



Helen and Arthur E. Johnson
Beth-El College of
Nursing and Health Sciences

UNIVERSITY OF COLORADO **COLORADO SPRINGS**

Undergraduate Student Nursing

Handbook

A Guide to Life at
The Helen and Arthur E. Johnson Beth-El
College of Nursing & Health Sciences
Nursing Department

2024-2025

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Vision, Mission and Values

UCCS Vision, Mission and Values

Johnson/Beth-El Nursing Department Vision Statement

To create healthier communities by inspiring excellence through nursing leadership and lifelong learning.

Johnson/Beth-El Nursing Department Mission Statement

To develop exceptional nurses through innovative and experiential education, scholarship, and service.

Johnson/Beth-El Nursing Department Values

Spirit of inquiry: We value curiosity, discovery, scholarship, and the pursuit of lifelong learning

Innovation: We value new ideas that enhance education, practice, and scholarship

Experiential learning: We value immersive and experiential teaching strategies that are responsive to learning styles and needs

Diversity: We value inclusive engagement of peoples and ideas

Ethics: We value behaviors that demonstrate the highest level of integrity

Excellence: We strive for the highest quality in leadership, teaching, scholarship, and practice

Caring: We believe that caring is at the core of nursing knowledge and reflected in practice

Community engagement and advocacy: We value service that includes advocacy within our communities

Collaboration and partnerships: We value inter/intraprofessional relationships and innovative partnerships



Johnson/Beth-El Nursing Department Goals

- Provide high quality comprehensive undergraduate nursing, graduate nursing, and health sciences educational experiences designed to prepare students to meet the present and future healthcare needs and expectations of the public and to excel personally and professionally as local and global citizens.
- Collaborate with the community in responsible growth to meet the current and future demand for qualified healthcare professionals.
- Invest in healthcare scholarship, practices, and educational processes that integrate the academic expectations/requirements of the faculty, student learning opportunities, and the healthcare needs of the community.
- Create a climate of innovation and entrepreneurship that fosters excellence in healthcare practice, research, and scholarship.
- Graduate culturally competent healthcare professionals who value diversity and lifelong learning and are prepared for leadership roles in a broad array of healthcare environments.
- Integrate current technology into teaching/learning, research, and operational processes.





Baccalaureate Nursing Program Information

[BSN Program Outcomes](#)

Admissions, Progression, and Graduation

Admission: Students must meet the program requirements specified in the application process for each option (Traditional, BSN, Accelerated BSN, RN-BSN, and Dual Enrollment BSN)

Progression: Students who are admitted to the nursing major must maintain a 2.0 cumulative GPA in order to progress. Students who earn less than a C (74%) in one nursing course of 3 or more credit hours in the nursing major will be dismissed from the program. Students may appeal a failed nursing course for retention in the program.

The student must meet the criteria set forth by faculty for completion of courses and maintain a cumulative undergraduate grade point average (GPA.) of 2.0 or higher.

Graduation: In order to receive the degree (BSN) the student must meet the following graduation requirements:

1. Successfully complete 126 credit hours in the nursing curriculum including all required nursing and general education courses.
2. Meet minimum scholarship requirements by completing all course work in nursing and specified general education courses with a minimum grade of C.
3. Complete all incomplete grades.

[BSN Program Options](#)

BSN Course Placement

The program of studies for the traditional baccalaureate degree in nursing at Johnson/Beth-El takes a minimum of four years to complete. The first and second year consist primarily of general education courses which provide a foundation for later nursing courses. Students are provided with opportunities for a well-rounded academic experience including courses in the physical/biological sciences, psychosocial sciences, and humanities.

Nursing content in the second year introduces the student to the conceptual framework of the college and provides a basis in psychomotor skills for the more advanced clinical courses to follow in years three and four.

Nursing courses in years one and two include:

- NURS 1010 Pharmacological Math
- NURS 1230 Foundations of Nursing Practice
- NURS 2050 Pharmacology
- NURS 2080 Health Promotion
- NURS 2100 Basic Health Assessment

- NURS 2200 Fundamentals of Nursing Practice
- NURS 3010 Pathophysiology

Both Health Assessment and Fundamentals of Nursing Practice have a clinical component to the course. Pharmacology, Pharmacology Math, and Pathophysiology provide bases for more complex theory/clinical integration. The concept of human caring is used throughout the curriculum. In year two human caring is addressed as it applies to self-care.

The emphasis in year three is human caring with individual clients. Nursing courses for year three include:

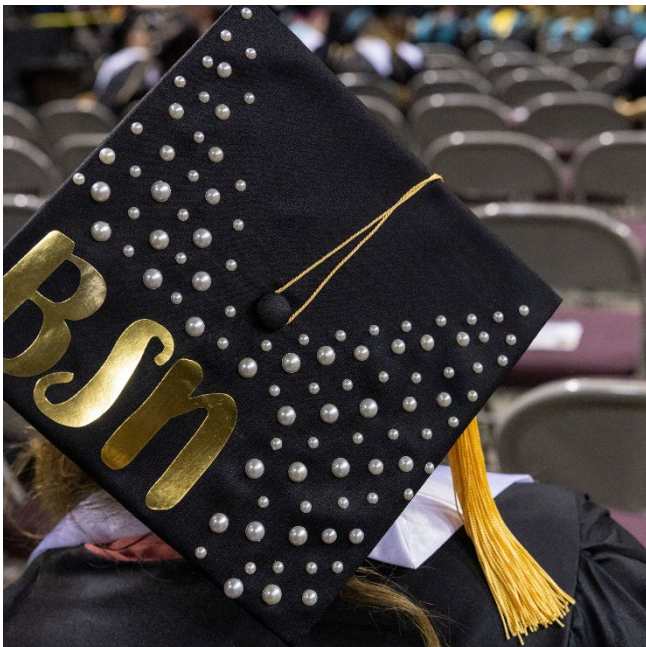
- NURS 3100 Mental Health Nursing
- NURS 3200/3210 Nursing Care of Adults I and II
- HSCI 2060 Health Science Statistics
- NURS 4010 Nursing Research
- NURS 4300 Leadership and Management

The emphasis in year four is nursing care of individuals, groups, families, and communities in complex clinical situations.

Nursing courses for year four include:

- NURS 4100 Nursing Care of Children
- NURS 4200 Nursing Care of the Childbearing Family
- NURS 4290 Advanced Nursing
- NURS 4400 Community Health Nursing

Students are given the opportunity to expand their interest and competencies by selecting nursing and non-nursing electives. Required elective courses may be completed at the discretion of the student in collaboration with the nursing advisor.





University Services

Academic Advising & Counseling

[ACADEMIC ADVISING](#)

ADVISING RESPONSIBILITIES FOR PROGRESSION THROUGH THE PROGRAM

Students:

- Contact the nursing advisor
- Identify individual course work needs
- Maintain current immunizations, CPR status, and health insurance
- RN-BSN students must maintain a copy of a current and unrestricted Colorado Nursing License

Advisors:

- A degree audit is conducted to indicate which transfer credits apply to the program of study. This is available to the students via the UCCS Student Portal.
- Advisors are available to their advisees by e-mail or appointment
- Advisors have knowledge of curriculum requirements

Advising Responsibilities for Graduation

This process begins when the advisee completes and returns an electronic graduation application. Instructions will be emailed to the student after Census Date, one semester prior to graduation.

Undergraduate Nursing Advisor (Academic Advising Office)

- Reviews the file to verify degree requirements
- Notifies advisee of any problems with their file, students that meet all requirements will not be contacted.

Students

- Resolve any problems with their files
- Notify advisor of changes in graduation plans if necessary

[COUNSELING](#)

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[EMPLOYMENT OPPORTUNITIES](#)

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TECHNOLOGY LITERACY EXPECTATIONS

Students are expected to have basic computer skills (keyboarding, word processing, and use of e-mail including attachments) upon entering Johnson/Beth-El. If not, students can take an introduction to computers course for 3 credit hours.





ACADEMIC POLICIES

Admissions, Grades, Testing and Graduation Policies

POLICY TITLE: ACADEMIC EXPECTATIONS, GRADING SCALE, GRADUATION REQUIREMENTS

Date of Origin (if available): not available

Date(s) of Revision: September 26, 2011, January 2013

Faculty Sponsor(s): Eileen Gerrard-Gough, Mary Jo Stanley, Sherry Lee

Undergraduate Department Approval Date(s): November 4, 2011, February 27, 2013, March 10, 2014

Policy:

Students who are admitted to the nursing major must maintain a 2.0 cumulative GPA in order to progress. A minimum grade of 74% (C) is required in all nursing courses (NURS XXXX) three credits or greater. Any student (whether Traditional, Accelerated, RN-BSN or Dual Enrollment option) who does not meet this requirement can no longer continue in the nursing program (See: [Academic Progression, Retention and Appeal Policy](#)).

Grading Scale:

A	95 -100	C	74-76
A-	90 - 94	C-	70-73
B+	87-89	D+	67-69
B	84-86	D	64-66
B-	80-83	D-	60-63
C+	77-79	F	59 and below

Academic Expectations:

Promotion through the nursing courses occurs if the student meets the criteria set forth by faculty for completion of courses and maintains a cumulative undergraduate grade point average (GPA.) of 2.0.

Graduation Requirements:

In order to receive a Bachelor of Science in Nursing (BSN), the student must meet the following graduation requirements:

1. Complete 126 credit hours in the nursing curriculum including all required nursing and general education courses (natural science, behavioral science, social science and humanities).
2. Meet minimum scholarship requirements by completing all course work in nursing and specified general education courses with a minimum grade of C.
3. Complete all incomplete grades.

All basic baccalaureate students who meet graduation requirements and receive a Bachelor of Science in Nursing (BSN) degree may apply to take the State Board of Nursing Test (NCLEX) to become a registered nurse (RN).

Rationale: The faculty of Johnson/Beth-El has determined that a grade point average (GPA) of 2.0 is the minimum acceptable GPA for safe, competent nursing practice. The student must successfully complete a broad

liberal arts, sciences, and humanities curriculum, in addition to nursing courses in order to prepare him or her for the generalist professional nursing practice role.

HONORS FOR BACCALAUREATE DEGREES

In an attempt to recognize excellence, the college has an honors designation. Minimum cumulative grade point averages to be earned for honors are indicated below. Both nursing and non-nursing courses will be included in the GPA.

Cumulative GPA:

Cum Laude	3.50 - 3.69
Magna Cum Laude	3.7 - 3.89
Summa Cum Laude	3.9 or higher

UNDERGRADUATE STANDARDIZED TESTING STATEMENT

Students in the undergraduate nursing program (traditional and accelerated program options) are required to take online standardized tests throughout the program. These standardized exams provide valuable feedback to exam. The standardized testing also provides important information to the faculty who are responsible for ensuring that students’ learning experiences are leading to expected program goals and outcomes. Each course that utilizes a standardized online test will incorporate the grade earned on the standardized test as a percentage of the final course grade and will be specified in the course syllabus. A standardized testing fee is applied to the students’ tuition/fees for those courses administering a standardized test. The standardized testing fee covers the cost of the required standardized exam, review materials, and remediation resources.

Standardized exams are a part of some course completion requirements. Students who achieve less than the identified benchmark score will be expected to complete a course specific plan for review and remediation. The faculty have established benchmark criteria for the standardized tests in each program to provide expectations for students that will promote success for students on the NCLEX-RN exam for licensure.

Original Draft: 4/17/2019

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Revised: 5/31/2019





POLICY TITLE: TECHNICAL STANDARDS FOR ADMISSION, PROGRESSION AND GRADUATION

Date of Origin (if available): October 3, 2011

Date(s) of Revision:

Faculty Sponsor(s): Trellis Moore

Undergraduate Department Approval Date(s): January 23, 2012

Policy: Students applying for admission to the Undergraduate Nursing program and students who are in the nursing program must be able to meet these minimum standards with or without reasonable accommodation for successful completion of the degree requirements. The Undergraduate department will consider any applicant who demonstrates the ability to perform, or to learn to perform the skills listed here. Any applicant with concerns about these technical standards is encouraged to discuss the issue with the option coordinator for the program. If appropriate and upon request of the individual, reasonable accommodation for a disability may be provided.

Standards	Necessary Activities
Critical thinking abilities sufficient for clinical judgment	<ul style="list-style-type: none"> • Identify cause/effect relationships in clinical situations. • Select clients with identified problems, prioritize the problems and create appropriate plans of care. • Relate the pathophysiological and psychological basis of disease to client’s status. • Identify salient clinical findings, interpret them and initiate appropriate actions in a timely manner. • Incorporate data from multiple patient sources
Interpersonal abilities sufficient to interact with individuals, families, and target populations from all backgrounds	<ul style="list-style-type: none"> • Establish and maintain rapport with clients, colleagues and faculty; • Apply appropriate psychosocial, spiritual, and cultural concepts with clients. • Participate in clinical group activities and discussions/conferences appropriately • Demonstrate respect for others. • Demonstrate ability to work with community populations.
Abilities sufficient for physical assessment and clinical interventions	<ul style="list-style-type: none"> • Observation necessitates the functional use of vision, hearing, tactile and somatic senses. • Complete physical examination including inspection, auscultation, percussion, and palpation of all systems on assigned clients and document findings according to facility standards. • Possess fine motor coordination and physical ability to perform patient interventions (examples of this may be insertion of a catheter, initiation of an intravenous line, administration of medications, intravenous fluids, and wound care.)



Standards	Necessary Activities
Abilities sufficient to provide safe and effective nursing care.	<ul style="list-style-type: none">• Move safely in client’s environment, work spaces, and treatment areas.• Calibrate and use equipment as required for each clinical site.• Maintain a sterile field and use aseptic technique when providing care.• Possess the physical strength and stamina required to perform clinical tasks safely.<ul style="list-style-type: none">○ Provide safe and timely care to all assigned clients, for the required number of clinical hours (up to 12 hours per clinical day).○ Ensure safe lifting and transferring of patients.• Possess the sensory ability with the use of assistive devices if needed to perform clinical tasks safely.• Administer medications safely to include giving intramuscular and subcutaneous injections.• Sufficient motor and sensory function to elicit information from patients by:<ul style="list-style-type: none">○ Tactile palpation○ Auscultation using a stethoscope○ Direct hand percussion○ Indirect percussion using a percussion hammer○ Other diagnostic maneuvers.• Perform basic patient care procedures, e.g. tracheostomy care, urinary catheterization, insertion of intravenous catheters, and using oxygen/respiratory equipment.• Practice with integrity.
Oral and written communication abilities sufficient for interactions with others	<ul style="list-style-type: none">• Communication includes speech, hearing, reading, writing and computer literacy.• Communicate clearly and effectively in English with clients, teachers and all members of the health care team.• Document patient information according to the healthcare facility standards.• Discuss with the Health Care Team and/or client treatment procedures, initiate health teaching, identify nursing actions, and interpret client responses.• Be responsible, accountable, and ethical in all interactions

Standards	Necessary Activities
Abilities sufficient to assess and monitor health needs.	<ul style="list-style-type: none"> • Modify decisions, and actions when indicated by new relevant data or analysis of existing data. • Communicate relevant data to clinical faculty and clinical site healthcare professionals in a timely manner. • Access and record data in the Electronic Medical Record (EMR). • Be able to function in stressful situations. • Recognize and respond to life-threatening emergencies. • Initiate emergency procedures according to site protocol.

Adapted from “Essential Eligibility guidelines for Participation in the Undergraduate Program” Washington State University, Nursing Program.

Rationale:

The technical standards will assist students and faculty in determining whether accommodation or modification is necessary for successful completion of the program. The Americans With Disabilities Act requires that reasonable accommodation be considered when a student has a disability.



Academic Freedom and Ethics

POLICY TITLE: ACADEMIC FREEDOM

Date of Origin (if available): not available

Date(s) of Revision: September 26, 2011, December 9, 2013

Faculty Sponsor(s): Eileen Gerrard-Gough, Mary Jo Stanley, Sherry Lee, Undergraduate Department

Approval Date(s): November 4, 2011, January 13, 2014

Policy:

Johnson/Beth-El provides nursing and health science education for the community and southern Colorado. This mission can best be accomplished in an atmosphere of free inquiry and discussion, referred to as academic freedom.

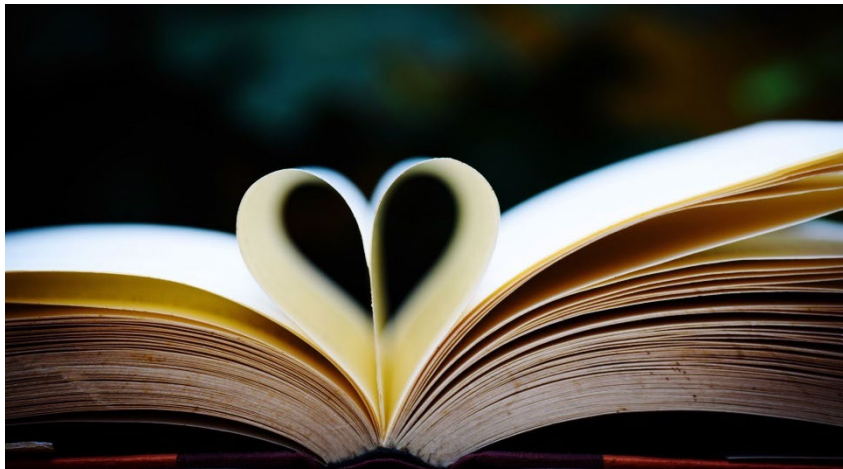
The University of Colorado Board of Regents declares the University of Colorado was created and is maintained to afford men and women a liberal education in several branches of literature, arts, sciences, and the professions. These aims can be achieved only in that atmosphere of free inquiry and discussion, which has become a tradition of universities and is called "academic freedom." (Laws of the Regents 5.D.1)

Academic freedom does not, however, give students or faculty the right to disregard their standards of conduct. Students are guaranteed the freedom to study and discuss in an open accepting academic setting and be evaluated on their performance, while complying with all Johnson/Beth-El Standards of Professional Behavior and all UCCS Student Codes of Conduct and Academic Ethics.

Students and faculty members are citizens and participants in a learned profession at an educational institution. When speaking or writing as citizens, they should be free from university censorship or discipline, but their special position in the community imposes special obligations. Remember that the public may judge their profession and institution by their utterances. Hence students and faculty members should be accurate at all times, should exercise appropriate restraint and show respect for the opinions of others, and when speaking or writing as private citizens should make every effort to indicate that they are not speaking for the institution or Johnson/Beth-El. (Laws of the Regents 5.D.2)

Rationale:

The best insurance against academic error is the widest exposure to differing and conflicting opinions.





POLICY TITLE: ACADEMIC ETHICS

Date of Origin (if available):

Date(s) of Revision: October 2010, November 15, 2010, July 1, 2018

Faculty Sponsor(s): Deborah Tuffield

Undergraduate Department Approval Date(s): February 15, 2010; November 15, 2010;
February 5, 2014; February 17, 2018

Policy:

Students are expected to adhere to the highest codes of personal and professional ethics, as set forth by the University of Colorado, Colorado Springs, which appear in the University of Colorado, Colorado Springs Student Academic Ethics Code (AECC) Policy 200-019. Forms of academic dishonesty include plagiarism, cheating, fabrication and falsification, multiple submissions, misuse of academic materials, and complicity in academic dishonesty. These examples of academic dishonesty are not comprehensive, and infractions will be dealt with on an individual basis. Each student is expected to assist in the enforcement of academic standards.

The UCCS Dean of Students website provides information on student codes of conduct, academic dishonesty, academic principles, and procedures around reporting a suspected honor code violation, how to appeal a violation, and sanctions for violations.

Procedure:

If any member of the academic community (students, faculty, staff) believes that the UCCS Students Academic Ethics Code Policy 200-019 has been violated by a student, the infraction should be reported, in writing, using UCCS email, to the Lead Faculty within five (5) business days of its occurrence. In addition to UCCS AECC policy 200-019, the following procedures apply for the Department of Nursing policy:

1. All students are encouraged to go through the Academic Ethics and Academic Honesty course in Canvas.
2. A faculty person who discovers any academic dishonesty will first confront the student with evidence to support suspicions.
3. Disagreements by students regarding the academic honesty violation will be addressed through the grievance procedure.
4. The course faculty will determine consequences for a student's initial violation. Options include (but are not limited to) failure of the assignment, or failure of the course.
5. Faculty persons are required to report all academic honesty violations to the Dean of Students.
6. Any student with an academic honesty violation will be required to go through the course listed above and successfully pass the associated quiz.
7. Any further academic honesty violations will result in dismissal from the college.

Rationale:

The responsibility for professional conduct rests with each individual member of the academic community: students, faculty and staff. Johnson/Beth-El College supports the university in upholding academic honesty and integrity as part of the socialization to the nursing profession.



Attendance, Progression, Appeal and Grievance

POLICY TITLE: CLASSROOM AND CLINICAL ATTENDANCE

Date of Origin (if available): Attendance 11/15/2010; Absence 05/31/2012

Date(s) of Revision: November 13, 2013

Faculty Sponsor(s): Mary Jo Stanley, Eileen Gerrard-Gough, Sherry Lee

Undergraduate Department Approval Date(s): March 10, 2014

Policy: Passing a course requires attainment of course and clinical objectives as evaluated by faculty. Multiple absences may prevent successful completion of the objectives and result in a failing grade (below 74%) for the course. **Students are expected to consult the course syllabus and adhere to specific attendance requirements necessary for each course.**

Procedure:

Class: Students are expected to participate in the learning process which includes, but is not limited to, attendance, preparation for class, completion of assignments and exams, and participation in the classroom experience.

Clinical/Practicum: Attendance in clinical/practicum is mandatory in order to be proficient in clinical objectives and pass the course.

1. Absences may require that the student drop the course (if in good standing) or receive a failing grade for the clinical portion if the absences exceed the make-up period or venues as permitted for the course by Lead Faculty.
2. Participation in professional and University sponsored events necessitating an absence will require prior consultation with the clinical faculty to address clinical needs.
3. The student's performance during the make-up period will be evaluated by clinical faculty/Lead Faculty who will determine that clinical objectives are satisfactorily met.
4. A failure in the clinical portion results in a course failure, per the Clinical Failure Policy.

Rationale: Nursing, as a practice discipline, is best learned in an integrated academic and clinical approach.



POLICY TITLE: UNDERGRADUATE CLINICAL ATTENDANCE POLICY

Date of Origin: April 2024

Dates of Revision: N/A

Faculty Sponsor: Lori Holt

Undergraduate Department Approval Date: December 16, 2024

Policy:

Attendance is required for all planned clinical experiences. Failure to complete the clinical hours for a course will result in clinical failure and thus course failure. Clinical time includes clinical conferences, clinical experiences, laboratory and simulation experiences.

Clinical and laboratory/simulation make-up days are not guaranteed. Students who miss **more than** a total of 2 days in a clinical course (more than 14 hours of clinical for courses with 6–7-hour clinical days or more than 24 hours of clinical for courses with 12-hour clinical days) will receive an automatic clinical failure or may drop the course if allowed. Students who miss **two days or less** in a clinical course (≤ 14 hours of clinical for courses with 6–7-hour clinical days or \leq than 24 hours of clinical for courses with 12-hour clinical days) will work with the Lead Faculty in determining the available experiences for the make-up of the clinical hours. Faculty will, in good faith, attempt to coordinate available make-up hours. Make up clinical hours cannot be completed on days other than those pre-approved by the community partners and/or simulation team and must be completed within the start and end dates of the course.

If make-up hours for missed clinical hours cannot be arranged during the start and end dates of the course a student must ask for an incomplete grade. An incomplete grade may be granted by lead faculty only when students, for reasons beyond their control, have been unable to complete the course requirements (refer to the full *Explanation of Incomplete Grades* in the University Catalog under the Academic Policies, Course Registration, and Student Records section). If an instructor decides to grant a request for an incomplete “I” grade, the instructor sets the conditions whereby the course work will be completed. If a student does not ask for an incomplete grade or does not qualify for an incomplete grade, it will result in course failure. A grade of incomplete will impede a student’s progression into the next clinical course. Students who are active-duty military or student athletes please refer to the UCCS Campus Class Attendance Policy and UCCS Missed Class Time for Athletic Policy.



POLICY TITLE: ACADEMIC PROGRESSION, RETENTION, AND APPEAL IN THE NURSING PROGRAM (ACCELERATED AND TRADITIONAL OPTIONS)

Date of Origin (if available): October, 2013

Date(s) of Revision: March 25, 2016

Faculty Sponsor(s): Eileen Gerrard-Gough

Undergraduate Department Approval Date(s): December 9, 2013, April 11, 2016

Policy: This document delineates the process for academic progression, retention, and appeal for the Johnson/Beth-El Undergraduate Nursing Program.

Procedure:

1. **Students who fail, drop, withdraw, or take a leave of absence while in the Accelerated, Traditional, RN-BSN and Dual Enrollment option, impede their progression through the nursing program and may delay their graduation by up to two years. Sequential progression through the nursing option ensures preparation for each semester's course work; it is, therefore, detrimental if course work is not completed as indicated in the program option.**
 - a. **Course Failure-** Students must maintain a "C" (74%) or better in all required nursing courses. Students with one course failure (this applies only to NURS XXXX, non-elective, 3 credit or greater classes, except NURS 2060 Statistics for Nurses) including failures related to safety or professional conduct in any undergraduate nursing option can no longer progress in the nursing program. If students incur a course failure they may appeal once through the Admissions and Progressions Committee (see process below) for continuation in the nursing program.
 - b. **Drop-** Students who drop a course must follow university processes and deadlines. After the add/drop period, students may not drop a class unless there are circumstances clearly beyond the student's control.
 - i. Traditional students who drop a class will have interrupted their progression through their option and may no longer complete courses with their admission cohort. Students will be placed off-cycle and will resume nursing classes on a space available basis.
 - ii. RN-BSN & Dual Enrollment students who drop a class will have interrupted their progression through their option. Students will resume nursing classes on a space available basis.
 - iii. Accelerated students who drop a class forfeit their position and are dismissed from the program. They may appeal for retention through the Admissions and Progressions Committee (see process below).
 - c. **Withdrawal-** Students must follow university policy for withdrawal processes and deadlines (a student is no longer registered for any classes and has not completed courses for the semester). Students who withdraw terminate their enrollment for the semester.
 - i. Traditional students who withdraw will have interrupted their progression through their option and may no longer complete courses with their admission cohort. Students will be placed off-cycle and will resume nursing classes on a space available basis.
 - ii. RN-BSN & Dual Enrollment students who withdraw will have interrupted their progression through their option. Students will resume nursing classes on a space available basis.
 - iii. Accelerated students who withdraw forfeit their position and are dismissed from the program. They may appeal for retention through the Admission and Progression Committee (see process below).

- d. Leave of Absence- Students must follow the Leave of Absence policy. Those students whose leave of absence is longer than two semesters must appeal for retention in the nursing program through the Admissions and progressions Committee (see process below).
2. Admissions and Progressions Committee Appeal:
 - a. Students seeking retention in the nursing program must submit a letter of appeal to their option coordinator in support of their case upon notification of a failure. A Word document shall be emailed by the student in 10 business days or sooner, as directed by the option coordinator. An appeal that is not delivered as defined by the policy, may be dismissed as untimely. The letter of appeal must include identification of problems and corrective action to be taken. Students should seek advisement from the nursing advisors and option coordinator in formulating the appeal. The option coordinator will present the request to the Admissions and Progressions Committee which will consider the request and supporting data and make a final decision as to whether the student can continue in the nursing program. Fall semester appeals will be reviewed prior to spring semester, and spring semester appeals will be reviewed prior to fall semester. The student, Option Coordinator, Undergraduate Nursing Chair, and College Dean will be notified of the decision.

Rationale: Sequential progression through the nursing program ensures preparation for each semester's course work. It is essential to student success that course work is completed as indicated in their program option.





POLICY TITLE: ACADEMIC PROGRESSION, RETENTION, AND APPEAL IN THE NURSING PROGRAM (RN-BSN AND DUAL ENROLLMENT OPTIONS)

Date of Origin (if available): October, 2013

Date(s) of Revision: March 25, 2016, May 12, 2023

Faculty Sponsor(s): Eileen Gerrard-Gough

Undergraduate Department Approval Date(s): December 9, 2013, April 11, 2016

Policy: This document delineates the process for academic progression, retention, and appeal for the RN to BSN and Dual Enrollment options of the Johnson/Beth-El Undergraduate Nursing Program. Faculty and staff are available to assist students with their academic progress and success. It is important that the course faculty, nursing advisor, and the RN to BSN option coordinator be notified of potential problems that might interfere with academic success (illness, financial problems, personal issues, etc.) as soon as they arise rather than later, when options may be limited.

Procedure:

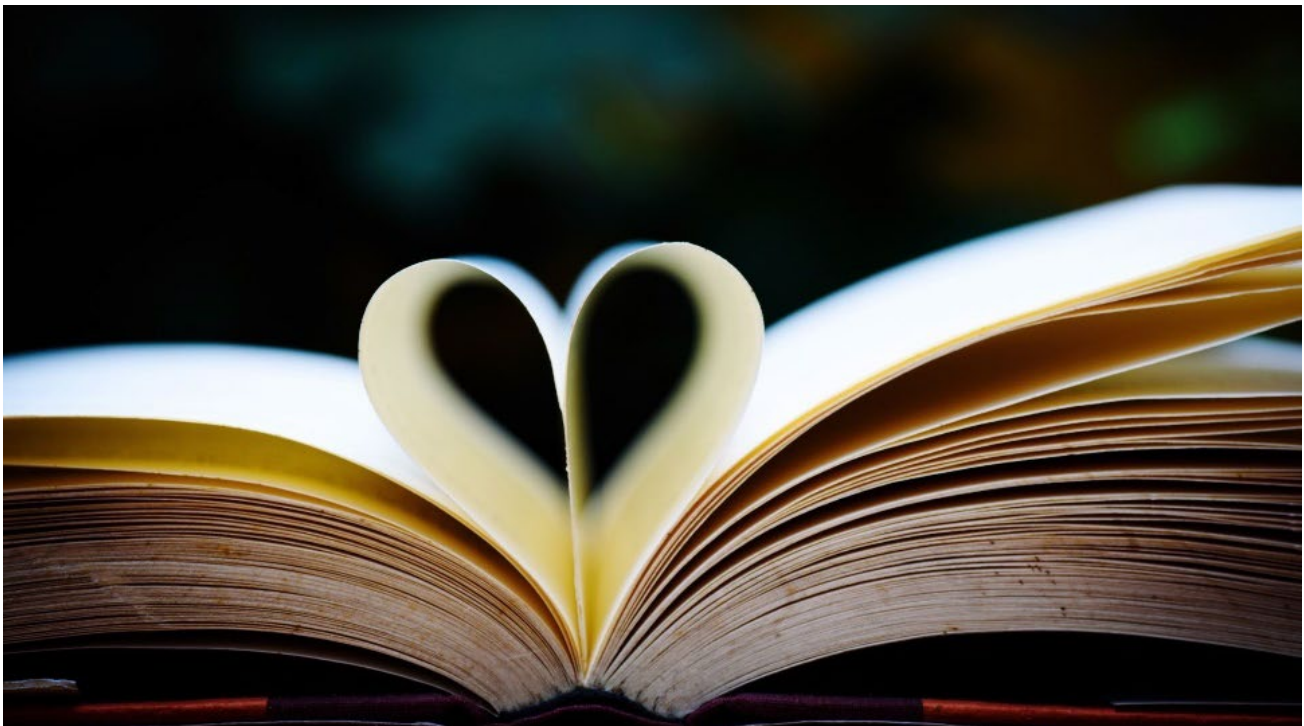
1. **Students who fail, drop, withdraw, or take a leave of absence while in the RN-BSN and Dual Enrollment option may impede their progression through the nursing program and may delay their graduation. However, given that RN to BSN students are often working fulltime while taking their courses, stepping out of the program for a semester, failing a course, or taking just one course at a time may not impede future enrollment or progression for failures not related to safety or violations of the standards of professional behavior.**

- a. **Course Failure-** Students must maintain a “C” (74%) or better in all required nursing courses. Students with one course failure in the RN to BSN program, not related to safety or violations of the standards of professional behavior, should confer with their advisor and option coordinator to determine the impact on their course progression and plans for repeating the course. If students incur a second course failure or if the first course failure is related to safety or violations of the standards of professional behavior, they will be dismissed from the program. Students may appeal their dismissal through the Admissions and Progressions Committee (see process below) for continuation in the nursing program.
- b. **Drop-** Students who drop a course must follow university processes and deadlines. After the add/drop period, students may not drop a class unless there are circumstances clearly beyond the student’s control. RN-BSN & Dual Enrollment students who drop a class will have interrupted their progression through their option. Students will resume nursing classes on a space available basis.
- c. **Withdrawal-** Students must follow university policy for withdrawal processes and deadlines (a student is no longer registered for any classes and has not completed courses for the semester). Students who withdraw terminate their enrollment for the semester. RN-BSN & Dual Enrollment students who withdraw will have interrupted their progression through their option. Students will resume nursing classes on a space available basis.
- d. **Leave of Absence-** RN to BSN and dual enrollment students must follow the Leave of Absence policy. Those students whose leave of absence is longer than two semesters must appeal for retention in the nursing program through the Admissions and Progressions Committee (see process below).

2. Admissions and Progressions Committee Appeal:

- a. Students seeking retention in the RN to BSN and dual enrollment option must submit a letter of appeal to their option coordinator in support of their case after a Leave of Absence or a notice of a second failure. In the case of a LOA, the student submits a Word Document to the option coordinator to indicate readiness to return to the RN to BSN program, with admission as space available.
- b. In the event of failure not related to safety or violation of the standards of professional behavior, the student may re-enroll in the next available class or as agreed upon with the instructor of record and the option coordinator. The student’s obligation is to self-evaluate the reasons for the course failure and outline the corrective action needed.
- c. In the event of a second failure, or a failure related to safety or a violation of standards of professional behavior, A Word document letter of appeal shall be emailed by the student in 10 business days or sooner, as directed by the option coordinator. An appeal that is not delivered as defined by the policy, may be dismissed as untimely. In the event of a second course failure, the letter of appeal must include identification of problems and corrective action to be taken. Students should seek advisement from the nursing advisors and option coordinator in formulating the appeal. The option coordinator will present the request to the Admissions and Progressions Committee which will consider the request and supporting data and make a final decision as to whether the student can continue in the nursing program. RN to BSN student appeals are reviewed each semester for the upcoming term. The student, Option Coordinator, Nursing Chair, and College Dean will be notified of the decision.

Rationale: Sequential progression through the nursing program represents the ideal scenario. However, the RN to BSN and dual enrollment programs can include stepping out of the program, and returning without penalty. It is essential to student success that course work is completed as indicated in their program option.





POLICY TITLE: RETENTION IN THE RN TO BSN DUAL ENROLLMENT OPTION

Date of Origin (if available): April, 2014

Date(s) of Revision:

Faculty Sponsor(s): Sherry Lee, Eileen Gerrard-Gough, Mary Jo Stanley

Undergraduate Department Approval Date(s): May 19, 2014

Policy: In addition to all requisites for undergraduate nursing at Johnson/Beth-El, students in the Dual Enrollment option for Johnson/Beth-El must maintain good standing at the dually enrolled community college and pass all community college nursing courses to continue taking dual enrollment BSN courses at Beth-El.

Procedure:

1. Students who have failed a dually enrolled community college course will not be allowed to continue taking courses in Johnson/Beth-El's Dual Enrollment option until after the student successfully completes one subsequent semester of nursing course work at the community college.
2. The student must provide a letter from the community college stating the student is ready to resume Dual Enrollment nursing course work at Johnson/Beth-El.

Rationale: To be in the Dual Enrollment option, students must be attending or have completed all courses required by their community college to obtain an Associate of Applied Science (AAS) in Nursing. Students must have successfully passed the NCLEX™ exam and be a licensed registered nurse prior to enrolling in NURS 4480 the capstone course; thus completion of the AAS in Nursing program is a pre-requisite to being able to complete the Bachelors of Science in Nursing.



POLICY TITLE: ACADEMIC GRIEVANCE

Date of Origin (if available):

Date(s) of Revision: January 16, 2010; November 15, 2010, November 13, 2013, July 1, 2018

Faculty Sponsor(s): Eileen Gerrard-Gough, Sherry Lee

Undergraduate Department Approval Date(s): November 15, 2010, May 12, 2014

Policy:

It is the policy of Johnson/Beth-El College of Nursing to promote prompt and equitable resolution of student academic grievances, respecting the academic freedom of both student and faculty members without reprisals for any party. A student may grieve a grade, or another method of evaluation as defined in a nursing course syllabus.

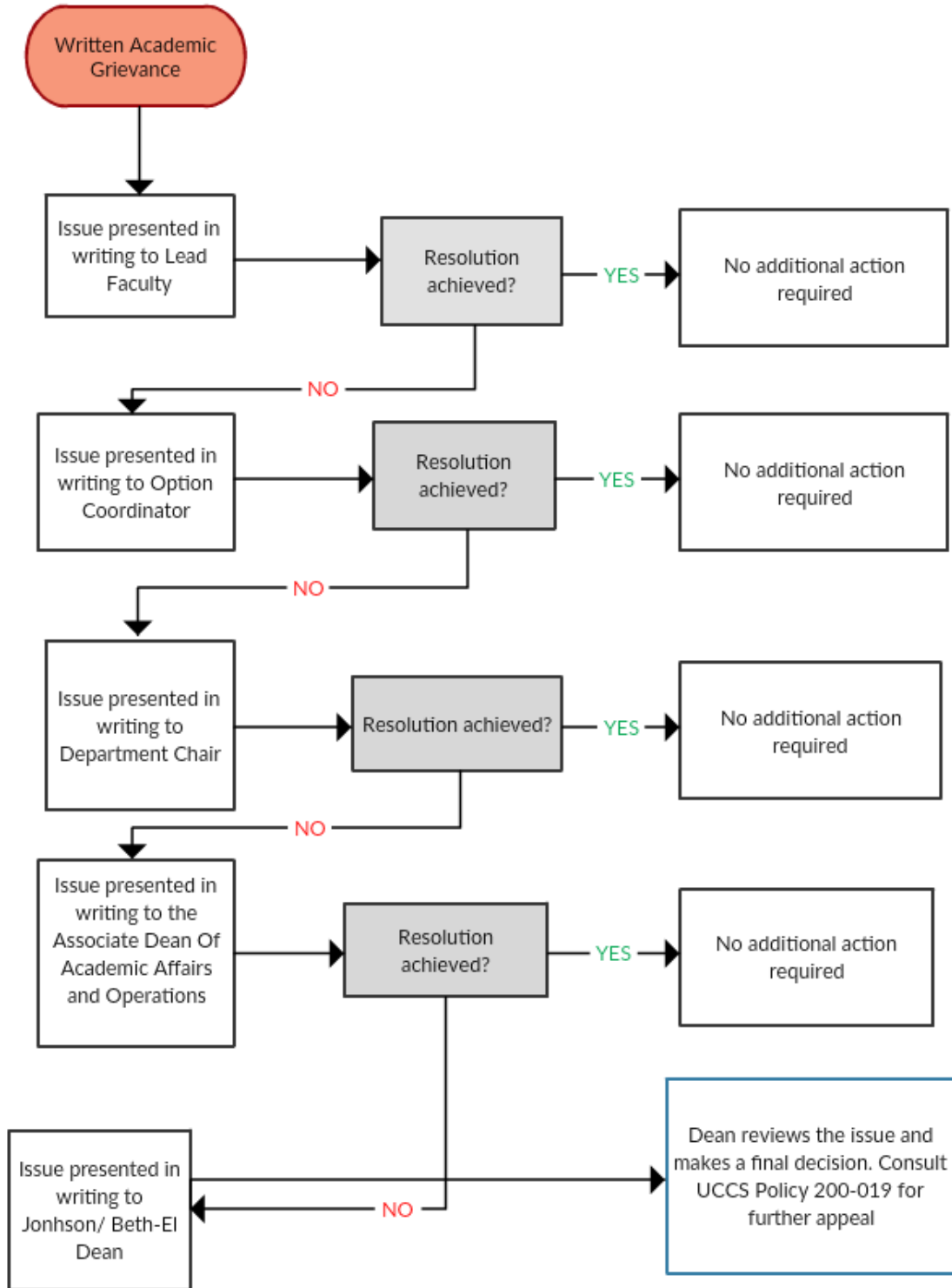
Procedure:

To initiate a grievance, the student will:

1. Report the issue, in a Word document using UCCS email, to the clinical instructor, if appropriate, and to the Lead Faculty within five (5) business days of the occurrence or grade posting. Failure to promptly address and follow through on a grievance will impact its resolution.
2. Any further grievance will follow the chain of command (see chain of command flow chart).
3. All communication with the chain of command will be via UCCS email with a Word document, within five (5) business days of any previous unsatisfactory resolution and will contain the nature of the grievance, the steps taken to resolve the grievance, and what the student hopes to achieve.
4. Faculty and the student involved in the process will attempt to facilitate resolution.
5. All parties will provide a written copy of the grievance resolution.
6. Documentation of the grievance will be placed in the student's Undergraduate Nursing Department file.
7. The decision made by the College is final. For any further grievances, consult UCCS policy.

Rationale:

The policy, procedure and flow chart of the chain of command provide students with guides for prompt and equitable resolutions academic grievances.





POLICY TITLE: CHAIN OF COMMAND

Date of Origin (if available):

Date(s) of Revision: July 1, 2018

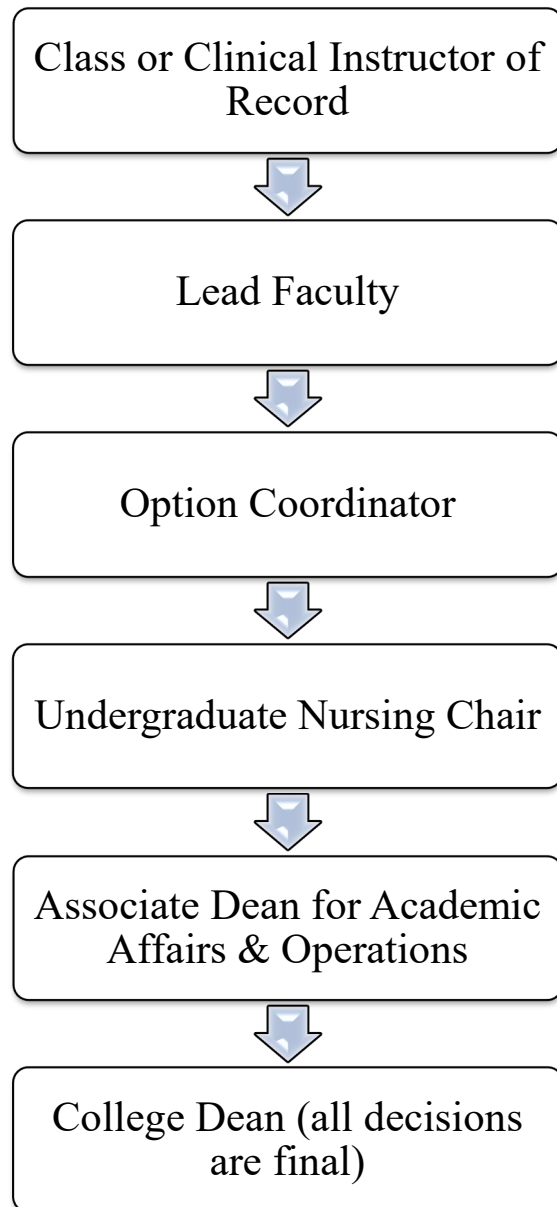
Faculty Sponsor(s): Eileen Gerrard-Gough, Sherry Lee

Undergraduate Department Approval Date(s): May 12, 2014

Policy:

Students will refer to the Undergraduate Nursing Department Chain of Command whenever engaging with faculty during the course of studies in the nursing program (See attached flow chart). All communication begins at the lowest possible position in the Chain of Command before advancing to the next position in the chain. Communication must be initiated through UCCS email at all levels, with a clear description of the student's need. The decision made by the College Dean is final. For further consideration, consult UCCS policy.

Rationale: The use of a Chain of Command demonstrates the proper flow of communication.





Performance Improvement Contract, Failure, Retention, Leave of Absence and Dismissal

POLICY TITLE: PERFORMANCE IMPROVEMENT CONTRACT-KNOWLEDGE/SKILLS

Date of Origin: 12/9/2022

Dates of Revision:

Faculty Sponsor(s): Lori Holt, Chad Sekutera, Evonne Young

Undergraduate Department Approval Date(s): January 10, 2023

Policy:

[Performance Improvement Contract-Knowledge/Skills](#) (PIC-K/S) is a tool used in the evaluation process to assist students to be successful in their clinical rotations. It will be designed to assist the student in achieving measurable and attainable goals and to assure readiness for ensuing levels of nursing courses.

Procedure:

Undergraduate students will receive ongoing assessments by faculty related to course objectives. When an area of concern is noted by faculty and/or clinical site staff which might preclude the student from successfully completing the clinical rotation, a PIC K/S will be implemented in conjunction with Lead Faculty (see attached form).

The process of Performance Improvement Contract-K/S will include:

1. Identification of clinical objectives that are not being met.
2. Development of measurable and attainable clinical outcomes with completion date(s).
3. Outcomes designed to assist the student in performance improvement resulting in satisfactory clinical evaluation ratings.
4. Follow-up meetings to support student success, will be arranged and documented by Clinical Instructor and/or Lead Faculty.
5. Completion of the PIC-K/S requires signatures of both the Lead Faculty and the student.
6. The student is responsible for improving their performance meeting the outcomes set forth in the PIC-K/S document by the predetermined completion date in order to pass clinical.

The PIC-K/S document is not a requirement for either passing or failing a clinical and/or course. Failure in a clinical course is not dependent on being placed on a PIC K/S. Failure of clinical results in failure of the course per Clinical Failure Policy.

Rationale: The PIC-K/S document is an invaluable tool to assist the student to achieve success with appropriate evaluation and remediation of his or her performance.

[Click here for Performance Improvement Contract – Knowledge/Skills form](#)



POLICY TITLE: CLINICAL FAILURE

Date of Origin (if available): September 26, 2011

Date(s) of Revision:

Faculty Sponsor(s): Mary Jo Stanley, Eileen Gerrard-Gough, Sherry Lee

Undergraduate Department Approval Date(s): November 4, 2011, January 13, 2013

Policy:

A student who does not satisfactorily meet the clinical evaluation requirements, including attendance, professional conduct, and safety expectations, of any clinical rotation, within the time frame established by the lead faculty member for the course, will be considered to have failed that clinical rotation. Failure of the clinical component of any course constitutes an academic failure of the course. The grade assigned for the course will be C-, unless the student is also failing the class and/or theory portion of the course, in which case the lower grade will be assigned.

Rationale: Nursing, as a practice discipline, is best learned in an integrated academic and concurrent clinical experiential approach. Failure in the clinical setting means that the student has not competently applied the academic material presented in the classroom setting.



POLICY TITLE: DISMISSAL FROM THE UNDERGRADUATE NURSING PROGRAM

Date of Origin (if available): not available

Date(s) of Revision: September 26, 2011; November 13, 2013; July 1, 2018

Faculty Sponsor(s): Eileen Gerrard-Gough, Sherry Lee

Undergraduate Department Approval Date(s): December 12, 2011; February 27, 2013;
December 9, 2013

Policy:

The Johnson/Beth-El Undergraduate Nursing Department Chair may recommend dismissal of a student from the nursing program, regardless of academic standing, for a violation of the Undergraduate Nursing Department Standards of Professional Behavior and/or the National Student Nurses Association Code of Academic and Clinical Conduct, or when the student is deemed a threat to the safety and well-being of themselves, other students, the department, the college, the community, and/or patients/clients.

Dismissal of the student is contingent upon review by the Undergraduate Admissions and Progressions Committee (UG A & P). The review will include written, pertinent data compiled by both the UG A & P Committee Chair and the student. An appeal of a decision made by the Admissions and Progressions Committee must be submitted in writing to the department Chair within 10 business days of receiving the Admissions and Progressions written decision. All further appeals must continue to follow the Department of Nursing Chain of Command Policy.

Dismissal from the Undergraduate Nursing Program does not imply dismissal from the University of Colorado, Colorado Springs.

Rationale: The Undergraduate Nursing Department of Helen and Arthur E. Johnson Beth-El College of Nursing and Health Sciences is committed to providing the safest environment possible for students, faculty, and the patients that we serve.



POLICY TITLE: LEAVE OF ABSENCE IN THE UNDERGRADUATE NURSING PROGRAM

Date of Origin (if available): September 23, 2010

Date(s) of Revision: January 2011, February 2013, April 2014, June 2017

Faculty Sponsor(s): Eileen Gerrard- Gough, and Sherry Lee

Undergraduate Department Approval Date(s): January 13, 2014

Policy: This document delineates leave of absence procedures for the Johnson/Beth-El Undergraduate Nursing Program. Continued registration is a requirement for active status in the College of Nursing. If a student needs to interrupt her/his progression in school, the student may request a Leave of Absence for not more than one academic year (fall, spring, summer) provided s/he is in good academic standing and intends to return to the College of Nursing. Taking a leave of absence interrupts and delays progression and may change graduation dates. Upon return from a leave of absence, students will be designated as off-cycle students (see Off-Cycle Policy).

Procedure:

1. Students with a leave of absence must follow the leave of absence procedure (see below).
 - a. Leave of Absence Procedure:
 - i. The student will notify the Nursing Advisor and the Option Coordinator of the need for leave of absence.
 - ii. The Nursing Advisor, program Option Coordinator or Chair of the Undergraduate Nursing Department may explain the policy to the student.
 - iii. The student will meet with the Nursing Advisor to review the policy and complete the leave of absence request form.
 - iv. The student will obtain required signatures of the Nursing Advisor and Option Coordinator on the leave of absence request form.
 - v. The Program Option Coordinator, in collaboration with the Nursing Advisor, will notify the student of the results/response to the request.
 - vi. The Nursing Department Program Assistant will make copies of the completed request form for the student, Option Coordinator and Chair of the Undergraduate Nursing Department. A copy will be placed in the student's file at the college.
 - vii. The student is responsible for returning the original request form to the Nursing Advisor.
 - viii. It is the responsibility of the student to request renewal/extension of the leave of absence each semester and notify the Option Coordinator and Nursing Advisor of the intended semester of return to the nursing program (this must be done 30 days prior to end of the semester). Failure to do so will result in administrative dismissal from the program and require reapplication to the nursing program.
 - ix. If the leave of absence is greater than one academic year, the student must reapply to the nursing program.
 - x. Professional requirements must be maintained and uploaded to My Clinical Exchange during the LOA period in order to be eligible for clinical placement.
 - xi. Students must meet technical standard requirements for progression in the nursing program at all times, including after the return from any leave of absence.
 - xii. Students must contact the Option Coordinator and Nursing Advisor 30 days before the end of the semester prior to return to confer and approve a plan for returning to the program. Failure to do so will result in administrative dismissal from the program.
 - xiii. It is the Johnson/Beth-El Department of Nursing's discretion as to where the student is placed for academic progression. Once a plan for returning to the nursing program has been created, the Option Coordinator and Nursing Advisor will confer and approve registration for the selected or identified courses. The student may be directed to repeat

courses that have time-sensitive information (i.e. Pharmacology). Students may also be required to repeat other courses, complete a certified background check and drug screen test prior to returning to the nursing program. Failure to pass the drug screen or background check may result in denial of the students’ return to the nursing program in accordance with the Background Check Policy.

Rationale: The leave of absence process and all repercussions related to taking a leave of absence must be fully understood as the decision will interrupt and delay progression in the nursing program.

[Leave of Absence Request Form](#)





POLICY TITLE: REGISTRATION OF OFF-CYCLE STUDENTS

Date of Origin (if available): February 16, 2008

Date(s) of Revision: February 7, 2012, September 11, 2012

Faculty Sponsor(s): Eileen Gerrard-Gough, Mary Jo Stanley, Sherry Lee

Undergraduate Department Approval Date(s): February 7, 2012, October 8, 2012, January 13, 2014

Policy:

Students who take a leave of absence, withdraw from courses due to serious illness or extenuating circumstances, or have successfully appealed to Admissions and Progressions for retention in the nursing program are considered off-cycle students. An off-cycle student is blocked from registration until all on-cycle students are registered and the following semester's clinical places have been identified. Students will be allowed to register on a space-available basis. Off-cycle status delays a student's anticipated date of graduation. The Traditional Option Coordinator and the Nursing Advisor in Student Success will track all off-cycle students.

Procedure:

1. The student will notify the Traditional Option Coordinator and the Nursing Advisor regarding expected return.
2. The student will be blocked from registering for courses until notified by the Nursing Advisor.
3. Additional evaluation or preparatory work may be required as determined by the Admissions and Progressions Committee in collaboration with Lead Faculty and Option Coordinators.
4. Current degree requirements must be satisfied.
5. Admitted off-cycle students will be notified when to register by the Nursing Advisor based on the priority below:
 - a. students taking a LOA.
 - b. students withdrawing from courses because of a serious illness or extenuating circumstances.
 - c. students who have successfully appealed for retention in the nursing program. Of these students, the first priority will go to those who have been waiting the longest for the identified course.
6. Students withdrawing (drop) from a class for illness or extenuating circumstances.
7. Students receiving a failure in a previous course. Of these students, the first priority will go to those who have been waiting the longest for the identified course.

Rationale: Due to limited clinical placement slots, a prioritization system is needed.



Professional Policies and Procedures

Professional Requirements and Standards

POLICY TITLE: PROFESSIONAL PROGRAM REQUIREMENTS

Date of Origin (if available):

Date(s) of Revision: May 21, 2008; September 26, 2011; May 13, 2013; January 7, 2014; August 16, 2017, December 12, 2022

Faculty Sponsor(s): Lori Holt, Chad Sekutera, Evonne Young

Undergraduate Department Approval Date(s): December 13, 2011; May 13, 2013; January 13, 2014; October 9, 2017; January 10, 2023

Policy:

In order to be enrolled in the Johnson Beth-El Undergraduate Nursing professional courses, students must demonstrate compliance with the professional program requirements according to the time frames and specifications stated below.

The following requirements must be completed, and the appropriate documentation uploaded into MyClinicalExchange by the published due date each semester. All documentation must be current and not expire during the semester. Failure to meet any requirements or deadlines will result in the implementation of a [Professional Improvement Contract-Professional Behavior \(PIC-PB\)](#) or in being administratively dropped from the course.

Background Check

A criminal background check is required of all students (see [Background Check Policy](#)).

Drug Testing

Drug testing must be completed by students as specified per BSN Option in the [Student Drug Testing Policy](#).

Health Insurance

Students must provide documentation of current healthcare insurance.

Cardiopulmonary Resuscitation

Students must provide documentation of current American Heart Association Basic Life Support **Healthcare Provider** CPR with the demonstration portion taken in a classroom (not online) setting. Students are responsible for locating all training and renewal classes. If CPR certification expires during a clinical course, then it must be renewed prior to the beginning of the course.

Tuberculosis Screening

1. Baseline testing

- a. All new nursing students will complete baseline testing for *Mycobacterium tuberculosis* infection.
- b. Baseline testing consists of **one** of the followings:

- i. A two-step tuberculin skin test (TST),
 - ii. A single Blood Assay for *Mycobacterium tuberculosis* (BAMT), or
 - iii. Documentation of previous positive testing for tuberculosis
2. **Two-step TST:** The two-step TST consists of an initial TST, read 48 – 72 hours after placement, with results recorded in mm of induration. A second TST is then placed one to three weeks after the initial test and read 48 – 72 hours after placement. Documentation of a negative TST within the previous 12 months can be substituted for the initial TST. The second TST is not placed, if the first TST is positive. [Two-Step TB Test Form](#)
3. **BAMT:** Blood assays for *Mycobacterium tuberculosis* used in the United States are the QuantiFERON®-TB Gold In-Tube test and the T-SPOT®. TB test. A single BAMT is sufficient for baseline testing. BAMT's are helpful in persons' who have received BCG (bacille Calmette-Guèrin) vaccine, as BCG does not cause a false-positive BAMT.
4. **Documentation of previous positive:** Students who provide documentation of a previously positive TST or BAMT or documentation of completed treatment for latent tuberculosis infection or tuberculosis disease do not need to undergo further baseline testing for tuberculosis. Students who have received BCG vaccine and have a history of a positive TST may wish to consider having a BAMT.
5. **Positive Tests** Any student who has a positive (current or previous) TST or BAMT must complete a symptom screen (Attachment A) and be evaluated by a primary care provider to rule out active tuberculosis disease (Attachment B).
6. **Serial Follow-up Testing**
 - a. Students with negative baseline testing must have a single TST or BAMT every year to rule out tuberculosis infection. Students who have positive follow-up testing must be evaluated as above.
 - b. Students with previous positive tests must complete a symptom screen every year (Attachment A). Students with symptoms consistent with tuberculosis must be evaluated by a health care provider and provide documentation of the evaluation.

Immunizations

Students must provide a legible copy of the Certificate of Immunization. Series immunizations must be documented in chronological order with the most recent immunizations in the farthest right spots. The Certificate must be completed by their health care provider, which meets the following requirements:

1. **Measles, Mumps and Rubella: 2 (two) MMR's** (or **written evidence of laboratory tests** showing positive titers of all three immunities: measles, mumps and rubella). This is not required if student was born before January 1, 1957.
2. **TDAP**
 - a. **Tetanus:** Documentation of a tetanus containing vaccine every 10 years (for example: Td, Tdap). DT and DTaP are not recommended for adults, but still meet the requirement for a tetanus containing vaccine.
 - b. **Pertussis:** Documentation of one pertussis containing vaccine as an adult (age 19+).
3. **Hepatitis B series.** The three-injection series takes six months to complete. Students in the traditional option must initiate the series before starting NURS 2100, and complete the series before starting NURS 2200. Accelerated option students must have the first two injections completed prior to starting NURS 2200 and will need to complete the series during NURS 2200 by the date instructed by the lead faculty. The schedule for the Hepatitis B series is as follows: Injection 1, wait 1 month, Injection 2, wait three months, Injection 3.
4. **Varicella (Chicken Pox).** Students must have a documented history of a two-injection varicella immunization series OR a documented laboratory result indicating immunity to varicella.

5. **Influenza (Flu)** immunization. Students must receive this immunization annually [Verification of Influenza Immunization Form](#)
6. **COVID-19 Vaccines.** Please see [COVID-19 Vaccine Policy](#) below.
7. Students must upload records of the above into MyClinicalExchange by the published due dates.

Procedure:

The student will provide documentation as instructed by policy and follow any additional instructions from the lead faculty member for NURS 2100, the lead faculty member of any clinical course, the Undergraduate Nursing Department Academic Services Professional, or the Undergraduate Nursing Department Chairperson.

Rationale:

In order to provide a safe environment for students, faculty, the community, and patients/clients, students must meet the minimum requirements of the nursing discipline for safety and the prevention of transmission of communicable diseases.





POLICY TITLE: COVID-19 VACCINATION REQUIREMENT AND COMPLIANCE

Date of Origin: 11/30/2021
Dates (s) of Revision: 08/09/2022
Approval Date (s): 12/15/2021

Policy: Many clinical placement sites have specific requirements related to COVID-19, and the majority are requiring proof of vaccination. To allow the site to efficiently verify whether you have submitted proof of vaccination, you will need to upload your proof of vaccination via the appropriate platform for health data credentialing for your program, either *MyClinicalExchange* or *Medatrax*.

You will need to work directly with the clinical placement site to determine whether the clinical site will provide you with an exemption or accommodation. Please also know that the clinical placement site may have additional requirements, like mask usage, physical distancing, and/or testing. You are required to adhere to the specific requirements of the clinical site if you wish to perform your clinical rotation at the clinical site.

Students who are not vaccinated and/or do not have an approved exemption or accommodation may have limited options in clinical placement experiences.

The COVID-19 pandemic and its impact is rapidly evolving and individuals are encouraged to consult with the CDC and COVID-19 website at UCCS on a regular basis.²

1. Centers for Disease Control (CDC). Currently the vaccines that are approved or authorized in the United States are Pfizer-BioNTech, Moderna, and Johnson & Johnson Janssen. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html?s_cid=11304:different%20covid%20vaccines:sem.ga:p:RG:GM:gen:PTN:FY21
2. UCCS. COVID-19 Information & Updates. <https://covid19.uccs.edu/>



POLICY TITLE: STANDARDS OF PROFESSIONAL BEHAVIOR

Date of Origin (if available): May 11, 2015 Date(s) of Revision: January 10, 2023

Faculty Sponsor(s): Lori Holt, Evonne Young, Chad Sekutera

Nursing Department Approval Date(s): January 10, 2023

Policy: All nursing students are expected to conduct themselves in a legal, ethical, and appropriate manner during all phases of their education. It is encouraged that the Dean of Students be consulted for any questionable behavior.

Students must possess, attest and apply a working knowledge of the following established policies and resources:

- [UCCS Student Code of Conduct](#)
- [American Nurses Association \(ANA\) Code of Ethics for Nurses \(2015\)](#)
- [ANA Scope and Standards of Practice](#)
- [AACN The Essentials: Core Competencies for Professional Nursing Education \(2021\)](#)
- Policies contained in the Undergraduate Student Nursing Handbook
- Community clinical agency policies

Additional Professional Behaviors Required by Nursing Students

1. Provide care to patients/clients without discriminating, based race, creed, color, sex, age, national origin, sexual orientation or disability. [UCCS Discrimination and Harassment Policy](#)
2. Punctuality for clinicals and simulation labs. Tardiness is defined as any time past the scheduled clinical/lab start time.
3. Regularly reviews and responds to email and other communications from faculty and college staff.
4. Completion of assignments as reflected in course syllabus.

Unprofessional Behaviors of Nursing Students

Performance Improvement Contracts–Professional Behavior (PIC-PB) will be tracked by the respective option coordinators and will remain a part of the student’s record throughout the nursing program. An accumulation of three (3) PICs, or a particularly severe breach of clinical expectations will result in a full review of the student’s record and presented to the Option Coordinator.

The following represent examples of but not limited to, unethical or inappropriate professional behavior:

Note: Clinical and Academic headers are removed.

1. Breach of patient or facility confidentiality (to include but not limited to photos, video, digital, verbal discourse. Refer to facility orientation documents.
2. Failure to comply with clinical partner site requirements.
3. Failure to comply with policies in the Undergraduate Student Nursing Handbook.
4. Conduct that violates the [UCCS Student Code of Conduct](#) policy.
5. Dress code violations.
6. Lack of clinical preparedness including completion of clinical assignments.
7. Leaving the clinical site without permission.
8. Tardy or unexcused absence.
9. Failure to maintain clinical agencies IT network policies.
10. Intoxication or being under the influence of drugs or alcohol in a classroom [UCCS Student Code of Conduct](#) or clinical setting (follow community partner policies).
11. Any violation of UCCS Academic Ethics Policy.



12. Any violation of JBE undergraduate nursing academic ethics policy. [UCCS Academic Ethics Code](#).
13. Failure to meet standards of the [Professional Program Requirements policy](#).

Consequences of such behavior range from removal or excusal from the clinical site/classroom, implementing a PIC-PB or up to dismissal from the program.

[Performance Improvement Contract-Professional Behavior \(PIC-PB\)](#)

- Implemented by Faculty or Coordinators with the support of clinical lecturers.
 - Faculty will utilize the PIC-PB for failure to maintain professional behaviors.
 - Coordinators will fill out PIC-PB for failure to comply with myClinicalExchange deadlines/delinquencies.
 - If expected date of completion of the PIC-PB is beyond the duration of the course, the management of the PIC-PB will be accomplished by the option coordinator.
1. Procedure for placing a student on a Performance Improvement Contract-PB:
 - a. Concerns about a student's behavior identified above may be raised by, faculty, clinical faculty, clinical site staff, or student peers and brought to the course lead faculty.
 - b. Lead faculty initiates investigation:
 - i. Gathers objective/supportive documentation
 - ii. Meets with and documents student's perspective
 - iii. Informs Option Coordinator when PIC-PB is initiated
 - iv. Dean of Students will be consulted for any potential violation of Code of Conduct/Ethics policies
 - c. Lead Faculty decides to implement or not implement a [Performance Improvement Contract](#)
 - d. PIC-PB will be forwarded to Option Coordinator upon completion and placed in student's file.
 2. Lead faculty will consult with the Option Coordinator, to determine the need for a formal review. Concerns for a formal review may include:
 - a. The extent to which continued enrollment places unreasonable or excessive demands upon other students, faculty, and clinical sites
 - b. Any student action that placed the client, self or others in immediate danger
 3. The Formal Review Process:
 - a. The Option Coordinator will present documentation to the A&P Committee.
 - b. The student will be informed of the A&P committee decision in writing within 10 business days. Notifications will be sent to: Lead/Course faculty, the Option Coordinator, Nursing Chair, Associate Dean and Dean of the College.
 - c. Appeals: The decision by the Admissions and Progressions Committee may be appealed by the student within 10 business days to the Department Chair according to the Dismissal from the Undergraduate Nursing Program policy.

Rationale: The Johnson/Beth-El Standards of Professional Behavior Policy reflects the philosophy of the Department of Nursing and the profession of nursing which require ethical, legal and professional behaviors that affect integrity in the field of practice.

Click here for [Performance Improvement Contract – Professional Behavior Form](#)

POLICY TITLE: HIPAA AND CONFIDENTIALITY (STUDENT)

Date of Origin (if available):

Date(s) of Revision: October 18, 2010; May 1, 2018

Faculty Sponsor(s): Ivanna Young, Denise Millot

Undergraduate Department Approval Date(s): October 19, 2010; May 1, 2018

Policy:

The student is expected to maintain all relationships with persons in the clinical/practicum area on a professional level. Disclosure of information concerning patients' health status or personal lives is a breach of professional ethics and a violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any information related to the patient or family is considered confidential. Individually identifiable health information must not be discussed in public places such as the cafeteria, shuttle, and hallways. Personal identifiers such as name, birth date, address or social security number must not appear on any assignments completed by the student. When a violation of patient confidentiality is suspected, the incident will be investigated according to the Professional Behavior Standards Chain of Command Policy. -Disciplinary action may include dismissal from the program.

Procedure:

At the beginning of each semester, the student will

1. View the video regarding HIPAA.
2. Successfully complete the HIPAA quiz.
3. Discuss with the clinical instructor, HIPAA and the nuances related to each course's clinical setting.
4. Sign a confidentiality statement for the appropriate clinical facility, if required, by the clinical agency.
5. Scan and upload the signed confidentiality statement to myClinicalExchange.
6. If the clinical agency is Penrose/St. Francis, give the signed confidentiality statement to the lead faculty.





Background Checks and Drug Screens

POLICY TITLE: BACKGROUND CHECK

Date of Origin (if available): December 7, 2010

Date(s) of Revision: December 7, 2010, January 23, 2012, December 9, 2013

Faculty Sponsor(s): Eileen Gerrard-Gough, Sherry Lee, Mary Stanley,

Undergraduate Department Approval Date(s): January 24, 2011, March 12, 2012,
January 13, 2014.

1. Introduction

- a. Johnson/Beth-El operates educational programs in the health disciplines that require students to complete clinical training rotations at affiliated health institutions as a component of the degree programs. These affiliated institutions are subject to the Joint Accreditation Commission for Health Care Organizations (“JCAHO”) Standard 1.20, which addresses background investigations for students who will have access to the affiliated institution’s patients, and these institutions require students to pass criminal background checks for clinical placement. Therefore, applicants for enrollment in the Undergraduate Nursing Program must consent to and pass a criminal background investigation, at their expense, prior to final acceptance into the Undergraduate Nursing Program. Students currently enrolled may also be required to consent to and pass another background investigation in order to continue in the program.

2. Definitions

- a. Applicants are individuals who are not currently students, but who have applied to be students and who are subject to the background investigation requirement prior to final acceptance into the Undergraduate Nursing Program.
- b. Criminal Records include in-state, out-of-state and international criminal history, including misdemeanor and felony convictions. A “conviction” is generally defined as a verdict, a guilty plea or a Nolo Contendere (“No Contest”) plea.
- c. Types of Investigations. Only criminal background investigations will be required for applicants and students.
- d. Required Information for most background investigations includes name (including any former names), address (including address history), date of birth and social security number.
- e. Students are individuals who are enrolled in the Undergraduate Nursing Program.

3. Policy Statement

- a. Because the inability to successfully complete a background investigation would render a student unable to complete clinical training experiences at affiliated health institutions, all applicants must consent to and pass a criminal background investigation as a condition of being considered for acceptance into the Undergraduate Nursing Program. Applicants who refuse to consent to the required background investigation, refuse to provide information necessary to conduct the background investigation or provide false or misleading information in regard to the background investigation will no longer be considered for admission into the Undergraduate Nursing Program.
- b. Students currently enrolled may need to complete an additional background investigation prior to participating in other programs as required by the Undergraduate Nursing Program. For example, students who have not participated in the Undergraduate Nursing Program for more than one year must consent to and pass another background investigation in order to

continue in the program. Students also have a continuing duty to disclose any relevant circumstances subsequent to their passing the initial background investigation. The Undergraduate Nursing Department Chair has discretion to determine that additional background checks may be warranted.

- c. Any applicant or student who has been admitted into the Undergraduate Nursing Program who is found to have falsified information related to the background investigation will be subject to disciplinary action, up to and including denial of admission, withdrawal of acceptance, and dismissal from the program.
 - d. Additionally, failure to self-disclose all previous convictions other than minor traffic convictions will be considered falsification of information and will be grounds for discipline, up to and including denial of admission or withdrawal of acceptance into the program and, if discovered post-acceptance, dismissal from the program.
4. Procedures for Background Investigations
- a. **Applicants** Background investigations will be conducted for all applicants.
 - b. **Final Acceptance Dependent on Successful Background Investigation** Prior to admission, *final acceptance* into the Undergraduate Nursing Program is contingent upon successfully passing a criminal background investigation.
 - c. **Students** A student who has passed a background investigation prior to beginning the program will not be re-investigated unless the student has not participated in the Undergraduate Nursing Program for more than one year or unless the Undergraduate Nursing Department Chair makes the determination that another background investigation is warranted. Repeat background investigations will require a new signed consent/release form prior to conducting the background investigation.
5. Background Investigation Procedure.
- a. **Request and Consent to Conduct Background Investigation** Applicants and students request and consent to a background investigation when they complete the online form at [CastleBranch](#), authorizing Johnson/Beth-El or its agents to conduct a background investigation. Applicants or students who refuse to consent to a required background investigation, refuse to provide required information necessary to conduct the background investigation or provide false or misleading information in regard to the background investigation will no longer be considered for admission or will be disciplined, up to and including dismissal from the Undergraduate Nursing Program.
 - b. **Deadlines** All applicants are responsible for ordering their background checks by the following deadlines in order to process eligibility for admission:
 - i. Traditional Option Students complete the background check with their clinical nursing application.
 - ii. Accelerated Option Students complete the background check by the application deadline for the Accelerated Option.
 - iii. RN to BSN/Dual Enrollment Students complete the background check by the semester prior to registering for NURS 4450 Community Health Nursing. Prior background checks completed for another agency or employer are confidential and cannot be submitted for this application.
 - c. **Information Available Through Background Investigations** The criminal background investigation will include a record of all convictions. Only conviction information will be considered.
6. Right of Applicants/Students to Review Information Applicants and students may view their own background check directly through the background investigation vendor's systems. Applicants and students should not send their online confidential background investigation vendor password or their background investigation



report to Johnson/Beth-El. The report is made available to the Undergraduate Nursing Program directly from the background investigation agency.

7. Disagreement with Accuracy of Information Applicants or students who disagree with the accuracy of information found in the background investigation should follow the dispute processes outlined by the background investigation vendor and may also submit a written request to the Nursing Department Chair that the accuracy of any disputed information be re-verified. It is the applicant's or student's burden to produce substantial evidence to prove inaccuracy of the background investigation information. Such accuracy disputes will be considered in collaboration with the Admissions and Progressions Committee members, the Undergraduate Nursing Chair, Dean, and Program Assistant and/or legal counsel.
8. Determination Process If the investigation reveals information that could be relevant to suitability for enrollment, additional information may be requested from the applicant or student. If the investigation reveals anything more than minor traffic convictions, it shall be reviewed collaboratively and confidentially by the Admissions and Progressions Committee members, the Nursing Chair, Dean and Program Assistant, and/or legal counsel to determine whether the results disqualify the applicant or student from the program. Eligibility for admission or continuation in the program is based on the nature of the investigation findings, the pass/fail criteria below, as well as clinical affiliate site requirements. All determinations made by the program are final.
9. Pass/Fail Criteria for Criminal Background Investigations.
 - a. *Criteria to "pass" a background investigation* An applicant or student will be considered to have "passed" the criminal background investigation if s/he meets all of the criteria listed below:
 - i. No convictions (felony or misdemeanor) for drug use or distribution.
 - ii. No convictions (felony or misdemeanor) for serious or violent crimes including, but not limited to, homicide or sexual assault.
 - iii. No convictions (felony) for nonviolent offenses.
 - iv. No convictions (felony or misdemeanor), related to moral turpitude, that indicate a potential threat to patient safety/patient care.
 - v. Not a registered sex offender.
 - b. Convictions
 - i. The existence of a conviction listed above does not automatically disqualify an applicant or student from the program. Relevant considerations may include, but are not limited to: the date, nature and number of convictions; the relationship the conviction bears to the duties, responsibilities, and requirements anticipated during clinical training; and successful efforts toward rehabilitation. Any decision to allow an applicant or student to enter the program with a conviction is solely at the discretion of the Undergraduate Nursing Program.
 - ii. If an applicant or student truthfully self-discloses conviction(s), an evaluation of each conviction will be made by the program before the applicant or student is allowed to enter the program.
 - iii. Failure to self-disclose all previous convictions other than minor traffic convictions will be considered falsification of records and will be grounds for discipline, up to and including denial of admission or withdrawal of acceptance into the program and, if discovered post-acceptance, dismissal from the program.



10. Confidentiality Information obtained for the purpose of and during the background investigation will be retained by the Undergraduate Nursing Program department. The department will make every effort to ensure that results of criminal background investigations are kept as confidential as possible with a limited number of persons authorized to review results.
11. Continuing Duty to Disclose After Initial Background Check and/or After Admission
 - a. Students have a continuing duty to disclose any relevant circumstances subsequent to their passing the initial background investigation. The Nursing Department Chair has discretion to determine that additional background checks may be warranted.
 - b. Any subsequent DUI citation, driving while ability impaired citation, or any felony or misdemeanor conviction (excluding a minor traffic infraction resulting in a traffic citation) that occur after the initial background check and/or after admission must be brought to the attention of the Nursing Department Chair within 10 business days of its occurrence.
 - c. Failure to notify the Nursing Department Chair of any new circumstances may result in the student being administratively dropped from nursing courses or refused consideration for admission if pending.
 - d. It is the student's responsibility to follow up on any outstanding charges that may affect continuance or progression in the nursing program, or attendance at a required clinical assignment.
 - e. Proofs of both a deferral agreement and completion of a deferred sentence (court minute order) are required. A student will be blocked from clinical course registration until the documents are submitted to the Nursing Department Chair.
12. Additional Clinical Requirements for Specific Agencies
 - a. If a student meets the Undergraduate Nursing Program's background check requirements but does not satisfy a more stringent clinical agency requirement, an alternative clinical site will be sought for the student.
 - b. While every effort will be made to place the student in an alternative clinical site, alternative clinical placement is not always available.
 - c. If a student is unable to complete any course due to an inability to participate at a clinical site, the student may be dismissed from the Undergraduate Nursing Program.

Rationale: An initial background check and subsequent disclosure of any new circumstance is necessary to assure public safety, eligibility for clinical placement and future nursing licensure



POLICY TITLE: STUDENT DRUG SCREEN TESTING POLICY

Date of Origin (if available): April 2009

Date(s) of Revision: February 8, 2011; September 8, 2016, February 11, 2021, March 2021

Faculty Sponsor(s): Eileen Gerrard -Gough

Undergraduate Department Approval Date(s): March 12, 2012; November 20, 2014; September 12, 2016; May 1, 2018, February 2021, March 2021

Policy:

All undergraduate nursing students will be required to submit a one-time drug test before the first day of classes in the undergraduate nursing program. If this requirement is not met, students will be administratively dropped from all nursing courses for the semester. Students will be subject to the policies of the clinical site where rotations are completed, including those policies regarding screening for impairment.

Negative drug screens are required of all admitted nursing students.

*Students who take legally prescribed medication (see note regarding marijuana below) that may result in a positive drug screen need to contact **Castlebranch** before completing the drug screen to inquire about necessary steps.*

Note that marijuana usage, regardless of type of usage (recreational or medicinal), is strictly prohibited.

Procedure:

1. Undergraduate nursing students will contact Castlebranch for a Ten Panel Drug Test. The school code for a drug screen through [CastleBranch](#) is NV15dt.
2. Payment for the drug test is the responsibility of the nursing student and is due at the time of the testing. Check and credit card are the only accepted methods of payment.
3. All drug test results will be reviewed by the assigned designee of the Johnson Beth-El College of Nursing and Health Sciences. Should there be a positive finding, the designee will forward any required information to the Nursing Department Chair. The department will determine if the student is eligible to continue in the undergraduate nursing program. Eligibility is based on the nature of the findings and clinical site requirements.

Rationale:

A healthy and safe environment promotes overall well-being and optimum functioning for faculty, students and patients or clients



Clinicals and Labs

Student Scope of Practice and Patient Emergencies

POLICY TITLE: STUDENT NURSE SCOPE OF PRACTICE – LEGAL LIMITATIONS

Date of Origin (if available):

Date(s) of Revision: 4/20/2010; 9/23/2010; 4/29/22, 8/1/2023

Faculty Sponsor(s): Evonne Young MSN, RN, Lori Holt MSN, RN; Norma Brown, MSN, RN

Undergraduate Department Approval Date(s): August 15, 2011, July 1, 2022

Policy:

The guidelines set forth in this policy, are intended to ensure delivery of safe, competent nursing care during a clinical rotation/practicum by the student nurse. Failure to adhere to the policy guidelines may result in disciplinary action.

Scope of Practice:

Performance of any clinical skills and activities by the nursing student is contingent on clinical partners policies and instructor discretion - based on student level and competency. Each student will clarify and establish their scope of practice with the primary RN or community supervisor at the beginning of each shift during the clinical rotation/practicum.

All skills will be done under direct supervision of an instructor or RN

Skill/Activity:	Sophomores	Juniors	Seniors
Intravenous Devices and Medications			
Start IVs	NO	YES	YES
D/C IVs	NO	YES	YES
Peripheral line saline flush	NO	YES	YES
Central Line Flush	NO	YES	YES
Administer IVPBs	NO	YES	YES
Administer IV Push	NO	NO	YES
Blood Draw from Central Line	NO	YES	YES
Central Line Tubing Change	NO	YES	YES
Central Line Dressing Change	YES	YES	YES
Medications			
PO Medications	YES	YES	YES
IM Medications	YES	YES	YES
SQ Medications	YES	YES	YES
Enteral Medications (NG / Feeding Tube/ G-J Tube)	YES	YES	YES
Topical Medications	YES	YES	YES
Treatments and Procedures			



Suctioning of Nasopharyngeal/Nasotracheal and Tracheostomy	NO	YES	YES
Trach Care	NO	YES	YES
Chest Tube Maintenance	NO	YES	YES

Skills / Procedures / Medications that MAY NOT be done by any UCSS nursing student:

1. Administer ANY medication not pulled by the student from an automated medication station; if the student does not have access, they must pull med with instructor or preceptor.
2. Administer any controlled substance
3. Any medication requiring two healthcare professionals to document administration
4. Blood or Blood Product Transport or Administration
- including Rhogam injections
5. Epidural Catheter Medications and Management
6. Patient-Controlled Analgesia Pump: Initiation, Management
7. Fingertick Blood Sugars (in hospital settings)
8. Hemocult Stools
9. Implanted Ports: Access / De-access and management
10. **Intravenous Administration** of:
 - a. Cardiac medications
-Antihypertensive, -Antidysrhythmic
 - b. Vasoactive medications
 - c. Hazardous medications
-Chemotherapy, -Antineoplastic, -Cytotoxic
 - d. Iron Preparations
 - e. Neuromuscular Blocking Agents
 - f. Sedatives for invasive procedures
 - g. Thrombolytics (any form of tPA)
 - h. Specific Medications
Heparin
Insulin
magnesium
IVPB of potassium
Prostaglandin /Prostacyclin
Oxytocin
Methergine
Terbutaline
11. And other medications as identified by clinical partner policy – see partner policy

Legal Limitations:

1. Students may not give medications with an outdated order.
2. Students may not document NIH Stroke Score / Scale (NIHSS) assessments.
3. Students may not transfer/transport narcotics from pharmacy or other nursing units.
4. Students may not carry narcotics keys and/or count narcotics
5. Students may not take verbal or telephone orders from any physician.
6. Students may not partake in restraint application, management and assessments r/t restraints
7. Students may not sign or witness any legal document (other than the medical record) while in student role (i.e. consent to treat, informed consents, wills, etc.).
8. Students may not accept gifts from patients. Students may accept notes/letters of thanks from patients.



Rationale: Adherence to the guidelines set forth in this policy will ensure delivery of safe, competent patient care by the student nurse.

POLICY TITLE: RESPONDING TO A PATIENT MEDICAL EMERGENCY IN THE CLINICAL SETTING

Date of Origin (if available): Unknown

Date(s) of Revision: September 19, 2011, May 13, 2013, Faculty

Sponsor(s): Deborah Tuffield

Undergraduate Department Approval Date(s): May 13, 2013

Policy:

1. If there is a health care provider's order for NO resuscitation (DNR), all levels of students should turn on the call bell or staff emergency bell or send someone for assistance from the floor.
2. If resuscitation is indicated, all levels of students should:
 - a. Remain with the patient
 - b. Initiate the medical emergency notification as directed by the specific institution's policy. If in the community, call 911.
 - c. Before the arrest team arrives, immediately initiate basic life support.
3. The following policies differ for each level of student. After the arrest team arrives:
 - a. Sophomores may remain as observers, space permitting.
 - b. Juniors may gather equipment needed and observe other procedures.
 - c. Seniors may assist in any way needed, including use of the ambu bag. They cannot start IV's or give IV push stimulants or antiarrhythmic drugs.
 - d. Refer to specific course syllabi for policies regarding clinical experiences.
4. Once the medical emergency has resolved, all levels of students need to debrief with their clinical faculty.

Rationale:

1. Basic life support should be initiated immediately, with the initiation of advanced life support as soon as possible after recognition of an arrest. If a student is caring for a patient who arrests, the student must initiate basic life support. The student must notify the facility staff appropriately so advanced life support can be initiated as soon as possible.
2. Students must learn coping skills that enable them to deal emotionally with medical emergencies and patient deaths.



Errors, Incidents and Student Health Issues

POLICY TITLE: PATIENT/CLIENT INCIDENT REPORTS AND MEDICATION ERRORS

Date of Origin (if available): Not Available

Date(s) of Revision: October 2011, October 2012

Faculty Sponsor(s): Sue Davis, Eileen Gerrard-Gough

Undergraduate Department Approval Date(s): December 12, 2011, October 8, 2012

Procedure:

1. The student gives a verbal report of the incident or medication error directly to:
 - a. Instructor
 - b. Primary Nurse
 - c. Charge Nurse/Resource Nurse/Clinical Manager
 - d. Patient (As per facility policy)
2. A facility-specific written and/or computer report will be completed by the student and clinical instructor.
3. A Johnson/Beth-El Incident Form will be completed by the student and returned to the instructor for signature and follow-up (See attached form).
4. The Johnson/Beth-El Incident Form will be handled according to the department chain of command.
5. The completed incident form will be given to the Academic Services Professional. The Academic Services Professional will notify faculty on the distribution list and send a copy of the report to University Professional Risk Management at FAX 303-724-0457.
6. A record will be kept by the department.
7. All persons involved with the incident or its procedure will maintain confidentiality.

Rationale: The purpose of this policy is to ensure patient/client safety in the clinical setting and follow university reporting requirements for professional risk management.

[Patient Incident Report Form](#)



POLICY TITLE: STUDENT INJURY, NEEDLE STICK, OR EXPOSURE TO BODILY FLUIDS

Date of Origin (if available): March 2, 2011

Date(s) of Revision: September 28, 2011, July 20, 2015

Faculty Sponsor(s): Lynne Bryant

Undergraduate Department Approval Date(s): November 4, 2011

Policy:

A student in a clinical/practicum rotation will be held responsible for the notification to the instructor of any injury, needle stick, or bodily fluid exposure occurring during the clinical rotation. Included in this policy is the right of the clinical instructor to assess and take action on any injury/exposure that is noticed or brought to the attention of the instructor. UCCS Risk Management guidelines will be followed according to protocol.

Injury and Exposure Reporting:

Nursing students are covered under the University insurance program, Workers' Compensation, for injury and exposure while assigned to a required clinical rotation. This does not include medical coverage for non-work-related illness or injury. All forms and instructions for online submission may be found at University Risk Management <https://www.cu.edu/risk>.

1. All injury/exposure incidents must be reported as soon as possible by the clinical faculty to the lead faculty and online by the student with the assistance of the clinical faculty to the University of Colorado, University Risk Management (URM) Department as soon as possible after the injury/exposure has occurred.
2. The injured student will file a Claim **online**. If the student is physically unable to complete the claim form, the clinical instructor will be responsible for its submission to University Risk Management.
3. Print a copy of all forms submitted online and fill out the Helen and Arthur E. Johnson Student Injury form (see Appendix B). Have the student and Clinical Instructor sign the internal form, then bring the form to the Undergraduate Nursing Program Administrative Assistant. The Undergraduate Nursing Program Administrative Assistant will distribute the form and obtain signatures of the Course Lead Faculty Member, the Option Coordinator, and the Undergraduate Nursing Department Chairperson.

For an Injury within the required course and scope of the required clinical assignment:

1. Complete the forms required by the facility, the University Risk Management forms, and the Undergraduate Nursing Department Incident Form.

Contact Occupational Health, if available, in the agency where the injury occurred and follow that agency's protocol to include the specific agency report form.

2. If no Occupational Health department is available, contact a UCCS Designated Medical Provider.
3. Follow-up treatment must be through a UCCS Designated Medical Provider

For an Exposure (contaminated sharps, body fluids, contagious disease)

1. Complete the forms required by the facility as well as the University Risk Management forms
2. Contact Occupational Health in the agency where the injury occurred and follow that agency's protocol to include the specific agency report form.
3. Contact a UCCS Designated Medical Provider using the link below.
4. Worker's Compensation



- a. Needlestick or Bodily Fluid Exposure
5. [Campus Procedure for Colorado Springs](#).
6. Follow up must be done with a UCCS Designated Medical Provider.

If the incident occurs in a non-hospital setting, the student will go to the Designated Medical Provider (after hours to the nearest ER/Urgent Care with DMP follow-up)

Directions for completing the Needlestick or Body Fluid Exposure Report form:

1. The job title is Student
2. The department is Helen and Arthur E. Johnson Beth-El College of Nursing and Health Sciences.
3. The supervisor's name is the clinical faculty member.
4. The location is the hospital/clinic/unit at which the exposure occurred.
5. Indicate the source patient name and medical record number in the appropriate spaces.

Completion of the Needle Stick/Exposure form automatically initiates a worker's compensation claim for injury with no further action required.

As a minimum, the following laboratory tests shall be performed on the student or faculty at the time of exposure.

1. HIV antibodies
2. HbsAg
3. HCV antibodies

REPEAT POST-EXPOSURE ANTIBODY TESTING PER CURRENT AGENCY PROTOCOL.

Post Exposure Prophylaxis (PEP)

1. If PEP therapy is necessary, it shall be initiated promptly, preferably within two hours of exposure.
2. Treatment will follow agency guidelines.

Rationale: Public safety and personal health are valued aspects of nursing. Professional behavior requires that students consider the patient, the employees of a clinical facility rotation and their own health and self-care while enrolled in a clinical component of a course. In the event of exposure or injury during the required clinical rotation, guidelines for timely reporting of an incident and coverage of treatment and its expense are accessible.

[Student Injury/Needlestick/Exposure Form](#)

POLICY TITLE: HEALTH ISSUES DURING THE CLINICAL/PRACTICUM ROTATION

Date of Origin (if available):

Date(s) of Revision: December 8, 2010, January 12, 2011, February 9, 2011, March 2, 2011, June 2017, January 2020

Faculty Sponsor(s): Eileen Gerrard-Gough

Undergraduate Department Approval Date(s): April 18, 2011, November 4, 2011

Policy: A student in a clinical/practicum rotation will be held responsible for the notification to the instructor of any physical and /or behavioral health condition that may affect his or her own performance or the safety of patients and employees. Included in this policy is the right of the clinical instructor to assess and take action on any physical and/or behavioral health change that is noticed or brought to the attention of the instructor.

Procedure:

Change in Physical and/or Behavioral Health Condition

- If the student is ill and unable to report for clinical/practicum/practicum assignment, the student will notify the instructor and the clinical/practicum area at least one hour prior to the time of expected arrival.
- During the clinical/practicum assignment, any change in health condition should be reported immediately to the instructor in the clinical/practicum area. The instructor will arrange for emergency care at the clinical site if necessary and notify the clinical/practicum unit where the student is assigned. The student will be billed for personal medical care. Non-work-related illness or injury is not covered under the University insurance program in required clinical rotations. The Student Injury/Needlestick/Exposure form should be completed and returned to the Nursing Department.
- If a student contracts Chickenpox or shingles, the student is to remain out of class/clinical. The student will be allowed to return to class and clinical practicum when the Chickenpox or shingles lesions have scabbed over, typically in 6 to 7 days after the onset of the rash.
- Students with any contagious disease or skin lesions (including but not limited to staphylococcal or herpetic lesions) will need to be evaluated by their health care professional or at the student health center prior to attending clinical.
- If considered necessary, the clinical instructor may release a student from the clinical assignment for the day. Consult the Classroom & Clinical Attendance/Absence policy and the course syllabus for clinical makeup allowances.

Rationale: Public safety and personal health are valued aspects of nursing. Professional behavior requires that students consider the patient, the employees of a clinical facility rotation and their own health and self-care while enrolled in a clinical component of a course.



Clinical Cancellations and Lab Policies

POLICY TITLE: CLINICAL ROTATION CANCELLATION

Date of Origin (if available): December 2010

Date(s) of Revision: November 2015; March 2016, February 2020

Faculty Sponsor(s): Amy Silva-Smith, Eileen Gerrard-Gough

Undergraduate Department Approval Date(s): April 11, 2011, November 9, 2015, March 14, 2014

Policy:

Clinical Rotation Cancellations due to weather or local circumstances (e.g. water pipe breaks, police activity, etc.) will be determined by the facility/agency in which the student is assigned for a course clinical rotation (“assigned facility/agency”). This clinical rotation cancellation policy is not related to personal student, clinical instructor or preceptor circumstances (e.g. illness) that may require cancellation.

Procedure:

1. Students are required to attend clinical on the day scheduled, unless the assigned facility/agency determines that it will be closed.
2. In the event that the assigned facility/agency is open, and a student determines conditions are not safe to travel to attend clinical, the student is required to notify the assigned facility/agency and the clinical instructor.
3. Lead Faculty for each course, in consultation with clinical faculty and the College, has the discretion to cancel clinical rotations for reasonable risk situations due to weather conditions.
4. In the above cases, make-up time will be required to meet the clinical hour requirement for the course.
5. UCCS Delay/Late Start or UCCS Campus Closures for campus activities and classes will not apply to clinical attendance.



Rationale: Nursing clinical rotation experiences are a unique component of a nursing education, requiring collaboration among the department, college and community health facilities and agencies where students are placed. Nursing students are educated through professional practice development into the professional behavior necessary to work in hospitals and other health care facilities in which nurses are deemed *essential personnel*. As such, decisions to cancel clinical rotations should be made by the specific assigned facility/agency receiving nursing students.

POLICY TITLE: SIMULATION LEARNING CENTER POLICY AND PROCEDURE

Date of Origin (if available): May 2012

Date(s) of Revision: March 2016

Faculty Sponsor(s): Lynn Phillips

Undergraduate Department Approval Date(s): December 10, 2012, April, 2016

Policy:

1. Faculty will pre-schedule the Simulation Learning Center (SLC) for student use.
2. Students must have a qualified faculty member present when using equipment or mannequins.
3. The simulation center will be treated as a patient care environment. Students will be in uniform as defined by the course syllabus (either Acute Care or Business Casual attire). Students will conduct themselves in accordance with the Standards of Professional Behavior.
4. Food, drink and ink pens will not be allowed in the simulation center
5. Equipment may not be removed from the rooms without consent from the SLC Director

Procedure:

1. Each semester students will complete the Video Consent form and the Confidentiality Agreement. This agreement will be uploaded to the simulation management system.
2. Students will complete the pre-scenario activities and view the online orientation material as required.
3. Students may be assigned different roles during the simulation. These roles will be enacted with the intent to provide learning opportunities to peers.
4. Videos of the simulation may be accessed by the students following the simulation experience for educational purposes only. Specific assignments related to these videos will be posted by course faculty.
5. Post simulation evaluations will be completed by all students and faculty.

Rationale:

Students can benefit from learning psychomotor skills as well as communication, teamwork and clinical judgment in simulated and laboratory environments. In order to support the learning process, the simulation environment must be viewed as realistic and safe by the participants.



POLICY TITLE: LAB EQUIPMENT

Date of Origin (if available): December 2012

Date(s) of Revision:

Faculty Sponsor(s): Lynn Phillips

Undergraduate Department Approval Date(s): December 10, 2012

Policy:

Faculty may choose to have students check out equipment as a part of course requirements. In this case, faculty will identify and authorize time limitations for equipment to be released so that all students will have opportunity to access equipment. Students may also check out basic assessment equipment to augment their learning opportunities. It is the student's responsibility to see that all equipment is returned in operable condition and in a timely manner. Liability for lost equipment is the responsibility of the student.

Procedure:

1. All equipment must be released by laboratory or office personnel so that accurate records can be maintained related to inventory of such items.
2. Students will check out equipment from the Nursing Dept. workroom. If no one is available in the workroom, students may contact the program assistant for undergraduate nursing or the program assistant for graduate nursing for assistance. (Look up office location or phone number in the UCCS directory)
3. Equipment will be available for release and return only during office hours (9:00 a.m. to 3:30 p.m.), Monday through Friday.
4. Students will be required to sign for all equipment that is released.
5. Students must turn in equipment to personnel in the nursing department workroom or to office personnel and record the date of return in the sign-out book.

Rationale: Student learning experiences can be enhanced through practice with nursing equipment. Faculty will assure that the opportunity to use equipment outside the classroom is available to all students.





Clinical Dress Codes

POLICY TITLE: UNDERGRADUATE DRESS CODE FOR CLINICAL SETTINGS

Date of Origin (if available): Unavailable

Date(s) of Revision: December 2010; March 2017, October 25, 2023, February 2024

Faculty Sponsor(s): Undergraduate Faculty

Undergraduate Department Approval Date(s): January 24, 2011, March 13, 2017, February 11, 2020, June 28, 2021, March 11, 2024

Policy:

The purpose of this policy is to provide standards of practice for UCCS nursing students as it pertains to dress code and appearance in clinical settings. The faculty at UCCS are committed to ensuring all students promote an appearance that is professional to instill confidence, trust, and respect in patients and their families. It is important that nurses dress in a professional and appropriate manner and are clearly identified as health care professionals.

This policy applies to all UCCS nursing students who provide patient care in clinical areas, activities for clinical courses or events, and experiences in the Simulation Learning Center. Course and clinical faculty have the responsibility of monitoring student compliance to the policy. Students who fail to adhere to the dress code policy may be asked to leave the clinical area and the missed clinical hours will count as a clinical absence. Refer to the Undergraduate Nursing Student Handbook for the Clinical Attendance Policy for missed clinical hours and clinical make-up.

The consequences of violations of the Undergraduate Dress Code for Clinical Settings will be the initiation of a Performance Improvement Contract – Professional Behavior (PIC-PB), refer to the complete policy in the Undergraduate Nursing Student Handbook.

General Dress Code Guidelines for All Clinical Settings

1. Clothing should fit properly, be clean and neat, in good condition, and of length and style that does not interfere with performing clinical duties.
2. Student uniforms are to be purchased from the UCCS Campus Store (Bookstore). For the acute care setting this includes the top and pants. For the non-acute care setting, the polo shirt is purchased at the UCCS Campus Store. These uniforms should be purchased the first week of the semester and it is recommended that they be tried on before purchasing.
3. Undergarments must be worn and should not be visible through clothing.
4. All students will wear the UCCS Johnson/Beth-El Photo ID and/or agency provided name tag which will be affixed to the uniform top near the shoulder.
5. Hair should be clean, professional in appearance, in a naturally occurring color, and styled appropriately for a professional setting. Hair should be worn back away from the face and secured to not interfere with professional duties. Long hair must be confined. Sideburns, beards, and mustaches must be short, neat, clean, well-trimmed, and follow the contours of the face.
6. No hats or bandanas may be worn on the head. Headbands are allowed in neutral colors (excluding mental health clinical settings).



7. Jewelry: Jewelry must not come in contact with patients, jeopardize or interfere with patient safety and must be discreetly worn.
 - a. The only facial jewelry allowed is for ear lobe and ear cartilage. All other facial piercing jewelry is not allowed including eyebrow, lip, nose, cheek, and tongue.
 - b. Only small studs for the ear are acceptable. Studs should not cover the earlobe and no dangles and/or hoops are allowed.
 - c. Clear gauged or plug earrings can be worn but must be less than ¼ inch in diameter.
 - d. Other jewelry permitted includes wedding rings, watches, and medic alert bracelets.
 - e. Please know that agency leadership may at any time request removal of jewelry if it is considered a safety hazard.
8. Footwear: Solid black shoes (without additional colors), which can include a black sport shoe, must be worn with uniforms. Shoes should be closed toe and back and have skid proof and non-marking soles. Shoes should be clean, well-polished and in good repair. Shoes should be water-resistant, and cleanable. Solid black socks or stockings must be worn with footwear in clinical.
9. Fingernails must be natural only, with no covering, coloration or enhancements of any type including artificial nails, extenders, and wraps. Nails can be no longer than ¼ inch in length.
10. Perfume and gum chewing are not permitted in the clinical setting.
11. Tattoos are allowed, however, tattoos that can be perceived as offensive, vulgar, depict nudity or violence, contain slogans, logos or do not align with an environment of mutual respect and values will need to be covered while in a clinical setting. Please know that agency leadership may at any time request that tattoos be covered.
12. Jeans cannot be worn at a clinical site.
13. Students should confer with lead faculty about any cultural dress or grooming accommodation.

Undergraduate Nursing Department Uniform for Acute Care Clinical Settings

1. All students will wear a scrub uniform that is embroidered with the UCCS Helen and Arthur E. Johnson Beth El College of Nursing and Health Sciences logo.
2. A long-sleeved, solid white t-shirt can be worn under your white scrub top. No prints or other colors should be worn. The shirt must be long enough to keep body covered during flexion.
3. A plain white scrub jacket may be worn with the uniform in accordance with hospital policy and must also be embroidered with UCCS Helen and Arthur E. Johnson Beth El College of Nursing and Health Sciences logo. This is the jacket which will be presented to students during the White Coat Ceremony.
4. The full black and white uniform is required for all hospital visits, including going to the hospital to pick up patient assignments.
5. Students will be allowed to wear Pro Packs/Nurse Packs in the clinical setting in the color of their choice.

Undergraduate Nursing Department Uniform for Non-Acute Care Clinical Settings

1. Pants: Black scrub pants as defined in the Acute Dress Code Policy. NOTE: Low rise, cargo, form fitting pants, jeans or leggings can never be worn as a part of a uniform.
2. Shirts: Black long or short sleeved polo style shirt with College Logo. The shirt must be long enough to keep body covered during flexion.
3. A long-sleeved, solid black t-shirt may be worn under the black polo shirt. No prints or other colors are allowed.
4. Determination of use of acute vs. non-acute uniform will be made by the course lead faculty for any non-acute clinical course, educational, or college activity.

Policy Exemption

Students in NURS4450 (RN-BSN) will not wear the UCCS uniform or polo. Students enrolled in NURS4450 are required to follow the dress code of their assigned agency and wear their UCCS photo ID Badge.

The consequences of violations of the Undergraduate Nursing Student Dress Code will be the initiation of a Performance Improvement Contract – Professional Behavior (PIC-PB)

Rationale: Dress plays a significant role in a professional career. When students are in uniform, they represent the profession of nursing and Johnson Beth-El. It is important for the student to project a professional image.





Affiliated Agency Policies

The College personnel and students are expected to abide by the rules and regulation of any affiliating agency utilized for clinical experiences.

Affiliating agencies utilized by the College are on a contractual basis. All contracts contain an agreement that college personnel, nursing and health science students will conform to the rules and regulations of those agencies.

College of Nursing personnel or students failing or refusing to abide by the hospital policies will not be permitted to care for patients and may be dismissed from the College under the provisions for non-compliance of rules and regulations of any of the affiliating agencies.

PROTECTION OF VULNERABLE POPULATIONS

Several of the clinical agencies that Johnson/Beth-El utilizes require background checks for the protection of vulnerable populations. The College complies with all policies for this purpose. Students who have a previous conviction for a misdemeanor or felony may not be eligible for placement in clinical assignments.

COLORADO MENTAL HEALTH INSTITUTE AT PUEBLO

"In accordance with Colorado Department of Human Services policy, the Colorado Mental Health Institute at Pueblo requires all prospective employees and students to have a background check. If the background check reveals information, such as outstanding warrants or pending charges, the pending employee or student must seek clearance through the Institute's Public Safety Office. If the circumstances are serious, the potential employee or student may be denied admission for employment of clinical practice".

General Policies

POLICY TITLE: CELLULAR PHONES, PAGERS, AND OTHER ELECTRONIC AND/OR WIRELESS DEVICES

Date of Origin (if available): Date(s) of

Revision: June 6, 2011

Faculty Sponsor(s): Linda Weaver, RN, MSN

Undergraduate Department Approval Date(s): October 10, 2011

Policy: All students must have electronic devices on silent mode during classroom and clinical and laboratory experiences. These devices must be turned off and placed out of sight during examinations, quizzes and other graded events.

Procedure:

1. Students will place all cellular phones, pagers, and electronic and wireless devices in silent mode during all classroom, clinical, and laboratory experiences.
2. All cellular phones, pagers, and electronic and/or wireless devices will be ***turned off and placed out of sight*** during examinations, quizzes, and other graded events.
3. Individual course faculty members have the discretion to enforce a more restrictive course policy related to these devices. Refer to the course syllabus for a specific course policy.
4. Violations of this policy will be handled on a case-by-case basis by the individual course faculty member.

Rationale: It is the responsibility of Johnson/Beth-El and the individual course faculty member(s) to create an atmosphere that is conducive to learning. The disruptive nature of these devices interferes with attention and concentration of students and faculty alike. Additionally, the presence of these devices during graded events creates the potential for academic dishonesty.



POLICY TITLE: COMPUTER CODES AND CLASSES

Date of Origin (if available): September 7, 2010

Date(s) of Revision: October 18, 2010

Faculty Sponsor(s): Denise Millot

Undergraduate Department Approval Date(s): October 18, 2010; May 9, 2016

Policy: The Clinical Facilities Coordinator will request computer codes for all students and clinical faculty 45 days prior to the start of the semester.

Procedure:

1. 45 days before the semester begins, the Request for Computer Code for Memorial Health System and Penrose/St. Francis will be submitted by the Clinical Facilities Coordinator.
2. The Clinical Facilities Coordinator will submit the request for codes for the clinical faculty.
3. The Clinical Facilities Coordinator will review the Request for Computer Code form for the students for accuracy prior to being sent to the facilities.
4. The request will be sent to the designated hospital individual 45 days before the start of the semester.
5. The computer codes for Penrose/St. Francis will be given to the students at the time of their computer class.
6. If a student has been at Memorial and/or Penrose/St. Francis within 6 months they only need their code reactivated. The Clinical Facilities Coordinator will distribute information related to codes to the Lead Faculty.
7. If there are students who register late for the course or have to change clinical assignments for some reason the Clinical Facilities Coordinator will notify appropriate clinical sites.

Rationale: Computer codes must be requested in a timely manner in order for students to have access to patient records when their clinical experience starts. This affects all students in clinical therefore an organized system needs to be implemented. Each facility requires about two weeks to complete the computer request.



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POLICY TITLE: LOST AND FOUND

Date of Origin (if available): unknown Date(s) of Revision: April 18, 2011

Faculty Sponsor(s): Debbie Beatty

Undergraduate Department Approval Date(s): August 15, 2011

Policy: A lost and found repository will be kept with the Executive Assistant to the Dean. Students should give any lost items to the administrative assistant. Items will be kept for 30 days for students to claim them. Unclaimed items will be donated.

Valuable items such as electronics, wallets, credit cards, watches, and real jewelry must be reported to campus police. Valuable items will be maintained by campus police in their safe until claimed.

Procedure: Staff members and student workers whose duties involve covering the Nursing Office will be briefed on this policy.

Rationale: To ensure security of valuable items and to help students retrieve items thought to be stolen, campus police should maintain valuable items in their safe.



POLICY TITLE: MINOR CHILDREN PROHIBITED IN CLASSROOM, LAB AND CLINICAL SITES

Date of Origin (if available): Unknown

Date(s) of Revision: April 12, 2011, July 27, 2016

Faculty Sponsor(s): Susan Finke

Undergraduate Department Approval Date(s): August 15, 2011, July 27, 2016

Policy: Minor children are prohibited in classroom, laboratory and clinical sites of Johnson/Beth-El. Minor children may participate in classroom and/or laboratory at the request of the lead faculty of courses.

Rationale: Based on the unpredictable sensitive nature of course content in the Helen and Arthur E. Johnson Beth El College of Nursing and Health Sciences, as well as the unpredictable nature of children, this policy prohibits students from bringing minor children to the classroom, clinical or laboratory. The UCCS Family Development Center has a drop-in policy for childcare should unexpected needs arise.



POLICY TITLE: SAFETY

Date of Origin (if available): Date(s) of Revision: June 6, 2011

Faculty Sponsor(s): Linda Weaver, RN, MSN

Undergraduate Department Approval Date(s): November 15, 2011

Policy: The University of Colorado at Colorado Springs Department of Public Safety maintains a full-service Police Operation to respond to reports of criminal acts and emergencies on campus. These officers are state- certified and hold police commissions within the State of Colorado. The Department of Public Safety Office, located on the lower level of the UCCS parking garage, is also responsible for responding to all incidents that occur on campus involving police, parking, traffic, fire prevention, and protection, environmental health and safety, emergency disaster coordination and insurance/risk management services. In addition, Public Safety provides several community services upon request:

1. Escorts to and/or from vehicles or buildings
2. Lost and Found service
3. Student notification for family emergencies

Procedure:

1. For emergency or non-emergency situations, notify the University Police/Public Safety at 3111 if using the University phone system or 719.255.3111 if using a personal phone, on or off Campus.
2. All students should locate and be familiar with the multi-colored *Quick Reference: Campus Emergency Procedures* card located at the front of every classroom.
3. In a family emergency, one person in your family should call the Public Safety Office at 719-255-3111. It is important for your family to provide your current location, if possible.
4. To be notified of emergency situations on Campus, students may enroll in the [UCCSAlerts](#) system.
5. For additional information, visit the Public Safety Office website.

Rationale: All students should have access to full range of emergent and non-emergent services to provide an environment that is safe and conducive to learning.





POLICY TITLE: SOCIAL MEDIA PLATFORMS

Date of Origin (if available): February 2014

Date(s) of Revision:

Faculty Sponsor(s): Mary Jo Stanley, Sherry Lee, Eileen Gerrard -Gough

Undergraduate Department Approval Date(s): March 10, 2014

Policy Statement: Students of Johnson/Beth-El will refrain from behavior that impugns the integrity or character of the patients, agencies and their employees, and/or the colleges' faculty or students through social media platforms. Students will adhere to UCCS, National State Boards of Nursing (A Nurse's Guide to the use of Social Media), and the American Nurses Association (six Tips for Nurses) social media policies. Social Media violations will be addressed under the Standards of Professional Behavior policy.

Professional Organizations

BETH-EL STUDENT NURSES ASSOCIATION (BSNA)

Purpose and Function

Section 1 – Purpose

- A. To assume responsibility for contributing to nursing education in order to provide for the highest quality of health care.
- B. To provide programs representative of fundamental current professional interests and concern to nursing students.
- C. To aid in the development of the whole person, his/her professional role, and his/her responsibility for health care of people in all walks of life.
- D. To enhance the positive image of nursing in the media, community, and among all health care professionals.

Section 2 – Function

- A. To have direct input into standards of nursing education and influence the educational process.
- B. To influence health care, nursing education and practice through legislative activities as appropriate.
- C. To promote and encourage participation in community affairs and activities towards improved health care and the resolution of related social issues.
- D. To represent the positive image of nursing to the consumer, institutions, the media, and other organizations.
- E. To promote and encourage students' participation in interdisciplinary activities.
- F. To promote and encourage recruitment efforts, participation in student activities and educational opportunities regardless of a person's race, color, creed, sex, lifestyle, national origin, age, or economic status.
- G. To facilitate communication among nursing students and community representatives. H. To promote and encourage collaborative relationships with nursing and health care



organizations.

- I. To promote unity and professionalism among nursing students.

BSNA members are selected to represent the nursing student body at the Undergraduate Faculty meeting and the UCCS Student Government Association. Membership in BSNA supports students' socialization to the profession of nursing.

COLORADO STUDENT NURSES ASSOCIATION (CSNA)

"The Colorado Student Nursing Association (CSNA) is a pre-professional organization for pre-nursing and nursing students enrolled in Colorado accredited diploma, associate and baccalaureate degree programs."

Students are eligible for membership in the association and are encouraged to actively participate on the district, state and national levels of the professional organization. Johnson/Beth-El has more active student involvement in the Colorado student organization than any other college in Colorado. Johnson/Beth-El students hold several state and national positions. State and national conventions provide an opportunity for fun as well as professional leadership.

NATIONAL STUDENT NURSES ASSOCIATION (NSNA)

"With a membership of 60,000 nationwide, the National Student Nurses' Association mentors the professional development of future registered nurses and facilitates their entrance into the profession by providing educational resources, leadership opportunities, and career guidance."

SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY OF NURSING - XI PHI CHAPTER

Students with high academic performance (have at least a 3.5 GPA and are in the top 35% of their class) and who have completed 50% of their nursing credits are inducted into the honor society, along with community leaders, at an annual meeting. Meetings throughout the year provide an opportunity for research and other scholarly presentations and exchange.

Sigma Theta Tau International Honor Society is an organization which recognizes the achievement of academic scholarship. Because achievement of superior scholarship demonstrates leadership, creativity and overall ability in nursing, membership at this level is based upon the student's grade point average.

Appendix A

NURSING PROGRAM GLOSSARY

DEFINITIONS OF CURRICULUM TERMS FOR PROFESSIONAL PRACTICE MODEL

Patient: A person, group, family, or community who engages with the nurse for the purpose of interpreting the human health experience for the potential of achieving transpersonal healing. Individuals—experiencing, developing, and perceiving beings reflecting fundamental patterns of knowing through mind/body/spirit manifesting as a unified whole. The concept of patient may be used interchangeably with the terms individual or group or community.

In addition to person, group, family or community, the patient can be an organization. An organization is conceptualized as a community of individuals who come together to accomplish health care goals through the medium of an organization.

Human Health Experience: A subjective sense of harmony, unity, and congruence in mind/body/spirit, which may occur in the presence or absence of disease. It is an emerging, dynamic process. Illness is the subjective experience of disharmony, turmoil, and incongruence in mind/body/spirit that necessarily affects the integrity of the whole. Illness is not the opposite of health but may be as a potential health experience, as it offers the individual an opportunity to gain greater self-knowledge and a greater awareness of the purpose and meaning of life. In the diagram, the human health experience is culturally based and interactive with the patterns of knowing as indicated by the dotted line around the core.

The health care organization functions as a structured context in which aspects of the human health experience are enacted. The nurse is part of the organizational context and exhibits a transpersonal leadership role in facilitating patient care.

Caring: the core of nursing in the human health experience by:

1. Intentional acts based on the welfare of another: which may promote health, prevent illness and/or encourage wellness: the process of caring.
2. An affective dimension of nursing in which the nurse experiences a concern for another
3. (e.g., empathy), an attitude rather than an action (e.g., warmth): the context of caring.
4. A “mind-set” of carefulness, precision, accuracy, caution, and commitment in one’s
5. actions: the content of caring.
6. Moral imperative, attitudes, beliefs, values and moral basis: the ethics of caring.
 - a. In the diagram, caring is depicted as the core of nursing in dynamic interchange with nursing patterns of knowing as indicated by the dotted lines. Caring is a rhythmic interchange between self, groups, and organizations.

Environment: All that interacts with the individual but is not the individual as depicted by the background of the diagram. The dotted line around the two-layered circle reflects the interconnection of the environment with all else. The context of the individual’s life journey, including significant others, society/culture, and the energy fields of all things, both animate and inanimate.

Fundamental Patterns of Knowing in Nursing: Five fundamental patterns of knowing have been identified as necessary for the practice of professional nursing: empirics, esthetics, ethics, socio-political and personal



knowledge (Carper, 1978). Embedded in each pattern of knowing is an area of unknowing which allows for the decentering of self.

Empirics: The Science of Nursing: Factual, descriptive, empirical. Aimed at developing general laws, principles and theories for the purpose of explaining, describing and predicting phenomena of relevance to nursing. Typified by such traditional nursing content as anatomy, physiology, and pharmacology, as well as, the developing body of scientific knowledge in general, specialty and advanced nursing practice.

Esthetics: The Art of Nursing: The expressive aspect of nursing. Knowledge gained through the “subjective acquaintance” of direct experience and made visible in the unique ways in which the nurse uses self on behalf of the individual (Carper, 1984, p. 16). It involves the synthesis and expression of all of the patterns of nursing knowledge into caring which is unique to each nurse. It necessitates the recognition of the particular rather than the universal and requires integration, synthesis, perception, intuition, creativity, and empathy. In esthetic knowing there is engaging, interpreting and envisioning. It is the dance of nursing, it can be seen, and when it is over the effect is still there.

Ethics: The Moral Imperative of Nursing: The moral component. Focuses on issues of duty and responsibility. This is not just the knowing of ethical codes of conduct, but the ability to discriminate and make moral judgments. This knowing requires the understanding and the ability to apply a variety of moral and ethical frameworks to complex situations requiring moral insight and judgment. It is valuing, clarifying and the existential advocacy of the other. Existential means that the person (other) has the human freedom, will, and knowledge to make decisions on their own behalf.

Personal Knowledge: Self-Understanding: “concerned with the knowing, encountering, and actualizing the concrete, individual self” (Carper, 1984, p. 18). That knowing of one’s self that makes possible therapeutic use of self and thus, the experience of transpersonal healing. Personal knowledge is dependent upon the “core capacity” to “access one’s own feeling life-one’s range of emotions: the capacity to instantly effect discriminations among the feelings and, eventually, to label them, to enmesh them in symbolic codes, e.g., language, touch, writing to draw upon them as a means of understanding and guiding one’s behavior” (Gardner, 1983, p. 239). Personal knowledge, then, is encountering the self, focusing on the self, and realizing the self.

Socio-Political: The context of nursing. This pattern of knowing addresses the context of persons (nurses and others) and the practice of profession (both society’s understanding of nursing and nursing’s understanding of society and its politics). In other words, whose views are being heard and whose are being silenced. The essential characteristics are exposing, exploring, transforming, transposing, and critiquing (White, 1955).

Socio-Political knowing is operationalized through knowledge of Health Care Systems and Policy. Knowledge of health care systems includes an understanding of the organization and environment in which nursing and health care is provided. Health care policy shapes health care systems and helps determine accessibility, accountability and affordability.

Undergraduate Nursing Glossary of Additional Curriculum Terms

Advanced Practice: Preparation at the masters or doctoral level with advanced clinical knowledge, skills and using independent decision-making, problem solving and critical-thinking to manage and/or treat a wide range of health problems. Uses advanced communication skills, therapeutic interventions, and various roles to provide collaborative care based on nursing knowledge, theory and research.



Advocacy: A process wherein the nurse, knowledgeable of the socio-political context, acts on behalf of the patient or the nursing profession to assure the delivery of quality nursing care and to promote professional standards of practice. The skills of advocacy include mediating, coordinating, clarifying, resolving conflict, and assisting the patient to acquire, interpret, and utilize health care information.

Clinical Information Systems: Array or collection of applications and functionality; amalgamation of systems, medical equipment, and technologies working together that are committed or dedicated to collecting, storing, and manipulating healthcare data and information and providing secure access to interdisciplinary clinicians navigating the continuum of [patient] care. Designed to collect patient data in real time to enhance care by providing data at the clinician's fingertips and enabling decision making where it needs to occur. (McGonigle & Mastrian, 2009).

Clinical Judgment: The outcomes of critical thinking in nursing practice. Clinical judgments begin with an end in mind. Judgments are about evidence, meaning and outcomes (Pesut, 2001).

Clinical Reasoning: The process used to assimilate information, analyze data, and make decisions regarding patient care (Simmons, Lanuza, Fonteyn, & Hicks, 2003). Processes nurses use to frame the meaning and facts associated with a client story and to juxtapose and test the difference between a patient's present story state and a desired specific outcome (Pesut & Herman, 1999).

Communication: Reciprocal sharing with individuals of written, oral and non-verbal information according to a common set of rules (e.g. language). This definition includes:

- a. Communication in groups
- b. Communication through information technology, audiovisual media production
- c. Communication includes using information in clinical decision-making and maintaining confidentiality.
- d. Communication through esthetic endeavor such as sculpture, painting, and performance (e.g. drama).
- e. One to one communication.
- f. Interprofessional communication across healthcare professions to ensure continuity and quality of patient care.
- g. Intraprofessional communication within the profession of nursing to ensure continuity and quality of patient care.

Complementary Modalities: (therapies) Those therapies used to augment or complement conventional allopathic treatments. Complimentary modalities include but are not limited to: Nursing Intervention Classifications (NIC) herbal and nutritional supplements, and body/energy therapies not otherwise listed as Nursing interventions. Those therapies identified OAM (Office of Alternative Medicine).

Congruence: Congruence occurs when the nurse exhibits genuineness between the internal experience of feelings, the awareness of feelings and the expression and/or communication of feelings.

Critical Thinking: All or part of the process of questioning, analysis, synthesis, interpretation, inference, inductive and deductive reasoning, intuition, application and creativity (AACN, 1998). Critical thinking underlies independent and interdependent decision making (AACN, 2008).



Delegation: The process through which the nurse assigns, supervises and evaluates the nursing care given by others, while retaining accountability for the quality of patient care. Delegation must occur within the scope of the Colorado Nurse Practice Act (section 12-38-132).

Emergency and Disaster Preparedness: To facilitate preparation and response within the community for natural, intentional, or technological disasters (ACHNE White Paper: Disaster Preparedness, January, 2008).

Evidence-Based Practice: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care (QSEN, 2009).

Genetics: Study of individual genes and their impact on relatively rare single gene disorders (Guttmacher & Collins, 2002).

Genomics: Study of all the genes in the human genome together, including their interactions with each other, the environment, and the influence of other psychosocial and cultural factors (Guttmacher & Collins, 2002).

Global Health Care: Global health care knowledge includes an understanding of the implications of living with transportation and information technology that link all parts of the world. Information about the effects of the global community on such areas as disease transmission, health policy, and health care economics is required.

Healing: transformative and spiritual; a basic key to healing is acceptance.

Healthcare Outcomes: The results of particular healthcare practices and interventions.

Health Care Systems and Policy: Knowledge of health care systems includes and understands the organization and environment in which nursing and health care is provided. Health care policy shapes health care systems and helps determine accessibility, accountability and affordability.

Holistic: The phenomenon conceptualized as an indivisible whole, whose essential nature is distorted or destroyed if reduced to a collection of parts.

Informatics: Use information and technology to communicate, manage knowledge, mitigate error, and support decision making (QSEN, 2009).

Information Technology: The study, design, development implementation, support, or management of computer-based information systems, particularly software applications and computer hardware (AACN, 2008). Includes traditional and developing methods of discovering, retrieving and using information in nursing practice.

Member of a Profession: A nurse who has the knowledge and experiences that encourages the nurse to embrace lifelong learning, demonstrate initiative, accountability, altruism and practices within the code of ethics.

Nurse Sensitive Indicators: Measures of processes and outcomes—and structural proxies for these processes and outcomes (e.g., skill mix, nurse staffing hours)—that are affected, provided, and influenced by nursing personnel, but for which nursing is not exclusively responsible (NQF, 2003). Measures, as implemented by NQF, include:

- a. Patient-Centered Outcome Measures
- b. Nursing-centered Intervention Measures
- c. System-centered Measures



Nursing Process: A systematic problem-solving method, used in any patient care situation, for assessing the patient's health status and related needs, formulating nursing diagnosis, planning with the patient to resolve identified needs, implementing nursing interventions, and evaluating the outcomes to determine the effectiveness of the plan or the need for further revision.

Patient Safety: Minimizes risk of harm to patients, populations, and providers through both system effectiveness and individual performance (QSEN, 2009).

Professional Nurse: A professional nurse is prepared with a minimum of a baccalaureate in nursing and uses the patterns of knowing in nursing to demonstrate competence, empathy, and congruence. A professional nurse creates, when possible, conditions for transpersonal healing to occur. The professional nurse enjoys a lifelong commitment to learning, inquiry, and excellence in the profession.

Reflection: Learning through experience toward gaining new insights or changed perceptions of self and practice in order to realize desirable nursing practice.

Therapeutic Nursing Interventions: To do no harm. Actions, behaviors and healing strategies of the nurse which facilitate transpersonal healing through a shared human health experience. Skills used to support and empower the other to maximize their healing potential. This definition includes:

- a. Implementation of clinical decision making and skills.
- b. Interventions critical to the practice of nursing.
- c. Theory-based nursing activities.
- d. Interdisciplinary collaboration.



Appendix B

Forms



PERFORMANCE IMPROVEMENT CONTRACT – PROFESSIONAL BEHAVIOR

[Click here for a fillable version](#)

Student Name: _____ Faculty: _____

Date Initial Behavior Observed: _____ Date initiated: _____ Course: _____

This plan is to be initiated by faculty when a student is NOT meeting the Standard of Professional Behavior (make link to policy) at any point during the course. If objectives are not met by the end of the course, the student will fail the course. This performance improvement contract must be reviewed with the student and signed by both faculty and student within one week of the unsatisfactory behavior occurrence. The intent of the Performance Improvement Contract is to clearly identify the problem area(s) and outline a plan of action for the student to follow. The student must be re-evaluated, and progress (or lack of) documented weekly or at appropriate intervals with both the applicable faculty and student signatures. Failure of the student to keep an evaluation appointment will be documented.

One copy of the signed Performance Improvement Contract and each follow up meeting will be given to the student and one copy will be retained by the faculty member. When the Performance Improvement Contract is completed and signed a copy will be placed in the student’s academic file in the Nursing Department.

Objective(s) not met:	
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Section I:

Date Performance Improvement Contract Initiated:	
Documentation of circumstances and unsatisfactory behavior(s) demonstrated, and date(s) observed	
Plan to Meet Objective(s) - measurable/attainable outcomes	
Interval for on-going evaluation:	
Evaluation – Identify which - objective(s) were met - objective(s) need ongoing work - objective(s) remain unmet	

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____



This Performance Improvement Contract has been met in its entirety	
Student Signature: _____	Date: _____
Faculty Signature: _____	Date: _____

Section II: Complete this section at each follow-up meeting until the Performance Improvement Contract is completed. (Make copies as needed; one copy per meeting)

Documentation of progress towards objectives with dates	
Student Comments:	
Faculty Comments:	
Evaluation- Identify which - objective(s) were met - objective(s) needs ongoing work - objective(s) remain unmet	

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____



TWO-STEP TB TEST FORM

Student Name _____

One Step PPD Process:

- Student receives PPD skin test
- Student returns to the placement site within 48 to 72 hours to have the first skin test read
- Test results are recorded on the form below

Step One			
Date Applied:		Time:	
Manufacturer:	Lot #	Expiration Date:	
Placement Site: <input type="checkbox"/> Right <input type="checkbox"/> Left			
Provider signature:		Date:	
Return to placement site to be read within 48 to 72 hours			
Date:	Time	to	Date: Time
Results:	mm of induration	Date & time Read:	
Signature of Provider interpreting TB skin Test:			

Step Two PPD Process:

- Student receives initial PPD as stated above
- Student returns to the placement site within 1 to 3 weeks and has a second test placed.
- Return to placement site within 48 to 72 hours to have the test read
- Results are documented on the form below.

Step Two			
Date Applied:		Time:	
Manufacturer:	Lot #	Expiration Date:	
Placement Site: <input type="checkbox"/> Right <input type="checkbox"/> Left			
Provider signature:		Date:	
Return to placement site to be read within 48 to 72 hours			
Date:	Time	to	Date: Time
Results:	mm of induration	Date & time Read:	
Signature of Provider interpreting TB skin Test:			



TUBERCULOSIS SYMPTOM SCREENING

Name: _____

	Yes	No
Productive cough lasting more than 3 weeks		
Unexplained fever		
Unexplained night sweats		
Shortness of breath/chest pain		
Hemoptysis (coughing up blood)		
Unexplained weight loss		
Unexplained fatigue		

I declare that my answers are true to the best of my knowledge. I understand that if I develop any of the above symptoms I must notify the lead instructor and seek medical evaluation.

Signature

Date

Reviewed by:

Faculty Signature

Date



HEALTHCARE PROVIDER REFERRAL FORM

Date: _____

Name: _____
First *Last*

Date of birth: _____

The above student has had testing consistent with evidence of tuberculosis infection (positive skin testing and/or blood assay for *Mycobacterium tuberculosis*) and needs further evaluation. The CDC recommends:

- Chest x-ray to rule out active pulmonary disease
- Clinical examination to rule out active disease
- Consider treatment for latent TB infection

Guidelines for treatment of latent TB infection can be found at:

http://www.cdc.gov/tb/publications/factsheets/treatment/LTBI_treatment_options.htm

The above student was evaluated on _____ and found to be free of signs/symptoms of active tuberculosis disease.

Signature of Health Care Provider

Date



HEPATITIS B VACCINE DECLINATION

I, _____ understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine. Many hospitals and clinical agencies where I will have student experiences require this immunization. However, I decline hepatitis B vaccine at this time. I understand that by refusing to receive this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. Since I will continue to have occupational exposure to blood or other potentially infectious materials, I may have the vaccine later and will inform the College of my status.

Name

Date

Witness

Date

Employee Health/Infection Control

May 1992



STUDENT INJURY/NEEDLE STICK/ EXPOSURE FORM

[Click here for an editable form](#)

STUDENT or FACULTY MEMBER NAME:	STUDENT ID NUMBER:	DATE/TIME OF INCIDENT:
FACILITY/UNIT:		

CHECK ALL APPROPRIATE INCIDENTS:

- Needlestick
- Exposure
- Fall
- Physical Injury
- Other

BRIEF EXPLANATION OF INCIDENT:
INTERVENTIONS:
ACCIDENT PROTOCOLS: <ul style="list-style-type: none"> <input type="checkbox"/> Agency protocol pertaining to safety were completed <input type="checkbox"/> All agency paperwork was completed <input type="checkbox"/> Injury was reported to agency manager <input type="checkbox"/> UCCS University Risk Management: Employee Injury Form completed

Student Signature:

Instructor Signature:

Course Lead Faculty Signature:

Option Coordinator Signature:

Department Chair Signature:



INCIDENT FORM (Patient, Confidential)

[Click here for an editable form](#)

STUDENT NAME: STUDENT ID #: STUDENT PHONE: STUDENT EMAIL:		FACULTY MEMBER: FACULTY PHONE: FACULTY EMAIL:	
Date/time of incident:		Date/time Professional Risk Management notified:	
FACILITY AND UNIT:			
PATIENT NAME: PATIENT MEDICAL RECORD NUMBER:			
PATIENT MEDICATION ERROR, TREATMENT ERROR, OR INJURY (check all that apply)			
<input type="checkbox"/> Medication/IV			
<input type="checkbox"/> Name of Medication: Wrong: (circle all that apply) dose drug time solution route patient rate			
<input type="checkbox"/> Treatment Error (Specify):			
<input type="checkbox"/> Patient Injury			
SPECIFIC DETAILS OF INCIDENT:			
INTERVENTION/OUTCOME if applicable:			
PHYSICIAN'S FULL NAME: PHYSICIAN PHONE: PHYSICIAN NOTIFIED: YES <input type="checkbox"/> NO <input type="checkbox"/> Physician notified by:			

Student Signature: Date

Instructor Signature Date

Distribution:

1. Department Chair
2. Option Coordinator
3. Course Lead Faculty
4. Undergraduate Program Assistant
5. University Professional Risk Management



PERFORMANCE IMPROVEMENT CONTRACT – KNOWLEDGE / SKILLS

[Click here for a fillable version](#)

Student Name: _____ Faculty: _____

Date Initial Behavior Observed: _____ Date initiated: _____ Course: _____

This plan is to be initiated by faculty when a student is NOT meeting the Performance Improvement Contract – Knowledge/Skills policy (make link to policy) at any point during the course. If objectives are not met by the end of the course, the student will fail the course. This Performance Improvement Contract must be reviewed with the student and signed by both faculty and student within one week of the unsatisfactory behavior occurrence. The intent of the Performance Improvement Contract is to clearly identify the problem area(s) and outline a plan of action for the student to follow. The student must be re-evaluated, and progress (or lack of) documented weekly or at appropriate intervals with both the applicable faculty and student signatures. Failure of the student to keep an evaluation appointment will be documented.

One copy of the signed Performance Improvement Contract and each follow up meeting will be given to the student and one copy will be retained by the faculty member. When the Performance Improvement Contract is completed and signed a copy will be placed in the student’s academic file in the Nursing Department.

Objective(s) not met:	
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Section I:

Date Performance Improvement Contract Initiated:	
Documentation of circumstances demonstrated, and date(s) observed	
Plan to Meet Objective(s) - measurable/attainable outcomes - complete remediation form if applicable (Section III)	
Interval for on-going evaluation:	
Evaluation – Identify which - objective(s) were met - objective(s) need ongoing work - objective(s) remain unmet	

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

This Performance Improvement Contract has been met in its entirety	
Student Signature: _____	Date: _____
Faculty Signature: _____	Date: _____



Section II: Complete this section at each follow-up meeting until the Performance Improvement Contract is completed. (Make copies as needed; one copy per meeting)

Documentation of progress towards objectives with dates	
Student Comments:	
Faculty Comments:	
Evaluation- Identify which - objective(s) were met - objective(s) needs ongoing work - objective(s) remain unmet	

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____



Section III: Initiate this section if remediation is indicated or applicable

The following are examples of learning activities that can be implemented in Performance Improvement Contract plan.

Complete a specific clinical/simulation/skill assignment relevant to learning objective

Lead Faculty please contact the Remediating Educator by email, copy student, including your planned timeline for student to meet with Educator.

To be Completed by Lead Faculty	
Student Name:	
Remediating Educator Name:	Date Contacted:
Objective(s) not met:	
Goal of Remediation (per Lead Faculty)	

With my signature I acknowledge the above plan.

Student Signature _____ Date _____

To be Completed by Remediating Educator	
Date(s) of Remediation:	
Documentation of remediation activities	
Evaluation: -Satisfactory and meets remediation goals -Needs additional practice. Identify focus of ongoing activity	

Signature of Remediation Faculty _____ Date _____

Return form to Lead Faculty



PPE COMPETENCY VALIDATION

Personal Protective Equipment (PPE) Competency Validation

Donning and Doffing

Standard Precautions and Transmission Based Precautions

Student Name: [Click here to enter student name.](#)

Donning PPE	Competent	
	YES	NO
1. Perform Hand Hygiene		
2. Don Gown: Fully covering torso from neck to knees, arms to end of wrists		
3. Tie/fasten in back of neck and waist		
4. Don Mask/Respirator: Secure ties/elastic bands at middle of head & neck		
5. Fit flexible band to nose bridge		
6. Fit snug to face and below chin (Fit-check respirator if applicable)		
7. Don Goggles or Face Shield: Place over face and eyes; adjust to fit		
8. Don Gloves: Extend to cover wrist of gown		
Doffing PPE		
9. Remove Gloves: Grasp outside of glove with opposite gloved hand; peel off		
10. Hold removed glove in gloved hand		
11. Slide fingers of ungloved hand under remaining glove at wrist		
12. Peel glove off over first glove		
13. Discard gloves in waste container		
14. Remove Goggles or Face Shield: Handle by head band or ear pieces		
15. Discard in designated receptacle if re-processed or in waste container		
16. Remove Gown: Unfasten ties/fastener		
17. Pull away from neck and shoulders, touching inside of gown only		
18. Turn gown inside out		
19. Fold or roll into bundle and discard		
20. Remove Mask/Respirator (respirator removed after exit room/closed door): Grasp bottom, then top ties or elastics and remove		
21. Discard in waste container		
22. Perform Hand Hygiene		



Standard Precautions & Transmission Based Precautions	Competent	
	YES	NO
23. Staff correctly identifies the appropriate PPE for the following scenarios:		
a. Standard Precautions (PPE to be worn based on anticipated level of exposure)*		
b. Contact/Contact Enteric Precautions (gown & gloves)		
c. Droplet Precautions (surgical mask)		
d. Airborne Precautions (fit-tested respirator if applicable)		

*NOTE: Examples include: mask for coughing/vomiting patient, goggles/face shield for irrigating draining wound, gown for dressing change if scrubs may touch patient, etc.

Student Signature:

Date

Faculty Signature:

Date

LEAVE OF ABSENCE REQUEST FORM

Student: _____ UCCS Student ID: _____

Phone Number: _____ UCCS Email: _____

Time of Leave (Semester(s) Absent and Projected Return): _____

Reason for Request: _____

Leave of Absence Procedure:

1. The student will notify the Nursing Advisor and the Option Coordinator of the need for leave of absence.
2. The Nursing Advisor or Program Option Coordinator may explain the policy to the student.
3. The student will meet with the Nursing Advisor to review the policy and complete the leave of absence request form.
4. The student will obtain required signatures of the Nursing Advisor and Option Coordinator on the leave of absence request form.
5. The Program Option Coordinator, in collaboration with the Nursing Advisor, will notify the student of the results/response to the request.
6. The Nursing Department Program Assistant will make copies of the completed request form for the student, Option Coordinator and Chair of the Undergraduate Nursing Department. A copy will be placed in the student's file at the college.
7. The student is responsible for returning the original request form to the Nursing Advisor.
8. It is the responsibility of the student to request renewal/extension of the leave of absence each semester and notify the Option Coordinator and Nursing Advisor of the intended semester of return to the nursing program (this must be done 30 days prior to end of the semester). Failure to do so will result in administrative dismissal from the program and require reapplication to the nursing program.
9. If the leave of absence is greater than one academic year, the student must reapply to the nursing program.
10. Professional requirements must be maintained and uploaded to My Clinical Exchange during the LOA period in order to be eligible for clinical placement.
11. Students must meet technical standard requirements and professional requirements for progression in the nursing program at all times, including after the return from any leave of absence.
12. Students must contact the Option Coordinator and Nursing Advisor 30 days before the end of the semester prior to return to confer and approve a plan for returning to the program. Failure to do so will result in administrative dismissal from the program.
13. It is the Johnson/Beth-El Department of Nursing's discretion as to where the student is placed for academic progression. Once a plan for returning to the nursing program has been created, the Option Coordinator and Nursing Advisor will confer and approve registration for the selected or identified courses. The student may be directed to repeat courses that have time-sensitive information (i.e. Pharmacology). Students may also be required to repeat other courses, complete a certified background check and drug screen test prior to returning to the nursing

program. Failure to pass the drug screen or background check may result in denial of the students' return to the nursing program in accordance with the Background Check Policy.

Student's signature below indicates that they understand the leave of absence process and all repercussions related to taking a leave of absence. It is the student's responsibility to maintain communication with both the Nursing Advisor and the Option Coordinator.

Student Signature/Date

Advisor Signature/Date

Undergraduate Nursing Option Coordinator/Date

APA FORMAL PAPER GUIDELINES

1. Title page: Refer to template on next page.
2. Typeface-only 12-point Times New Roman.
3. In general, sophomores will work on citing references correctly (paraphrase vs. quote). Students will progress to using primarily paraphrasing for papers in their senior year.
4. Paraphrasing and use of direct quotes both require appropriate reference citations. (Refer to Chapter 8 for examples)
5. Direct quotes must include the author, year, and page number or paragraph number from the source.
6. Secondary sources are allowed if cited correctly but should be used sparingly.
7. Students should cite the correct parts of a source if referring to whole chapters or edited books.
8. In text tables, graphs and other objects for which APA requires footnotes are not accepted.
9. First person voice is not allowed in professional writing except as directed by the professor.
10. Only single-sided copies will be accepted.
11. Reference list required for papers with each reference including the author, date, title and source. (Refer to Chapter 9 for guidelines)
12. Refer to The Purdue University OWL site for APA guidelines.
https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html

Reference

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.). Washington, D.C.: American Psychological Association.



Title of Paper

Author's Name(s)

Department of Nursing, University of Colorado Colorado Springs

NURSXXXX: Course Title

Faculty Name

Due Date