murmur | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Type/Frequency: | | |
| Other: | | | | | |

Current medications/herbs/supplements: Yes No If yes, list: _____

Who is your primary care physician? _____

Have you ever been hospitalized? Yes No

If yes, give the date and reason for hospitalization: _____

Have you ever failed a physical examination? Yes No

If yes, please explain reason(s): _____

This information may be shared with the department requesting Physical Examination and/or with the medical facility.

| | |
|---|--------------|
| The above information is true and correct to the best of my knowledge. | |
| Print Name: | |
| Signature: | Date: |

cont. **Physical Examination**
(This page must be completed by Physician/Examiner)

| | | |
|-------------------|--------------------|----------------|
| Last Name: | First Name: | Middle: |
| DOB: | Sex: | |

| | | | | | |
|---------------------------|----------------|-------------|---------------|--------------|-------------|
| Height: | Weight: | B/P: | Pulse: | Resp: | LMP: |
| Vision Screening: | Right: 20/ | Left: 20/ | Both: 20/ | | |
| With Glasses: | Right: 20/ | Left: 20/ | Both: 20/ | | |
| Hearing Screening: | Right: | | Left: | | |

EXAMINATION

| Basic Exam | | Yes | No | Comments |
|-------------------|---|--------------------------|--------------------------|-----------------|
| General: | Alert, well appearing, no apparent distress. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ears: | Canal without tenderness or exudate. TMs good landmarks/light reflex, no erythema. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sinus: | Patent nares; no sinus tenderness to palpitation. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pharynx: | No erythema, exudate; no tonsillar enlargement. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Neck: | Supple, no adenopathy; no thyromegaly. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lungs: | Equal breath sounds; no respiratory distress; no wheezes, rhonchi or rales. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Heart: | Regular rhythm, no murmurs, gallops or rubs. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Abdomen: | Active BS; soft; no tenderness, guarding, masses or organomegaly; no CVA tenderness. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Skin: | No rashes, petechiae or other lesions. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Neuro: | DTRs + 2 bilaterally; strength 5 +/5+; Romberg negative. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Back: | Straight, full ROM; non-tender to palpitation. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other: | | | | |

| | | |
|---|--|--------------|
| Physician/Examiner Print Name & Credentials: | | |
| Physician/Examiner Signature: | | Date: |
| Facility Name: | | |
| Facility Address/Phone: | | |

Tuberculosis QuantiFERON TB Test

Facts:

QuantiFERON®-TB Test is an alternative to the tuberculin skin test. It is a blood test used to diagnose Mycobacterium Tuberculosis infection. The advantage according to the Centers for Diseases Control and Prevention is “The greater specificity of the QuantiFERON test and the requirement for only one visit are compelling advantages”. In addition, the test is not subject to reader bias.

Why and How:

The Nursing program as of 05/25/2016 therefore is requiring the QuantiFERON®-TB Test as the annual TB test for all students. A medical provider must order the blood test and the lab report result must be submitted into CastleBranch on annual basis.

As for faculty, if the TB test is required by the organization or clinical agency, the faculty teaching the course will need to submit the lab report result into CastleBranch.

ON DUTY UNIFORMS
 4572 Telephone Road, Suite 920
 Ventura, CA 93003
 805-650-3889

**CSU Channel Islands Nursing Program
 Uniform and Name Badge Information
 Navy Cherokee Tops, Pants & Jackets
 White Cherokee Lab Coats**

| | | | |
|--|--------------------------|---|--------------------------|
| <u>Shirts</u> | <u>XS-XL</u> <u>2XL+</u> | <u>Pants</u> | <u>XS-XL</u> <u>2XL+</u> |
| 1 pocket (4777) \$24.00*/ \$27.00* | | Drawstring (4100) Unisex \$13.50 / \$16.50 | |
| 2 pocket (4700) \$27.00*/ \$30.00* | | Elastic Waistband (4200) Women's \$15.00 / \$18.00 | |
| 3 pocket (4876) \$29.00*/ \$31.50* | | Elastic/Drawstring Combo (4101) Women's \$16.00 / \$19.00 | |
| *Price includes embroidery | | Drawstring Cargo (4000) Men's \$19.00 / \$22.00 | |
| <u>Warmup Jackets</u> | <u>XS-XL</u> <u>2XL+</u> | <u>Lab Coats</u> | |
| Women's only (4350) \$30.00*/ \$32.50* | | Women's (348) \$24.00 | |
| *Price includes embroidery | | Men's (1389) XS-XL \$20.00 / 2XL-3XL \$22.00 | |
| <u>Name Badges</u> | <u>\$9.00</u> | | |

Order Information

Shirt Type / Size / Quantity

1 pocket _____ 2 pocket _____ 3 pocket _____
 XXS _____ XS _____ SM _____ MD _____ LG _____ XL _____ 2XL _____

Pant Type / Size / Quantity

Drawstring _____ Elastic Waistband _____ Elastic & Drawstring Combo _____ Cargo _____
 Regular: XXS _____ XS _____ SM _____ MD _____ LG _____ XL _____ 2XL _____
 Petite: XXS _____ XS _____ SM _____ MD _____ LG _____ XL _____ 2XL _____
 Tall: XXS _____ XS _____ SM _____ MD _____ LG _____ XL _____ 2XL _____

Jacket Size / Quantity

XXS _____ XS _____ SM _____ MD _____ LG _____ XL _____ 2XL _____

Lab Coat: Women's (size 4-20) _____ Men's (size XS-3X) _____

Name Badge Quantity _____

Name: _____ Phone Number: _____

Social Media Policy Acknowledgement

I, _____ have received a copy of the Social Media Policy and understand the policy and potential consequences.

Student Signature: _____

Date: _____



HIPAA Compliance acknowledgement Form

Print Name _____ Course _____ Semester _____

Signature of the student Date _____
(Acknowledges reading and understanding of policy)

Signature of the student (Acknowledges completion of the ATI modules before the beginning of clinical) Date _____

Acknowledgement of Responsibility

In signing this document, I am verifying my full knowledge and understanding of my responsibility within the CSU CI Nursing Program as it pertains to required obligations, illness & injury, and accidents while performing any service as a CSU CI student.

I know that I am responsible for maintaining health insurance throughout the program in order to have coverage in the case of an injury or accident, as it is stated in the Student Handbook. If I am involved in an incident, I am solely responsible for covering the cost of my care, any follow up related to said incident, and agree to assume all risks related to gathering experience.

I also understand that if an incident occurs while at a clinical location, I am held to the policies and procedures of the facility and that my first responsibility is to notify my instructor of any occurrence in a timely manner. If I am found in violation of any CSU CI Nursing policy or procedure, while the incident took place, I may face disciplinary action.

Health Insurance Provider/Company

Student Name (print)

Student Signature

Date

Handbook Acknowledgement of Policies, Procedures and Guidelines

I have read and understood the policies, procedures and requirements in the CSU Channel Islands Nursing Program Student Handbook, and I understand that my eligibility to participate in this program may be terminated if I cannot meet these expectations.

I also understand the faculty/curriculum committee may alter policies, procedures and guidelines. I am aware that there is student representation in the faculty/curriculum committee. Any changes in policies, procedures and guidelines will be made available to students via the Nursing Program website under Current Students.

Student Name (print): _____

Student Signature: _____

Date: _____