California State University Channel Islands

Bachelor of Science in Nursing

Student Handbook

2026-2027
Academic Year

Channel Islands
CALIFORNIA STATE UNIVERSITY

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Introduction

Purpose of the Student Handbook

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

School of Nursing Approval/Accreditation:

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

The accreditation agency is: Commission on Collegiate Nursing Education
655 K Street NW Suite 750
Washington, DC 20001
(202) 887- 6791
https://www.aacnnursing.org/ccne-accreditation

The state approving agency is:

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

Nursing Programs Offered

The Nursing Program offers the following degree programs;

Baccalaureate of Science in Nursing (BSN)

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

Master of Science in Nursing (MSN)

- Family Nurse Practitioner Emphasis

- Nurse Education Emphasis

  Post Master's Certificate
- Family Nurse Practitioner
- Nurse Educator

CSU Channel Islands Mission Statement

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

Nursing Department Mission, Vision, and Goals

Mission Statement

CI Nursing Department faculty and staff embrace justice, equity, diversity and inclusion in our aim to prepare students for nursing practice; to meet community and workforce needs through teaching professional values and care of diverse individuals and populations including Black, Indigenous, People of Color and those with intersectional differences and identities.[1] This will be accomplished by engaging in respectful and honest dialogue, valuing and respecting each member of our community, and examining ourselves for biases and assumptions to increase our awareness as we build programing and curriculum to educate the next generation of nurses.

Nursing Vision Statement

The Nursing Program aims to be an innovative, magnet center for excellence in higher nursing education through justice, equity, diversity and inclusivity.

Nursing Program Goals

1. To achieve student success.
2. To provide service and quality care to individuals, families and communities locally nationally & globally.

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[1] Differences and intersectional identities include abilities (physical and mental), age, citizenship status, culture, First Nations (federal, state, and tribal recognition), gender identity and expression,
nationality, marital status, medical condition, neurological differences, race/ethnicity (color, ancestry, indigeneity), religious/spiritual identity, sexual identity, sexual orientation, veteran or military status, and diverse characteristics that make individuals in our community unique

3. To develop nurses who utilize evidence-based practice to provide quality care to individuals, families, communities, and populations locally, nationally, and globally.
4. To develop competent, professional, compassionate nurses who strive to be life-long learners with a commitment to excellence in nursing practice and who embody CSUCI values and mission pillars.
5. To model civil, collegial, and interprofessional collaboration in the delivery of a curriculum that addresses anti-racism, anti-Black racism, anti-Indigenous racism, anti-homophobia, anti-transphobia, anti-ableist and anti-sanist practices.

Implicit Bias Statement

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

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

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

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

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

Classroom discussions and interactions may not always be easy as we explore these challenging issues; we sometimes will make mistakes in our speaking and our listening; sometimes we will need patience or courage or imagination or any number of qualities in combination to engage our texts, our classmates, and our own ideas and experiences. The expectation in these conversations is that all students will listen and respect others with an openness to different perspectives. In an ideal world, science would be objective. However, much of science is subjective and historically lacks equitable representation. In this class, we will try to integrate materials from a variety of perspectives, but limits still exist on this diversity. We acknowledge that both implicit and explicit biases exist in all materials due to the lens with which it was produced or developed. Integrating a diverse set of experiences is important to mitigate bias to gain a more comprehensive understanding of nursing science.

Adapted from the AACN, Dr. LaSonya Davis**.**

Black Lives Matter Statement

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

The BLM taskforce is working on the following action items:

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

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

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

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

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

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

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

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

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

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

CSU Channel Islands Nursing Department Civility Statement

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

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

Philosophy of Nursing

The Nursing Department Philosophy is based on the Nursing Metaparadigm.

The Nursing Paradigm is the foundation of a myriad of nursing theories and includes four theoretical concepts: Nurse, Person, Environment, and Health.



PERSON- (also referred to as Client or Human Beings) is the recipient of nursing care and may include individuals, patients, groups, families, and communities.

HEALTH- Health is defined as the degree of wellness or well-being that the client experiences. It may have different meanings for each patient, the clinical setting, and the health care provider.

NURSE- The nurse's attributes, characteristics, and actions provide care on behalf of or in conjunction with the client. There are numerous definitions of nursing, though nursing scholars may have difficulty agreeing on its exact definition. The ultimate goal of nursing theories is to improve patient care.

ENVIRONMENT- Environment (or situation) is defined as the internal and external surroundings that affect the client. It includes all positive or negative conditions that affect the patient, the physical environment, such as families, friends, and significant others, and the setting for where they go for their healthcare.

CSU Channel Islands Theoretical Concepts and Framework

Building on the Nursing Metaparadigm, the Nursing Department Faculty identified four concepts, community; social justice; quality and safety; and professional nursing practice that form the foundation of the nursing program framework and are used to guide development of curricular content.



Concept Definitions

Community

Community is a group of individuals with intersectional differences and identities who engage in joint action towards a common goal.

Community at CI includes a commitment to civic responsibility and partnerships within and across regional organizations to transform our educational system and reduce social inequities. As a part of the CI Nursing Philosophy, community refers to any scholarship, leadership, activism, and interprofessional collaboration that contributes to the health and wellbeing of society.

Social Justice

Within the CI Nursing Program, achieving social justice means that nurses understand the historical causes of health inequities including present day systemic racism and its impact on health. Nurses must acknowledge their own biases and endeavor for the equitable treatment for all. Nurses advocate for the respectful treatment of all individuals and act to reduce barriers to health care. By addressing the antecedents to the social determinants of health, nurses can influence health policy and advocate for all patients with the aim of decreasing inequities in the healthcare system and in society at large.

Quality and Safety

Within the CI Nursing Program, we believe that Quality and Safety must exist at all levels of health care delivery. Quality and Safety are enhanced by the strategies that nurses implement to protect patients within all environments of care. This core concept includes clinical judgment, knowledge, and evidence-based practice to deliver person-centered care. Quality and Safety are operationalized in nursing care through

continuous education and quality improvement, and the effective utilization of informatics and technology.

Professional Nursing Practice

At the CI Nursing Program, we support the American Nurses' Association (ANA) definition of Professional Nursing Practice:

"Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations" (ANA, 2021).

As a Program, we strive to prepare nurses with a commitment to civility, compassion, caring and strong ethical values; continuous development of self and others; accountability and responsibility for reflective practice; and demonstrating a spirit of collaboration and flexibility.

Philosophy of Nursing Education

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

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

The foundation for understanding the self and others is provided through a balanced program of arts and humanities, social and biological sciences, and professional courses. Critical thinking is developed through application of problem-solving methods in clinical practice, where analysis, including the weighing of alternatives in selecting a course of action, is applied. Essential to the preparation of the professional nurse is the development of communication skills, cultural competency, professional values, ethical principles, and the technical expertise in assessment and clinical intervention. Effective social interaction, therapeutic communication and mastery of the technical skills are

among the fundamental aptitudes needed by the professional nurse. An essential component of comprehensive nursing care is a concentration on health promotion and disease prevention.

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

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

Program Learning Outcomes

At the completion of the program the student will:

1. Integrate and apply evidenced based practice and effective communication as a provider of care, educator, patient advocate and member of the profession in a variety of settings within an ethical and legal framework. (Knowledge for Nursing Practice, Scholarship)
2. Plan and provide culturally sensitive nursing care to patients, respecting intersectional identities throughout the lifespan and across the continuum of healthcare environments. (Person-centered Care)
3. Through collaborative activities, analyze data to identify and assess health disparities and structural barriers locally, nationally, and globally. (Population Health)
4. Utilizes data and knowledge of complex systems of care to implement safe, quality and equitable care to diverse populations. (Systems Based Practice, Informatics and Healthcare Technologies)
5. Demonstrate leadership qualities including reflective practice, civility, advocacy, and activism to engage in non-discriminatory and ethical collaboration within all inter- and intradisciplinary activities. (Professionalism, Personal, Professional, and Leadership Development, Interprofessional Partnerships)

6.

Approved by faculty January 16, 2015

Outcome Criteria of the Baccalaureate Program

The program outcomes criteria for the baccalaureate program have been developed to establish the parameters of measurable indicators of student success. The program outcome criteria include acquisition of content and clinical practice standards that are operationalized into five specific nursing roles suggested by the American Association of Colleges of Nursing (AACN), The Essentials of Baccalaureate Education for Professional Nursing Practice, 2008. Concepts measured include; patient centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety informatics, professionalism, and leadership and communication.

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

The Level II outcome criteria reflect a level of competence beyond the minimum level of competencies and represent a level of performance expected by a baccalaureate graduate nurse. These outcome criteria are consistent with the competencies of the baccalaureate nurse suggested by the AACN (The Essentials of Baccalaureate Education for Professional Nursing Practice, 2008).
Both generic and transfer RN students are expected to meet the Level II outcome criteria at the successful completion of specific senior nursing courses in the baccalaureate program.

Level 1 Learning Outcomes

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

Patient Centered Care

1. Develop a plan of care for patients across the lifespan from diverse backgrounds that is compassionate, age-specific, and culturally appropriate and based on a patient's preferences, values and needs.

2. Practices knowledge, skills, and attitudes to holistically recognize patient needs across the lifespan based upon physical assessment and health history data including spiritual, cultural, social, cognitive, psychological and physical examination.

3. Perform nursing interventions based on the ability to integrate concepts from biological, behavioral, natural, and nursing science to correctly identify patient health deviations.

4. Discuss concepts of care planning in partnership with the patient and their families to demonstrate knowledge about the rights of the patient to make informed decisions about health care choices.

Teamwork & Collaboration

1. Identify members of the interprofessional healthcare team and their respective roles.

2. Function within the nurse's scope of practice as a team member, while identifying system barriers and facilitators of effective team functioning.

Evidence-based Practice

1. Identify best current evidence from scientific and other credible sources as a basis for developing individualized patient-centered plans of care.

2. Utilize the nursing process and evidence-based knowledge to develop and implement a plan of care, within structured health care delivery situations.

3. Identify the role of evidence-based practice in the development of standards of nursing care outcomes, quality assurance monitoring, and the provision of cost-effective services to patients.

4. Discuss the impact of evidence-based practice in the nursing care of patients from vulnerable populations.

Quality improvement

1. Identify the components of the quality improvement process.

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

Safety

1. Identify safety risks and environmental hazards in the healthcare settings.

2. Demonstrate knowledge of patient safety to minimize risk of harm to patients and providers through system effectiveness.

3. Discuss individual performance by describing general categories of errors and hazards in care and demonstrating effective use of strategies to reduce risk of harm to self and other.

Informatics

1. Identify evidence-based information and technology skills that are essential for nursing practice.

2. Recognize the role of information technology in patient care outcomes, maintaining patient's privacy, and preserving the patient's confidentiality using standardized terminologies.

Professionalism

1. Identify professional standards of practice, regulatory guidelines, and institutional

policies that direct the practice of nursing.

2. Explain the standards and scope of professional nursing practice and the role of major nursing organizations and regulatory bodies.

3. Demonstrate core professional values (caring, altruism, autonomy, human dignity, integrity, and social justice) by assuming the ethical standards of practice and accountability for personal and professional behaviors.

4. Identify an example of lifelong learning or professional engagement to foster professional growth and development in nursing practice.

Leadership

1. Describe how leadership, management, and priority-setting skills are used to support safe, quality patient-centered care.

2. Observe leadership roles demonstrating the scope of practice and roles of health care team members.

3. Use verbal and nonverbal communication strategies that promote an effective exchange of information with real and simulated patients.

4. Utilize effective communication techniques with the patient and family to address patient centered care.

5. Demonstrate skills in written and verbal communication in basic patient's care that supports safe nursing practice.

Systems-Based Practice

1. Identify the relationship between microsystems and macrosystems in healthcare.

2. Demonstrate basic knowledge of the functioning healthcare system, including healthcare policy, finance, and regulatory environments for local, state, national, and global healthcare trends.

Patient Education

1. Provide health-related information to patients across the lifespan that facilitate their acquisition of new knowledge and skills.

2. Demonstrate knowledge of basic principles of the teaching-learning process.

3. Identify patient's learning needs, capabilities and limitations, selects appropriate information, materials and strategies based on standardized teaching protocols.

4. Discuss the expectations of the patient/family/caregivers/community in the treatment plan and barriers to participation in the integration of care.

Level 2 Learning Outcomes

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

Patient Centered Care

1. Implement nursing care to patients, families, and groups across the lifespan from diverse backgrounds in a variety of settings that is compassionate, age-specific, and culturally appropriate and based on a patient's preferences, values and needs.

2. Demonstrate the knowledge, skills, and attitudes to holistically evaluate and interpret patient needs across the lifespan including spiritual, cultural, social, cognitive, psychological, and physical assessment.

3. Demonstrates mastery of core clinical skills, interventions, and techniques based upon comprehensive assessment findings and plan of care.

4. Provide patient centered care by implementing and evaluating a plan of care in partnership with the patient and their families to respect the right of the patient to make informed decisions about health care.

Teamwork & Collaboration

1. Participate as a member of the interprofessional healthcare team in the provision of safe, quality patient-centered care.

2. Function within the nurse's scope of practice as a team member to direct, organize, and evaluate outcomes of care within the team of healthcare professionals.

3. Demonstrate use of best current evidence and clinical expertise when making clinical decisions in the provision of patient-centered care.

4. Utilize the nursing process and evidence-based approach to develop, implement and evaluate a plan of care, in collaboration with the patient and other health care providers, to promote maximum health and wellness.

5. Use evidence-based practice to compare and contrast the relationship between standards of nursing care outcomes, quality assurance monitoring, and the provision of cost- effective services to patients.

6. Apply evidence-based practiced to design, coordinate, manage and evaluate the outcomes of nursing care for patients from vulnerable populations, to maximize independence and quality of life.

Quality improvement

1. Participate in data collection processes that support established quality improvement initiatives.

2. Summarize the use of data to monitor patient care processes and improvement methods used to evaluate the effect of change and evaluation of patient care outcomes.

Safety

1. Implement strategies that minimize risk and provide a safe environment for patients, self, and others.

2. Implement a program of patient safety and minimize risk of harm to patients and providers through system effectiveness.

3. Assess individual performance by participation in analysis of errors including root cause analysis and implementation of patient safety goals to focus attention on safety in care settings.

Informatics

1. Use evidence-based information and patient care technology in the provision of safe, quality patient-centered care.

2. Demonstrate use of technology and understanding of standardized terminology that is respectful of the patient's privacy, and preserves the patient's confidentiality.

Professionalism

1. Practice nursing in a professional, ethical, and legal manner while providing patient-centered, standard-based nursing care.

2. Negotiate and advocate for the role of the professional nurse as a member of the interprofessional health care team.

3. Demonstrate core professional values (caring, altruism, autonomy, human dignity, integrity, and social justice) by assuming ethical standards of practice and accountability for personal and professional behaviors.

4. Articulate the value of pursuing practice excellence, lifelong learning, and professional engagement to foster professional growth and development.

Leadership

1. Use leadership, management, and priority setting skills in the practice of safe, quality patient-centered care.

2. Demonstrate leadership by working collaboratively with other health care professionals, negotiating to meet the client's needs and preferences in the plan of care.

Communication

1. Use verbal and nonverbal communication strategies that promote an effective exchange of information and development of therapeutic relationships with patients, families, and groups from diverse backgrounds, in real a simulated settings.

2. Incorporate effective communication techniques with the patient, family, and interprofessional team to foster patient-centered, evidence-based collaboration to improve patient care.

3. Demonstrate skills in written and verbal communication in complex patient's care that supports safe nursing practice.

Systems-Based Practice

1. Analyze the impact that the macrosystem has on the provision of safe, quality patient-centered care in the microsystem of the work unit.

2. Compare and contrast the relationship between standards of nursing care outcomes, quality assurance monitoring, access to care, affordability, social justice in health care, and global issues of equity that shape policy development.

Patient Education

1. Provide health-related education to patients, families, and groups across the lifespan, using varying teaching methods and motivational strategies, which facilitate the acquisition of new knowledge and skills.

2. Implement the basic principles of the teaching-learning process in patient education opportunities.

3. Assess patient's learning needs, capabilities and limitations to develop, implement and evaluate a comprehensive health education plan for a specific client that includes strategies for health promotion, risk reduction, and disease prevention across the lifespan.

4. Integrate understanding of patient centered care including assessment of patient/family/caregivers/community preferences, coordination and integration of care, and education involving the patient, family, and/or friends inclusive of ethical, cultural, and social influences.

Student Information

General Catalog

Information about admissions requirements, registration, student activities and academic policies is available in the university catalog via the University website at http://www.csuci.edu. The general catalog contains official policies and regulations about admissions, fees, refund policies, student services, policies and procedures for

graduation. The requirement for undergraduate programs and descriptions of all university courses with their pre- and co-requisites are included. Familiarity with university rules and regulations published in the catalog is the responsibility of the student. Student should refer to of the catalog located on the www.csuci.edu website under which they were admitted for future reference.

General Admission Information

The University functions on the semester system with two sixteen-week semesters (fall and spring) and one ten-week summer session.

Admissions Policy

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

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

- Admission to the university
- Admission to the nursing program

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

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

In the 2006-07 academic year, and every year since, nursing was declared an impacted program by the CSU Chancellor's Office. An impacted program has more qualified students seeking admissions to the program than can be accommodated given the allocated resources. To determine which students will be admitted to the generic/basic Track 1 program, student applicants will be rank ordered for admission according to the approved supplemental criteria. Students must meet the minimum prerequisite course requirement to be eligible for admission to the Generic/Track I BSN.

Supplement Criteria for Program Admission

https://nursing.csuci.edu/programs/documents/2023supp-cirteria-camarillo.pdf

https://nursing.csuci.edu/programs/cottage/golsupplementalcriteriaspring2024.pdf

https://nursing.csuci.edu/programs/2025supp-cirteria-camarillo.pdf

BSN Program Course Admission Requirements

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

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

General Education
- Statistics
- English
- Oral Communication
- Critical thinking

* Two combined courses in Anatomy and Physiology worth 8 units acceptable
** Course content covers inorganic, organic and essentials of biochemistry

The additional admissions requirements for specific programs are as follows:

Track I / Generic Program:
This program leads to a baccalaureate in Nursing (BSN). Upon program completion, students are eligible to sit for the NCLEX State Board Exam (RN License Exam). This program is intended for students who do not hold an RN (Registered Nurse) or LVN (Licensed Vocational Nursing) license. In addition to ranking on supplemental criteria

and completion of pre-nursing core classes the students admitted to the generic program must also meet the following:

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

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

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

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

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

Track II ADN/RN to BSN
These programs are for licensed registered nurses (RNs) or individuals who are new or soon to graduate ADN students from a local Community College who are seeking their Bachelor of Science in Nursing degree.
Program applicants are required to meet all pre-requisites and be general education (GE) certified. Classes are offered at the CSU Channel Islands Campus through Extended University.

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

Additional Requirements for all Nursing

Programs

1. Students in the nursing program must pass a physical health examination and demonstrate a sufficient immunization record consistent with that required of clinical placement agencies utilized by CSU Channel Islands.

2. Students will be required to verify a negative background check including statewide, county and federal screening before placement in a healthcare agency for clinical assignments. A positive background check, which includes outstanding warrants or unresolved criminal activity, will result in admission to the nursing program being rescinded. Background checks are also required for persons seeking a nursing license in the State of California. Students who have reason to believe that a background check would reveal a prior misdemeanor or felony conviction should seek to have these matters expunged from their record if possible and/or seek another career path. In addition, students upon applying to the BRN for licensure will be required to declare any criminal activity which may affect their ability to be licensed. See the California BRN website for specifics on licensing information http://www.rn.ca.gov/.

3. To be admitted to the nursing major, students will be expected to perform or within reasonable accommodations, demonstrate proficiency in specific core performance standards in the following five categories:

4. Critical thinking ability sufficient for clinical judgment.

5. Interpersonal abilities sufficient to interact with individuals, families and groups.

6. Communication abilities sufficient for verbal and written interaction.

7. Physical ability to move from place to place and demonstrate manual dexterity and eye-hand coordination.

8. Demonstrate auditory, visual, tactile and olfactory ability sufficient to assess and monitor patients safely.*

* See a more detailed explanation starting on pg. 29.

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

Criteria for Program Continuance Promotion and Re-entry

(See Policy SA0052016 in appendix on Student Promotion, Continuance in Program, and Repeating a Class)

Policy on academic leave

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

Any student may apply for a formal leave of absence from the university for up to four consecutive semesters (excluding summer and winter). While a student may apply for multiple leaves, no student will be permitted more than six total semesters of leave from CSUCI. (SP18-04).
The nursing program is run in a cohort model and admission is once a year. Students requesting a leave of absence, must be in good academic standing, and will be required to wait until the required course is offered to be considered for readmission.
Readmission after a leave of absence will be on a space available basis. All students requesting a leave of absence must request such in writing using the nursing program LOA form and schedule an exit interview with the Chair of the Nursing Program

Exiting the Program

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

Nursing Program Curriculum

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

CSUCI Catalog

Track I

Track II: ADN/RN to BSN
LVN 30 Unit Option

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

Required Courses
The required courses in the 30-unit option for the LVN student are beyond the traditional

first year courses. LVN students in the 30-unit option will be exempt from the prerequisites for these nursing courses:

Course Title	Units	Course Title	Units
NRS 420 Care of the Complex Client	3	NRS 240 Psychiatric Mental Health Nursing	2
NRS 421 Care of the Complex Client Lab	3	NRS 241 Psychiatric Mental Health Nursing Lab	2
NRS 391 Transition to Professional Practice Lab	3	NRS 460 Leadership	3
BIOL 210 Anatomy and Physiology 1	4	NRS 461 Leadership Lab	2.5
BIOL 211 Anatomy and Physiology II	4		
		Total	27

Advisement for Nursing Majors

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

The Nursing Program does not have academic advisors. Advisement regarding A-G graduation requirement is completed through the advisement center. Students are encouraged to schedule an appointment at Academic Advising.

Once admitted into the Nursing major, students are assigned a Faculty/Major Advisor. Consult with your Faculty/Major Advisor if you have any questions related to the nursing program or the profession.

Course Registration

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

A How to Register for Classes guide is available online at:
https://www.csuci.edu/registrar/registering-for-classes/
The Schedule of Classes is published online prior to the start of each registration period.

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

Adding/Dropping Courses

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

Withdrawal during the final six weeks of instruction is not permitted except in cases where the circumstances causing the withdrawal are beyond the student's control, and the assignment of an "I" (Incomplete grade) is not practical.
Ordinarily, withdrawal in this category will involve complete withdrawal from the University. The approval signatures of the instructor and program Chair are required to withdraw from classes during this period. Documentation of the circumstances causing the student to request withdrawal will be required.

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

For a student who fails a nursing course with a co-requisite course an administrative

withdrawal will be completed for the corresponding course. Refer to the “Criteria for Program Continuance” policy.

Grading Practices

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

Student Promotion Policy

(See Policy SA0052016 in appendix on Student Promotion, Continuance in Program, and Repeating a Class)

Clinical Absence Policy

(See Policy CC0042016 in appendix on Clinical Absence Policy)

Policies and Procedures for Student Complaints/Grievances

(See policy in Appendix)

Probation and Readmission

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

Academic Honesty

Each student shall maintain academic honesty in the conduct of his or her studies and other learning activities at CSU Channel Islands. The integrity of this academic institution, and the quality of the education provided in its degree programs, are based

on the principle of academic honesty. Academic dishonesty is an especially serious offense. It diminishes the quality of scholarship and erodes those who depend upon the integrity of the campus program. Such dishonesty includes:

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

Turnitin/Safe Assign

To ensure the integrity of the academic process, CSU Channel Islands' University Nursing Program endorses the importance of academic honesty as defined by the University Catalog and Nursing Student Handbook: http://catalog.csuci.edu/ and http://nursing.csuci.edu/currentstudents/index.htm. Therefore, in an effort to detect and prevent plagiarism, faculty members at CSU Channel Islands may use tools called Safe Assign or Turnitin to compare a student's work with multiple sources. The tool itself does not determine whether a paper has been plagiarized. Instead, that judgment is determined by the individual faculty member. Of note, SafeAssign/Turnitin are based on a unique text matching algorithm that can detect matching between a paper and source material, even if it is not an exact match. Student submissions are compared against several databases. A matching percentage of below 15% would probably indicate no originality concern. However, if the 15% of matching text is one continuous block, this may indicate plagiarism. A high percentage matching is above 25%, warning that probable plagiarism has occurred. The goal for all written assignments in this course is to maintain the SafeAssign Originality Report at 20% matching or less.

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

Use of Artificial Intelligence

In theory/didactic courses:

Use of AI-based writing tools may be used with instructor permission for the following:

- Brainstorming and initial development of content
- Checking grammar and spelling
- Organizing ideas and outlines
- Obtaining appropriate citations

Use of AI-based writing tools is not permitted for the following:

- Composition of work presented as your own including any research projects, discussion topics and short answer responses,
- Completion of group work that has been assigned to you,
- Writing of complete sentences, paragraphs, or papers that will be attributed to you.

You are responsible to checking the validity of any information provided by AI such as citations, unethical content and intellectual property laws. Use of AI-based writing tools must be appropriately documented and cited to stay within the bounds of academic honesty/plagiarism

In clinical/lab courses:

Use of AI-based writing tools, such as ChatGPT, is prohibited in this course. All work submitted must be your own and completed in accordance with CSUCI's academic dishonestly policies. If you choose to engage use of AI-based writing tools ramifications may include being reported for academic dishonesty or further disciplinary actions.

Access to the writing center and assistance to students is encouraged.
CI Writing Guide Web Link: https://www.csuci.edu/wmc/

Use of APA Guidelines

Formal papers in nursing classes should be written, unless otherwise instructed, following the guidelines in the most current edition of the Publication Manual of the American Psychological Association. The book should be purchased and kept for reference. Guidelines are also available at the website: http://owl.english.purdue.edu/owl/resource/560/01/.
Another recommended template for APA style papers is available through Reference Point Software at http://referencepointsoftware.com/

University Writing & Multiliteracy Center

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

HIPAA Privacy Rule Training for Students

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

Social Media Policy

(See Policy SA0082016 on Social Media in appendix)

Physical Requirements for the Clinical Experience

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

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

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

Other Clinical Course Requirements

Handheld Mobile Device/Software Requirements:

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

Name Pins

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

Nursing Simulation Laboratory

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

Student Dress Code

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

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

SAMPLE

Jane Doe

Student Nurse



Uniforms can be ordered from On Duty Uniform in Ventura (order form can be found on the incoming student webpage) or Scrubbin Uniforms (https://www.scrubin.com/)

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

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

Nails: Nails should be kept clean and smooth. If polish is used, it should be colorless

natural finish. Nail polish should be un-chipped and without adornment. Fingernail length should not exceed beyond the tip of the finger. Acrylic or other types of artificial nails or gel manicures are not permitted.

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

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

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

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

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

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

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

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

Tattoo and Body Art

Any visible tattoos or body art must be appropriate for a professional healthcare environment and must not contain imagery or text that could be considered offensive, inappropriate, or unprofessional.

Prohibited Tattoo Content:

Tattoos must not depict or contain the following, whether fully visible or momentarily exposed:

- Facial tattoos (prohibited entirely)
- Nudity or sexual content
- Profanity or vulgar language
- Violence or violent imagery
- Racist symbols or hate speech
- Gang affiliations or symbols
- Inappropriate gestures
- Any other content that could reasonably be considered offensive to patients, visitors, or colleagues

Coverage Requirements:

All students with visible tattoos or body art that do not meet professional standards must cover them completely during working hours using one of the following methods:

- Skin-toned bandages or patches that meet infection prevention and control standards
- Long-sleeve shirts or appropriate clothing
- Other approved covering methods such as medical-grade adhesive coverings or makeup

All covering materials must comply with the organization's infection prevention and control policies to ensure patient safety and maintain a sanitary healthcare environment.

Students are responsible for ensuring their tattoos remain properly covered throughout their shift. Decision on tattoo appropriateness or coverage methods will be decided by Program Director or designee.

Nursing Student Dress Code Check-Off Sheet

Student Name: _____Date: _____
Instructor: _____

Uniform / Clinical Wear
☐ Approved program uniform (clean, wrinkle-free, fitted)
☐ Business casual with lab coat (if required)
☐ Name badge visible (CSUCI ID or Facility ID)
☐ No jeans, T-shirts, shorts, sweatshirts, leggings, etc.
☐ Only approved jacket or navy detachable sleeves
Hair / Grooming
☐ Hair clean, neat, natural color
☐ Long hair tied back, away from face
☐ Plain barrettes/headbands/combs only
☐ Facial hair clean and groomed
Make-Up / Nails
☐ Makeup fresh, natural (not excessive)

☐ Nails short, clean, smooth
☐ If polish: natural, unchipped, no adornments
☐ No artificial nails, acrylics, gel

Fragrance / Hygiene

☐ No perfume, scented lotion, sprays
☐ Personal hygiene maintained (no odor)
☐ No gum chewing

Eyewear

☐ No sunglasses indoors
☐ Transition/transparent tint acceptable

Jewelry

☐ One small ring (class/wedding band ok)
☐ One stud per ear only
☐ Necklaces inside uniform
☐ Watch with second hand
☐ Nursing school ID pin allowed

Body Piercing / Body Art

☐ Only one stud per ear
☐ No other visible piercings
☐ Tattoos covered

Footwear

☐ White, closed-toe, clean shoes
☐ Non-skid, non-porous material
☐ White shoelaces
☐ No clogs

Required Equipment

☐ Watch with second hand
☐ Black/blue ink pen
☐ Stethoscope
☐ Bandage scissors

Instructor Comments:

✅ **Student Cleared for Clinical / Lab:** ⬜ Yes ⬜ No

Other Policies

Electronics: Cell phones may be used with applications for investigating diseases, disorders, medications, procedures and lab tests. They may not be used for phone calls

or texting during clinical hours except to contact clinical faculty while in the facility. No phone calls while in the patient rooms.

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

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

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

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

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

Impaired Nursing Student Policy

(See Policy BSN0032016 in appendix for Policy on Impaired Student)

Attendance/Patient Abandonment

Students are expected to attend ALL classes and clinicals on time as scheduled. The student will:

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

Patient Abandonment – When the student accepts a patient assignment and establishes the "nurse"/student nurse patient relationship, leaving that assignment, without permission and no arrangement for the continuation of nursing care is considered "patient abandonment". Patient abandonment jeopardizes the patient's safety and is grounds for dismissal from the program.
See BRN policy on Abandonment on the BRN website http://www.rn.ca.gov/

Clinical Sites:

To provide the best clinical education hospital and community based clinical sites will include but are not limited to:

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

Transportation:

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

Policy on Clinical Lab Assignments

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

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

University Services

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

Educational Opportunity Program (EOP)

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

Student Health Services

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

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

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

Community Health Clinics:

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

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

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

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

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

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

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

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

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

Student Health Insurance

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

Financial Aid and Scholarships Office

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

Scholarships

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

EXXAT Prism/Approve and Universal:
Document Management, Criminal Background Check & Drug Screening

Exxat Prism and Approve (Immunization Tracker)
•One time enrollment fee of $210
•Yearly subscription of $39
•

Universal (Background Check and Drug Screen)
•Background Check $56
•Drug Screen $35.50

Exxat Prism Universal Requirements

Students must provide the following Health Documents to the Nursing Program by uploading to Exxat.

Vaccinations		
Vaccines	To do action	Comments
Influenza (Seasonal Flu)	Submit an official form/letter from a healthcare provider, pharmacy, or clinic, which states that you received a Flu vaccine during the current Flu season.	Renewal date will be set for October 1st of each year.
Varicella (Chicken Pox) (Series of two vaccines, usually given to children 12 months through 12 years of age.)	Submit one of the following: - 2 vaccines, OR - Positive antibody titer lab report If titer is Negative or Equivocal, you will have to receive one booster shot and a follow up titer after 3 months.	If series is in progress, submit where you are and follow up when series is completed.
Measles, Mumps & Rubella (MMR) (Series of two vaccines, usually given to children 12 months through 6 years of age.)	Submit one of the following: - 2 vaccines, OR - Positive antibody titer lab report for all 3 components If any titer is Negative or Equivocal, you will have to receive one booster shot and a follow up titer after 3 months.	If series is in progress, submit where you are and follow up when series is completed.
Hepatitis B (Hep B or HBV, series of three vaccines, usually given over a period of six months)	Submit one of the following: - 3 vaccines, OR - Positive antibody titer lab report If titer is Negative or Equivocal, you will have to receive one booster shot and a follow up titer after 3 months.	If series is in progress, submit where you are and follow up when series is completed.
Tuberculosis (TB) (QuantiFERON – TB Test)	Submit one of the following: - Negative blood test lab report administered within the past 12 months, OR - If blood test result is Positive or Equivocal, you will have to submit a clear Chest X-Ray lab report administered within the past 12 months, along with your positive result.	Renewal date will be set for 1 year for Negative blood test and 2 years for Chest X-Ray.
Tetanus, Diphtheria, & Pertussis (Tdap) (It is routinely given at age 11	Submit a Tdap vaccine administered within the past 10 years.	Renewal date will be set 10 years from the administered date.

or 12)		
Meningococcal Conjugate (Serogroups A, C, Y, & W-135)	CB will ask student's age. If you are 21 or over, this requirement will be marked as COMPLETE. If you are under the age of 21, you must follow what is required.	This Vaccine is required by CSU, not by the Nursing Program.
COVID-19 Vaccine	Submit your proof of Covid-19 vaccine and booster.	

Students must provide the following Health Documents to the Nursing Program by uploading to CastleBranch.

Health Documents		
Documents	To do action	Comments
Handbook Acknowledgement	Download, print, and complete the Handbook Acknowledgement form available for download from this requirement. Then upload to CastleBranch. This form states that you read, and understood the policies, procedures and requirements in the CSUCI Nursing Program Handbook.	Renewal date will be set for January 15th and August 1st of each year.
Faculty Handbook Acknowledgement (ONLY for FACULTY)	Download, print, and complete the Handbook Acknowledgement form available for download from this requirement. Then upload to CastleBranch. This form states that you read, and understood the policies, procedures and requirements in the CSUCI Nursing Program Handbook. Also, understand the Faculty/Curriculum/Student Affairs committee may alter policies.	Renewal date will be set for September 1st of each year.
Acknowledgement of Responsibility	Download, print, and complete the Acknowledgement of Responsibility form available for download from this requirement. Then upload to CastleBranch. This form states that you are fully responsible for maintaining Health Insurance throughout the Nursing Program in order to have coverage in the case of any injury or accident.	Renewal date will be set for September 1st of each year.
Physical Examination	Submit documentation of your completed physical examination. The exam must be completed and signed by a medical professional and be dated within the past 6 month.	Renewal date will be set for September 1st of each year.
Social Media Policy	Download, print, and complete the Social Media form available for download from this requirement. Then upload to CastleBranch. This form states that you received, and understood the Social Media policy and potential consequences.	

Visual/Audio Image Release Form	Download, print, and complete the Visual/Audio Image Release form available for download from this requirement. Then upload to CastleBranch. This form states that California State University system has permission to utilize visual/audio images that may pertain to you or your materials.	
BLS Certification (Basic Life Support)	Submit a copy of your current BLS Certification (both sides if necessary). The CPR must be one of the following: - American Heart Association Healthcare Provider course, or - Certification issued in accordance with the AHA Healthcare Provider course. - It cannot be an online course.	Renewal date will be set per the expiration date on card.
Fire Safety Card	Submit a copy of your current Fire Safety Card. ONLY for Track I Camarillo - This card will prove that you attended a mandatory Fire Class. Must be Los Angeles Fire Safety training.	Renewal date will be set per the expiration date on card.
Emergency Contact Information	Download and complete the Emergency Contact Information form available for download from this requirement. Then upload to CastleBranch. This information will be extremely important in the event of an accident or medical emergency.	Renewal date will be set for January 1st, May 1st , and August 1st of each year.
California RN License	Submit a current California RN license or verification of licensure through the state website. ONLY for Faculty and Track II (ADN/RN-BSN) (optional for Bridge Student)	Renewal date will be set per the expiration date of licensure.

Important contacts:

- CastleBranch User Experience Services (UES): 888-723-4263
- Nursing Clinical Coordinator: Hope Lilienthal hope.lilienthal@csuci.edu

Physical Examination

(This page must be completed by applicant)

Last Name:	First Name:	Middle:
DOB:	Gender:	Student ID#:

Medical History

Abdominal Pain	☐ Yes	☐ No	Hernia	☐ Yes	☐ No
Allergies	☐ Yes	☐ No	Kidney Disease	☐ Yes	☐ No
If yes, list:			High Blood Pressure	☐ Yes	☐ No
Anemia	☐ Yes	☐ No	Liver Disease/Hepatitis	☐ Yes	☐ No
Anxiety	☐ Yes	☐ No	Surgery	☐ Yes	☐ No
Asthma	☐ Yes	☐ No	If yes, date & type:		
Back Pain/Injury	☐ Yes	☐ No	Thyroid Disease	☐ Yes	☐ No
Depression	☐ Yes	☐ No	Ulcers/Gastritis/GERD	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No	Vision Problems	☐ Yes	☐ No
Eating Disorder	☐ Yes	☐ No	Smoke	☐ Yes	☐ No
Epilepsy/Seizure	☐ Yes	☐ No	Packs per week:		
Headaches/Migraines	☐ Yes	☐ No	Alcohol Use	☐ Yes	☐ No
Head Injury/concussion	☐ Yes	☐ No	Drinks per week:	Drinks per month:	
Hearing Problems	☐ Yes	☐ No	Drug Use	☐ Yes	☐ No
Heart Disease/Murmur	☐ Yes	☐ No	Type/Frequency:		
Other:					

Current medications/herbs/supplements: ☐ Yes ☐ No If yes, list:

Who is your primary care physician? ___ Have you ever been hospitalized? ☐ Yes ☐ No
If yes, give the date and reason for hospitalization:

Have you ever failed a physical examination? ☐ Yes ☐ No
If yes, please explain reason(s):

This information may be shared with the department requesting Physical Examination and/or with the medical facility.

The above information is true and correct to the best of my knowledge.	
Print Name:	
Signature:	Date:

Physical Examination

(This page must be completed by Physician/Examiner)

Last Name:	First Name:	Middle:
DOB:	Sex:	

Height:	Weight:	B/P:	Pulse:	Resp:	LMP:
Vision Screening:	Right: 20/	Left: 20/	Both: 20/		
With Glasses:	Right: 20/	Left: 20/	Both: 20/		
Hearing Screening:	Right:		Left:		

EXAMINATION

Basic Exam				Comments
General:	Alert, well appearing, no apparent distress.			
Ears:	Canal without tenderness or exudate. TMs good landmarks/light reflex, no erythema.			
Sinus:	Patent nares; no sinus tenderness to palpitation.			
Pharynx:	No erythema, exudate; no tonsillar enlargement.			
Neck:	Supple, no adenopathy; no thyromegaly.			
Lungs:	Equal breath sounds; no respiratory			

	distress; no wheezes, rhonchi or rales.			
Heart:	Regular rhythm, no murmurs, gallops or rubs.			
Abdomen:	Active BS; soft; no tenderness, guarding, masses or organomegaly; no CVA tenderness.			
Skin:	No rashes, petechiae or other lesions.			
Neuro:	DTRs + 2 bilaterally; strength 5 +/5+; Romberg negative.			
Back:	Straight, full ROM; non-tender to palpitation.			
Other:				

Physician/Examiner Print Name & Credentials:		
Physician/Examiner Signature:		Date:
Facility Name:		
Facility Address/Phone:		

Tuberculosis QuantiFERON TB Test

Facts:

QuantiFERON®-TB Test is an alternative to the tuberculin skin test. It is a blood test used to diagnose Mycobacterium Tuberculosis infection. The advantage according to the Centers for Diseases Control and Prevention is "The greater specificity of the QuantiFERON test and the requirement for only one visit are compelling advantages". In addition, the test is not subject to reader bias.

Why and How:

The Nursing program as of 05/25/2016 therefore is requiring the QuantiFERON®-TB Test as the annual TB test for all students. A medical provider must order the blood test and the lab report result must be submitted into CastleBranch on annual basis.

As for faculty, if the TB test is required by the organization or clinical agency, the faculty teaching the course will need to submit the lab report result into CastleBranch.

Lippincott Book Bundle

How to load Lippincott Advisor onto a Smart device.

Lippincott Solutions

Wolters Kluwer
When you have to be right

App Installation Instructions for Apple and Android Devices

Lippincott Advisor App

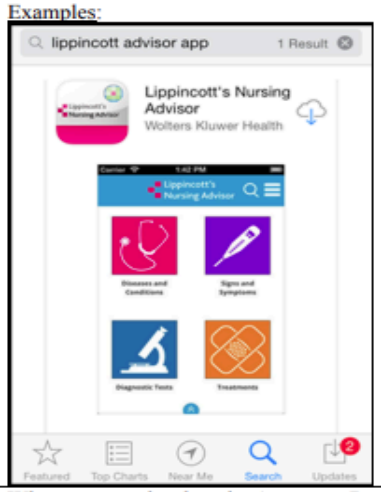
The mobile application for *Lippincott Advisor* is compatible with Apple and Android phones and tablets.

Before You Begin

Please log on to your schools' WiFi network

How to Install

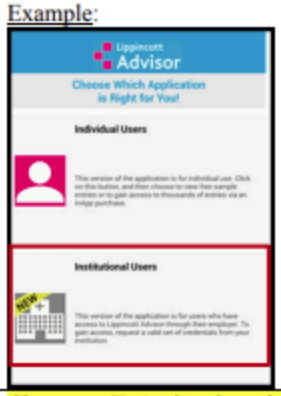
Please follow these steps below to install the app on your phone and/or tablet.

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

Continued on next page

App Installation Instructions for Apple and Android Devices, Continued

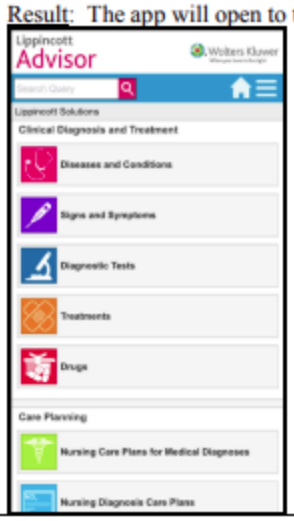
How to Install, (continued)

Step	Action
5	When prompted, choose the **Institutional Users** version of the app. Example: 
6	Choose to IP Authenticate into the apps. 

Continued on next page

App Installation Instructions for Apple and Android Devices, Continued

How to Install, (continued)

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

Continued on next page

App Installation Instructions for Apple and Android Devices, Continued

Content Examples





Lippincott
Solutions

Wolters Kluwer
When you have to be right

Update Notifications

How will I know there is an update?

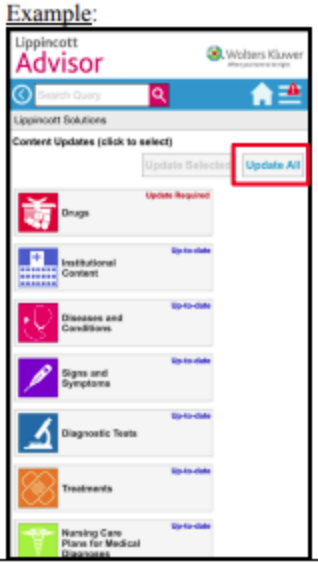
If there has been an update loaded in Lippincott, you will need to update your app content. A red caution triangle in the upper right-hand corner indicates there is an update available.

Example:



Updating the App

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

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

How to purchase the Lippincott book bundle.



Purchasing Your Nursing Resources

1. Visit: https://lippincottdirect.lww.com/NursingEducation-CaliforniaStateUniversityChannelIsland-Fall2021
2. Complete all required fields & click **Find My Products**
3. Under **Semester 1**, select the following products & add to cart:
   - **Lippincott CoursePoint for Nursing Concepts v3 Premium (Full or YR 1)**

   *You may purchase the full 3-year program ($999.99) **OR** purchase year 1 ($650) in semester 1 and years 2 & 3 ($349.99) in semester 3.*

   - **vSim for Nursing | Pharmacology**
   - **Lippincott DocuCare**

   Additional products will be required as you progress through the program.

4. Click **View Cart** & **Begin Checkout Process**
5. Complete billing information, **Proceed To Payment** & **Place Your Order**
6. You will be emailed a receipt with your **ACCESS CODE**
7. Go to http://thePoint.lww.com, click **New User**, enter **ACCESS CODE**(s) & register
8. We will go over the programs at the student orientation.

Student Training Resources available at http://thePoint.LWW.com/StudentSupport

Technical Support - 800-468-1128

Monday – Thursday 5am – 9pm, Friday 5am – 9pm, Sunday 1am – 9pm

Organization of the Nursing Program

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

Committees

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

BSN Committee is responsible for curriculum/program review and the approval body for curricular and instructional functions for the BSN program, and fostering coordination of BSN student group functions and activities, coordination of volunteer activities, coordination of scholarships and awards. The committee serves as the clinical agency site review authority and evaluation body. The committee also serves as the mechanism for implementing the program evaluation and new program development. One student representative from the student body is invited to be a member of the committee.

MSN Committee is responsible for curriculum/program review and the approval body for curricular and instructional functions for the MSN program, and fostering coordination of BSN student group functions and activities, coordination of volunteer activities, coordination of scholarships and awards. The committee serves as the clinical agency site review authority and evaluation body. The committee also serves as the mechanism for implementing the program evaluation and new program development. One student representative from the student body is invited to be a member of the committee.

Recruitment and Retention Committee is responsible for policy development,

advisement, maintaining channels of communication between faculty and students, coordination of student recruitment activities. One student representatives from the student body are invited to be members of the committee.

Advisory Committee

The Nursing Program Advisory Committee functions to advise the nursing faculty of changes nursing practice in the surrounding healthcare community and to provide assistance with strategic planning and directions for the program. The committee also assists with financial support to increase the visibility and knowledge of the activities of the nursing department and assists in communication of the nursing program projects and new programs to the surrounding community including friends, alumni and others interested in nursing in Ventura County. The committee provides opportunities for employment for CSU Channel Islands in the surrounding community. The committee collaborates to offer preceptor and work study experiences for CSU Channel Islands Nursing Students. The Nursing Advisory Committee meets bi-annually in the Spring and Fall.

CSUCI California Student Nurses Association

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

Volunteer Activities

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

Honors and Awards upon Graduation

Students qualify for University Honors based on the following criteria:

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

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

Sigma Theta Tau International, Gamma Tau At-Large Chapter

The CSU Channel Islands Nursing Program is a member of Sigma Theta Tau International, Gamma Tau At-Large Chapter.

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

DAISY Awards

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

The DAISY Award for Extraordinary Nursing Students is awarded in deep

appreciation of their commitment to extraordinary compassionate care and their outstanding clinical skill that will make a difference in the lives of so many people.

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

Appendices

ANA Code of Ethics for Nurses

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

Provision 1
The nurse practices compassion and respect for the inherent dignity with and unique attributes of every person.

Provision 2
The nurses' primary commitment is to the patient, whether an individual, family, group, community or population.

Provision 3
The nurse promotes, advocates for, and protects the rights, health and safety of the patient.

Provision 4
The nurse has authority, accountability, responsibility for nursing practice; makes decisions and takes action consistent with the obligations to promote health and provide optimal care.

Provision 5
The nurse owes the same duties to self and to others. Including the responsibilities to promote health and safety preserve wholeness of character and integrity, maintain competence and continue personal and professional growth.

Provision 6
The nurse, though individual and collective effort establishes, maintains and improves the ethical environment of the work setting and conditions of employment that are conducive to safe quality healthcare.

Provision 7
The nurse in all roles and settings, advances the profession through research and scholarly inquiry, professional standard development and the generation of both nursing and health policy.

Provision 8
The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy and reduce health disparities.

Provision 9
The profession of nursing, collectively through its professional organization must articulate values, maintain the integrity of the profession, and integrate principals of social justice into nursing and health policy.

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Code of Ethics; @2015 American Nurses Publishing.

California BRN Standards of Competent Performance
California RN Scope of Practice

Board of Registered Standards of Competent Performance

California Nurse Practice Act

An Explanation of the Scope of RN Practice Including Standardized Procedures

University Policies

Policy on Student Participation in Commencement Exercises

Policy on Course Grade Appeals

Nursing Program Policies

CSU Channel Islands

Nursing Department Policy

CSU Channel Islands
Nursing Department Policy
Originating Author: Admissions and Retention Committee
Policy Number: AR0012016
Approved By: Faculty
Approval Date:
Effective Date: 1.15.21
Number of Pages: 5
Next Review Date: 10.2027

Policy and Procedure for Nursing Program Application and Admissions Processing
POLICY:

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

The compliance of this policy lies with nursing faculty and University Admissions.
PURPOSE: *Goals and objectives of the policy.*

It is the policy of the Nursing Department to follow and implement the University Policy on Nursing Program Admissions to administer and process the admissions to the programs offered by the Department.

BACKGROUND:
California State University Office of the Chancellor's Coded Memo: AA-2015-21
Executive Order No. 563

Applicability: *Specific individuals or groups to which this applies*
All students applying for admissions into the nursing programs offered by the Department.

DEFINITION (S):
Impaction – defined as when significantly more CSU eligible applicants and currently enrolled students seeking to change major are likely to request access during the filing period than can be

Accommodated.

Undergraduate-Any student who has yet to obtain a Bachelor's Degree
Post-baccalaureate – any student who possesses a Bachelor's Degree and is seeking a Second

Post-baccalaureate – any student who possesses a Bachelor's Degree and is seeking a Second Bachelor's Degree.

Pre-Nursing- indicated major that is a prerequisite to the official major designation of nursing.
Policy Text:

Process:
The Supplemental Admission Criteria for the BSN program (both campuses) and statistics on previous year admissions to all nursing programs is annually reviewed and approved by the Nursing Department and the CSU Chancellor's Office.

Admission to all the nursing programs is determined by the Nursing Department.

Procedure for BSN (Track I) Program Applications

1. Applicants to the BSN Program must submit an application to CSU Channel Islands as well as the nursing program.
2. Non-matriculated nursing applicants applying for the main campus may only apply to CSU Channel Islands October 1st
– November 30th in the year prior to fall entrance.
Non-matriculated applicants submit an application to CSU Channel Islands via CAL State Apply (https://www2.calstate.edu/apply)
3. Undergraduate applicants declare nursing as their major and select an alternate major. If an undergraduate applicant is not admitted to the nursing program, the applicant will be given the option of enrolling at CSU Channel Islands with the alternate major. Post-baccalaureate applicants will select "BSN-Nursing (2nd Bachelor) as their major. If a post-baccalaureate is not admitted to the nursing program, they will not be enrolled at CSU Channel Islands.
4. All applicants who wish to apply to the nursing program must complete the online nursing application via NursingCAS (https://nursingcas.org/).
a. Nursing program applications are accepted October 1st.
– November 30th for entry into
the Track I Camarillo campus program in fall of the following year.
i. Applications are accepted to the Camarillo campus only for the fall term.
b. Application to the University and nursing program are only good for the term to which an applicant is applying.
5. All applicants must submit, during the application period, documentation for consideration of items
from the Supplemental Criteria (such as language proficiency work or volunteer hours) the applicant

wishes to have considered in admissions decisions.
6. Application documents for the BSN program are submitted online to NursingCAS. All documents must be received by NursingCAS (https://nursingcas.org/) prior to the application deadline for each specific program.

Procedure for Notification of Admission:

1. The Admissions Department will provide the Nursing Department with a list of applicants who are eligible for admission to the nursing program and university.
2. The Admission Department will provide the Nursing Department with the list of applicants who are eligible for university admission by the end of January for the Camarillo campus.
3. Nursing department will utilize the list of applicants who are eligible for admission to the university prior to determining which applicants will be invited to campus for the admission interview.
4. The Nursing Department will review and evaluate nursing program applications no later 2than the second week in February for the Camarillo campus
a. Based on review of applicant materials, applicants are ranked using supplemental criteria. The top 90 applicants for the Camarillo campus program will be invited to participate in on campus panel interviews.
5. Following the panel interviews, the top 66 applicants and 10 alternates will be selected for admission to the Camarillo campus. Applicants who have courses in progress during the fall term are given a conditional admission letter.
a. The condition of program admission is successful completion of the in-progress courses with a grade of B or better.
b. Final official transcripts with official grades posted are due in early February for Camarillo campus.
c. A full admission letter from the nursing program chair is sent via email to the conditionally admitted student after verification of official transcripts.
6. Students who receive notification of nursing offers are given two- three weeks to accept a seat in the program.
7. 8. Students who are admitted can either accept or decline the offer.
Students who are offered admission as an alternate candidate can accept or decline the offer as an alternate.
9. Students are selected from the alternates in order of rank received as soon as a denial of acceptance is received.
10. Denial to the nursing program may not be appealed.

Resources posted on the Nursing Website:
The approved Supplemental Criteria (Exhibit A) are posted on the nursing website at https://nursing.csuci.edu/.

Procedure for ADN to BSN and RN to BSN Program Applications
1. 2. Applicants to the ADN-BSN and RN to BSN Programs must submit an application to CSU Channel Islands as well as the nursing program.

a. Non-matriculated applicants apply for admission to CSU Channel Islands from February 1 to March 31. Non-matriculated applicants submit an application to CSU Channel Islands via CAL State Apply (https://www2.calstate.edu/apply)
All ADN-RN to BSN-RN applicants who wish to apply to the nursing program must complete the online
nursing application via NursingCAS (https://nursingcas.org/) between February 1 to March 31 each
year.
3. a. Information on the materials that must be submitted to NursingCAS as part of application to the program can be found on the Nursing Department website (https://nursing.csuci.edu/programs/adn-to-bsn-ready-to-apply.htm). All materials must be submitted to NursingCAS by March 31.
Application to the University and nursing program are only good for the term to which an applicant
is applying.

Procedure for Notification of Admission:
1. Extended University will provide the Nursing Department with a list of applicants who are eligible for admission to the nursing program and university.
a. Nursing department will utilize the list of applicants who are eligible for admission to the university prior to making admission decisions.
2. The Nursing Department will review and evaluate nursing program applications no later 33. 4. 5. than the end of April.
a. Applicants who have courses in progress are given a conditional admission letter. The condition of program admission is successful completion of the in-progress courses.
Once outstanding courses are completed the applicant must submit a copy of official transcripts to University Records.
a. A full admission letter from the nursing program chair is sent via email to the conditionally admitted student after verification of official transcripts.
Students who receive notification of nursing offers are given two- three weeks to accept a seat in the program. Students who are admitted can either accept or decline the offer. Denial to the ADN-RN and RN-BSN program may not be appealed.

Record Storage
1. Record of students admitted and accepted, denied and students moved from the alternate list will be kept for 3 years.
2. Application information for admitted students is a part of the student file and kept for three years.

Procedure for MSN and Post-Master's Certificate Program Applications
1. Applicants to the MSN and Post-Master's Certificate Programs must submit an application to CSU Channel Islands as well as the nursing program.

a. All applicants apply for admission to CSU Channel Islands from March 1 to April 30 via CAL State Apply (https://www2.calstate.edu/apply)
2. All MSN and Post-Master's Certificate program applicants who wish to apply to the nursing program
must complete the online nursing application via NursingCAS (https://nursingcas.org/) between March 1
to April 30 each year.
a. Information on the materials that must be submitted to NursingCAS as part of application to the program can be found on the Nursing Department website (https://nursing.csuci.edu/msn#application-msn). All materials must be submitted to NursingCAS by April 30.
3. Application to the University and nursing program are only good for the term to which an applicant
is applying.

Procedure for Notification of Admission:

1. Extended University will provide the Nursing Department with a list of applicants who are eligible for admission to the nursing program and university.
2. The Nursing Department will utilize the list of applicants who are eligible for admission to the university prior to making admission decisions.
3. The Nursing Department will review and evaluate nursing program applications no later than the end of May.
4. Based on review of applicant materials, applicants are ranked using supplemental criteria. The
top 60 MSN applicants will be invited to participate in on campus panel interviews. Post-Master's Certificate applicants will not be interviewed.
5. Following the panel interviews, the top 40 MSN be selected for admission to the program. Selection of applicants into specific MSN tracks will be based on space available, which is dependent on preceptor availability.
6. A determination will be made for all Post-Master's FNP Certificate students regarding
47. 8. whether or not the advanced health assessment, advanced pathophysiology and advanced pharmacology (3Ps) requirement was met in their previous degree program. Those applicants who have not taken any of the 3 Ps courses will be required to successfully complete these courses prior to enrolling in the Post-Master's FNP Certificate program.
Students who receive notification of nursing offers are given two- three weeks to accept a seat in the program and submit their deposit. Students who are admitted can either accept or decline the offer.
Denial to the MSN and Post-Master's Certificate programs may not be appealed.

Exhibits

Exhibit A: Approved Supplemental Criteria

California State University | NURSING CHANNEL ISLANDS

Supplemental Criteria

Admissions Fall 2025

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

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

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

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

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

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

Overall Cumulative Grade Point Average (GPA):

The minimum acceptable GPA is 2.5.

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

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

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

Academic Accommodation Members:
Members of the following :
Foster Youth
Educational Opportunity Program (EOP)
Student Support Services (SSS)
Extended Opportunity Programs and Services (EOPS)
Verification of accommodation required

Proficiency in a Second Language:

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

*ALL documentation is subject to verification and approval.

Current CI Student **:

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

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

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

Residency:

Residency determination based on the last school attended (or permanent residency) within the following college/university and public school districts (the same geographical boundaries apply to non-public schools):
Ventura County, Santa Barbara County, San Luis Obispo County, Southern Monterey County, and Malibu

Military Experience:

Military Service; discharged under honorable conditions or Active Duty.

Work/Volunteer Experience:

Work Experience:
Experience in a health care setting as a paid employee providing direct patient care for a **minimum of 1000 hours (**examples are**:** CNA. Licensed Vocational Nurse (LVN), Respiratory Therapist (RT), paramedic, or military corpsman)

Or
Volunteer Experience: in a related health care setting.

Or
Licensure: Certified Nursing Assistant (CNA), Emergency Medical Technician (EMT), or Medical Assistant (MA) licensure (without work experience).

Work or volunteer service must be verified by a letter from the employer or volunteer coordinator, and include the number of hours served and duties performed.
Local qualifying volunteer opportunities include, but are not limited to: TLC Home Hospice (Loving Heart Hospice Foundation) and COPE Health Solutions Clinical Care Extender Internship (St. John's Regional Medical Center, St. John's Pleasant Valley Hospital).

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

Interview:

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

CSU Channel Islands
Nursing Department Policies

Originating Author: Admissions and Retention Committee
Policy Number: AR0032017
Approved By: Faculty
Approval Date: 2.18.2022
Effective Date: 9.2022
Number of Pages: 6
Next Review Date: 2.2025

Policy on Impaired Student

PURPOSE: *Goals and objectives of the policy.*
The CSU Channel Islands Nursing Department faculty members follow the guidelines established by the California Board of Registered Nursing related to Impaired Nursing Students.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*
The Board of Registered Nursing Statement regarding *Impaired Nursing Students Guidelines for Schools of Nursing in Dealing with the Matter of Nursing Students Impaired by Alcoholism, Drug Abuse, and Emotional Illness* is as follows:

In the matter of nursing students impaired by alcoholism, drug abuse and emotional illness the California Board of Registered Nursing recognizes that:

- these are diseases and should be treated as such;
- personal and health problems involving these diseases can affect one's academic and clinical performance and that the impaired nursing student is a danger to self and a grave danger to the patients in her or his care;
- nursing students who develop these diseases can be helped to recover;
- it is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness;
- confidential handling of the diagnosis and treatment of these diseases is essential.

Therefore, the Board of Registered Nursing expects schools of nursing with students

impaired by these diseases to offer appropriate assistance, either directly or by referral.

Furthermore, the Board expects that schools of nursing will ensure that instructors have the responsibility and authority to take immediate corrective action with regard to the student's conduct and performance in the clinical setting. It is outside of the Board's scope of function to endorse or recommend a particular course of therapy; however, it does wish to inform nursing students of the importance of seeking voluntary aid for conditions that could, if left unattended, lead to disciplinary action and may prevent them from being licensed [or losing their license] to practice nursing in the State of California.

As a preventive measure, schools of nursing are asked to provide factual material to incoming students regarding school policy on drug or alcohol abuse and mental illness among nursing students.

Source: Board of Registered Nursing State of California, 2007 (EDP-P-03)

POLICY:
Accountability *Management accountability for policy compliance, implement and monitoring* The Student Affairs committee and the Chair of the Department is responsible for policy compliance, implementation and monitoring.

Applicability: *This policy applies to all students enrolled in CSU Channel Islands Nursing Department.*

Definition(s*) Define unfamiliar terms as needed*

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

GENERAL INFORMATION

Philosophy of Faculty at CSU Channel Islands Nursing Department related to Impaired Students: The nursing faculty is committed to facilitating the success of the nursing student and will make every effort to assist in maintaining optimal health to safely achieve academic and clinical performance objectives. Impaired health status, which includes physical problems, mental/emotional problems, and drug and alcohol use/abuse, affects academic and clinical performance. Substances which may impair student performance include legal drugs (prescription and over-the-counter), illegal drugs, alcohol, marijuana (including prescribed), and other chemicals. The impaired nursing student is a danger to self and to others in his/her care. The nursing faculty, out of concern for the impaired student, has developed the following policy which is consistent with the California Board of Registered Nursing Guidelines of 11/84. Confidentiality will be strictly maintained at all times.

POLICY

The Nursing Department adheres to the following clear prohibitions regarding drugs and alcohol:

1. Students may not possess or be under the influence of alcohol and/or marijuana while in clinical or nursing classroom settings.
2. Students may not possess, or be under the influence of drugs i.e. controlled substances, or prescriptions drugs, when there is a possibility that such use may impair the student's ability to safely perform nursing care or impair the learning in a classroom setting.
3. Students may not be involved in the illegal possession, distribution, sale, diversion or purchase of a controlled substance.

ASSESSMENT

The student shall be immediately removed from the classroom or clinical setting when the student's behaviors and performance pose a danger to the safety and well-being of self or others. These behaviors may include but are not limited to:

- Observed/reported possession or use of a prohibited substance
- Apparent drug or alcohol intoxication
- Observed abnormal or erratic behavior
- Observed deterioration of classroom or clinical performance
- Medication diversion
- Unusual behaviors such as verbal abuse, physical abuse, extreme agitation or aggression, withdrawal, depression, mood changes, unresponsiveness, inappropriate responses to questions or instructions, other erratic and/or inappropriate behavior such as hallucinations, disorientation, excessive euphoria, or confusion.

Physical signs of symptoms;

- Possessing, dispensing or using controlled substances
- Slurred or incoherent speech
- Unsteady gait or other loss of physical control; poor coordination
- Bloodshot or watery eyes
- Dilated or constricted pupils or unusual eye movements
- Extreme fatigue, drowsiness, sleeping
- Excessive sweating or clamminess of the skin
- Flushed or very pale face
- Highly excited or nervous
- Nausea or vomiting
- Odor of alcohol on breath, body, and/or clothing
- Odor of marijuana
- Dry mouth
- Dizziness or fainting

- Shaking of hands or body tremor/twitching
- Irregular or difficult breathing
- Runny sores or sores round nostrils
- Inappropriate wearing of sun glasses
- Puncture marks or “tracks”
- Disheveled appearance

Behavioral Pattern:

- Repeated absences
- Frequent absences from work area
- Frequently coming in late or leaving early
- Alternate periods of high and low productivity
- Complaints from patients, families, staff or other students
- Making poor decisions or using poor judgment
- An increase in errors, forgetfulness and difficulty following instructions
- Accidents related to apparent lack of concentration

PROCEDURE

STUDENTS

Students will be required to sign a release of relevant information as it relates to potential impairment for purposes of implementing the procedure. The information should include but not be limited to Emergency Contact Information and list of controlled substances prescribed for the student.

FACULTY

Faculty who suspects alcohol or drug use/dependency will comply with these policies. If reasonable suspicion of alcohol and/or drug use by a student occurs in the classroom or clinical setting, the student will be immediately removed from the setting. The faculty member will discuss the concerns with the student. If reasonable suspicion still exists the Chair of the Nursing Department will be informed and determine what actions need to be taken. Screening for drugs or alcohol will be required. The student must give consent for such testing, and authorization for results to be made available to the nursing program

- If use of alcohol is suspected, the student will be transported to a testing site or the university police will be required to administer a breath test. If the student is
- in a clinical setting distant from the campus, a blood alcohol may be drawn at an available health care agency laboratory.
    - If drugs are suspected the student will be required to provide a witnessed urine or blood sample. Such testing may occur at the Student Health Center during regular hours, though Corporate Screening.com or at a healthcare agency such a hospital emergency

department or urgent care center contingent on testing site availability.
    - All costs will be borne by the student. The student shall be excluded from the classroom and/or clinical agency until test results are available, have been reviewed and a decision made about the severity of the impairment.

The instructor shall call the student's emergency contact person for transport from the campus or setting if, in the instructor's judgment, the student is incapable of driving safely.

Faculty who suspect a student of alcohol or drug use/dependency (based on behaviors consistent with impairment or reported by individuals who directly observed such behaviors) will document the specific behaviors or evidence of such impairment on the Clinical Evaluation Tool CET or as an addendum to the specific behaviors or evidence of such impairment. These concerns will be reported immediately to the Chair or Assistant Chair in the Chair's absence, who will determine the action to be taken. If the Chair and the involved faculty feel further investigation or action are warranted, any of the following may occur (actions are not limited to this list);

- A warning, with continued observation, confidential consultation with all other nursing faculty who have contact with the student will occur, to involve them in continued observation.
- Immediate request for body fluid screen for alcohol and/or drugs. All costs of testing will be borne by the student. Refusal to comply with testing will result in immediate dismissal from the nursing program.
- Referral to a Primary Care Provider or Student Health Services on campus for assessment of drug and/or alcohol problems. Resources will be suggested to the student, choice of provider will be made by the student. All costs will be the responsibility of the student. The student will be asked to release provider recommendations to the nursing program.
- Immediate administrative probation, resulting in removal of the student from all clinical courses.
- Referral to Student Judicial Affairs for disciplinary action as appropriate

DISMISSAL FROM THE PROGRAM AS AN IMPAIRED STUDENT

If the student is believed to be impaired, and therefore a danger to self or others, and refuses to submit to further professional assessment, the student will be dismissed from the nursing program. The student may also be subject to suspension or expulsion from other university programs in accordance with the university rules and regulations. If the student submits to further professional assessment and is found to be impaired, and therefore a danger to self or others, the student will be dismissed from the Nursing Program and will be required to provide proof of having received professional treatment prior to re-entry.

STATUS IN THE NURSING PROGRAM AFTER DISMISSAL FOR IMPAIRMENT

After a minimum period of one year with consistently negative random body fluid screens, the student may petition for readmission to the nursing program. The requirements for readmission are:

- The student shall submit a petition to the Chair of the Nursing Department.
- The student shall provide proof of active participation in a recognized treatment program on a regular basis and evidence of rehabilitation and/or recovery at the time of petition for re-entry.
- The student may be required to participate in on-going rehabilitation treatment as a condition of readmission.
- If admitted to the nursing program and required to participate in on-going rehabilitation treatment, the student shall provide evidence of such continued rehabilitation treatment on a schedule as determined the Chair of the Nursing.
- Students readmitted will be subject to randomized drug testing during the time they are enrolled in the nursing program.
- A student with known prior chemical impairment to controlled substances will be restricted from access to controlled substances in the clinical setting. The student must be directly supervised for medication administration by faculty in clinical facility during their entire duration in the program. Depending on the nature of the prior chemical impairment, the student may be restricted from participating in those clinical courses where supervision is less available, where the student might have access to prescription drugs in client homes, or might be exposed to illicit drugs in client homes.
- Faculty with the student in the clinical setting is made aware of the medication restriction of the student.
- Failure to submit evidence of on-going rehabilitation treatment will result in permanent dismissal from the nursing program.
- Readmission is on a space-available basis.
- A second documented incident of impaired behavior will result in permanent dismissal from the nursing program.

Source: Adopted from CSU Fullerton Impaired Student Policy and CSU Chico Impaired Student Policy
Date 5.14.15

Exhibits: *Optional forms, illustrations, references*
Release of Relevant Information form

Release of Relevant Information Form Student's Name

Date:_____

Time: _____

Emergency Contact Number_____

Controlled Substances Prescribed for the Student:

_____

_____

CSU Channel Islands Nursing Department Policies

Originating Author: Admissions and Retention Committee
Policy Number: AR0052016
Approved By: Faculty
Approval Date: 2/19/2021
Effective Date: 8/2021
Number of Pages: 2
Next Review Date: 2/2024

Student Promotion, Continuance in the Program, And Repeating a Class Policy

PURPOSE: *Goals and objectives of the policy.*
To define the criteria to which the student must adhere in order to progress in the nursing program and the criteria to which they can continue in the program or repeat a class.

BACKGROUND: *Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation*
California BRN regulation state didactic and clinical requirements must be completed simultaneously.

POLICY:
Accountability *Management accountability for policy compliance, implement and monitoring*) Admissions and Retention Committee

Applicability: *Specific individuals or groups to which this applies*
Applicable to all nursing students.

Definition(s*) Define unfamiliar terms as needed*

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

Minimum Passing Grades in Courses
BSN students must earn a minimum of a "C or Pass" (2.0) grade in all required nursing, natural science and social science courses. Calculation of GPA for courses that are repeated will follow university policy. If grade forgiveness is given then the grade that is posted on the transcripts will be used. If the transfer institution does not have a grade forgiveness policy, an average grade for the repeated courses will be

calculated.

Students may not enroll in 400-level required nursing course until they have completed all lower division nursing and 300-level nursing classes with a “C or Pass” grade or better.

MSN students must maintain a “B” average (3.0 GPA) in their nursing courses (SP05-22). If after completing 12 units or more, a student’s GPA falls below 3.0, the students will be placed on academic probation by the University. Students who are placed on probation will receive a letter from the University that includes what conditions must be met to be removed from probationary status and will explain what circumstances will lead to disqualification from the graduate program. To be removed from academic probation, the student must meet the conditions outlined in the letter and increase their cumulative GPA to 3.0 or higher.

Criteria for Program Continuance and Repeating a Nursing Course (BSN Program)
The criteria for program continuance are as follows:

1. Students in the nursing major must attain grades of C / Pass or better in all required nursing courses.
2. Students in the nursing major must maintain good academic standing. Students on academic probation are not permitted to enroll in a nursing course until the probation has been removed.
3. Nursing courses for which the student earns less than a grade of C or fail may be repeated once on a space available basis. To repeat a nursing course the student will be required to:
4. Consult with the course faculty to determine what academic/personal factors led to a satisfactory grade.
5. After meeting with the course faculty, the student must schedule a meeting with the nursing advisor.
6. If a student is failing in a clinical course at any time in the semester with a grade less than Pass or with demonstrated unsafe patient care behaviors as outlined in the Clinical Evaluation Tool, the student can be failed and removed from the clinical setting at any time in the semester.
7. According to BRN regulations students must be enrolled in didactic and clinical courses simultaneously.
8. If a student has passed a clinical course but failed the didactic or if the student has passed didactic and failed clinical, the student will receive an *Academic Withdrawal* from the co- requisite course (either clinical or didactic).
9. Students may repeat both co-requisite courses in which they have earned less than a C/ or Fail or been academically withdrawn on a space available basis.

10. Failure of one or both co-requisite clinical/didactic courses will be considered failure of one course.
11. Students with failure in two required nursing courses will be withdrawn from the Nursing Program.
12. Failure in two required nursing courses is defined as a grade of less than C or Pass in two separate nursing courses or in two attempts in one nursing course.
13. Students who fail two nursing courses must meet with nursing advisor to discuss program withdrawal and student options.
14. Students who are withdrawn from the nursing program may complete the semester in free- standing nursing courses in which they are currently enrolled.

Criteria for Program Continuance and Repeating a Nursing Course (MSN Program)

The criteria for program continuance are as follows:

1. Students in the MSN program must attain grades of C / Pass or better in all graduate nursing courses but must maintain an overall GPA of 3.0 or higher.
2. A failed course may be repeated once. If the second attempt to pass the course is not successful, the student will be dismissed from the graduate nursing program.
3. The calculation of overall GPA after the make-up of a course failure will follow the University Forgiveness policy.
4. Students who do not complete a Family Nurse Practitioner or Nurse Educator specialty course will not progress in the FNP or Nurse Educator program until the incomplete is satisfied.
5. Family Nurse Practitioner students (both MSN and Post-Master's Certificate students) must successfully pass the APEA 3 Ps Exam to progress into NP specialty courses. Students will have 3 attempts to pass the exam. Failure to pass the 3 Ps exam on the third attempt will result in dismissal from the Family Nurse Practitioner or Post-Master's Family Nurse Practitioner program.
6. Students dismissed from the NP program will have the option of changing major to the Nurse Educator program.
7. Graduate students may apply to take a leave of absence. Per university policy, the leave of absence can be no longer than 4 consecutive semesters or 6 semesters total (SP09-09).
8. All graduate students (except Post-Master's Certificate students) will need to complete the degree culminating experience to be eligible for graduation from the MSN program.

CSU Channel Islands
Nursing Department Policies

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Proposed by: BSN Committee
Approved By: Faculty Committee
Approval Date: 10.28.2022
Effective Date: 05.8.2025
Number of Pages: 3
Next Review Date: 05. 8. 2028

Clinical Absence

PURPOSE: *This policy provides guidance for the management of nursing student clinical absences.*

BACKGROUND: *This policy adheres to the Title 16 California Code of Regulations: Division 14 Board of Registered Nursing, Article 3 Pre-licensure Program- 1426 Required Curriculum*

POLICY: *The nursing department chair, faculty, and curriculum committee are accountable for policy compliance, implementation, and monitoring.*

Applicability: *Students actively enrolled into the Undergraduate Nursing Major.*

Definition(s*) Define unfamiliar terms as needed*

Policy Text:

1. The student may be absent for no more than 10% of the total course clinical hours without jeopardizing their ability to meet the clinical objectives of the course. With the exception of a 5-week course where one missed clinical day is over 25% of the total clinical hours for the course. Please refer to the Clinical Make-up Contract (Exhibit A).

2. Students should not be arriving at lab/clinical more than 30 minutes prior to the official start time (exceptions to be noted by faculty as per facility policy).

Unless there are compelling reasons, students who arrive at lab/clinical after the official start time, will be sent home and the absence will be counted as an unexcused absence. The absence may be made up at the discretion of the faculty and the availability of the clinical site.

3. In order to be excused, notification must be given to the primary Clinical Instructor 2 hours prior to the start of the clinical day. Clinical absences due to illness **may** be subject to documentation to medically clear students enrolled in "high risk" clinical areas (e.g., pediatrics, NICU, Oncology and maternal-child units). Infectious illnesses (both viral and bacterial) may preclude clinical rotations to especially in these high-risk areas and are to be discussed with the clinical instructor or cleared medically with documentation from a physician.
4. Clinical practicum missed during the last week prior to finals must be made up prior to the last day of the semester, if available otherwise an incomplete may be issued and completion can be continued the next time the course is offered (contingent on space availability). Students are to make an appointment to discuss any and all options with Nursing Department Chair.
5. Unexcused absences may result in failure of the course.
6. Absences from clinical practicum must be for serious and compelling reasons such as:
    1. Illness of self or immediate family,
    2. Death of an immediate family member,
    3. Court Subpoena,
    4. Recognized religious observation,
    5. Educational absence: an absence in which written permission from the faculty responsible for the class or clinical is given,
    6. Military Deployment: day of deployment and return from deployment of an immediate family member,
    7. Faculty approved attendance at a nursing research convention or other educational opportunities.
7. If requested, documentation is required for the second and subsequent absences of either clinical practicum or simulation lab. Documentation must be submitted to the clinical instructor within 7 days of the absence.
8. Emergencies as listed above which prevent the student from attending assigned clinical practicum and meeting the educational objectives must be made up following these guidelines:
    1. Students may make up the clinical practicum under the direction of the clinical faculty and with supervision of the Team Lead or Assistant Chair when appropriate.
    2. Make up of assigned labs will include content delivered during the missed clinical day or clinical lab under the direction of the clinical faculty and under the supervision of the Team Lead or Assistant Chair when appropriate.
    3. A "Clinical Absence Makeup Contract" (see Exhibit A) must be signed by the clinical faculty prior to the make-up clinical day.
    4. A copy of the contract and documented work completed by the student

will be submitted to the nursing office for filing in the student's file, by the clinical faculty. Clinical make up activities must be completed within 2 weeks of the absence; 1 week for short courses.

9. Prior to the start of the semester, lead clinical faculty and the clinical team will design a make-up activity template.
10. Completion of the clinical or simulation lab make up will be verified by the clinical faculty. The student is responsible for taking the verification to the clinical faculty within a week of completing the experience.
11. Absences from clinical constituting greater than 10% must be evaluated in consultation with the lead clinical faculty and the Nursing Department Chair.
12. Decisions regarding eligibility for a second makeup during any clinical rotation would be determined by the student's ability to successfully meet the clinical objectives of the course. If it is determined by the Nursing Department Chair that a student would not be able to meet the course objectives due to 2 or more excused absences, an incomplete may be issued and completion may be continued the next time the course is offered (contingent on space availability).

Exhibits: *Optional forms, illustrations, references*
Exhibit A: Clinical Make Up Contract Plan

CALIFORNIA State University Channel Islands
Nursing Department Policies

Policy Number: AR0072016
Proposed by: Admissions and Retention
Committee Approved By: Faculty
Approval Date: 11.19.2021
Effective Date: 1.1.2022
Number of Pages: 2
Next Review Date: 11.2024

Pregnant Nursing Student Policy

PURPOSE: This policy reflects the recognition of the changes in health needs and potential restrictions on activities during pregnancy to prevent potential harm to the student or their unborn child and thus provides academic guidance for the pregnant nursing student.

BACKGROUND: *This policy adheres to the Title 16 California Code of Regulations: Division 14 Board of Registered Nursing, Article 3 Pre-licensure Program- 1426 Required Curriculum; Title IX and University policy prohibiting discrimination, harassment, or retaliation related pregnancy.*

POLICY: The Nursing Department Chair and Admissions and Retention Committee are accountable for policy development, implementation and monitoring; faculty and students are accountable for policy compliance.

Applicability: *Students enrolled into the Nursing Major with didactic and clinical courses.*

Definition(s*): Define unfamiliar terms as needed*
Not applicable

Policy Text:
1. Pregnancy is deemed a natural and temporary medical condition that may or may not interfere with course requirements. Adjustment to course requirements is at the discretion of faculty in assuring student safety and meeting course learning outcomes; faculty and/or students should discuss unclear issues with the Nursing Program Chair. A letter addressed to the Nursing Program Chair may be required from a licensed healthcare professional in order to clarify student needs related to course adjustments (refer to physical requirements for clinical experience in the Student Handbook and course syllabi requirements).
2. As outlined in the Nursing Clinical Absence Policy, the student may only be absent for 10% of the total course clinical hours without jeopardizing their ability to meet the clinical objectives of the course (refer to the Clinical Absence Policy).

3. If the student becomes unable to perform the expected duties, requirements, or functions of the course(s), the student may be given an incomplete (I) or withdrawal (W) according to CSU Channel Islands' nursing and university policy in consultation with the faculty and Program Chair.
4. If any agency has restrictions, the clinical faculty and student will follow the guidelines of the agency.

CSU Channel Islands
Nursing Department Policies

Policy Number: AR0082016
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Approved By: Faculty
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Next Review Date: 11.2024

Policy on Social Media

PURPOSE:

The CSU Channel Islands Nursing Department supports the use of social media to reach audiences important to the University such as students, prospective students, faculty and staff. The University presence or participation on social media sites is guided by university policy. This policy applies to nursing students who engage in internet conversations for school related purposes or school-related activities such as interactions in or about clinical and didactic course activities. Distribution of sensitive and confidential information is protected under HIPAA and FERPA whether discussed through traditional communication channels or through social media.

BACKGROUND:

While this policy may need to be modified as new technologies and social networking tools emerge, the spirit of the policy will remain the protection of sensitive and confidential information. Social media often spans traditional boundaries between professional and personal relationships and thus takes additional vigilance to make sure that one is protecting personal, professional, and university reputations.

Students will represent the University and the Department in a fair, accurate and professional while protecting the brand and reputation of the institution.

When publishing information on social media sites remain cognizant that information may be public for anyone to see and can be traced back to any student as an individual. Since social media typically enables two-way communications with any audience, students have less control about how materials are posted or used by others. As one person remarked, “If you wouldn’t put it on a flier, carve it into cement in the quad or want it published on the front of the Wall Street Journal, don’t

broadcast it via social media channels."

Accountability:
The Admissions and Retention Committee is responsible for policy compliance in the area of social media.

Applicability:
This policy applies to the track one and track two nursing students enrolled in CSU Channel Islands Nursing Program.

Definition(s*):*
HIPAA Health Insurance Portability & Accountability Act of 1966 Public Law 104-191
FERPA Family Education Rights and Privacy Act 20USC1232gCFRPart99

POLICY:
The policy on use on protection of confidentiality includes:

- Protect confidential, sensitive, and proprietary information: Do not post confidential or proprietary information about the university, staff, students, clinical facilities, patients/clients, or others with whom one has contact in the role of a CSU Channel Islands nursing student.
- Respect copyright and fair use. When posting, students must be mindful of the copyright and intellectual property rights of others and of the university. For guidance, visit the University's library site or seek consultation with a Librarian.
- Do not use CSU Channel Islands Nursing Program logos and graphics, on personal social media sites. Do not use CSU Channel Islands name to promote a product, cause, or political party or candidate.
- Use of the University marks (logos and graphics) for School sanctioned events must be approved (posters, fliers, postings) by administration.
- During clinical courses the use of cell phones is determined by the faculty of the course and in accordance with the agency's policy regarding use of cell phones. If using a cell phone or electronic device, it is expected that the device is silenced and used only for course related activity.
- No personal phone conversations or texting are allowed at any time while in patient/client areas or in the classroom. If the student needs to respond to an emergency text or phone call during class, the student is asked to leave the classroom or clinical area and respond as deemed necessary. If the student leaves the clinical area to respond to a phone call, then it is expected that he/she notify the instructor before leaving the nursing unit.
- Use of computers (phones, Notebooks, etc.) during class shall be restricted to note taking and classroom activities. Use otherwise is distracting for not only the student involved in the activity but those in the immediate area/vicinity.
- No student shall videotape or record professors or fellow students for personal or social media

  use without the express **permission** of the faculty or fellow student. At NO time shall

patients/clients be videotaped or photographed without written permission of the patient/client **and** of the facility.

- Be aware of any association with CSU Channel Islands in online social networks. If a person is identified as a student at CSU Channel Islands, ensure any profile and related content reflects how the student is represented to colleagues, clients and potential employers. Any viewpoints written in social media should be identified solely as the viewpoints of the student and shall not represent, claim or imply any representation on behalf of CSU Channel Islands, unless specifically authorized, in writing, to do so.
- Health Insurance Portability and Accountability Act (HIPAA) guidelines must be followed at all times. Identifiable information concerning clients/clinical rotations must not be posted in any online forum or webpage.
- Ultimately, students have sole responsibility for what is posted. This is inclusive of awareness of open-source web-based websites, social media websites, and copyright regulations. Students are encouraged to be familiar with the privacy policies for any social media websites they are utilizing. Students need to be professional in representing themselves while protecting the privacy and confidentiality of sensitive health and/or CSU Channel Islands information.
- Nursing students should be aware of the potential risks of sharing information and communicating via social media. Students should understand that social media posts that could be considered unbecoming of the nursing profession could have ramifications for future employment. The majority of hiring organizations look at social media before hiring new nurses. The risks to the new graduate nurse and the working professional nurse include misconduct investigations, loss of potential employment, and could result in loss of licensure.
- Students should review A Nurses Guide to Social Media made available through the National Council of State Boards of Nursing's (NCSBN) and the ANA's Principles for Social Networking and the Nurse for additional guidance.

CSU Channel Islands Nursing Program Social Media Policy is adapted from Social Media Policy, Student Handbook Purdue University School of Nursing.

Exhibits:
A Nurses Guide to the Use of Social Media from the National Council of State Boards of Nursing (NCSBN) https://www.ncsbn.org/3739.htm

CSU Channel Islands
Nursing Department Policies

Policy Number: CC0092017
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Approved By: Faculty
Approval Date: 4.16.21
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Next Review Date: 9.2027

Policy on Clinical Lab Guidelines

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

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

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

the Simulation Lab Instructor are accountable for implementation of the policy.

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

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

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

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

Policy Text: *Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy*
The structure and process of the Clinical Lab Guidelines policy supports the curriculum design and student outcomes of the Nursing Program. The hours are calculated based on specified hours for each course as defined by the BRN for clinical courses and lab related activities.

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

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

Exhibits: *Optional forms, illustrations, references*

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

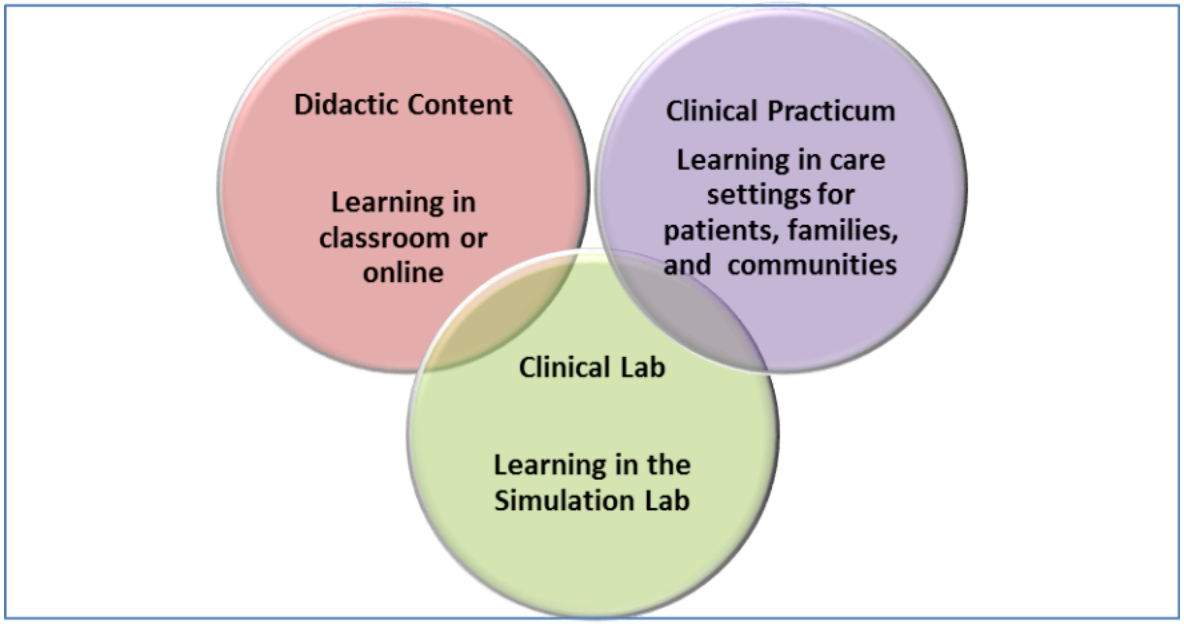


Exhibit B, Clinical Lab Template:

Activity	**Description**	**Estimated Timeframe/Location**
Preparation	Listing of prep or additional resources accessible to students, e.g., ATI, Lippincott, resources applicable to lab content	To complete prior to attending lab session
Supplies	• List of required supplies for students to bring to lab • Reference materials students should bring or access during lab	
Introduction	Faculty-directed welcome and communication of learning objectives for each activity, including expectations	5 minutes/ Classroom
<u>Optional:</u> Introduction to Topic, Quiz, or Review of Knowledge using Technology, Syllabus/Course Requirements	• The first lab should introduce the students to the syllabus with a thorough review • Overview of specific content that is clinically based and not covered in detail in didactic, e.g., ABG or EKG interpretation, SBAR • Quiz, e.g., medication calculations • Application or review of existing knowledge (using audience response) coordinated with didactic faculty	20 -30 minutes/ Classroom

Activities	• Faculty-assisted/directed activity may include assessment techniques, procedures or equipment demonstration • Student self-directed learning stations guide students to view (video), listen (audio), read (policy, article, information) or hands-on (practice) activity • Fast Tracker's Special: Additional activity such as use of CINAHL EBP, quizlet or additional skill practice in the event a student has extra time	15 – 20 minutes per each activity/ Sim Lab
Conclusion	• Summary of activities, observations, answers to guided questions at stations • Reinforce knowledge using technology, such as audience response system • Allowed time for questions or inquiry	5 – 15 minutes/ Classroom
Breaks	Students should be provided a 5 – 10 minutes break for each hour of clinical lab practicum; breaks should be given throughout the time in lab and not used as an accumulation of time to save up for early release from lab	5 – 10 minutes each hour of assigned lab time
Total Time	Indicate the total time for the lab by adding up the minutes allocated for each activity; note that lab generally ends 10 minutes prior to the hour or half-hour	

Exhibit C, Simulation Lab Template*:

Element	**Description**	**Estimated Timeframe/Location**
Pre-Lab Information in Syllabus &/or Canvas	Simulation Scenario Information: • Patient age; Diagnosis; Co-morbidities • Setting of care or context • Simulation learning objectives Preparation material: course content; resource(s)	Upon availability of course at start of semester or at least 2 weeks prior
Simulation		

Pre-Brief	• Review simulation learning objectives • Describe roles of facilitators and participants • Provide simulation case; pre-report • Review set up of area, equipment, supplies and props • Discuss reminders related to simulation realism, respect and privacy	20 - 30 minutes/ Classroom or open area of Sim Lab
Simulation	• High Fidelity (HF): groups of 3 or more; while 1 group is simulating, others observe via video feed; simulation is segmented by frames, rolling or unfolding scenario with hand-off between student groups • Mixed Reality (MR): groups of 5 – 20 students who exchange time in interacting with the avatar or observe; ability for participant or faculty facilitator to pause for in-session guidance or debriefing • Virtual Reality (VR): scenario or multiple scenarios are viewed individually with headset and goggles; alternative option is in group mode	• HF: 20-minute segments per group(s) • MR: 60 minutes in a classroom or conference room • VR: 7 or 8-minute segments per scenario in Sim Lab area or classroom
De-Brief	• Arrange seating in a circle or semi-circle that is away from the area in which simulation occurred to facilitate a more open discussion, if possible • Use one or more evidence-based tools to facilitate a guided de-briefing session *Note: Individual or group feedback should be conducted separately	30 – 45 minutes/ Classroom or Open Lab Area
Breaks	Students should be provided a 5 – 10 minutes break for each hour of lab practicum; optimal break times between simulation and debrief.	
Total Time	Total time varies with the type of simulation and number of students; it is best to schedule all simulated activity during the assigned time for lab or clinical.	

*Refer to Policy on Simulation Standards

Exhibit D, Clinical & Simulation* Lab Template:

Activity	**Description**	**Timeframe/Location**
Preparation	Listing of prep or additional resources accessible to students, e.g., ATI, Lippincott, resources applicable to lab content	To complete prior to attending lab session

Supplies	• List of required supplies from the Nursing Kit for students to bring to lab • Reference materials students should bring to lab	
Introduction	Faculty-directed welcome and communication of learning objectives for each activity, including expectations	5 minutes Classroom
Optional: Introduction to Topic, Quiz, or Review of Knowledge using Technology, Syllabus/Course Requirements	• The first lab should introduce the students to the syllabus with a thorough review • Overview of specific content that is clinically based and not covered in detail in didactic, e.g., ABG or EKG interpretation, SBAR • Quiz, e.g., medication calculations • Application or review of existing knowledge (using audience response) coordinated with didactic faculty	20 -30 minutes Classroom
Simulated Experience (Refer to Exhibit C)	• Case scenario that meets the course objectives and practicum learning experience objectives for the lab • Activity sheet or course announcement identifies type of case, age of patient, and brief history or background, e.g., CHF, 86 y.o., admit to telemetry with history of CHF, HTN, and learning objectives specific to scenario • Activity provides a prebriefing, simulated experience, and debriefing • Facilitate individual and/or group feedback after the debriefing session	30 – 45 minutes Sim Room
Activities	• Faculty-assisted/directed activity may include assessment techniques, procedures or equipment demonstration • Student self-directed learning stations guide students to view (video), listen (audio), read (policy, article, information) or hands-on (practice) activity • Fast Tracker's Special: Additional activity such as use of CINAHL EBP or quizlet in the event a student has extra time	15 – 20 minutes per each activity Sim Lab
Conclusion	• Summary of activities, observations, answers to guided questions at stations • Reinforce knowledge using technology, such as audience response system • Allowed time for questions or inquiry	5 – 15 minutes Classroom

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

*Refer to Policy on Simulation Standards

Exhibit E, Computer-Based Simulation* Lab Template:

The purpose for the computer-based simulation template is to provide a guide for executing computer-based simulations based on best practices for simulation as a pedagogy. Examples of computer-based simulation include: ATI Real Life; Lippincott vSim; Healthcare Learning Innovations (HLI) simulations, etc.	
Selection of Simulation†	Review the product resources for the computer-based simulation(s), including viewing the simulation, and then select the simulation experience based on: • Alignment to course learning outcomes and course content • Delivery of knowledge content prior to or concurrently • Level of the learner • Collaboration within specialty and across curriculum to avoid duplication Resources related to selection of simulation: ATI Real Life "Examples" of Clinical Reasoning; Healthcare Learning Innovations Demo Video; Training on How to use vSim to Prepare for Class

Pre-briefing†	Pre-Lab Information should be provided to the students in the course syllabus &/or Canvas, at least 2 weeks prior: • Simulation Scenario Information: Patient age; Diagnosis; Co - morbidities; Setting of care or context; and 2 - 5 simulation learning objectives* • Preparation material: supplemental resource(s), pre-quiz, and/or guided questions can be used; *prep should be strategic and cognizant of student time as well as avoid duplicating didactic content* • Student expectations for simulation; faculty role and involvement; Example: Simulation Pre-Brief
Simulated Experience†	Scenario or multiple scenarios are generally completed individually to promote personal professional development in application of knowledge, skills and attitudes through 1:1 feedback. Group experiences may be designed as guided throughout the scenario or at minimal set points. Suggest assigning a due date and student/faculty review of feedback reports.

Debriefing†	Faculty should arrange face-to-face in person or audio-visual conferencing to be conducted shortly after completion of the simulated experience, i.e., within 3 - 7 days if possible. Faculty should use debriefing materials outlined in the product information† or by using at least one of the evidence-based debriefing tools identified in the Simulation Standards Policy to facilitate a meaningful guided debriefing session. Allow 1 to 1.5 x the amount of time of the simulated experience for the debriefing session, i.e., if the simulated experience is estimated at 1 hour, debriefing should be scheduled for 1 - 1 ½ hours. Example: Simulation Debrief
Post-Simulation Activity • **Increase knowledge** • **Develop skills and attitudes**	• Guided reflection assignment that includes 4 - 6 questions • Discussion board assignment of 1 - 3 guided questions; consider small groups of 3 - 4 • Refer to product materials* for suggestions on activities for application to knowledge, skill and attitude development
Calculation of Simulation Hours	Total of pre-briefing + simulated experience + debriefing

*Refer to Policy on Simulation Standards

† Refer to product integration guide or product facilitation guide

References:

INACSL Standards of Best Practice: Simulation

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

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

CSU Channel Islands
Nursing Department Policies

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Policy Number: BSN 0172022
Faculty Approval Date: 5/20/22
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Policy on Lab Peer Mentors

PURPOSE: *Goals and objectives of the policy.*

To increase the numbers of open labs during a semester, this policy is aimed defining the criteria to be used in the selection of peer mentors who can assist in the lab during open lab hours. The policy also identifies the activities that peer mentors can assist with and those that must be supervised by a Nursing Department faculty.

BACKGROUND: Peer mentors have been used in a variety of ways by nursing programs to support student learning including training senior students to mentor incoming students to decrease student anxiety as they enter the nursing program (Gilmore, Kopeikin & Douché, 2007) and as faculty extenders in the skills laboratory (Sweeney, 2018). Successful peer mentor programs require faculty commitment to oversee the mentorship program, clear guidelines for the selection of peer mentors, and delineation of the roles and responsibilities of the faculty, mentor and mentee.

POLICY:
The BSN Committee is responsible for implementing and monitoring adherence to the procedure.

Applicability: This policy applies to open lab sessions offered for students enrolled in the generic BSN program.

Definition(s*)*: Senior nursing students are students who have successfully completed NRS 222 and NRS 223.

Policy Text:

Peer Mentor Selection and Responsibilities:

1. Senior nursing students who are selected to mentor other students during open lab

hours should have the following characteristics:
   a. Possess strong clinical skills, including good clinical judgement and knowledge of rationale,
   b. Demonstrate that they are self-directed, responsible and complete commitments they make,
   c. Exhibit that they are collaborative, helpful, and an effective team member,
   d. Be able to assist with students in achieving learning goals that align with curriculum,
   e. Understand how to use appropriate course resources,
   f. Have effective communication skills that lend to positive learning experiences.
2. Students may self-nominate to serve as a lab peer mentor.
3. The self-nomination must a personal statement that articulates why the student is interested in serving as a peer mentor.
4. The student must identify days/times during the upcoming semester that he/she is available to be in the lab working with other students.
5. Two statements from faculty attesting that the student has the characteristics listed above and that he/she would be an effective peer mentor.
6. Self-nomination materials must be sent to the Simulation Lab Director a minimum of six weeks prior to the start of the semester.
7. Under no circumstances will peer mentors supervise or assist students who are in the lab to practice the following skills or competencies:
   a. IV insertion
   b. IV administration of medications and/or blood products
   c. Peer mentors are not permitted to supervise simulated clinical experiences including:
   d. High fidelity simulations
   e. Virtual or mixed reality (MR) simulations

Simulation Lab Director Responsibilities:

1. The Simulation Lab Director will meet with the Chair and/or the Assistant Chair to review the self-nomination materials.
2. The Simulation Lab Director will notify students regarding the selection decision.
3. An open lab schedule will be developed based on peer mentor and Simulation Lab Instructor availability.
4. Peer mentors and Simulation Lab Director will review the open lab schedule and confirm their ability to be on the lab on their assigned days.
5. The Simulation Lab Technician will post the open lab schedule on the Nursing Department website prior to the start of the semester.
6. The Simulation Lab Technician, in collaboration with the Simulation Lab Director, will schedule a pre-semester orientation for all approved peer mentors.
7. The Simulation Lab Director will develop a feedback process on the effectiveness of the peer mentor relationship in supporting mentee learning that includes:
   a. Assessing the support they received during the open lab session,
   b. The quality of the interactions they had with the peer mentors,
   c. Achievement of their anticipated learning outcomes.

8. Feedback will also be elicited from the peer mentors at the end of the semester by the Simulation Lab Director. Peer mentor feedback will include:
    a. Evaluating the how well the orientation prepared the mentor to work in the lab with other students,
    b. The quality of faculty and staff support of the peer mentor,
    c. Ease of communication with the team including the Simulation Lab Technician, Simulation Lab Director and/or appropriate course faculty.

Mentee Responsibilities:

1. Students utilizing open lab hours should come to the lab prepared to identify anticipated learning outcomes for the lab session.
2. Provide the mentor with course information appropriate to the expected learning outcomes for the session.
3. Communicate clearly with the peer mentor and faculty as appropriate to the open lab session.
4. Maintain a collaborative learning relationship with the peer mentor at all times.

Course Lead Faculty Responsibilities:

1. Provide the Simulation Lab Coordinator with a list of skills and competencies that students are expected to achieve before the end of the semester.

BSN Committee Responsibilities:

1. The committee is responsible for reviewing feedback received from mentors and mentees annually.
2. Make recommendations for changes in the mentorship program based on review of feedback received.

Open Lab Supervision

1. A minimum of one Nursing Department faculty or staff must be on campus and available to provide assistance as needed during open lab hours.
2. The Simulation Lab Technician is qualified to assist with technological, non- nursing skills assistance during open lab hours.

Sweeney, A (2018). Lab mentors in a two-plus-tow nursing program: A retrospective evaluation. Teaching and Learning in Nursing, 13, 157-160.

Gilmour, J.A., Kopeikin, A, & Douché (2007). Student nurses as peer-mentors: Collegiality in practice. Nursing Education in Practice, 7, 36-43.

Exhibits: *Optional forms, illustrations, references*

CSU Channel Islands
Nursing Department Policies

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Peripheral IV Insertion

PURPOSE: Goals and objectives of the policy.
To provide guidelines for and identify the process for peripheral intravenous insertion by nursing students in the clinical setting.

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

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

POLICY:
Accountability Management accountability for policy compliance, implement and monitoring(committee or personnel). The administration of the policy is the responsibility of the Chair of the Nursing Program or his/her delegate to administer with oversight of the Curriculum Committee. The clinical course faculty (NRS 421) are responsible for carrying out the policy. Applicability: Specific individuals or groups to which this applies Generic baccalaureate students who have successfully completed NRS 220, NRS 221, NRS 222, and NRS 223, and are enrolled in NRS 421.

Definition(s) Define unfamiliar terms as needed
Peripheral IV: A venous catheter placed into a peripheral vein to administer medications or fluids. This would exclude peripherally inserted central catheters (PICC)

and IV catheters inserted into the external jugular vein.

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

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

1. Review of the procedure in designated medical-surgical, maternal child or pediatric reference book.

2. Optional: Review of the procedure video “IV – Starting an IV” (7 min 13 sec) from Saddleback College ALFA video resources: https://alfa.saddleback.edu/videos

3. Complete ATI Testing Skills Module 3.0: IV Therapy and Peripheral Access. Complete the Pretest, the Lesson, including Practice Activities 1, 2, and 3, and complete the Post Test. Print out score and provide to instructor.

4. Practice on the IV arm simulator or sleeve using provided supplies in lab to demonstrate the steps following the ATI Skills Module 3.0 Checklist: Intravenous Therapy: Initiating Peripheral IV Access.

5. Complete a narrative note documentation of at least one of the practice demonstrations.

6. Create a video demonstrating that PIV insertion was done correctly and submit the video to the appropriate Clinical Faculty and/or the Lab Instructor. The video should be recorded in one take/taping; modifying the video to piece together performance and cut or edit will not be accepted. The video should be submitted to the instructor within the Learning Management System (LMS; CI Learn). The video will be stored in accordance with the Simulation Lab Student Recordings: Securement and Disposition policy.

7. Prior to PIV insertion, the student must review the policy and procedure for PIV insertion for the clinical facility. Note: Opportunities for peripheral IV insertion at the clinical site are situational and must be
under direct observation by the clinical instructor. This skill does not have to be demonstrated to pass the clinical course.

Clinical Faculty will do the following:
1. Approve and validate the student has completed all steps above.

2. Provide students with feedback on the IV insertion video created by students to demonstrate proficiency. It is up to the faculty evaluation of the video to determine if the video demonstrates proficiency or requires revision. If a student has submitted a video

more than 30 days old, the faculty can request a new demonstration video.

3. Place the completed IV Insertion Verification Form in the students file, or electronically verify upload before being allowed to insert a PIV in a clinical setting.

4. Faculty teaching NRS 421 will review and provide feedback on the videos created and submitted by students prior to a student being able to insert a PIV in a clinical Setting.

5. Students must be directly observed by faculty during all IV insertions performed in the clinical setting.

6. Students who attempt any IV insertion before approval by clinical faculty will fail the clinical course.

7. Under no circumstances will students remove IV start supplies from the lab or insert an IV on another person who is not a patient with a physician's order to have an IV inserted, such as another student, a nurse, or friend in any setting including the lab and clinical.

8. If a student starts an IV on a non-patient or when not under the direct supervision of faculty, the student will fail the clinical course.
Exhibits:

A. IV insertion Verification Form
B. ATI SkillsModuleChecklist:Intravenous Therapy:Initiating PeripheralIVAccess

CSU Channel Islands
Nursing Department Policies

Originating Author: BSN Committee
Policy Number: BSN0012016
Approved By: Faculty
Approval Date: 12.18.2020
Effective Date: 1.15.2021
Number of Pages: 2
Next Review Date: 04.2027

Licensed Vocation Nurses 30 Semester/45 quarter Unit Option

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

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

POLICY:
Accountability Management accountability for policy compliance, implement and monitoring

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

Applicability: Specific individuals or groups to which this applies
This policy applies to individuals who are licensed as Licensed Vocational Nurses in the State of
California.

Definition(s) Define unfamiliar terms as needed
N/A

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

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

NRS 240 & NRS 241 Psychiatric & Mental Health Nursing with lab 4 units (2/2)
NRS 420 & NRS 421 Nursing Care of the Complex Client with lab 6 units (3/3)
NRS 460 & NRS 461 Nursing Leadership and Professional Nursing Practice with lab 5.5 units
(3/2.5)
NRS 391 Transition to Professional Practice Lab 2 units (2)
Total 25.5 Units

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

Exhibits: Optional forms, illustrations, references
EDP-P-06 BRN Required Curriculum: Content for Licensure
30 Unit Option Waiver Acknowledgement form

CSU Channel Islands
Nursing Department Policies

Originating Author: BSN Committee
Policy Number: BSN0022016
Approved By: Faculty
Approval Date: 4.15.2022
Effective Date: 8.1.2022
Number of Pages: 7
Next Review Date: 4.1.2027

PURPOSE: *Goals and objectives of the policy.*
The purpose of this document is to summarize all relevant CSU Channel Islands policies regarding

Policy on HIPAA Privacy Rule Training

Protection of patient's health information.

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

As a student nurse in an education program at CSU Channel Islands you are required to learn about the health information privacy requirements ("Privacy Rule") of a federal law called **HIPAA** (Health
Insurance Portability and Accountability Act of 1996 Public Law 104-191).

POLICY:
Accountability: *Management accountability for policy compliance, implement and monitoring*
The designated nursing department HIPAA compliance officer (nursing department chair or designee) is accountable for implementing and monitoring policy compliance.
Applicability: *Specific individuals or groups to which this applies*
All students and faculty in a Board approved program of nursing and delivering care in a

health care or community setting are subject to this policy.

Definition(s*):*
HIPAA Health Insurance Portability and Accountability Act

PHI “Protected Health Information” PHI includes such material as written, spoken and electronic
information. PHI is defined as any information that identifies a patient, including demographic, financial,and medical, that is created by a health care provider or health plan that relates to past, present or future condition, treatment or payment of the individual. The Privacy Rule broadly defines “identifiers” to include not only patient name, address, and social security number, but also, for example, fax numbers, email addresses, vehicle identifiers, URLs, photographs and voices or images on tape or electronic media.
When in doubt, you should assume any individual health information is protected under HIPAA.

Guidelines for protecting PHI while in clinical settings
1. Using and disclosing PHI for educational purposes only
As a student in a clinical education program, you are permitted to access, use and disclose PHI only as minimally necessary to meet your clinical education needs). You are not permitted to disclose PHI to anyone outside the staff at the clinical facility in which you are assigned or your clinical instructor, without first obtaining written patient authorization or de-identifying the PHI. **This means that you may not discuss or present *identifiable* patient information with or to anyone, including classmates or faculty, who are not part of your educational program, unless you first obtain written authorization from the patient.** It is mandated that whenever possible you de-identify PHI before presenting any patient information outside the hospital. If you are unable to de-identify such information, you must discuss your need for identifiable information with the faculty member supervising your clinical education and/or the nursing chair, to determine appropriate procedures for obtaining patient authorization for your use and
disclosure of PHI.

2. Material to be De-identified
In order for PHI to be considered de-identified, all of the following identifiers of the patient or of
relatives, employers, or household members of the patient, must be removed:
• Name (including a part of it, e.g. actual name initials)
• Geographic subdivisions smaller than a state (i.e. county, town, or city, street address

and zip code)
• All elements of dates (except year) for dates directly related to an individual (including birth date,
admission date, discharge date, date of death, and exact age if over 89 years old)
• Phone numbers
• FAX numbers
• E-mail addresses
• Social Security numbers
• Medical record number
• Health plan beneficiary number
• Account number
• Certificate/license number
• Vehicle identifiers and serial numbers
• Device identifiers and serial numbers
• URL's
• Internet protocol addresses
• Biometric identifiers (e.g., fingerprints or voice print)
• Full face photographic and any comparable images not limited to images of the face
• Any other unique identifying number or characteristic that could uniquely identify the individual

3. Safeguarding PHI
Recommended steps to protect PHI:
• If you see a medical record in public view where patients or others can see it, cover the file, turn it over, or find another way of protecting it. This includes following the information technology precautions in place when utilizing electronic medical records.
• When you talk about patients as a part of your education, try to prevent others from overhearing the conversation such as hallways, cafeteria, elevators, break rooms, or other areas where unauthorized people or those that do not need to know may overhear. Wherever possible, hold conversations about patients in private areas.
• When physical medical records are not in use, store them in offices, shelves or filing cabinets as per the healthcare facility policies or guidelines. Electronic medical records access should follow the guidelines of the facility in which access to records are not left unattended.
• Remove patient documents from faxes and copies as soon as you can.
• Make sure you dispose of documents containing PHI in hospital confidential bins for shredding.
• Never remove the patient's official medical record from the clinical site. Unauthorized removal of any part of an original medical record is prohibited. **Students and faculty may not release or**

display copies of PHI. Case presentation material will be used in accordance with healthcare
facility policies.
• Log out of electronic systems containing PHI when you are done using them, or during any
circumstance where you leave the computer/screen.
• **Do not remove copies of the PHI from the clinical site even with the information de-
identified.**
• **All information for care planning purposes is to be handwritten on a worksheet containing
only the information necessary to develop the plan.**
• Students and faculty shall not access data on patients for whom they have no responsibilities or a“need–to-know” the content of PHI concerning those patients.
• A computer ID and password are assigned to individual students and faculty. Students and faculty are responsible and accountable for all work done under the associated access, in compliance with the healthcare facility policy.
• Breach of confidentiality by disregarding the policies governing PHI is grounds for dismissal
from the hospital or sanctions from the university with range from verbal or written notification,
remediation or failure of the course for failure to meet essential course behaviors (see CET for
essential behaviors)
All students must sign the acknowledgment that they have read and understand the HIPAA policy. The acknowledgement must be submitted via Canvas to the clinical faculty at the start of each semester. Faculty will submit all documentation to the Clinical Coordinator at the end of the semester.

4. **Disclosure of PHI to family members or friends involved in the care of the patient**
Care must be taken when discussing PHI in front of or with a family member or friend who is involved in the care of the patient. Generally, you can assume that the patient does not object to talking about them with such a person, however, if you have any reason to believe that the patient would object in all cases when discussing a sensitive diagnosis or procedure and etc., then you should ask the person to step out of the room or ask the patient if it is okay to talk to that person. Phone call inquiries should follow the practices and policy of the facility to protect patient information.

5. Email

Because of potential security risks, you are not permitted to email PHI to anyone.

6. Requests for Access to or copies of medical records
HIPAA grants patients the right to access and to obtain copies of their medical records. However, please refer all requests to the patient's primary care provider (e.g. nurse) to ensure that all proper procedures are followed.Course **7. Requests for PHI by law enforcement**
Request for PHI by law enforcement officers (e.g., police, sheriff) must be referred to the patient's primary caregiver (e.g. nurse) to ensure that proper procedures are followed.

Procedure to Ensure Compliance (Generic BSN Program Only):
At the beginning of each semester within the first three weeks of the clinical rotation: The student will complete the following activities:

Course	Learning Resources
NRS 301 Fall Year 1	Complete Practice and Learn HIPAA Interactive Case Study. 1. Define HIPAA and identify elements that are and are not included in the definition. 2. Recognize HIPAA violations. 3. Identify pivotal moments when decision-making is important, and action is required 4. Understand the impact that one student can have on the ethical culture of a facility or group.
NRS 313 Spring Year 1	Review Practice and Learn HIPAA Interactive Case Study. 1. Define HIPAA and identify elements that are and are not included in the definition. 2. Recognize HIPAA violations. 3. Identify pivotal moments when decision-making is important, and action is

	required 4. Understand the impact that one student can have on the ethical culture of a facility or group
NRS 223/413 Fall Year 2	Review Practice and Learn HIPAA Interactive Case Study. Complete and Submit Clinical Orientation Discussion Students engage in classroom discussion activity responding to a series of questions to guide deeper learning. Students provide an evidence-based rationale for their response. • How is HIPAA regulated in the United States? • What impact does social media have on HIPAA? • How does HIPAA affect clinical research? • As the nurse, who would you report a HIPAA violation to?
NRS 421 Fall Year 3	Review Practice and Learn HIPAA Interactive Case Study Engage in small group discussion activity as part of NRS 391 orientation: 1. Describe 3 examples of HIPAA violations and how nurses are responsible for protecting patient rights of privacy and confidentiality. Compare and contrast your examples with those developed by other members in your group through the discussion. 2. Following group comparisons, edit and

	submit your group's final example of HIPAA violations and problem responses as a group assignment to summarize on the first clinical day in post conference discussion. Post-conference example questions for group discussion or online discussion board: • What actions did you identify as HIPAA violations? • What would you document in the EHR? Complete the general refection questions in-class or online for further student discussion. Questions can be assigned for students to complete independently, with small or large groups. Summary of this discussion should be provided in a course announcement by faculty if it occurs in-person to demonstrate HIPAA related discussions continue throughout the student curriculum. 1. What did you learn from this scenario? 2. Did you discover a HIPAA violation that you were unaware was a violation? 3. How did this scenario prepare you for these conversations in the clinical setting? 4. What helped you recognize that there were HIPAA violations? 5. What factors during the scenario influenced the questions you asked the healthcare team? 6. What factors during the scenario influenced the actions you took related to the HIPAA violation? 7. Are there additional questions you would ask if this type of scenario happens again?

	8. Are there additional actions you would take if this type of scenario happens again?

Return proof of completion of the Lippincott HIPAA module and the acknowledgment to the clinical faculty to validate completion or review of the content for each clinical rotation; or faculty summary of discussion components or evidence of course online discussion platform provide evidence of completion of ongoing HIPAA education. Any student who is not present during in-person discourse or does not participate in online activities will require demonstration of an alternative assignment focused on HIPAA content equivocal to one hour of engagement time as determined by the clinical faculty.

Consequences of Violation of the HIPAA Policy:
Depending on the nature of the breach of confidentiality, violations at any level may result in more severe action or dismissal from the major. Levels I-III violations are considered to be without malicious intent.
Level IV and V connote malicious intent. A Level IV or V violation may subject the student to civil or criminal liability under HIPAA for actions in violation of the law. For any offense, a preliminary investigation will precede assignment of level of violation.

Violations, Process, Actions and Notifications

Type of Violation	Process	Corrective Action	Notification
I. Accidental breaches of confidentiality that may or may not result in the actual disclosure of patient information.	Discussion between instructor and student.	Re-education and/or process improvement.	A written warning will be given to the student and a copy placed in his/her student file.
<u>Examples of Violation I:</u> 1. Age over 89, use of actual patient initials of their name, or admission date			

disclosure on
assignment or care plan
2. Misdirected faxes, e-mails & mail.
3. Failing to log-off or close or secure a computer with protected PHI displayed.
4. Leaving copy of PHI in a non-secure area.
5. Dictating or discussing PHI in non-secure areas (lobby, hallway, cafeteria, elevator, etc.).
6. Failing to redact or de-identify patient information for operational/business uses.
7. Transmission of PHI using an unsecured method.
8. Leaving detailed PHI on an answering machine.
9. Improper disposal of PHI.

Type of Violation	Process	Corrective Action	Notification
II. Failure to follow existing policies/procedures governing patient confidentiality.	Discussion between instructor and student.	Re-education and/or process improvement.	A written warning will be given to the student and a copy placed in his/her student file.

Examples of Violation II:
1. Leaving copy of PHI in a non-secure area.
2. Dictating or discussing PHI in a non-secure area (lobby, hallway, cafeteria, elevator, etc.).
3. Failure to obtain appropriate consent to release information.
4. Failure to fulfill training requirements.
5. Requesting another individual to inappropriately access patient information.
6. Inappropriate sharing of ID/password with another coworker or encouraging coworker to share.
7. Failure to secure data on mobile devices through encryption/password

Type of Violation	Process	Corrective Action	Notification
III. Repeat Offense of Type I or II Violation.	May range from discussion of instructor	1. May range from re-education and	Written communication between instructor

	and student to Chair convening a committee to address action	process improvement; to disciplinary sanctions, such as: 2. Reprimand; 3. Removal from program clinical site; or 4. Probation or other disciplinary action including dismissal from the nursing	and student will be included in the student record and sent to the Chair of the Nursing Department.
Type of Violation	Process	Corrective Action	Notification
IV. Inappropriately accessing a patient's record without a need to know	May range from discussion between instructor and student to Chair convening a committee to address action.	May range from removal from course; to disciplinary sanctions, such as dismissal from the program.	Written report to: Student Record Dean of the College of Arts and Sciences
<u>Examples of Violation IV:</u> 1. Releasing or using aggregate patient data without facility approval for research, studies, publications, etc. 2. Accessing or allowing access to PHI without having a legitimate reason Giving an individual access to your electronic signature. 3. Accessing patient information due to curiosity or concern, such as a family member, friend, neighbor, coworker, famous or “public” person, etc. 4. Posting PHI to social media (refer to SA0082016 Policy on social media in the Student Handbook).			

5. Removing documents from a nursing unit or clinical site that contain PHI.			
Type of Violation	Process	Corrective Action	Notification
V. Accessing and using patient information for personal use or gain or to harm another individual.	Notification to Chair or designee. Chair convenes committee to address action.	May range from removal from course; to disciplinary sanctions, such as dismissal from the major	Written report to: Student Record Dean of the College of Arts and Sciences
Examples of Violation V: a) b) c) d) Releasing or using data for personal gain. b) Compiling a mailing list to be sold for personal gain or for some personal use. c) Disclosure or abusive use of PHI d) Tampering with or unauthorized destruction of information.			

Policy modified from University of Wisconsin Policy and Procedures
Exhibits:
Exhibit A: HIPPA Compliance Acknowledgment form

CSU Channel Islands
Nursing Department Policies

Policy Number: BSN0042017
Initiated by: BSN Committee
Approved By: Faculty Committee
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Policy on Grading and Point Distribution

PURPOSE: *Goals and objectives of the policy.*
The objective of this policy is to standardize grading across nursing courses.

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

POLICY:
Accountability: All nursing faculty Applicability: All nursing students Definition(s*)*

1. Critical Behaviors are defined as those student behaviors (cognitive, attitudinal and psychomotor skills) that must be demonstrated in order to allow successful course completion.

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

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

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

Policy Text:

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

2. **Evaluation of the Nursing Clinical Laboratory Courses**
    a. There are two areas in which the student is evaluated in nursing laboratory courses:
        i. Clinical application and theoretical-clinical synthesis
            1. Clinical Application:
                a. Clinical application involves only the evaluation of critical behaviors and core competencies. This evaluation verifies that the student has displayed all critical behaviors and competencies identified in the course. A grade of pass/fail is given.
                b. Critical behaviors and core competencies (those behaviors having emphasis on safety, professional growth and improvement that are specific to content in each course and which align with the course learning outcomes) are passing if the student is able to accomplish them proficiently. Evaluation

is based upon observation of student performance, i.e., return demonstration in clinical or comparable setting. Students may feel free to contact the instructor for clinical evaluation of critical behaviors or competencies whenever they feel proficient enough to carry out these new skills. Evaluation may take place in simulated clinical surroundings, when appropriate, as well as the clinical laboratory itself. Critical behaviors and core competencies are evaluated by specific evaluation criteria that are made available to students at the beginning of the experience.

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

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

3. **Grading Scales**

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

Evaluation of Nursing Theory (Didactic) Courses Policy

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

- For two (2) unit nursing didactic course, the points earned shall range from 200- 400 course points.
- For three (3) unit nursing didactic course, the points earned shall range from 500-800 course points
- For lower division courses (NRS 300's), course points earned by exams and quizzes should be 40-60% of the grade.
- For upper division courses (NRS 400's), course points earned by exams and

quizzes should be 30-60% of the grade.

- The accumulated points earned will be used to establish the course percentage and the student's final letter grade for the course using the Approved Grading Scale as indicated below.

Approved Grading Scale

Letter Grades for the course are assigned as follows:

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

Point Considerations

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

Evaluation of Nursing Clinical Courses

Clinical laboratory courses will receive credit/no credit however; there are two areas in which the student is evaluated in nursing laboratory courses. Those areas are theoretical-clinical synthesis and clinical application.

Theoretical-Clinical Synthesis : Plan of care

The theoretical-clinical synthesis involves synthesizing and utilizing theory in both the assessment of patients and families and in the planning and implementing of nursing care. These grades will be based on required course work for the clinical laboratory courses such as daily patient care preparation plans, patient care studies, class presentations, assessment

tools, teaching plans, and other written assignments. Additionally, various other clinical assignments such examples of patient/client interactions on tape recordings, tutorials, videotapes, and case studies, student recording on agency records, role playing and clinical examinations. Clinical examinations will not be given during the clinical laboratory hours.

Clinical Application = CET

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

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

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

CALIFORNIA State University Channel Islands
Nursing Program Policies

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Policy on Proctored Benchmarking Exam & Remediation

PURPOSE: *Goals and objectives of the policy.*
The nursing program at CSUCI has the student nurse's complete success as its top priority, hence the use of a comprehensive program of quality assessment from Lippincott Benchmarking. Modules and exams have been proven to increase student success in both program content and NCLEX pass rates. The exams mimic the NCLEX conditions and contents.

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

Definitions:

1. *Benchmarking* is a comparison and measurement of a healthcare organization's services against other national healthcare organizations. It provides leaders with insight to help them understand how their organization compares with similar organizations that provide the same services. It also allows for the sharing of best practices and evidence-based practice (EBP) clinical research outcomes between organizations at a national level.

2. Nursing Program Proctored Assessments
    a. Available clinical judgement foundation RN exams through Lippincott: These exams are focusing on clinical judgment practices in various clinical areas and show how likely a student is to pass the NCLEX-RN. The report offers a comparison to the national scores. The exam questions only address one topic at a time. All exams include 50 questions on the exception of Medical-Surgical which include 75 questions.
        1. Community Health
        2. Fundamentals
        3. Leadership

6. Women's Health
7. Medical–Surgical I
8. Medical–Surgical II
9. Mental Health
10. Nutrition
11. Pathophysiology
12. Pediatrics
13.Pharmacology

b. Clinical Judgment Readiness Exams through Lippincott:
These exams are simulating an NCLEX-RN exam and include topics relevant to all clinical areas. The exam includes 100 questions.

POLICY:

Accountability & management or policy compliance, implementation, and monitoring:
The Nursing Undergraduate Committee and the individual course lead faculty are responsible for the implementation and monitoring of program compliance. Students' progress will be monitored throughout the program.

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

Policy Text:
Use of Lippincott Benchmarking Testing and related products:
Each students' cohort will be assigned to one Clinical Judgement Foundation RN course and one Clinical Judgement Readiness course. Course Lead Instructors teaching courses requiring a Benchmark exam will use the same cohort course to allow for students' progress monitoring. The program Chair and/or Assistant Chair will ensure that instructors are assigned to the related courses at the beginning of each semester. The courses will be labelled as Course name + Year. Example for the Foundation RN course:
Foundation RN Cohort: YEAR
Clinical Foundation RN Cohort 2027

To prepare the student for the Clinical Judgment Foundations RN Comprehensive exams,
each course should include orientation to the Lippincott Benchmarking Testing, study materials, and practice assessments in the first several weeks of class.
The weight of the Benchmark exam will be 20% of the total grade. The Benchmark exams focus on clinical judgement whereas other quizzes and exams address the required content.

If two benchmarks exams are required in a course, Benchmark 1 will be proctored during class time. If there is a need for a Benchmark, the exam will be proctored outside of regularly scheduled class time, as determined by faculty. All students

who fail Benchmark 1 exam will take Benchmark II on a pre-assigned day during finals week.

The Lippincott® Ready for NCLEX-RN, Clinical Judgment Readiness RN platform provides students with substantial opportunity to succeed, using both formative and summative tools to help them get ready for the NCLEX-RN®. This includes Clinical Judgment Readiness Exams, NCLEX-Style Adaptive Practice Exams, Mastery Level Quizzing, Question Collection Quizzing, review content from NurseThink®'s Conceptual Review Guide, interactive resources like practice and learn case studies, watch and learn videos, and more!

To prepare the student for the Clinical Judgement Readiness RN examination (given at the end of the nursing program; see below), students will receive access and be oriented to the Lippincott Benchmarking platform with testing, study materials, and practice assessments in the first several weeks of the semester. The course instructor will release the pre-assessment associated with the proctored exam within a month of the related exam. Additional practice assessments may be released at faculty discretion. The following proctored exam will be administered:

- Clinical Judgement Foundation RN Med-surg II at Midterm
- Clinical Readiness Benchmark Exam I & Benchmark Exam II

The current statistics presented by the NCSBN show that more than half of all nurses that pass NCLEX commit documented errors in their first year of practice. The cause of many of these errors was a gap in clinical judgment. Safe, effective nurses must demonstrate more than just the bare minimum level of competency on the NCLEX to be practice ready. EVERY student must strive for a higher level of achievement by identifying their largest opportunities for growth and building on those areas.

The following table outlines the nursing program's benchmarking assessments sequencing.

Pre -Assessment (Open-Check)	**Benchmarking Assessment**	**Course**	**Fall, Spring or Summer**
Yes	Fundamentals	NRS 300 Introduction to Professional Nursing Practice	Fall
N/A		NRS 304 Patho/Pharmacology I	Fall
Yes	Med-Surg I	NRS 312 Nursing care of Adult I	Fall
Yes	Pharmacology AND Pathophysiology	NRS 306 Patho/Pharmacology II	Spring
Yes	Mental Health	NRS 320 Psychiatric & Mental Health	Summer

Yes	Women's Health	NRS 414 Nursing Care of Women, Infants & Children	Fall
Yes	Pediatrics	NRS 322 Nursing Care of Children & Families	Summer
N/A	N/A	NRS 452 Community Public Health Nursing	Spring
N/A	N/A	NRS 460 Leadership & Healthcare Systems	Fall
N/A	N/A	NRS 430 End of Life	N/A
N/A	N/A	NRS 350 Evidenced-based Practice	Fall
N/A	Clinical judgment Foundation RN Medical–Surgical I & II Clinical Judgement Readiness RN Comprehensive End of Program Exam) ***	NRS 420 Nursing Care Complex Client Across the Lifespan	Spring

Benchmarking and Proctored Exam Procedure:

Clinical Judgement Foundation RN Exams

1. Prior to the proctored exam, students will take a clinical judgement foundation RN open check (practice exam) on their own between weeks 10-12.

Remediation is mandatory and must be completed within one week of taking the open check exam. The remediation must be fully completed following the Lippincott recommendations included in the Improvement plans. **There are no grades associated with the open check.**

2. The Proctored Benchmark I Exam will be administered during week 13/14. Remediation is mandatory regardless of the proctored exam score and must be completed within one week of taking the exam. The remediation must be fully completed following the Lippincott recommendations included in the Improvement plans

3. Students who fail the Benchmark I Exam will be able to take the Benchmark II exam during finals week. The date and time of the benchmark exam II will be arranged at the discretion of the faculty. The Benchmark II will not substitute the related course comprehensive final exam. Remediation will be due within one week or by the end of the semester, whichever comes first. Points will only be granted if the students pass the exam and complete the remediation.

4. Points will be given following the scoring table below.

Clinical judgement Progress	Emerging Clinical Judgement	Developing Clinical Judgement	Achieving Clinical Judgment	Strengthening Clinical Judgment	Mastering Clinical Judgment
Levels	Level 1	Level 2	Level 3	Level 4	Level 5
Percentages	0-69	70-77	78-85	86-93	94 to 100
	FAIL* **		**PASS**		
Benchmark 1	0%		90% of available test points plus 10% of available test points for remediation		
Mandatory Remediation	0%				
Total	N/A		100% (of available test points)		
**If the student fails the Proctored Benchmark 1 exam, they must remediate and take the Benchmark 2 exam					
Benchmark 2	O% of available test points		80 % of available test points plus 10% of available test points after remediation		
Mandatory Remediation	N/A				
Total	0% of available test points		90% of available test points		

Mid-Program Comprehensive Proctored Exam Procedure:

At the end of Year 1 (end of second semester), students will take a mid-program exam which will include all topics learned during first and second semesters. Students must meet a score of 80%. Refer to the policy XXXX for students who fail the Mid-program exam

Clinical Judgement Readiness RN Exams:

These exams required as part of the nursing program completion

1. Prior to the proctored exam, students will be responsible to prepare using all available resources in the Clinical Judgement Readiness RN platform on their own. As previously stated, the platform will be available at the beginning of the semester, latest.

2. Students will need to take both Benchmark exams regardless of scores. The clinical readiness Open Check will be administered by week 2 of the semester.

Remediation is mandatory regardless of the proctored exam score and must be completed within one week of taking the exam using the AI generated Improvement plan. In addition to the remediation, students will be asked to develop and submit a detailed study plan highlighting at least 5 areas of weakness.

3. The Proctored Clinical Readiness Benchmark I Exam will be administered by week 9. Benchmark 2 will be administered by week 12. Remediation is mandatory regardless of the proctored exam score and must be completed within one week of taking the exam using the AI generated Improvement plan.

If a student fails both Benchmark Readiness exam XXXXXXXX

Scoring and grading for Readiness Benchmark exams are described below

Clinical judgement Progress	Emerging Clinical Judgement	Developing Clinical Judgement	Achieving Clinical Judgment	Strengthening Clinical Judgment	Mastering Clinical Judgment
Levels	Level 1	Level 2	Level 3	Level 4	Level 5
Percentages	0-69	70-77	78-85	86-93	94 to 100
	FAIL* **		**PASS**		
Benchmark 1 OR 2	0% = 0		90% of available test points plus 10% of available test points for remediation		
Mandatory Remediation	0% = 0				
Total	N/A		100% (of available test points)		

Remediation Process:
The Lippincott Benchmarking Testing products offer an AI generated remediation that is an Improvement Plan. Instructors will be able to monitor the remediation under the results tab. Students must demonstrate improvement during this process. Students who fail both Benchmark exams will need additional remediation including mandatory meetings. Remediation materials will depend on the topic and students' performance level and will remain at the discretion of the instructor. Students who do not meet Benchmark I or II mandated remediation requirements will receive an automatic fail to the course.

FYI:
What to Expect the Day of the Exam:
Benchmarking proctored exams mimic the NCLEX exam taking. For this reason, proctored exams will be administered with the same requirements:

- Students must present a photo ID to the instructor.
- All belongings including all electronics (phones, smart watches) will be stored in a corner of the room. Students will not be allowed to return to their belongings and must ensure they have appropriate clothing prior to the beginning of the exam.
- Students will be allowed to keep a pen or pencil with their assigned scratch papers. Seats might be assigned as well.
- Food will not be allowed during the exam.
- Time will not be paused if students need to use the restroom.

- Students requiring accommodation through DASS will be subject to the same rules at the DASS facilities.

Students will adhere to the following steps to join the courses:

Getting Started

Registering at The Point Using Your Access Code

To log in to Clinical Judgment Exams, you first need to redeem your Access Code at the Point: https://thepoint.lww.com/activate

New Users

If you haven't registered at the Point before, go to https://thepoint.lww.com and select New User. Enter your Access Code where indicated, then select Next.
Enter your email address, select whether you have an existing password or need to create one, and select Next.
On the registration form, fill out all required fields, select the checkbox if you agree to the terms and conditions. Select Submit. This takes you to your My Content page, where your Clinical Judgment Exam product will appear.
On the My Content page, locate your Clinical Judgment Exams product and select Launch.

Joining a Course

Returning Users

If you are already a registered user on the Point, please use the Return User button and log in with your previously created email and password.
If you need to add a new title to your My Content listing, select the Add a New Title to My Content button to enter your access code.
On the My Content page, locate your Clinical Judgment Exams product and select Launch.
• Please note: You will only use the Point Access Code ONCE per product, for the initial registration. From that point on, you will use your email address/username and password to log into the Point and access Clinical Judgment Exams.
Once you have launched the product, it will bring you to the Content page. If you have nev e joined a course, then you will see a red button at the top of the screen prompting you to join a course. You will need to join a course to access the Content, Assignments, and Results for that course.

Security

Secure Assignments: Respondus

All Clinical Judgement/Retention and Readiness exams will launch in a locked-down browser from Respondus.

CSU Channel Islands
Nursing Program Policies

Originating Author: BSN Committee
Policy Number: BSN0052013
Approved By: Faculty
Approval Date: 12.1.2023
Effective Date: 1.22.2024
Number of Pages: 1
Next Review Date: 12.2027

Policy on Points Distribution in Didactic classes

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

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

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

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

The BSN Committee is responsible for evaluating and periodically reviewing the policy.

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

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

Definition(s*) Define unfamiliar terms as needed*
Didactic – theory classes

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

Guidelines for Points Distribution in didactic classes:
2-unit courses 200-400 Points
3-unit courses 500-800 Points

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

Upper Division courses (NRS 300-400 except NRS 306, NRS 303, NRS 304 and NRS 420) exams and quizzes should be no more than 10-30% of the grade

CSU Channel Islands
Nursing Department Policies

Originating Author: BSN Committee
Policy Number: BSN0062016
Approved By: Faculty
Approval Date: 2.2.2022
Effective Date: 8.2022
Number of Pages: 2
Next Review Date: 2.2025

Faculty to Student Ratio Policy

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

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

POLICY:
Accountability *Management accountability for policy compliance, implement and monitoring*

(committee or personnel)

The maximum student to faculty ratio is: Clinical/Lab:

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

This is a general guideline and in certain instances the number of students in a clinical lab will increase but for those clinicals where students are placed in an acute care setting, the number will never exceed 12.

Applicability: *Specific individuals or groups to which this applies*
This policy applies to both track I and track II students Definition(s*) Define unfamiliar terms as needed*

Policy Text: *Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy*
The administration of the policy is the responsibility of the Chair of the Nursing Department or his/her delegate to administer when developing the class schedule.

Exhibits: *Optional forms, illustrations, references*

CSU Channel Islands Nursing
Department Policies

Originating Author: BSN Committee
Policy Number: BSN0062018
Approved By: Faculty
Approval Date: 2/18/2022
Effective Date: 8/2022
Number of Pages: 2
Next Review Date: 2/1/2025

Policy on Submission of Clinical and Medical Documents

PURPOSE:
The objective of this policy is to provide a defined timeline to ensure the proper submission of clinical and medical documents to the clinical sites. This process, however, in extreme circumstances, may be adjusted by the Nursing Program Student Affairs Committee.

BACKGROUND:
To ensure timely submission of clinical and student health documents to clinical sites.

POLICY:
The BSN Committee is responsible for implementing and monitoring adherence to the procedure.

Applicability:
This policy is specific to all students and applies to all clinical courses.

Policy Text:
Timeline for submission of clinical and medical documents

1. Prior to the start of the student's clinical rotation, the Clinical Coordinator or Goleta Support Coordinator will email the students the clinical paperwork that the student is required to complete.
2. Clinical documents and student health information will be sent to the facilities **four weeks** prior to the start of the clinical rotation with the exception of students placed at Cottage who need to submit a new background check and drug screening **30 days** prior to the start of their rotation. **At this time, if students don't have all their Health Documents up to date on CastleBranch, they will be at risk of being dropped from the course.**

Exhibits: *Optional forms, illustrations, references*

CSU Channel Islands
Nursing Department Policies

Originating Author: BSN Committee
Policy Number: BSN0072016
Approved By: Faculty
Approval Date: 12.18.2020
Effective Date: 1.15.2021
Number of Pages: 3
Next Review Date: 09.2027

Policy on Loma Linda Exam Analysis

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

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

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

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

The Undergraduate Committee and Nursing Department provide oversight of the policy; the nursing faculty in coordination with the student is responsible for implementation of the policy within courses in the first semester.

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

This policy applies to Track I (Generic) students.
1The Loma Linda Exam Analysis is a diagnostic prescriptive process that provides a means in which to analyze problems or issues affecting poor performance on examinations with identification of interventions by which to improve (Condon & Drew, 1995).

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

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

The Loma Linda Exam Analysis is made available to first semester students in courses where there are exams. It is strongly encouraged that a student who scores below 76% on an examination, except the final exam, is required to complete the Loma Linda Exam Analysis.

Application of the Loma Linda Analysis should extend to all exams and/or quizzes. The course instructor notes the requirement in the course syllabus and posts the *Loma Linda Analysis Form & Procedure* on the Learning Management System (LMS), CI Learn /Canvas. The student should arrange review of the exam within 2 weeks of the exam, as follows:

1. The student and course instructor become aware that the student has an issue with exams based on a non-passing score of less than 76% or student generated concern related to performance.

2. The student arranges to review the exam per the course syllabus by attending office hours or requesting an appointment. Face-to-face in office or audio-video conferencing review using the analysis on a 1:1 basis is preferred to optimize individual needs. If approved by faculty, students may review the exam in a group.

3. The student reviews each question that was missed on the exam using the *Loma*

Linda Exam Analysis Form. The student identifies the main category and specific problem or contributing factor for why the student missed each question:

a.List the number of the exam question missed in the far-left column
b. Mark an X or √ in the subcategory that best describes a reason for choosing the wrong
answer; the student may mark more than one subcategory
c.The student totals the number of marks by subcategory and category

4. The student and the course instructor meet face-to-face to discuss why each question item was missed on the exam as completed by the student using the *Loma Linda Exam Analysis Form.*

5. The student and the course instructor go over the recommended interventions pertaining to each category with marks; recommended interventions are listed on the *Suggestions to Improve Performance*. In addition, the student and course instructor discuss the *Summary of Exam Techniques for Multiple Choice Questions.*

6. The course instructor assists the student with a plan of action that promotes improvement in exam performance.

7. The student retains the copy of the exam analysis as a reference in identification of issues and strategies for improving performance.

28. The course instructor should maintain a record of the meeting, including follow-up appointments (or referrals) for help with exam skills, tutoring, counseling, and evaluation of progress.

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

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

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

Exhibits:
Exhibit A, Loma Linda Exam Analysis Form & Procedure

CSU CHANNEL ISLANDS NURSING PROGRAM LOMA LINDA EXAM ANALYSIS FORM & PROCEDURE

Loma Linda Exam Analysis Procedure

The following steps make up the exam analysis procedure:

1. The student and course instructor become aware that the student has a problem with taking exams based on a non-passing score of less than 76% or student generated concern related to performance.

2. The student arranges to review an exam or quiz per the course syllabus by attending office hours or requesting an appointment. Face-to-face in office review or audio-video conferencing of the analysis on a 1:1 basis is preferred to optimize individual needs. Consideration of application should extend to all exams and quizzes, including textbook and supplemental resources, such as PrepU, ATI pre- and post-quizzes.

3. The student reviews each question that was missed on the exam/quiz using the *Loma Linda Exam Analysis Form*. The student identifies the main category and specific problem or contributing factor for why the student missed each question:
   a. List the number of the exam question missed in the far-left column
   b. Mark an X or ✓ in the subcategory that best describes a reason for choosing the wrong answer; the student may mark one or more subcategories.
   c. The student totals the number of marks by subcategory and category

4. The student and the course instructor meet face-to-face to discuss why each question item was missed on the exam as completed by the student using the *Loma Linda Exam Analysis Form.*

5. The student and the course instructor go over the recommended interventions pertaining to each category with marks; recommended interventions are listed on the *Suggestions to Improve Performance*. In addition, the student and course instructor discuss the *Summary of Exam Techniques For Multiple Choice Questions.*

6. The course instructor assists the student with a plan of action that promotes improvement in exam performance.

7. The student retains the copy of the exam analysis as a reference in identification of issues and strategies for improving performance.

8. The course instructor should maintain a record of the meeting, including follow-up appointments (or referrals) for help with exam skills, tutoring, counseling, and evaluation of progress.

Loma Linda Exam Analysis Form

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

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

															s T , F , ? , T ? , o r F ? ,						
Items																					
Totals																					

CSU CHANNEL ISLANDS NURSING PROGRAM LOMA LINDA EXAM ANALYSIS FORM & PROCEDURE

Suggestions to Improve Exam Performance

Priority # _____

Lack of Knowledge of Subject Matter

_____1. Use study guide/objectives/specific class guidelines to identify important content while reading textbook.
_____2. Write out key points from #1 and use for later review.
_____ 3. Take careful notes during class.
_____4. As soon as possible **after class** and at **the end of each week** review #2 and #3 from above.
_____5. Participate in study group or tutoring each week.
_____6. Use NCLEX-RN review books to review important content and to practice application on review questions.
_____ 7. Predict exam questions. Use these for group review.
_____8. Schedule time to review each lecture carefully before each exam.
_____ 9. Note weak areas such as pathophysiology, medication side effects, lab values, etc.
_____10. Other: _____

Priority # _____

Exam-taking skills

_____ 1. Read each question carefully and **underline or circle key words**.
_____ 2. Give your **own answer** (write down a few words BEFORE looking at choices given on exam).
_____3. Mark each answer choice as T, F, ?, ?T, or ?F.
_____ 4. Choose the best answer based on what you learned in this class.
_____5. Don't change an answer unless you **know why** the first answer is wrong. (Never change an answer just because you **feel uncertain**).
_____6. **Practice application** of knowledge using **case studies and NCLEX-RN review questions, e.g., textbook materials**.
_____ 7. Other: _____

Priority # _____

Literacy Proficiency: English Language/Medical Terminology

_____1. Look up vocabulary terms/new words identified in reading assignment, lecture, and study groups, etc.
_____2. Write out the meanings of these words, note pronunciation and use them in a sentence, make flash cards or write them in a notebook.
_____3. Drill on these words several times each week.
_____4. If you don't understand an exam question or answer choice ask the instructor for clarification.
_____5. Other: _____

Priority # _____

Exam Anxiety

_____1. **Over-prepare for exams** so that you feel **confident** about your knowledge.
_____2. Use recommended exam skills on every question. This helps you think logically.
_____3. Use positive self-talk- i.e. "I know these concepts", "I am going to do well on this exam".
_____ 4. Don't spend too long on a difficult question. This lowers your confidence and increases anxiety. Read it carefully 2xs, guess and move on to easier questions. Come back later if you have time.
_____ 5. Identify methods that help you feel calm, remember what you have learned and apply knowledge and exam skills.
_____6. Practice relaxation techniques (deep breathing, etc.) so you can use them p.r.n.

_____7. Other: _____

Priority # _____ Other (Please Specify Below):

SUMMARY OF EXAM TECHNIQUES
For
MULTIPLE CHOICE QUESTIONS

Be Sure You Know What the Question is Asking
Read question carefully.
Underline or highlight important words.
Try to answer the questions yourself **before** you look at the answer options.

- Create a pool of possible answers (jot down key word(s) for each).
- Consider Each Option Carefully
- Compare answer options given on exam with your own pool of possible answers.
- Re-read the question carefully.
- Read the answer options carefully highlight, underline or circle key words.
- Mark each answer option as either true, false, T?, F?, or ?.
- Use Your Knowledge When Choosing the Best Answer
- Choose your answer based on what you have learned in the course. Example: Choose answer marked true above one marked?
- Do not choose an answer just because “it sounds good” if you have not heard of it before (in lecture or textbook)—it may be a cleverly worded distractor.
- Use Your Time Wisely
- Do not spend too long on any one question.
- Read the question-and-answer options carefully (twice if necessary).
- If you are not sure which choice is correct, guess and mark the question number so you can come back to it if you have time.
- Do not be in a hurry to leave. Check your paper to be sure you have answered all questions.
- Check carefully for clerical errors (marking wrong answer by mistake).
- Read each stem with the answer you have marked to be sure it makes sense.
- If You Do Not Understand the Question or Answer Option Ask For Help
- Ask the instructor to clarify what is not clear.
- Ask the instructor to “restate” a confusing question or option.
    - Note: the instructor may or may not be able to provide clarity if the question is expected gained knowledge or common knowledge.
- **Do Not Change Your Answers**
- The only time you should change an answer is when you know **why** the first answer is wrong and/or **why** the second answer is right.
- Never change an answer just because you feel uncertain.

CSU Channel Islands
Nursing Department Policies

Originating Author: BSN Committee
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Approved By: Faculty
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Number of Pages: 2
Next Review Date: 9.2027

BSN Clinical Assignment

PURPOSE: *Goals and objectives of the policy.*

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

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

POLICY:
Accountability *Management accountability for policy compliance, implement and monitoring* (committee or personnel)
The BSN Committee is responsible for implementing and monitoring adherence to the procedure.

Applicability: *Specific individuals or groups to which this applies*
This policy is specific to all track I students. Courses include: NRS 301, NRS 313, NRS 321, NRS 323, NRS 413, NRS 415, NRS 421, & NRS 453. Clinical course assignments for fall and summer will be conducted during the prior spring semester. Clinical course assignments for spring will be conducted during the prior fall semester.

Definition(s*) Define unfamiliar terms as needed*
Educational need – student(s) may be placed with faculty based upon academic and/or clinical performance

Policy Text:

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

1. The Clinical Coordinators will work with the Academic Program Analyst to obtain an up-to-date version of the schedule of classes. The Clinical Coordinator for Camarillo and the Goleta Support Coordinator will assign students.

2. The Clinical Coordinators will send the INITIAL placements to the faculty currently assigned to each course except for Leadership and Community Health Clinical. Faculty will have one week to submit any changes based upon a student's academic and/or clinical performance to the Clinical Coordinator.

3. Based upon academic or clinical needs, students may be placed up to 80 miles from their home campus.

4. The FINAL assignments will be emailed to students and NO switching will be allowed. It is the student's responsibility to register for the correct clinical section they are assigned. If a spot opens in a clinical rotation, no students will be added after the FINAL assignments unless administrative need arises.

5. It is the student's responsibility to make sure all Health Documents are up to date on Exxat.

6. Regardless of clinical assignment, students are responsible for providing their own transportation to and from clinical sites.

Exhibits: *Optional forms, illustrations, references*

CSU Channel Islands
Nursing Department Policies

Policy Number: BSN0092016
Initiated by: BSN Committee
Approved By: Faculty
Approval Date: 12.18.2020
Effective Date: 4.19.2024
Number of Pages: 4
Next Review Date: 4.2027

Policy and Procedure for Selection of the DAISY Award Recipients

PURPOSE: *Goals and objectives of the policy.*
To implement and operationalize the selection of The DAISY Award for Extraordinary Nursing Faculty and The DAISY Award for Extraordinary Nursing Students in accordance with the standards established by the DAISY Award Foundation.

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

The CSUCI Nursing Program is dedicated in recognizing out-standing and exemplary education. Nursing faculty who are exemplary educators and outstanding role models may be nominated via this process and considered for The DAISY Award for Extraordinary Nursing Faculty. Compassionate and caring nursing students who demonstrate exceptional skills may be nominated and considered for The DAISY Award for Extraordinary Nursing Students. The following procedure outlines the process for both awards.

POLICY:

Accountability: Student & External Affairs Committee, plus at least one outside member as outlined below.

Applicability: All CSU Channel Islands' nursing program faculty and students Definition(s*)*

1. Awardee: The person selected to receive the annual award
2. DAISY Award for Extraordinary Faculty: A nurse educator in the Nursing Program at CSU Channel Islands
3. The DAISY Award for Extraordinary Nursing Students: A Nursing Student currently enrolled at CSU Channel Islands
4. Nominee: A faculty or student nurse who met the criteria to be nominated
5. Nominator: The person submitting the application to nominate faculty or nursing student

Policy Text:

6. Guidance for establishing the criteria for nominations for the DAISY Award for Extraordinary Faculty and the DAISY Award for Extraordinary Nursing Students will be provided by the Daisy Foundation (www.daisyfoundation.org)
7. The nursing program staff will review the website at the beginning of each spring term to update the "DAISY Award" menu and ensure accuracy.
8. Applications to nominate two faculty members (one from the Camarillo campus traditional track and one from extended university campus) for the DAISY Award for Extraordinary Faculty. The extended university campus includes students from the Goleta campus, RN-BSN, and MSN programs.
9. Application to nominate two students (one from the Camarillo campus traditional track and one from the extended university campus) for the DAISY Award for Extraordinary Nursing Students will be available on the web site along with the deadline to submit the nomination.
10. All faculty members and students in the RN-BSN and MSN tracks will receive notification of their nomination prior to the Annual Nursing Pinning Ceremony.
11. Acceptance criteria for the nomination of DAISY Award for Extraordinary Faculty and the DAISY Award for Extraordinary Nursing Students are below:

DAISY Award for Extraordinary Faculty criteria for the nomination of

faculty include demonstration of the following:

- Remarkable inspirational influence on students that extends to patients.
- Outstanding role model of professional nursing.
- Consistent excellence through their clinical expertise and commitment to extraordinary compassionate patient care.
- Exceptional attributes that facilitate learning (e.g., caring, kindness, confidence, patience, integrity, and flexibility).
- Excellent interpersonal skills.
- Collaborative working relationship with students and colleagues.
- Compassion by showing interest in students and having a respectful attitude in their learning experience.
- Enthusiasm for teaching, learning, and the nursing profession that inspires and motivates students.
- One award will be given to an EU faculty and one to a Camarillo faculty.
- Notification of nominees will take place prior to the ceremony and certificates given to those who do not receive the award.

DAISY Award for Extraordinary Nursing Students criteria for the nomination of students must include <u>at least two</u> of the following:

- Demonstrate extraordinary commitment to compassionate care of patients and families.
- Connect with patients, families and peers by building trust and respect in ways that make a difference.
- Display kindness and sensitivity by providing empathetic patient care.
- Advocate strongly for patients and families.
- Show outstanding clinical and interpersonal skills

12. Any person, student, classmate, faculty/professor, member of the agency community, patient (or patient's family), visitor, physician, preceptor, unit manager

may nominate a candidate for either DAISY Award for Extraordinary Faculty and the DAISY Award for Extraordinary Nursing Students.

13. Nominator must include their name, email and contact phone number.

14. The deadline for submission of the nominations will be by the end of April of every year. Nominations may be accepted at any point of the year however, the consideration and selection process for each year will be the first Friday in April. An ad Hoc faculty meeting will be convened to review nominations and select awardees.

15. Criteria for selection the awardees are posted on the Website:

a. Students from any CSUCI Nursing class may be considered for nomination.

16. Once the final awardees are determined, the arrangement in securing the awards is defined by the implementation Guide for the DAISY Awards; staff and Program Chair will submit the names and make arrangements for the awards following the instructions from the DAISY Foundation.

17. All names of nominees and awardees are kept confidential by members of the ad Hoc Committee until decisions are made.

18. Announcement of the awardees and nominees with presentations of both the DAISY Award for Extraordinary Faculty and the DAISY Award for Extraordinary Nursing Students will be provided by the Daisy Foundation is be made at the Annual Nursing Pinning Ceremony in May. Nominees will receive a certificate acknowledgment of their DAISY Nomination.

19. RN-BSN and MSN student nominees will be notified of the nomination prior to the pinning ceremony.

Exhibits:
Exhibit A: DAISY Award for Extraordinary Faculty Nomination Form



California State University | NURSING CHANNEL ISLANDS

DAISY Faculty Award Nomination Form

I would like to nominate:
First Name:
Last Name:
I would like to nominate this educator, from CSU Channel Islands as a deserving recipient of the DAISY Faculty Award. This nurse educator exemplifies the kind of faculty member that students, colleagues, staff and administrators recognize as an exemplary educator and an outstanding role model.

Faculty DAISY Award Criteria for the Nomination include, the faculty will demonstrate:

- Remarkable impact on students and therefore patients
- Consistent excellence through their clinical expertise and extraordinary compassionate care
- Outstanding role model of professional nursing
- Exceptional attributes that facilitate learning (e.g., caring, confidence, patience, integrity, and flexibility)
- Excellent interpersonal skills
- Collaborative working relationship with students and colleagues
- Compassion in which they educate students by being interested and respectful of each learner
- Enthusiasm for teaching, learning and nursing that inspires and motivates students

This faculty member is deserving of receiving The DAISY Award because:

Thank you for taking the time to nominate an extraordinary nursing faculty member for this award. Please tell us about yourself, so that we may include you in the celebration of the award should the

faculty member you nominated be chosen.

Nominator Information:

I am: (Select one) Professor; Instructor; Classmate; Patient; Family; Visitor; Staff; Physician; Preceptor; Unit Manager

Name:

Email:

Phone:

CSU Channel Islands
Nursing Department Policies

Originating Committee: BSN Committee
Policy Number:BSN0102016
Approved By: Faculty Committee
Approval Date: 10.22.21
Effective Date: 11.1.2021
Number of Pages: 5
Next Review Date: 10.2024

Policy on Clinical Coaching

PURPOSE: *Goals and objectives of the policy.*

The goals and objectives of clinical coaching are to support student success in meeting clinical course learning outcomes. If a student is in jeopardy of failing to demonstrate competency in course outcomes, as identified by the assigned clinical faculty, the clinical coaching process begins. The coaching process includes identifying the student at risk, submitting a request to the Team Lead for a coaching visit, developing a root cause analysis and learning plan with the student (completed by the designated coach), and execution of the learning plan within a brief period consistent with course learning outcomes and program outcomes.

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

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

POLICY: Accountability *Management accountability for policy compliance, implement and monitoring* (committee or personnel)
The BSN Committee and Nursing Department provide oversight of the policy; the clinical faculty in coordination with the student are responsible for implementation of the policy.

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

This policy applies to pre-licensure and ADN/RN to BSN students. Definition(s*) Define unfamiliar terms as needed*
Clinical coaching: is the process by which “at risk” students are supported in strengthening their clinical practice. Clinical coaching offers additional guidance to students to meet the standards of clinical competency and safe practice through:

- Building confidence and motivation
- Enhancing understanding and communication skills
- Improving clinical-technical skills
- Providing student-specific feedback
- Encouraging student-directed goal setting/challenges

Early intervention with clinical coaching equips students with the skills needed for successful completion of clinical-based courses (Kelton, 2014).

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

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

1. The clinical faculty must discuss the unmet learning outcomes or lack of safety with the student and the need for clinical coaching. The clinical faculty informs the student that a clinical coaching session will be required to develop a learning plan to meet course outcomes.
2. The clinical faculty contacts the Team Lead within 24 hours regarding the referral of the student for clinical coaching. On the coaching referral form (Exhibit B), clinical faculty include:

a. Student name, instructor name, course number, and date initiated per discussion with student.
b. Complete the reason(s) for coaching by identifying specific unmet course learning outcome(s) not being met and/or unsafe behavior supported by instructor comments that provide detailed observations demonstrating the deficiency and/or unsafe behavior.

3. The designated clinical coach meets with the student within 10 days (if possible, within the current clinical placement site for the purpose of observation of clinical performance) and completes the Clinical Coaching Root Cause Analysis Form (Exhibit C). Following this visit, the student and the designated clinical coach collaborate on the development of a learning plan. After which, the Root Cause Analysis Form and learning plan are forwarded to the referring clinical faculty.
4. Learning Plan:
    i. Suggested learning plan activities may include:
        - Setting student goals for meeting competencies such as working in the Lab with the Sim Lab Director, written self-reflection; edits or addendums to clinical paperwork if this is the competency in question.

- Virtual and online interactive activities off campus or in Lab.
- Demonstration of integration of knowledge, skills practice, role-play, or simulation with the instructor in open lab (as per the learning plan/identified goals); and/or
- Supported integration of knowledge to clinical practice conducted in the clinical site by the assigned clinical faculty.

ii. Identify the timeframe in which the student is expected to complete the identified learning goals and meet expected outcomes, i.e., usual is 2 – 3 weeks.
iii. The learning plan is signed by the designated clinical coach, the referring clinical faculty, the student, and if necessary, the Sim Lab Director.

5. In the event the clinical faculty identifies additional unmet learning outcomes and/or unsafe behavior that were not on the current coaching referral, a new coaching referral must be initiated. The follow up designated clinical coach may be different than the previous coach.
6. The assigned clinical faculty communicates weekly with the student (utilizing the learning plan) discussing progress in meeting the course learning outcomes and clinical performance:

a. If the student has met the learning goals identified in the learning plan and meets course learning outcomes in a safe manner, the coaching is deemed successfully completed.
b. If there is progress that supports a decision to schedule further coaching sessions, the Clinical Faculty discusses the additional coaching referral with the student and submits the referral to the Team Lead, including the unmet course outcomes. The follow up designated clinical coach may be different than the previous coach.
c. If there is little to no progress with the identified learning goals or the student is continuously deemed unsafe without supervision, the student should be informed of course failure.

7. The clinical faculty must record all clinical coaching activities in the Clinical Evaluation Tool (CET) or as an addition to the Student Reflective Self-evaluation Form (SRSE) by recording the need, reason, and outcome of coaching.
8. The designated clinical coach/ summarizes faculty and student interactions as well as student meetings, observations, and performance of student in a Coaching Report (Exhibit D) when the coaching activities are complete.
9. The original Coaching referral, Clinical Coaching Contract, the Clinical Coaching Root Cause Analysis Form, Weekly Progress Reports, and the Clinical Coaching Summary Report along with any worksheets or papers submitted by the student are given to Nursing Department staff to file in the student's file.

Exhibits:
Exhibit A Examples of Behaviors
Exhibit B Clinical Coaching referral: Template
Exhibit C Root Cause Analysis for Clinical Coaching Form: Template Exhibit D, Weekly Progress Reports: Template
Exhibit D Clinical Coaching Summary Report: Template

EXHIBIT A
EXAMPLE BEHAVIORS INDICATING NEED FOR CLINICAL COACHING

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

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

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

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

Behaviors	QSEN Competencies as outlined on CET
Demonstrating a lack of emotional control that	Safety - Role as Provider of Care, Patient

hampers one's ability to perform safe patient care	Advocate & Member of the Profession
Inability to demonstrate adequate physical requirements for safe nursing practice	Safety - Role as Provider of Care, Patient Advocate & Member of the Profession
Inability to communicate clearly either verbally or in writing to instructor, patient, or interdisciplinary staff for safe nursing practice	Safety - Role as Provider of Care, Patient Advocate & Member of the Profession

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

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

Adapted from CSULB Nursing Student Handbook

CSU CHANNEL ISLANDS
Nursing Department Clinical Coaching Referral

Student Name: Instructor:

Course Number: Date:

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

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

□ Discussed the deficiencies with the student, including expected timeframe for improvement, e.g., 2–3 weeks.

□ Contacted via phone or email the Team Lead within 24 hours _____ (date).

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

Course Learning Outcomes Not Being Met by the Student

1. Course Learning Outcome:
   Instructor Comments:
2. Course Learning Outcome:
   Instructor Comments:
3. Course Learning Outcome:
   Instructor Comments:

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

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

The student must successfully complete the remedial activities and demonstrate ability to meet the learning objective(s) in a safe manner in:
□ 1 week by _____ (date)

□ 2–3 weeks by ___ (date)

□ weeks by ____ (date)

Clinical Instructor's Name	Signature	Date

Student's Name	Signature	Date

Clinical Coach	Signature	Date

Assistant Chair	Signature	Date

Appendix C

CLINICAL COACHING ROOT CAUSE ANALYSIS

Student Name Student Signature Date

Clinical Coach Name Instructor Signature Date

Course (complete one per occurrence)

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

Linking Root Cause Analysis to Practice Using Problem-Based Learning, Nurse

Educator*; September/October 2016, Volume :41 Number 5 , page 225 - 227*

Clinical Coaching Program: Teaching and Learning Plan

NURSING PROGRAM: RN-BSN [ ] BSN [ ] BSN GOLETA[ ]				
Course				
Student Name				
Student Email				
Clinical Coach				
Agency and Unit				
Date of Learning Plan and Academic Week				
Learning Need/Concern	**Learning Goal**	**Date Achievement/ Reassessment**	**Teaching & Learning Strategy**	**Assessment of Learning**
Professional Identity; Learning	Student will actively engage in reflection to develop and use strategies to address learning needs	Q shift	Practice reflection; opportunity to consider strategies that would promote success • Take ownership in learning e.g. ask yourself, what can I do to address my learning needs? • Be open to feedback and implement suggested strategies from clinical teaching and coaching into daily activities	<u>Assessment of learning would be based on:</u> Will be able to reflect on the events of the day and develop strategies to support learning

Organization	Student will work effectively and efficiently to stay organized and provide safe patient care	Q shift	Develop routine to the clinical day: • Use an organizational planner each day • Use red pen / highlighter to capture any relevant/significant data as a visual cue of being of higher priority and black pen for all other data • Prioritize work, use a timeline to stay organized; be specific e.g. 0700 Receive report, 0730 assessment etc. • Use the organizer as a tool to guide communicating your findings (helps develop conciseness) Prioritize patient needs by answering the following questions as you are planning care: • What's the first thing you're going to do and why? • Which task or action is more important and why?	<u>Assessment of learning would be based on:</u> Will demonstrate preparedness for every clinical shift. Organizational plan will demonstrate understanding of required tasks and timelines
			• Is there a consequence if you don't act now? What would happen? • What's more important for the patient? Request feedback at the end of your shift regarding your organization and strategies that were used; take feedback and implement into the next scheduled shift	
Critical thinking/Assessment	Able to effectively and consistently make appropriate inferences and correlations between patient diagnoses and care needs	Q shift	Review and prepare for clinical shift; engage in research to understand what is indicated to enhance knowledge and comprehension Important to have a working knowledge of your patients, how do the pieces fit together? Diagnoses/past medical history/assessment/medications/diagnostics etc. Consider strategies that help you develop an understanding of your patients:	<u>Assessment of learning would</u> <u>be would based on</u>: Having an appropriate depth of understanding to safely and competently care for patient

			• Ask yourself pertinent questions when preparing for patient care. Ensure you have more than just a definition of diagnoses but can engage in discussion.
			• E.g. atrial fibrillation
			  ○ What is it?
			  ○ Who is affected?
			  ○ What causes this?
			  ○ Why is it a concern?
			  ○ What are the symptoms/what are the pertinent assessments?
			  ○ How is it diagnosed?
			  ○ What is the treatment?
			  ○ What is the pertinent blood work?
			  ○ What is the teaching that you can provide for the patient/family?	

	Able to administer medications as per CNO guidelines		Use drug template when researching drugs to ensure the gathering/considering questions related to each medication e.g. why is the patient taking the medication; what assessments are required before administering; when would I not give the medication? • Ask yourself: can I explain the care with supporting evidence-based information to justify my response? Refer to CNO guidelines for medication administration *"Nurses ensure that they have the knowledge, skill and judgment needed to perform medication practices safely."* https://www.cno.org/globalassets/docs/prac/41007_medicatio n.pdf	Will always be prepared to administer medications; be prepared with adequate drug knowledge and following administration guidelines as per facility and CNO guidelines

	Able to complete and analyze assessments that are relevant to the clinical patient		Complete assessments appropriate to patient's needs. • Identify priority assessments before beginning; what is most important for the patient based on your knowledge/report/protocol? Use template to help guide your assessments; prompts can help to improve flow of assessments • Write down all assessment findings/circle or highlight abnormal findings • This helps to highlight and encourage analysis of these findings and helps with communicating assessments Understand what to do when information is unclear or missing?	Able to complete and analyze assessments and intervene in a time frame that is appropriate for the situation Having an appropriate depth of understanding to safely and competently care for patient

			• Operational procedure and directives e.g. infection control/parental IV information • Accessing text and use of reputable online sources At the start of each shift prior to care, initiate a conversation with your clinical teacher to provide an overview of your patients, purpose is not to restate report but what you heard but your overall comprehension of the patient, the care that will be required and priorities. • Present diagnosis and your understanding, as well as how you will be setting your priorities for the day, what is the focus and rationale for doing so, what are the medications and nursing considerations (Be succinct no more than 2 mins). • This will allow you and your clinical teacher to get a sense of your understanding of the 'big picture'. Using evidence-based resources engage in research to enhance knowledge and comprehension on common diagnoses found on the unit.	

Clinical Coach Signature:	**Date:**
Student Signature:	**Date:**

Weekly Clinical Coaching Progress Report

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

Date	Comments
	1. Coaching Activity: Progress:
	2. Coaching Activity: Progress:
	3. Coaching Activity: Progress:
	Notes:

Clinical Coach _____ Date _____

California State University Channel Islands
Nursing Department Policies

Originating Author: BSN Committee
Policy Number: BSN0102018
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Student Nurses Association (SNA) Faculty Supervision for Community Volunteer Events Policy

PURPOSE: *Goals and objectives of the policy.*

To guide the process of faculty supervision at SNA volunteer events as well as to coordinate these events with community health clinical opportunities.

BACKGROUND:

According to SNA guidelines, when nursing students perform nursing duties a faculty or RN must supervise. Due to the number of requests from the community for volunteers and not enough faulty able/willing to supervisor some events are cancelled. In addition, various events could provide students in community health clinical much needed clinical hours. Events that could be used for community health clinical hours should be offered to these students prior to being posted to SNA students.

The SNA currently has two faculty advisors who are available to provide guidance over general organizational operations, meetings and to participate with volunteer activities. However, it is not incumbent for the advisors to supervise all of the SNA community volunteer events. The goal of this policy is to create a process for the communication of events that will occur during each semester, and to develop a calendar of volunteer activities which would necessitate a faculty member to be present to supervise.

POLICY:
Accountability *Management accountability for policy compliance, implement and*

monitoring (committee or personnel)
The BSN Committee, SNA faculty advisors, and Community Health Nursing lead provide oversight on the policy compliance and monitoring in collaboration with the SNA student board members.

Applicability: Specific individuals or groups to which this applies.

1. Nursing Department faculty
2. SNA Members
3. SNA Board Members.
4. Lead Faculty for NRS 453 Community Health Nursing
5. SNA Faculty Advisors.

Definition(s*) Define unfamiliar terms as needed*

Student Nurses Association (SNA): The volunteer student nurse organization for CSU Channel Islands, performing community outreach, servant leadership, volunteerism, public education for multiple events in Santa Barbara County, Ventura County and Los Angeles County.

SNA Purpose and Function:

1. To represent nursing students to the consumer, to institutions, and other organizations.
2. To promote and encourage students' participation in interdisciplinary activities.
3. To facilitate community service related to the healthcare needs of the area or region.

A licensed professional may supervise experiences for the SNA participants. Nursing skills needing direct supervision by a licensed professional comprise of but not limited to: applying first aid, health education, vital signs, administration of vaccines, and health screening.

POLICY TEXT: Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy.

1. The Calendar for SNA Volunteer Events will be updated by the SNA Board every September and February, and then present to the SNA Advisors.
2. Volunteer requests that come in after the calendar is approved, must be submitted to and approved by SNA board members, SNA Faculty Advisors, and Community Health Faculty Lead prior to affirming SNA can attend and the request for faculty is posted.
3. Prior to new events being placed on the SNA event calendar, the SNA events coordinator will contact the Community Health Faculty Lead to inquire if the new event could/should be used for community health clinical hours or a joint volunteer event.
4. SNA advisors will identify volunteer events that require additional faculty

supervision, as needed and make an announcement or request at nursing faculty meetings. The SNA Calendar will be posted on the faculty agenda meeting schedule Fall and Spring Terms.

5. Volunteer events that include nursing skills and were not able to obtain faculty supervision will be scheduled unless faculty supervision is obtained in advance of the event. An SNA board member will contact the requesting agency regarding SNA ability to attend, in advance of the event.

EXHIBTS:

Exhibit A: Current SNA Bylaws discussion of volunteerism Article III section 2. Volunteering

- When an event or activity requires the performance of a nursing skill, only active members currently enrolled in the nursing program at CSU Channel Islands who are under the supervision of a registered nurse may participate in the skilled nursing tasks. Associate members may still participate in the event as long as they are not performing any skilled nursing tasks.

Article XVI Volunteering
Section 1. Volunteer Event Commitment/Discipline Policy

- The expectation is that SNA members who sign-up for volunteer hours do so responsibly. Club members are expected to model professional behavior by upholding commitments that are made to serve the community, or at the very least, provide sufficient notice (24-48 hours) for finding a replacement. Examples of excusable absences align with clinical absence policy and include: illness or injury of self or immediate family member; death of a family member. Barring these emergency situations, the volunteer's or a replacement volunteer's attendance is expected. It is the responsibility of the volunteer to arrange a replacement. The volunteer must email the event coordinator, cc'ing the SNA president, SNA advisor, and the replacement volunteer. The replacement must reply to all accepting and confirming the volunteer assignment.
- Failure to follow the above policy will result in a semester-long hold being placed on the volunteer's ability to sign up for SNA volunteer events regardless of membership or graduation status. This hold will be recorded by the SNA Membership Chair. Individuals will return to active membership after the one-semester hold. In the event that the individual commits a second infringement, he/she will be terminated from SNA. Sign-ups for events will be created through modalities that don't allow anonymous log-in or deletion without email notification to event creator. (i.e., SignUpGenius).

Section 2. Social Events Cancellation Policy

- In the event that you are unable to attend a social event you signed up for, it is strongly encouraged that you remove yourself from the sign-up no less than 48 hours before the event. This allows for the event coordinator to adjust accordingly for headcount and supplies/materials needed in addition to modeling the professional and respectful behavior you will bring to your

professional career.

- A notification email from the SNA member would be greatly appreciated, although as with volunteer events, sign-ups for social events will be created through modalities that do not allow anonymous log-in or deletion without email notification to the event creator (i.e., SignUpGenius)

CSU Channel Islands
Nursing Department Policies

Originating Author: BSN Committee
Policy Number: BSN0112016
Approved By: Faculty
Approval Date: 2.18.2022
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Next Review Date: 2.2025

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

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

BACKGROUND: Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation
Purpose of the policy is to comply with California SB 466 and California Board of Registered Nursing regulation awarding credit for previous education. The policy was adopted from a draft example developed for CSU Nursing programs December 2016.

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

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

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

1. The Prelicensure Student Handbook shall include a section referring to Executive

Order 1036 policy Systemwide Admission Eligibility and/or Baccalaureate Credit Awarded for External Examinations, Experiential Learning, and Instruction in Non-Collegiate Settings (https://csyou.calstate.edu/Divisions-Orgs/AcademicOrganizations/academicsenate/Plenary-Resolutions/2890attach.pdf) as the mechanism for awarding course credit for previous education or other acquired knowledge, including military education and experience. The students' handbook should note that this policy applies to all students, including those who have served or are serving in the United States Armed Forces.

2. The campus nursing webpage listing information on its pre-licensure program shall provide a link identified as "Information on the awarding of course credit for prevision education or other acquire knowledge, including military education and experience" that directs to the pre-licensure student handbook (or has a PDF of the policy and procedures) that outlines program procedures related to this policy.
3. A form outlining the procedures will be provided and kept as a record in the student's file. The procedural section shall include the following key elements:
    a. A beginning and ending timeline for notification by the student to the undergraduate nursing department chair or designee of request to seek credit for coursework and presentation of materials, documents and evidence for consideration for a specify course(s). The student must adhere to this timeline for consideration in order that necessary clearance may be granted.
    b. A timeline for review of student materials, documents and evidence by the appropriate faculty or faculty group and notification to the applicant of the decision to award or not award credit or the need to request a challenge examination for the CSU Nursing course to determine proficiency of knowledge and or skills.
    c. Identification of any meetings that must take place between faculty and student.
4. The student's individual program planner reflects adjustments made with the awarding of credit by external examination or the process through which evaluation of learning, knowledge, or skills acquired through experience was granted.

Exhibits: Optional forms, illustrations, references
CSU Channel Islands Documentation Form Procedures for awarding of Credit for Previous Education or Acquired Knowledge, Including Military Education and Experience.

CSU Channel Islands Documentation Form

Procedures for awarding of Credit for Previous Education or Other Acquired Knowledge, Including Military Education and Experience

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

Yes ___ No

Faculty Signature and Date _____

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

Yes ___ No

Faculty Signature and Date _____

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

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

Student meets with undergraduate nursing advisor or designee as requested.

Yes ___ No

Faculty Signature and Date _____

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

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

Cannot award course credit based on lack of appropriate or adequate documentation (Comment below with rationale for denial of the request)

Comments:

Faculty Signature and Date _____

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

Yes ___ No

Faculty Signature and Date _____

CSU Channel Islands
Nursing Department Policies

Originating Author: BSN Committee
Policy Number: BSN0122019
Approved By: Faculty
Approval Date: 5/19/2023
Effective Date: 8/2023
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Number of Pages: 2

Policy and Procedure Incident Reporting

POLICY:
The compliance of this policy lies with nursing faculty and University Admissions.

PURPOSE:
Following, the Just Culture model of event reporting (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3776518/) used in most acute care settings this policy aims to provide guidance to faculty and students when there is an adverse event occurrence or error in the clinical setting.

BACKGROUND:
An adverse event is defined as “harm from medical care rather than underlying disease.” (https://psnet.ahrq.gov/primers/primer/34/Adverse-Events-Near-Misses- and-Errors). The majority of adverse events are preventable and result from error; failure to follow established policies and procedures; or negligence. It is important the faculty are made aware of any adverse event occurrence so that the cause(s) for the occurrence can be identified and ameliorated if possible.

DEFINITION (S):
Adverse event: preventable error that results in harm.

Error: act of omission or commission that exposes a patient to potential harm. Near miss: preventable error that does not result in harm.

Sentinel event: event that reaches the patient and results in death, permanent harm, or severe temporary harm and intervention to sustain life.

POLICY

1. Students are expected to report any error, near miss, or adverse event in which they are involved immediately to their clinical faculty. Failure to report an error or event

immediately may result in clinical course failure.
2. Clinical faculty must report the occurrence to the course lead and the department chair within 12 hours of occurrence by text or phone call.
3. In addition to reporting the incident as described in this policy, the agency's incident reporting policy must be followed at all times.
4. The student involved in the incident will be counseled by the clinical faculty. Counseling should include referral to Campus Counseling and Psychological Services (CAPS) or the Campus Assessment, Response and Evaluation (CARE) team if the incident resulted in significant patient harm.
5. The clinical faculty will be responsible for submission of the Student Nurse Adverse Event Reporting Form to the course lead and department chair that describes the event and any contributing factors. The completed form must be submitted within 24 hours of event occurrence.
6. Upon receipt of the form, the department chair will notify the BSN Committee chair to call an ad hoc meeting of the committee with the exception of near misses unless deemed necessary for consideration by the committee or department chair.
7. The BSN Committee will review the form and as appropriate, interview the student and/or faculty involved.
8. Based on review of the form and, when conducted, interviews, the BSN Committee will recommend that the student receive clinical coaching or fail the course.
9. If clinical coaching is recommended, the chair of the BSN Committee, the course lead, and the clinical faculty will collaboratively develop the coaching plan. Once the clinical coaching plan is developed the Clinical Coaching Policy will be followed.
10. If course failure is recommended, the chair of the BSN Committee will notify the department chair, course lead, and clinical faculty. The clinical faculty will inform the student about the course failure.
11. If this is the student's first course failure, the student must schedule a meeting within 48 hours with the department chair to discuss continued progression in the nursing program.
12. If this is the student's second course failure, the student will be dismissed from the program.
13. The completed form will become part of the permanent student file.

Exhibits
Exhibit A: Student Nurse Adverse Event Reporting Form.

Student Nurse Adverse Event Reporting Form

This form is to be completed by the clinical instructor and nursing student for all adverse events or near misses. The original completed form is to be submitted to the Nursing Department Chair.

Be sure to never include the name of the patient or the facility where the incident occurred. Always use a generic term as listed below. Please note: This form does not take the place of the clinical agency reporting process. All adverse events or near misses must be reported via the usual reporting mechanism of the clinical agency.

Date of Incident: _____

Student Name: _____

Type of Incident: ☐ Adverse Event ☐ Near Miss

Medication	
Name of med:	
Documentation	
Safety	
Asepsis	
Other (please clarify)	

Type of Facility (hospital, public health agency, etc.):

Nursing Unit (if applicable)

Semester in which student is enrolled:

Faculty completing form:

Brief Description of Incident:
Patient Male Female Age ____

Contributing Factors:

System Contributing Factors:

Patient Condition Post Incident:

How event was managed:

Recommendations:

Nursing Department Discussion and Follow-up Type of Error:
Human Behavior - console
At Risk Behavior - coach
Reckless Behavior –discipline

Follow-up Recommendations:

Student Signature Date

Faculty Signature Date

BSN or MSN Committee Chair Date

CSU Channel Islands
Nursing Department Policy

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Policy and Procedure on Medication Calculation Competency Assessment

POLICY:

Accountability *Management accountability for policy compliance, implement and monitoring* (committee or personnel)
The compliance of this policy lies with nursing faculty and University Admissions.

PURPOSE: *Goals and objectives of the policy.*
To ensure that students can safely administer medications in the clinical setting.

BACKGROUND:
Assuring patient safety is an essential nursing competency. Medication errors can result in significant patient harm and are avoidable. To develop and assure that students are competent to administer medications, it is important that there is regular, ongoing assessment of student medication administration competency. The Nursing Program administers a medication calculation of competency assessment (MCCA) at the beginning of every semester to ensure that students can calculate medication doses accurately. The successful completion of the MCCA is a pre-requisite to move forward in all clinical courses. Students are given the opportunity to practice these skills before testing.

POLICY: For all students in the BSN program

The MCCA will be given by the course lead faculty by the second week of clinical.
If the student passes, no further assessment is necessary.

If the student fails, he/she will meet with the course lead, to develop a remediation plan that includes practice questions and review of their failed assessment; the reassessment should be scheduled the following week during faculty office hours or by appointment.

MCCA will be given in courses where students are expected to administer medications; students are NOT allowed to give medications in the clinical setting until they have passed the MCCA.

Two attempts to pass the MCCA are allowed in NRS 304, 312, 322, 412, and 420 courses; two attempts are allowed. Failure after all allowed MCCA attempts will require the student to withdraw from the corresponding (theory/didactic courses) that they are enrolled in that semester.

1. The 10 question MCCA will be given by course lead faculty in each semester as follows:
   - Pharmacology I (NRS 304)
   - Nursing Care of Adults Acute & Chronic I (NRS 312)
   - Psychiatric and Mental Health Nursing (NRS 241)
   - Nursing Care of Children and Families (NRS 322)
   - Nursing Care of Adults Acute & Chronic II (NRS 412)
   - Nursing Care Complex Client (NRS 420)
   -

2. Thirty (30) minutes will be allowed for completion of the MCCA. Standard instructions will be used for all MCCAs.
3. Faculty for NRS 304 will review medication calculations for the first few weeks of the semester and provide additional math calculation support/practice on the course.
4. The assessment will be conducted and graded by the course lead faculty, who will record the grade in Gradebook for the course.
5. The student must pass the MCCA with a minimum score of 90%.
   a. It is the student's responsibility to seek the support they need to be successful. Both theory/didactic and clinical faculty will be available by appointment to assist students in successful.
6. Each MCCA will reflect the calculation of questions that are frequently used in clinical settings during that semester. Questions will be independent of each other, i.e., the answer to a question will not rely on the correct answer to the previous question.
   a. There should be a mix of common conversion and calculation questions aligned to content that has been covered, e.g., mass, fluid, weight-based
   b. Calculation questions should align to courses in terms of level of the

learner knowledge as learned in previous course(s) and context of the course (e.g., medications and routes within the course specialty)

7. All MCCA should be paper assessments with DASS accommodations as needed.
8. All calculations must be shown to receive credit. Then students will be provided with scratch paper which must be submitted at the end of the exam to show proof of work.
9. The theory/didactic and clinical faculty will collaborate annually to review each MCCA to ensure that calculation of questions reflect current clinical practice.

CSU Channel Islands
Nursing Department Policies

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Effective Date: 8.1.2026
Number of Pages: 3
Next Review Date: 2.20.2029

Policy on Faculty Supervision of Medication Administration

PURPOSE: *Goals and objectives of the policy.*

The CSUCI Nursing faculty are committed to establishing effective strategies to safe medication administration and reduction of medication errors. An appropriate faculty supervision of medication administration policy is necessary for safe student medication administration.

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

Business and Professions Code § Section 2729 statutorily authorizes that nursing services may be rendered by a student nurse when these services are incidental to the course of study when the nursing student is enrolled in a board approved nursing program. **BRN Position:** Nursing faculty of a California board approved nursing program is authorized by the above law to initiate and continue to allow nursing student's clinical education functions including administration of medication. The role of the nursing faculty is to provide direct and indirect supervision of nursing students in all clinical activities. The Board of Registered Nursing has relied on Business and Professions Code Section § 2729 and does not consider nursing students as unlicensed assistive personnel for the purpose of clinical nursing education.

The Commission on Collegiate Nursing Education (CCNE) accreditation identifies in Standard II-F. Preceptors (e.g., mentors, guides, coaches, clinical teacher), if used by the program as an extension of faculty, are academically and experientially qualified for their role clearly defined and communicated; in assisting in the achievement of the mission, goals, and expected student outcome; congruent with relevant nursing standards and guidelines; and reviewed periodically and revised as appropriate.

POLICY:

Accountability *Management accountability for policy compliance, implement and monitoring*

The BSN Committee and Department Chair provide oversight for policy compliance, including implementation and monitoring.

Applicability: *All courses required to administer medications*

Definition(s*):*

1. Medication administration refers to the following routes:
    a. Oral (p.o.)
    b. Intramuscular (IM)
    c. Subcutaneous (SC)
    d. Intradermal
    e. Transdermal
    f. Topical
    g. Enteral tubes
    h. Drops (eye/ear)
    i. IVPB
    j. IVF
    k. RN – Registered Nurse
    l. IVP – Intravenous Push
    m. IVPB – Intravenous Piggyback
    n. IVF – Intravenous Fluids
    o. IO – Intraosseous
    p. PCA – Patient Controlled Anesthesia
    q. CVC – Central Venous Catheters
    r. PICC – Peripherally Inserted Central Venous Catheters

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

1. Students enrolled in NRS 301 (Fundamentals) are ***not*** allowed to administer medications at any given time.
2. Students enrolled in NRS 313 (M/S 1), NRS 413 (M/S 2), and NRS 323

(Pediatrics) are ***only*** allowed to administer medications with the direct supervision of the faculty ***not*** the RN (except for courses in which there are preceptors/clinical teachers).

3. Only students enrolled in NRS 413* (M/S 2), NRS 391* (Transition), and NRS 421 (Complex Care) are allowed to administer IVF (maintenance fluids only such as LR, NS), IVPB, and saline flushes in peripheral IV sites, ports, midlines or PICC lines with the direct supervision of faculty /and or preceptor (clinical teacher). Students are allowed to administer IVP medications as approved (see appendix). *Students are only allowed to administer the above after competencies have been demonstrated.
4. Precepted students (NRS 421) are allowed to administer medications with the preceptor (clinical teacher) and/or RN and/or faculty with direct supervision.
5. Students enrolled in NRS 415 are allowed to administer oral medications with the RN after one successful pass supervised by the faculty.
6. Students enrolled in NRS 323 are not to administer medications but could function in an observational role.
7. Students at any level are ***not*** allowed to:
    a. Initiate & administer chemotherapy
    b. Set up/manipulate/initiate PCA/Epidural pumps
    c. Pull cardiac sheaths and central venous catheters
    d. Initiate and titrate heparin, vasoactive, anti-arrhythmic, or insulin drips
    e. Initiate blood products administration
    f. Students are expected to always follow the organization's policy and procedure regarding medication administration by students and faculty

Patient Care Variance Reports

The Team Lead and Program Chair must be notified immediately via phone call/text/email when a medication error occurred.

In the event of a medication error, the student must complete any hospital-based patient care variance report and nursing program incident report with their faculty supervisor.

Exhibits: *Refer to the BRN regulations at*

https://www.rn.ca.gov/pdfs/regulations/npr-b-66.pdf

*: Course expiring in May 2026

Appendix

- Normal saline flushes
- Thiamine (vitamin B1)

- Folic acid

Common Medications:

- Ondansetron (Zofran)
- Famotidine (Pepcid)
- Metoclopramide (Reglan)
- Acetaminophen (Ofirmev)
- Dexamethasone – corticosteroid
- Ketoralac (Toradol)
- Ceftriaxone (Rocephin):
- Methylprednisolone (Solu-Medrol)

CSU Channel Islands
Nursing Department Policies

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Policy on Clinical Evaluation Tools

PURPOSE: Goals and objectives of the policy.
The goals and objectives of the clinical evaluation policy is to define guidelines for tools used for evaluation of students enrolled in a clinical course in the BSN nursing program.

BACKGROUND: Context for the policy provisions i.e. BRN regulations, Chancellor's Office, Accreditation
The Commission on Collegiate Nursing Education (CCNE) Baccalaureate Accreditation Standard II and IV specify program quality and effectiveness to assure academic support and success of students. The CCNE standards and BRN regulations direct the Nursing Program to support students though evaluation methods. The Nursing Program delegates development and oversight of policy related to evaluation and grading of students in courses to the Curriculum Committee. The policy supports the Policy on Grading for the Nursing Program.

POLICY:
Accountability Management: accountability for policy compliance, implement and monitoring (committee or personnel)
The BSN Committee provides oversight of the policy; the clinical faculty are responsible for implementation of the policy.

Applicability: Specific individuals or groups to which this applies
This policy applies to Track I (Generic) students enrolled in clinical courses NRS 201/301, 221/313, 223/413, 231/415, 233/323, 241/321, 391, 421, 453 and 461.

Definition(s) Define unfamiliar terms as needed
Policy Text: Statement of the policy including an outline of the requirements and responsibilities to accomplish the purpose of the policy

Clinical Faculty are obligated to evaluate performance and provide feedback to each student based on course learning outcomes; in addition, adopted tools identify behaviors descriptive of course learning outcomes.

- Clinical Evaluation Tools (CET) used in assessment of students:
    - CET I is used in NRS 201/301, 221/313, 223/413, 231/415, 241/321, and 233/323
    - CET II is used in NRS 391 and 421
    - CET Level II for NRS 453
    - Student Reflective Self-Evaluation for NRS 461
- Guidelines for Clinical Evaluations:
    - Timeframe:
        - A mid-term evaluation should be conducted with the student in all courses longer than 6 clinical dates, either face-to-face or using audio-video feedback as a student requested option for additional face-to-face discussion
            - A mid-term evaluation of the student may be conducted in courses with < 6 weeks at the discretion of the clinical faculty for purposes of feedback and/or documenting the need for remediation.
            - A face-to-face mid-term evaluation should occur for any student on remediation at the mid-term.
        - A final evaluation should be conducted face-to-face with the student at the end of the semester after completion of all clinical and lab requirements.
        - Use of clinical time to conduct evaluations is at the discretion of the course faculty.
    - Scoring: Refer to Grading Policy:
        - Scoring is pass/fail with mid-term options of “Pass”, “CC” = Needs Clinical Coaching, CCC= Completed Clinical Coaching, and “Fail”; the final CET scoring options are “Pass or Fail”.
        - If the student is in the midst of Clinical Coaching at the time of midterm or is not meeting the learning outcomes or CET, the categories in which the student is not meeting criteria should be indicated as Needs Clinical Coaching (CC). Once Clinical Coaching (CC) is complete the CET should reflect Completed Clinical Coaching (CCC). If the student fails Clinical Coaching at mid-term, indicate the failure on the CET.
        - Points designated for the CET are awarded at the end of the semester, e.g., total of 60%.
        - A student must pass the CET in order to pass the clinical course.
    - Comments:
        - Faculty Comments: Comments should reflect observations related to the CET categories and align with course learning outcomes, student strengths, and areas needing improvement.
        - Student Comments: Students are encouraged to voluntarily complete the “Students Comments Section.”

- It is the responsibility of the assigned clinical faculty to assure completion of a clinical evaluation tool for each student in Exxat within 1 week of the end of the semester for the student file; in cases of failure, the faculty needs to notify the Program Chair.

- Specialty Guidelines
  - NRS 231/415: Faculty include the SIM assessment and med quiz results on the final CET.
  - NRS 391 & 453: The agency preceptor provides an evaluation of the student's clinical performance by completing an evaluation form before the final CET meeting. The evaluation form is used to assist in generating "pass-fail" scores for competencies on the CET.
    - The CET Level II for NRS 453 includes N/A at mid-term, which is used if an agency site does not offer the skill or if the student hasn't done the skill.
  - NRS 461: Student Reflective Self-Evaluation (SRSE):
    - The student completes a self-assessment using the SRSE and submits to course faculty at mid-semester and at the end of the semester.
    - Scoring is pass/fail with the student providing reflective, descriptive rationale for rating of each learning outcome.
    - Points designated for the SRSE are awarded at mid-term and final submission.

Exhibits: Optional forms, illustrations, references
Exhibit A: Clinical Evaluation Tool (CET) I
Exhibit B: Clinical Evaluation Tool (CET) II
Exhibit C: Clinical Evaluation Tool (CET) Level II for NRS 453
Exhibit D: Student Reflective Self-Evaluation (SRSE) for NRS 461

California State University Channel Islands Nursing Program

Clinical Evaluation Tool -- Level I

Student Name_____

Clinical Instructor _____**Course: NRS**_____

Agency/Facility _____

Evaluation Scale

Evaluation	Quality of Performance
Pass with Credit	**Meets all critical criteria (*).**
Fail with No Credit	**Does not meet all critical criteria (*).**

The Level I outcome criteria represent a basic minimum level of competencies given an individual and/or family
with simple variances from wellness; the student at the end of the clinical course, should be able to
demonstrate the core competencies in the roles of a nurse.

The roles of the nurse as defined by the CSU Channel Islands' Nursing Program are defined by the QSEN
Competencies:
- Patient Centered Care
- Teamwork and Collaboration
- Evidence-based Practice
- Safety
- Informatics
- Professionalism
- Leadership
- Systems-Based Practice
- Patient Education

It is the responsibility of the Clinical Instructor to complete and submit in Exxat.

Fill in appropriate fields upon evaluation of the criteria below:
The student must obtain a "P" Pass grade in all applicable competencies at the Final Evaluation to pass the Course.

Core Competencies	Midterm					Final	
	NA	P	CC	CCC	F	P	F
Patient Centered Care							
Develop a plan of care for patients across the lifespan from diverse backgrounds that is compassionate, age-specific, and culturally appropriate and based on a patient's preferences, values and needs. • Demonstrate beginning levels of critical thinking to identify client health care needs • Match assessment data to NANDA diagnosis (fundamentals) • Incorporate assessment data and analysis in plan of care; Utilize beginning levels of evidence-based practice in the delivery of care • Describe actual patient outcomes • Understand if interventions should be continued, revised or discontinued • Determine if new problems have evolved • Develop realistic short-term, intermediate and/or long-term goals for patient outcomes • Use Nursing Interventions Classification (NIC) in developing appropriate nursing interventions							
Practices knowledge, skills, and attitudes to holistically recognize patient needs across the lifespan based upon physical assessment and health history data including spiritual, cultural, social, cognitive, psychological and physical examination. • Conduct a comprehensive assessment while eliciting patient values, preferences and needs • Demonstrate beginning competency in course-specific and pre-requisite course skills • Assess the presence and extent of pain and suffering • Demonstrate entry level skills in comprehensive mental health assessment. • Recognize and reports critical assessment abnormalities, especially in a variety of psychiatric disorders and safety issues; • Perform interventions as per nursing care plan and demonstrates beginning levels of critical thinking to recognize and respond to abnormalities in patient status or changes in patient needs							
Perform nursing interventions based on the ability to integrate concepts from biological, behavioral, natural, and nursing science to correctly identify patient health deviations. • Utilize beginning levels of evidence-based practice in the							

delivery of care • Advocate for patient-centered care in all activities within the scope of practice • Demonstrate respect, caring, sensitivity, and beginning levels of culturally competent and developmentally appropriate patient care							
Discuss concepts of care planning in partnership with the patient and their families to demonstrate knowledge about the rights of the patient to make informed decisions about health care choices. • Assess the level of knowledge and expectations of the patient family and in the treatment plan of the client and remove any barriers to participation of the family in the integration of care Willingly support patient-centered care for individuals and groups whose ethnicity, culture and values differ from their or your own • Demonstrates use of therapeutic communication techniques in clinical settings and in collection of assessment data.							
Teamwork and Collaboration	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Identify members of the interprofessional healthcare team and their respective roles. • Identify intra and inter-professional team member roles and scopes of practice • Establish appropriate relationships with team members							
Function within the nurse's scope of practice as a team member, while identifying system barriers and facilitators of effective team functioning. • Use effective communication in each step of transition of care with consideration of patient's values, preferences, and expressed needs • Function effectively within nursing and inter-professional teams by describing the scope of practice and roles of health care team members, communicating competently within your scope of practice as a team member while identify system barriers and facilitators of effective team functioning • Demonstrate understanding of patient information that must be immediately communicated to the RN, MD and/or Instructor • Develop effective communication skills (verbally and through charting) with patients, healthcare team members, and family • Follows communication and documentation practices that minimize risk associated with handoffs, utilizing SBAR or agency specific guidelines • Identify relevant data for communication in pre and post							

conferences • Identify intra and inter-professional team member roles and scopes of practice • Identify need for help when appropriate to situation							
Evidence-Based Practice	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Identify best current evidence from scientific and other credible sources as a basis for developing individualized patient-centered plans of care. • Identify the need for evidence-based practice in determining best clinical practice							
Utilize the nursing process and evidence-based knowledge to develop and implement a plan of care, within structured health care delivery situations. • Locate evidence-based literature related to clinical practice and guidelines • Reference clinical related activities with evidence-based literature							
Identify the role of evidence-based practice in the development of standards of nursing care outcomes, quality assurance monitoring, and the provision of cost-effective services to patients.							
Discuss the impact of evidence-based practice in the nursing care of patients from vulnerable populations.							
Quality Improvement	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Identify the components of the quality improvement process. • Understand the significance of variance reporting and core measures to the nursing unit.							
Discuss quality improvement processes to understand the implementation of patient safety initiatives and monitored performance measures, including nurse-sensitive indicators. • Obtain knowledge about unit processes/projects to improve care (QI) (example: rounds & huddles) • Deliver care in timely and cost-effective manner							
Safety	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Identify safety risks and environmental hazards in the healthcare settings. • Identify concerns related to patient safety including risk of patient self-harm or harm to others to the health care team • *Demonstrates understanding of patient information that must be immediately communicated to RN, MD, and/or Instructor.							
Demonstrate knowledge of patient safety to minimize risk of harm to patients and providers through system effectiveness. • Minimize risk of harm to patients and providers through							

system effectiveness and individual performance by describing general categories of errors and hazards in care and demonstrate effective use of strategies to reduce risk of harm to self and others • Maintain a culture of safety, advocating for safe patient environment appropriate to client condition and needs • Engage in safe clinical practice at all times • Immediately communicate observations or concerns related to patient safety including risk of patient self-harm or harm to others to the health care team • Implement strategies to reduce risk of harm to self or others • Demonstrate effective use of technology and standardized practices that support safety and quality • Demonstrate appropriate clinical decision making • Organize multiple responsibilities and provide care in a timely manner							
Discuss individual performance by describing general categories of errors and hazards in care and demonstrating effective use of strategies to reduce risk of harm to self and other. • Demonstrate effective use of technology and standardized practices that support safety and quality • Acknowledge and abide by national patient safety goals and quality measures							
Informatics	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Identify evidence-based information and technology skills that are essential for nursing practice. • Understand the use data to monitor the outcomes of care process and use technology and information management tools to support safe processes of care • Respect and adhere to patient confidentiality and HIPAA requirements • Identify information and clinical technology using critical thinking to collect, process, and communicate data							
Recognize the role of information technology in patient care outcomes, maintaining patient's privacy, and preserving the patient's confidentiality using standardized terminologies. • Protect confidentiality of electronic health records • Navigate the electronic health record for patient information where appropriate for clinical setting • Document clear and concise responses to care in the electronic health record, where appropriate for clinical setting							
Professionalism	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Identify professional standards of practice, regulatory guidelines,							

and institutional policies that direct the practice of nursing. • Maintains appropriate professional behavior and appearance at all times, including dress code per agency and CSU-Channel Islands Nursing Program dress code. Respect and adhere to patient confidentiality, privacy, and HIPAA requirements • Clarify roles of team members, student and professional roles, within goals to achieve safe and optimal patient or process outcomes • Understand the student role in clinical activities, recognize limitations, and seek instructor guidance appropriately • Maintain rigorous standards of competence, honesty, ethical and accountable behavior • Accept constructive criticism and develop plan of action for improvement • Maintain a positive attitude and interact with interprofessional team members, faculty, and fellow students in a positive, professional manner • Provide evidence of preparation for clinical learning experiences • Demonstrate expected behaviors and complete tasks in a timely manner • Arrive to clinical experiences at assigned times and be well prepared • Maintain timely, effective and accurate written and verbal communication related to patient care							
Explain the standards and scope of professional nursing practice and the role of major nursing organizations and regulatory bodies. • Understand and Comply with the Code of Ethics, Standards of Practice, and policies and procedures of University, Nursing Program, and clinical agencies • Demonstrate strict adherence to the RN Scope of Practice according to the California Statute – Standards of Competent Performance Title 16, Chapter 14, Section 1443.5 Standard of Competent Performance Section, and Section 2725 Practice of Nursing Defined; clinical agency policy; and CSU Channel Islands Nursing Program standards and regulations							
Demonstrate core professional values (caring, altruism, autonomy, human dignity, integrity, and social justice) by assuming the ethical standards of practice and accountability for personal and professional behaviors. • Demonstrate respect and value of expertise of all members of the health care team through inter- and intra-professional collaboration • Accept individual responsibility and accountability for							

nursing interventions, outcomes, and other actions							
Identify an example of lifelong learning or professional engagement to foster professional growth and development in nursing practice. • Assume responsibility for learning							
Leadership	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Describe how leadership, management, and priority-setting skills are used to support safe, quality patient-centered care.							
Observe leadership roles demonstrating the scope of practice and roles of health care team members.							
Use verbal and nonverbal communication strategies that promote an effective exchange of information with real and simulated patients. • Demonstrate ability to give complete and accurate SBAR report • Demonstrate good interpersonal communication skills with patients							
Utilize effective communication techniques with the patient and family to address patient centered care. • Demonstrate good therapeutic communication skills with patients and families.							
Demonstrate skills in written and verbal communication in basic patient's care that supports safe nursing practice. • Develop and communicate evidence-based practice plans of patient centered care.							
Identify the relationship between microsystems and macrosystems in healthcare.							
Demonstrate basic knowledge of the functioning healthcare system, including healthcare policy, finance, and regulatory environments for local, state, national, and global healthcare trends.							
Systems-Based Practice	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Identify the relationship between microsystems and macrosystems in healthcare.							
Demonstrate basic knowledge of the functioning healthcare system, including healthcare policy, finance, and regulatory environments for local, state, national, and global healthcare trends.							
Patient Education	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Provide health-related information to patients across the lifespan that facilitates their acquisition of new knowledge and skills.							
Demonstrate knowledge of basic principles of the teaching-learning process.							

Demonstrate knowledge of basic principles of the teaching-learning process.							
Identify patient's learning needs, capabilities and limitations, selects appropriate information, materials and strategies based on standardized teaching protocols.							
Discuss the expectations of the patient/family/caregivers/community in the treatment plan and barriers to participation in the integration of care.							

CET Level I: 2025
Content based Program Outcome Objectives and QSEN Competencies.
Legend: P = Pass; CC = Needs Clinical Coaching; CCC= Completed Clinical Coaching; F = Fail; N/A= Not Applicable

Midterm Comments (Address Strengths and weaknesses)

Faculty Comments:

Student Comments:

Midterm Grade: ___Pass _____Needs Remediation _____Fail

Student Signature _____ **Date** _____

Faculty Signature _____ **Date** _____

California State University Channel Islands Nursing Program

Clinical Evaluation Tool -- Level I: NRS 241

Student Name_____

Clinical Instructor _____

Course: NRS _____

Agency/Facility _____

Evaluation Scale

Evaluation	Quality of Performance	Assistance
Pass with Credit	***Pass/Meets course objectives****:* Provides safe care. Usually coordinated, fair to well organized, usually prepared. Maintains appropriate communication with Instructor & primary nurse. Accepts Instructor prompts for new learning experiences. Accountable for patient care and own actions. Evidences critical thinking. **Meets all critical criteria (*).**	Requires occasional to moderate supervision or supportive prompting
Fail with No Credit	***Fail/Does not meet course objectives*:** Poor coordination and organization of care. Unprepared. Care below safe standard without instructor prompts/supervision. Limited or absent communication with Instructor & primary nurse. Seeks limited guidance. Limited accountability. **Does not meet all critical criteria (*).**	Requires nearly continuous supervision and supportive prompts. Performance at risk for safety issues.

- **If any critical criteria (*) is not met, the student has not achieved the criteria for a passing grade.**

The Level I outcome criteria represent a basic minimum level of competencies given an individual and/or family with simple variances from wellness; the student at the end of the clinical course, should be able to demonstrate the core competencies in the roles of a nurse. The roles of the nurse as defined by the CSU Channel Islands' Nursing Program are:

- Provider of Care
- Teacher
- Patient Advocate
- Coordinator of Care

- Member of the Profession

It is the responsibility of the Clinical Instructor to complete and submit to the Nursing Office.

Fill in appropriate fields to the right & below:
Student must obtain a "P" Pass grade in all competencies at the Final Evaluation to pass the Course.

Core Competencies	Midterm					Final	
	NA	P	CC	F	CCC	P	F
Patient-Centered Care							
Develop an individualized plan of care based on the Neuman Systems Model (NSM) with a focus on assessment and planning utilizing the nursing process: • ***Demonstrate entry level skills in comprehensive mental health assessment using appropriate techniques & equipment** • ***Recognize and reports critical assessment abnormalities, especially in a variety of psychiatric disorders and safety issues;** • ***Demonstrate beginning levels of critical thinking to identify client health care needs** • ***Incorporate assessment data and analysis in plan of care;** • ***Perform interventions as per nursing care plan and demonstrates beginning levels of critical thinking to recognize and respond to abnormalities in patient status or changes in patient needs** • ***Utilize beginning levels of evidence based practice in the delivery of care** • ***Describe actual patient outcomes** • ***Understand if interventions should be continued, revised or discontinued** • ***Determine if new problems have evolved** • ***Advocate for patient-centered care in all activities within the scope of practice** • ***Assess the level of knowledge and expectations of the patient family and in the treatment plan of the client and remove any barriers to participation of the family in the integration of care** • ***Demonstrate respect, caring, sensitivity, and beginning levels of culturally competent and developmentally appropriate patient care** • ***Willingly support patient-centered care for individuals and groups whose ethnicity, culture and values differ from their or your own** • ***Demonstrates use of therapeutic communication techniques in clinical setting and in collection of assessment data.**							

• Demonstrate accurate assessment of holistic health history • Conduct a comprehensive assessment while eliciting patient values, preferences and needs • Assess the presence and extent of pain and suffering							
Core Competencies							
QSEN Competency in Teamwork and Collaboration **Role as Provider of Care, Coordinator of Care, & Patient Advocate**							
• ***Use effective communication in each step of transition of care in light of patient's values, preferences, and expressed needs** • ***Function effectively within nursing and inter-professional teams by describing the scope of practice and roles of health care team members, communicating competently within your scope of practice as a team member while identify system barriers and facilitators of effective team functioning** • ***Demonstrate understanding of patient information that must be immediately communicated to the RN, MD and/or Instructor** • ***Establish appropriate relationships with team members**							
• Develop effective communication skills (verbally and through charting) with patients, healthcare team members, and family • Follows communication and documentation practices that minimize risk associated with handoffs, utilizing SBAR or agency specific guidelines • Identify relevant data for communication in pre and post conferences • Identify intra and inter-professional team member roles and scopes of practice • Identify need for help when appropriate to situation							
QSEN Competency in Evidence-Based Practice **Role as Provider of Care & Member of Profession**							
• ***Value the concept of evidence-based practice in determining best clinical practice**							
• Locate evidence-based literature related to clinical practice and guidelines • Reference clinical related activities with evidence-based literature							
QSEN Competency in Quality Improvement **Role as Member of the Profession**							
• Deliver care in timely and cost effective manner • Seek information about processes/projects to improve care (QI) • Value the significance of variance reporting							
QSEN Competency in Safety **Role as Provider of Care & Member of Profession**							

• ***Minimize risk of harm to patients and providers through system effectiveness and individual performance by describing general categories of errors and hazards in care and demonstrate effective use of strategies to reduce risk of harm to self and others** • ***Maintain a culture of safety, advocating for safe patient environment appropriate to client condition and needs** • ***Engage in safe clinical practice at all times** • **Immediately communicate observations or concerns related to patient safety including risk of patient self-harm or harm to others to the health care team** • ***Demonstrates understanding of patient information that must be immediately communicated to RN, MD, and/or Instructor.**							
• Implement strategies to reduce risk of harm to self or others							
• Exhibit knowledge of physiological and behavioral sciences to assess client health stressors • Match assessment data with NANDA nursing diagnosis • Prioritize nursing diagnosis in order of importance • Include patient/family in development of plan of care, recognizing stressors (positive and negative) • Develop realistic short-term, intermediate and/or long term goals for patient outcomes • Use Nursing Interventions Classification (NIC) in developing appropriate nursing interventions • Demonstrate beginning competency in course-specific and pre-requisite course skills							
Core Competencies	**Midterm**					**Final**	
	NA	**P**	**CC**	**F**	**CCC**	**P**	**F**
• Demonstrate effective use of technology and standardized practices that support safety and quality • Demonstrate appropriate clinical decision making • Acknowledge and abide by national patient safety goals and quality measures • Organize multiple responsibilities and provide care in a timely manner							
QSEN Competency Informatics **Role as Provider of Care**							
• ***Use data to monitor the outcomes of care process and use technology and information management tools to support safe processes of care** • ***Respect and adhere to patient confidentiality and HIPAA requirements**							
• Protect confidentiality of electronic health records • Navigate the electronic health record for patient information where appropriate for clinical setting • Document clear and concise responses to care in the electronic health record, where appropriate for clinical setting • Identify information and clinical technology using critical thinking to collect, process, and communicate data							
Role as Member of Profession							

• ***Maintain appropriate professional behavior and appearance at all times, including dress code per agency and CSU-Channel Islands Nursing Program dress code.** • ***Comply with the Code of Ethics, Standards of Practice, and policies and procedures of University, Nursing Program, and clinical agencies** • ***Respect and adhere to patient confidentiality, privacy, and HIPAA requirements** • ***Demonstrate respect and value of expertise of all members of the health care team through inter- and intra-professional collaboration** • **Clarify roles of team members, student and professional roles, within goals to achieve safe and optimal patient or process outcomes** • ***Practice within the student role in clinical activities** • ***Maintain rigorous standards of competence, honesty, ethical and accountable behavior** • ***Demonstrate strict adherence to the RN Scope of Practice according to the California Statute – Standards of Competent Performance Title 16, Chapter 14, Section 1443.5 Standard of Competent Performance Section, and Section 2725 Practice of Nursing Defined; clinical agency policy; and CSU Channel Islands Nursing Program standards and regulations** • ***Recognize limitations and seeks instructor guidance** • ***Accept individual responsibility and accountability for nursing interventions, outcomes, and other actions** • ***Arrive to clinical experiences at assigned times and be well prepared** • ***Maintain timely, effective and accurate written and verbal communication related to patient care**					
• Accept constructive criticism and develop plan of action for improvement • Demonstrate core professional values (caring, altruism, autonomy, integrity, human dignity, and social justice)					

Core Competencies	**Midterm**			**Final**	
	P	**NR**	**F**	**P**	**F**
• Maintain a positive attitude and interact with inter-professional team members, faculty, and fellow students in a positive, professional manner • Provide evidence of preparation for clinical learning experiences • Demonstrate expected behaviors and complete tasks in a timely manner • Engage in self evaluation • Assume responsibility for learning					

Midterm Comments (Address Strengths and weaknesses)

Faculty Comments:

Student Comments:

Midterm Grade: _____Pass ___Needs Remediation _____Fail

Student Signature _____ **Date** _____

Faculty Signature _____ **Date** _____

Mid-clinical Evaluation: faculty and student must complete documentation of remediation in areas of unsatisfactory performance. The Remediation Contract for the course must be initiated for any unsatisfactory areas, and when completed it is filed in the student's file in the Nursing Program Offices.

It should be noted that a Remediation Contract may be initiated at any time during the clinical course.

Final Comments (Address Strengths and weaknesses)

Faculty Comments:

Student Comments:

Final Grade: _____**Pass** _____**Fail**

Student Signature _____ **Date** _____

Faculty Signature _____ **Date** _____

It is the responsibility of the Clinical Instructor to complete and submit to the Nursing Office

California State University Channel Islands Nursing Program

Clinical Evaluation Tool -- Level II: 421

Student Name_____

Clinical Instructor _____ **Course:** _____

Agency/Facility _____

Evaluation Scale

Evaluation	Quality of Performance
Pass with Credit	**Meets all critical criteria (*).**
Fail with No Credit	**Does not meet all critical criteria (*).**

The Level II outcome criteria reflect a level of competence beyond the minimum level of competencies and
represent a level of performance expected by a baccalaureate graduate nurse given an individual and/or family
with complex variances from wellness.

The roles of the nurse as defined by the CSU Channel Islands' Nursing Program are defined by the QSEN
Competencies:
• Patient Centered Care
• Teamwork and Collaboration
• Evidence-based Practice
• Safety
• Informatics
• Professionalism
• Leadership
• Systems-Based Practice
• Patient Education
It is the responsibility of the Clinical Instructor to complete and submit in Exxat.

Fill in appropriate fields upon evaluation of the criteria below:
The student must obtain a "P" Pass grade in all applicable competencies at the Final Evaluation to pass the Course.

Core Competencies	Midterm					Final	
	NA	P	CC	CCC	F	P	F
Patient Centered Care							
Implement nursing care to patients, families, and groups across the lifespan from diverse backgrounds in a variety of settings that is compassionate, age-specific, and culturally appropriate and based on a patient's preferences, values and needs.							
Demonstrate the knowledge, skills, and attitudes to holistically evaluate and interpret patient needs across the							
lifespan including spiritual, cultural, social, cognitive, psychological, and physical assessment.							
Demonstrates mastery of core clinical skills, interventions, and techniques based upon comprehensive assessment findings and plan of care.							
Provide patient centered care by implementing and evaluating a plan of care in partnership with the patient and their families to respect the right of the patient to make informed decisions about health care.							
Teamwork and Collaboration	NA	P	CC	CCC	F	P	F
Participate as a member of the interprofessional healthcare team in the provision of safe, quality patient-centered care.							
Function within the nurse's scope of practice as a team member to direct, organize, and evaluate outcomes of care within the team of healthcare professionals.							
Demonstrate use of best current evidence and clinical expertise when making clinical decisions in the provision of patient-centered care.							
Utilize the nursing process and evidence-based approach to develop, implement and evaluate a plan of care, in collaboration with the patient and other health care providers, to promote maximum health and wellness.							
Use evidence-based practice to compare and contrast the relationship between standards of nursing care outcomes, quality assurance monitoring, and the provision of cost effective services to patients.							

Apply evidence-based practice to design, coordinate, manage and evaluate the outcomes of nursing care for patients from vulnerable populations, to maximize independence and quality of life.							
Evidence-Based Practice	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Identify best current evidence from scientific and other credible sources as a basis for developing individualized patient-centered plans of care.							
Utilize the nursing process and evidence-based knowledge to develop and implement a plan of care, within structured health care delivery situations.							
Identify the role of evidence-based practice in the development of standards of nursing care outcomes, quality assurance monitoring, and the provision of cost-effective services to patients.							
Discuss the impact of evidence-based practice in the nursing care of patients from vulnerable populations.							
Quality Improvement	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Participate in data collection processes that support established quality improvement initiatives.							
Summarize the use of data to monitor patient care processes and improvement methods used to evaluate the effect of change and evaluation of patient care outcomes.							
Safety	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Implement strategies that minimize risk and provide a safe environment for patients, self, and others.							
Implement a program of patient safety and minimize risk of harm to patients and providers through system effectiveness.							
Assess individual performance by participation in analysis of errors including root cause analysis and implementation of patient safety goals to focus attention on safety in care settings.							
Informatics	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Use evidence-based information and patient care technology in the provision of safe, quality patient-centered care.							
Demonstrate use of technology and understanding of standardized terminology that is respectful of the patient's privacy and preserves the patient's confidentiality.							
Professionalism	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Practice nursing in a professional, ethical, and legal manner							

while providing patient-centered, standard-based nursing care.							
Negotiate and advocate for the role of the professional nurse as a member of the interprofessional health care team.							
Demonstrate core professional values (caring, altruism, autonomy, human dignity, integrity, and social justice) by assuming ethical standards of practice and accountability for personal and professional behaviors.							
Articulate the value of pursuing practice excellence, lifelong learning, and professional engagement to foster professional growth and development.							
Leadership	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Use leadership, management, and priority setting skills in the practice of safe, quality patient-centered care.							
Demonstrate leadership by working collaboratively with other health care professionals, negotiating to meet the client's needs and preferences in the plan of care.							
Communication	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Use verbal and nonverbal communication strategies that promote an effective exchange of information and development of therapeutic relationships with patients, families, and groups from diverse backgrounds, in real simulated settings.							
Incorporate effective communication techniques with the patient, family, and interprofessional team to foster patient-centered, evidence-based collaboration to improve patient care.							
Demonstrate skills in written and verbal communication in complex patient's care that supports safe nursing practice.							
Systems-Based Practice	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Analyze the impact that the macrosystem has on the provision of safe, quality patient-centered care in the microsystem of the work unit.							
Compare and contrast the relationship between standards of nursing care outcomes, quality assurance monitoring, access to care, affordability, social justice in health care, and global issues of equity that shape policy development.							
Patient Education	**NA**	**P**	**CC**	**CCC**	**F**	**P**	**F**
Provide health-related education to patients, families, and groups across the lifespan, using varying teaching methods and motivational strategies, which facilitate the acquisition of new knowledge and skills.							

Implement the basic principles of the teaching-learning process in patient education opportunities.							
Identify patient's learning needs, capabilities and limitations, selects appropriate information, materials and strategies based on standardized teaching protocols.							
Assess patient's learning needs, capabilities and limitations to develop, implement and evaluate a comprehensive health education plan for a specific client that includes strategies for health promotion, risk reduction, and disease prevention across the lifespan.							
Integrate understanding of patient centered care including assessment of patient/family/caregivers/community preferences, coordination and integration of care, and education involving the patient, family, and/or friends inclusive of ethical, cultural, and social influences.							

CET Level II: 2025
Content based Program Outcome Objectives and QSEN Competencies.
Legend: P = Pass; CC = Needs Clinical Coaching; CCC= Completed Clinical Coaching; F = Fail; N/A= Not Applicable

Midterm Comments (Address Strengths and weaknesses)

Faculty Comments:

Student Comments:

Midterm Grade: _____Pass _____Needs Remediation _____Fail

Student Signature _____ **Date** _____

Faculty Signature _____ **Date** _____

California State University Channel Islands Nursing Program

Clinical Evaluation Tool (CET) -- Level II: Course NRS 453 Community Health Nursing

Name: **Course: NRS 453**

Clinical Instructor: **Semester/Year:**

Agency:_____ Preceptor:_____

Evaluation	Quality of Performance	Assistance
Pass with Credit **Meets all critical criteria (*).**	***Pass/Meets course objectives****:* Prepares and organizes for clinical experience; Arrives with established learning objectives; Provides, coordinates or advocates for safe and effective care; Actively seeks learning experiences; Accountable for actions; Utilizes evidence based critical thinking; Maintains appropriate communication with instructor and preceptor; Accepts prompts and direction from instructor and preceptor; Accountable for patient care and own actions.	Requires minimal or supported supervision; Responds to directions of Clinical Preceptor and Instructor.
Fail with No Credit **Does not meet all critical criteria (*).**	***Fail/Does not meet course objectives*****:** Unprepared and unorganized for **c**linical experiences; Performs or advocates at unsafe standards; Limited or absent communication with instructor or preceptor; Seeks limited guidance and invests minimal efforts; Doesn't meet clinical competencies: limited accountability; Care below safe standard without instructor prompts/supervision. ***Preceptor asks student to leave clinical site for reasons of incivility, laziness, lack of following directions or for unprofessional reasons.***	Requires continuous supervision and supportive prompts. Performance at risk for safety or minimal scope of practice issues.

- If any critical criteria (*) is not met, the student has not achieved the criteria for a passing grade

The Level II outcome criteria reflect a level of competence beyond the minimum level of competencies and represent a level of performance expected by a baccalaureate graduate nurse. These outcome criteria are consistent with the competencies of the baccalaureate nurse suggested by the AACN. The roles of the nurse as defined by the CSU Channel Islands' Nursing Program are:

- Provider of Care
- Teacher
- Patient Advocate
- Coordinator of Care
- Member of the Profession

It is the responsibility of the Clinical Instructor to complete and submit to the Nursing Office.

Fill in appropriate fields to the right & below:

Student must obtain a “P” Pass grade or “NA” Not applicable for this clinical in all competencies at the Final Evaluation to pass the Course.

Note: Each community health clinical experience is different and will include different aspects of these competencies.

Core Competencies		Midterm			Final	
	NA	P	NR	F	P	F
General Community Health Nursing Competencies Role as Member of Profession						
Integrates Community Health Nursing (NRS 452) lecture content in the observations and experiences in Clinical Community Health (NRS 453)						
*Comply with the Code of Ethics, RN Scope of Practice (according to the California Statute – Standards of Competent Performance Title 16, Chapter 14, Section 1443.5 Standard of Competent Performance Section, and Section 2725 Practice of Nursing Defined), and policies and procedures of University, Nursing Program, and the clinical agency in which the student is assigned.						
*Ensures compliance with “Section 2818 (a) of the Business and Professions Code the Legislature recognizes that public health nursing is a service of crucial importance for the health, safety, and sanitation of the population in all of California’s communities. These services currently include, but are not limited to: ♦Control and prevention of communicable disease. ♦Promotion of maternal, child, and adolescent health. ♦Prevention of abuse and neglect of children, elders, and spouses. ♦Outreach screening, case management, resource coordination and assessment, and delivery and evaluation of care for individuals, families, and communities.” Business and Professions Code						
*Demonstrates professional behaviors that exemplify accountability, integrity, honesty and responsibility in this clinical setting						
*Maintain appropriate professional behavior and appearance at all times						
*Respects agency privacy when exposed to sensitive agency information						
*Ensures HIPAA and sensitive agency information compliance within 24 hours of clinical as instructed						
*Practice within the student role in clinical activities						
*Utilizes and seeks appropriate resources when faced with own limitation						
*Arrives to clinical experiences at assigned times and prepared with clinical objectives						
*Maintains timely effective and accurate written and verbal communication						
*Accepts individual responsibility and accountability for clinical experiences and assignments						

*Accepts constructive criticism and develops strategies for improvement						
*Integrates all QSEN Domains in community health clinical experience; describes QSEN Domains observed or experienced in weekly journaling						
Core Competencies		**Midterm**			**Final**	
	NA	**P**	**NR**	**F**	**P**	**F**
*Practices time management strategies effectively						
*Development of a community assessment and care plan based on the Neuman Systems Model (NSM) with a focus on implementation of intervention						
*Utilized relevant evidence-based resources to support the project interventions						
QSEN Competency in Patient-Centered Care (Individual, Family, community) **Role of Provider of Care, Teacher, & Patient Advocate**						
*Respect and adhere to patient confidentiality, privacy, and HIPAA requirement						
*Uses communication that promotes an effective exchange of information, shared decision making, and achievement of optimal patient outcomes for the individual, family and community (if applicable)						
*Demonstrates the ability to perform case management in patient-centered care.						
*Utilizes holistic perspective: incorporates spiritual, psychological, physiological, sociocultural, developmental and individual variables						
*Demonstrate caring, sensitivity, and advanced levels of culturally competent and developmentally appropriate care						
*Advocate for patients/families' based on patient/family values, preferences, needs, and diversity within scope of practice						
*Demonstrates advanced level of assessment skills that meet expectations of clinical site, recognizes abnormalities and reports appropriate staff/preceptor, and performs appropriate interventions based assessment and agency guidelines and skills practiced in prior clinical rotations.						
Demonstrates understanding of patient (individual, family, or community) information that must be immediately communicated to the RN, MD, or Faculty						
*Demonstrates the ability to apply evidence-based practice principles to relevant interventions relating to community assessment and to the clinical agency.						
QSEN Competency in Evidence Based Practice **Role as provider of care & Member of Profession**						
*Interpret evidence-based practice in community healthcare settings related to clinical practice and guidelines						
QSEN Competency in Quality Improvement **Role as Member of the Profession**						
Value ongoing self-assessment and commitment to excellence in practice						

QSEN Competency in Safety Role of Provider of Care, Patient Advocate, & Member of Profession						
*Facilitate effective strategies to reduce risk of harm to self, patients, families, and communities through safe practice and awareness of surroundings						
*Advocates for a safe client environment appropriate to the setting and community project selected						
Core Competencies		**Midterm**			**Final**	
	NA	**P**	**NR**	**F**	**P**	**F**
*Performs appropriate decision-making based on previous clinical courses of clinical skill building, evidence-based practice, patient safety goals and appropriate knowledge, skills and attitudes of QSEN Safety Competencies as relevant to this clinical						
*Engage in safe clinical practice at all times						
QSEN Competency of Informatics Role as Provider of Care						
*Respect and adhere to patient confidentiality and HIPAA requirements						
QSEN Competency Teamwork and Collaboration Role as Provider of Care, Coordinator of Care, & Patient Advocate						
*Demonstrate respect and value of expertise of all members of the health care team through inter- and intra-professional collaboration						
Clarify roles of team members, student and professional roles, within goals to achieve safe and optimal patient outcomes						
Works collaboratively with members of the healthcare team						
*Maintain professional communication and positive attitudes with Instructor, preceptor and health care team						
*Initiate requests for help when appropriate to situation						
*Use effective communication in each step of transition of care in light of patient's, families, and/or community values, preferences, and expressed needs						
*Function effectively within nursing and inter-professional teams						
Provides relevant data for communication in discussion board						
*Use effective communication in each step of transition of care in light of patient's values, preferences, and expressed needs						
Required Documents Completed and Turned in Timely						
Signed Student and Preceptor Information and Agreement						
Preceptor's evaluation of student's performance						
Signed Clinical Log of hours (and hours totalled)						
Student's clinical site evaluation						
Student's weekly and timely Patient PHI/Sensitive agency						

information disclosure						
Student's weekly journaling completed and timely						

Midterm Comments (Address Strengths and weaknesses)

Faculty Comments:

Student Comments:

Midterm Grade: _____Pass _____Needs Remediation _____Fail

Student Signature _____ **Date** _____

Faculty Signature _____ **Date** _____

Midterm Evaluation: faculty and student must complete documentation of Corrective Action Plan or remediation in areas of unsatisfactory performance. The Remediation Contract or Corrective Action Plan for the course must be initiated for any unsatisfactory areas, and when completed it is filed in the student's file in the Nursing Program Offices. It should be noted that a Remediation Contract or Corrective Action Plan may be initiated at any time during the clinical course.

Community Project Summary:

Final Comments (Address Strengths and weaknesses)

Faculty Comments:

Student Comments:

Final Grade:
_____Pass_____Fail

Student Signature _____ **Date** _____

Faculty Signature _____ **Date** _____

It is the responsibility of the Clinical Instructor to complete and submit to the Nursing Office

CSU CHANNEL ISLANDS NURSING PROGRAM
NRS 461 NURSING LEADERSHIP LAB STUDENT REFLECTIVE SELF-EVALUATION

STUDENT NAME:_____ SEMESTER/YEAR: _____

CLINICAL INSTRUCTOR: _____

AGENCY: _____

The purpose of the Student Reflective Self-Evaluation is to foster skill in realization of knowledge, critical thinking, reasoning, and competency while facilitating professional growth through self-examination. The self-evaluation is graded as pass/fail, requiring the student to mark an X in the scale provided for each course learning outcome and add reflective comments below each learning outcome; the reflective comments should:

- provide rationale for the rating;
- describe at least one or more examples to substantiate the rating and status of meeting the outcome;
- identify at least one or more actions that you plan to initiate in order to improve; and,
- convey honest, individualized reflection of course clinical experience related to the learning outcomes.

The mid-term and final Reflective Self-Evaluation sections must be signed, dated and submitted to the course instructor as outlined in the syllabus and/or directions on CI Learn.

Mid-Term Reflective Self-Evaluation

Learning Outcome	**Rating**		
	Needs Improvement	**Satisfactory Performance**	**Above Average Performance**
1. Demonstrates project management, delegation and team building strategies.			
Reflective comments:			
2. Analyze the nurse's role in ensuring the provision of safe patient care that meets institutional and professional standards.			
Reflective comments:			

Learning Outcome	Rating		
	Needs Improvement	**Satisfactory Performance**	**Above Average Performance**
3. Construct activities related to the development implementation and evaluation of quality improvement plans to improve health care services.			
Reflective comments:			
4. Demonstrate professional behaviors that exemplify accountability, integrity and responsibility in the nursing role.			
Reflective comments:			
5. Integrate QSEN domains in clinical leadership.			
Reflective comments:			
6. Execute relevant leadership skills for the successful demonstration of the leadership project.			
Reflective comments:			
7. Practice leadership in a professional, ethical and legal manner and within established legal parameters.			
Reflective comments:			
8. Use communication that promotes an effective exchange of information, shared decision making, and achievement of optimal patient			

Learning Outcome	Rating		
	Needs Improvement	**Satisfactory Performance**	**Above Average Performance**
outcomes for the individual, family and community.			
Reflective comments:			
9. Participate in nursing strategic planning, planned organizational change and fiscal planning.			
Reflective comments:			

FACULTY COMMENTS:

STUDENT SIGNATURE DATE

FACULTY SIGNATURE DATES

Final Self-Evaluation

Learning Outcome	Rating		
	Needs Improvement	Satisfactory Performance	Above Average Performance
1. Demonstrates project management, delegation and team building strategies.			
Reflective comments:			
. Analyze the nurse's role in ensuring the provision of safe patient care that meets institutional and professional standards.			
Learning Outcome	**Rating**		
	Needs Improvement	**Satisfactory Performance**	**Above Average Performance**
Reflective comments:			
3. Construct activities related to the development implementation and evaluation of quality improvement plans to improve health care services.			
Reflective comments:			
4. Demonstrate professional behaviors that exemplify accountability, integrity and responsibility in the nursing role.			
Reflective comments:			
5. Integrate QSEN domains in clinical leadership.			

Reflective comments:			
6. Execute relevant leadership skills for the successful demonstration of the leadership project.			
Reflective comments:			
7. Practice leadership in a professional, ethical and legal manner and within established legal parameters.			
Reflective comments:			
Learning Outcome	**Rating**		
	Needs Improvement	**Satisfactory Performance**	**Above Average Performance**
8. Use communication that promotes an effective exchange of information, shared decision making, and achievement of optimal patient outcomes for the individual, family and community.			
Reflective comments:			
9. Participate in nursing strategic planning, planned organizational change and fiscal planning.			
Reflective comments:			

STUDENT SIGNATURE: DATE

FACULTY SIGNATURE: DATE

It is the responsibility of the Clinical Instructor to complete and submit to the Nursing Office.

CSU Channel Islands Nursing Department Policies

Originating Author: MSN Committee
Policy Number: MSN0122017
Faculty Approval Date: 2.11.2022
Effective Date: 8.1.2022
Number of Pages: 2
Next Review Date: 2.1.2025

Pass Fail Grading Scale Policy

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

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

POLICY:
The BSN Committee is responsible for implementing and monitoring the policy implementation.

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

The pass fail grading scale refers to the following MSN courses:NRS521, NRS 523, NRS 527, NRS 537, and NRS 539

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

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

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

Grades for the BSN clinical course are assigned as follows:
Credit: CET (60% of course grade) evaluated as Credit/No Credit and all remaining evaluated portions (40%) combined with CET resulting in a total course score of 76% or greater. Syllabus must include points and percentage of course grade for each assignment.

Grades for the MSN clinical course are assigned as follows:
Credit: Preceptor and Faculty Evaluation of Student Practicum Performance (60% of course grade) evaluated as Credit/No Credit and all remaining evaluated portions (40%) combined with Preceptor and Faculty Evaluation of Student Practicum Performance resulting in a total course score of 76% or greater. Syllabus must include points and percentage of course grade for each assignment.

No Credit: Fail (No Credit) on CET and/or total course scores less than 76%. If a student is failing in a clinical course at any time in the semester with a grade less than Pass/Credit or with demonstrated unsafe patient care behaviors as outlined in the Clinical Evaluation Tool, the student can be failed and removed from the clinical setting at any time in the semester.

Exhibits: *Optional forms, illustrations, references*

CSU Channel Islands

Nursing Department Policies

Policy Number: MSN0132016
Proposed by: MSN Committee
Approved By: Faculty Committee
Approval Date: 9.16.22
Effective Date: 10.2022
Number of Pages: 6
Next Review Date: 9.2025

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

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

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

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

Department Faculty – hold the primary responsibility of meeting the intended program outcomes pursuant to the institutions accreditation standards. Further, faculty are responsible for the evaluation of student outcomes that include the faculty, student, and

preceptor, as well as the experience and setting of the clinical rotation. In addition, department faculty must ensure that the student acquires the content and competencies, which include those delineated in the AACN Essentials of Baccalaureate Education for Professional Nursing Practice (2008) and the AACN Essentials of Master's Education in Nursing (2011). Department faculty will need to clearly communicate to the Clinical Preceptor the level, the intended clinical progression, and outcome objectives for the clinical rotation of the student during each clinical rotation experience thus affording the student meaningful clinical experiences that will develop the students' comfort in practice and clinical competency. Furthermore, the responsibility of the faculty includes the oversight of the design, implementation, and evaluation of clinical practice experiences that are aligned to student and program outcomes. Regular communication with the Clinical Preceptor is pivotal to ensure the curriculum is being effectively delivered and student outcomes are met.

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

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

Definition(s):
A clinical preceptor is a health care provider qualified by education, licensure and clinical competence in a nurse practitioner category and who provides direct supervision of the clinical practice experiences for a nurse practitioner student.
http://www.rn.ca.gov/pdfs/regulations/proplang1480-1486.pdf

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

Undergraduate Programs:
Criteria for Selection of Preceptors for NRS 453 Community Health:

- BSN level or higher working in a community health setting, such as public health, school health, home health, hospice, occupational health, epidemiological settings, correctional health, multispecialty community health clinics, etc

- Preceptors must be willing to devote time to the students and provide opportunities to enrich community health nurse's experiences.
- Preceptor must have a minimum of one year in a community health nursing setting.

Criteria for Selection of Preceptors for NRS 461 Leadership:

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

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

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

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

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

Criteria for Orientation of Undergraduate Preceptors

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

- Years of experience in this setting or specialty
- Current CV/resume optional
- Contact information
- Verification of completion of a preceptor training program

Criteria for placement of students:

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

Contact with Faculty:

Faculty will provide telephone and email contact information to preceptor and student

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

Records and Evaluation:

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

Graduate Programs:

Criteria for Selection of FNP Preceptors:

- All preceptors working with FNP students must have a Master's degree and be certified in the appropriate patient population focus, i.e. family, adult, women's health, peds;
- Preceptors must be willing to devote time to the students during the semester;

- Preceptor must have a minimum of one year as a nurse in their advanced practice specialty.

1. Preceptors must have a current, unencumbered state license and national certification, as appropriate, in the population focused or specialty practice area. Students may precept with a nurse practitioner (must have Masters) or physician (e.g., MD, DO).
2. The preceptor must have at least one year of experience in the area of advanced practice relevant to the student's clinical focus.
3. Students may spend no more than two semesters with an individual preceptor without faculty approval
4. Students should have no more than two preceptors during a single clinical course without faculty approval.
5. A nurse practitioner preceptor is highly suggested for at least one semester during the program.

Criteria for Selection of NE Preceptors:

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

Criteria for Orientation of Graduate Student Preceptors

- Clinical faculty will meet with new preceptors before or during the first week of the semester to:
  - Discuss the roles and responsibilities for the preceptors, students and faculty (see documentation forms)
  - Set up and review common programs used in the program such as Typhon, email, etc.
  - Establish whether the preceptor training has been completed or needs to be completed
  - Ensure that an Affiliation Agreement or MOU has been completed
  - Obtain a signed Student Preceptor Information and Agreement Form
  - To discuss course objectives, course assignments and to answer questions
  - To plan in the event the assigned preceptor may be absent then to designate either an equivalent preceptor for the day or to assign provisions of the assignment
- Existing preceptors will receive summary of the course outline or the complete

course outline describing the learning objectives, assignments and other essential components

- Preceptor will provide the following required information on the Student- Preceptor Information and Agreement Record
  - Active clear RN, APRN, Furnishing License (if needed) number and expiration date issued by the BRN and DEA license number and expiration date issued by the BRN
  - Special Certifications
  - Years of experience in this setting or specialty
  - Current CV/resume optional
  - Contact information
  - Verification of completion of a preceptor training program

Criteria for Placement of Graduate Nurse Practitioner Students

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

Exhibits: *Optional forms, illustrations, references*

1) Preceptor, Student and Faculty Roles
2) Student Preceptor Information and Agreement (revised 4/2021)

California State University | NURSING CHANNEL ISLANDS

Preceptor/Student Information and Agreement Form

Semester/Year: _____

Intro to Professional Nursing Lab - NRS201 ☐ **Med Surgical Lab - NRS221**

☐ **Child & Family Lab - NRS233** ☐ **Mental Health Lab - NRS241**

☐ **Transition to Practice Lab - NRS391** ☐ **MSN-FNP** ☐ **MSN-NE**

☐ **Community Health Lab - NRS453** ☐ **Leadership Lab - NRS461**

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

Print Name: _____ Job Title: _____

Years of Experience as a RN: _____ Years of Practice in Current Specialty: _____

Site: _____ Area/Unit/Floor: _____

Email: _____ Work Phone: _____ Cell Phone: _____

RN #: _____

Credentials_____

Graduation & School Name

ADN (NRS391) – Year: _____ School Name: _____

BSN - Year: _____ School Name: _____

Master - Year: _____ School Name: _____

DNP/PhD/EdD - Year: _____ School Name: _____

Other - Year: _____ School Name: _____

Student's Information

Print Name: _____ Cell Phone: _____

Email:

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

Have you had preceptor training? ☐ YES ☐ NO

If YES, when and where:

_____

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

I agree to serve as a Preceptor for _____ (name of student) enrolled in ☐ NRS201 ☐ NRS221 ☐ NRS233 ☐ NRS241 ☐ NRS391 ☐ NRS453 ☐ NRS461 ☐ MSN-FNP ☐ MSN-NE

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

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

Clinical Instructor

Print Name: _____

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

CSU Channel Islands
Nursing Department Policies

Originating Author: MSN Committee
Policy Number: MSN0152019
Approved By: Faculty
Approval Date: 2.11.2022
Effective Date 8.1.2022
Number of Pages: 2
Next Review Date: 2.1.2025

Policy on Student Emergency Contact Information

PURPOSE: Emergency Contact (EC) information is needed to facilitate and/or notify appropriate parties in the event of an emergency.

BACKGROUND:
Emergency Contact information is needed to facilitate care and/or notification to appropriate parties in the event of an emergency.

POLICY:
Accountability
The MSN Committee is responsible for implementing and monitoring adherence to the procedure.

The Clinical Coordinator will ensure that all students have completed the emergency contact information prior to the start of each semester.

Applicability:

Definition: Emergency Contact (EC): To contact someone of your choice in case of an emergency on your behalf. This could be used if you had a medical emergency and someone needed to be notified.

Policy Text:
Students are required to update or validate a designated emergency contact in Castle

Branch January 1, May 1, and August 1. This designated contact person will be the individual of the student's choice to notify in case of an emergency on their behalf. The information will only be used if a medical emergency occurred, and someone needed to be notified.

The EC information provided to the nursing department is confidential and will only be used by nursing department to provide notification in the event of a personal or campus emergency.

The emergency contact information will be accessible on Dropbox to faculty at the beginning of every term an Emergency Contact Policy.

Information provided through the CSUCI emergency contact site will adhere to University policy and can be found on https://www.csuci.edu/housing/apply/update-emergency-contacts.htm. It is highly encouraged students update this information whenever there is a change in the EC.

1. Update Emergency Contacts at CSUCI
    a. https://www.csuci.edu/housing/apply/update-emergency-contacts.htm
2. Update Emergency Contacts at Nursing Department
    a. https://www.castlebranch.com/sign-in
3. EC information for each student includes:
    a. Primary and secondary contacts
    b. First and last name of each emergency contact
    c. Relationship of each contact to student
    d. The phone number and address of each emergency contact
    e. If more than one EC provided add order of contact – primary contact will be notified first. If the department is not able to contact the primary EC nursing faculty or staff will contact the secondary ED.
    f. Information will be stored on a secure site that is easily accessible by nursing faculty and staff.
    g. Clinical faculty will have access to the information on Dropbox.

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Emergency Contact Information

This information will be extremely important in the event of an accident or medical emergency.
Please be sure to complete all information, sign and date this form.

STUDENT

Last Name:_____**First Name:**_____**MI:** _____ **Personal E-mail:**_____
_____
_____ **Home Phone:**_____
_____**Cell Phone:** _____
_____ **Address (Street, City, State, Zip Code):**
_____
_____

PRIMARY EMERGENCY CONTACT

Last Name:_____**First Name:**_____**MI:** _____ **Relationship:** _____
_____
Personal E-mail:_____
_____ **Home Phone:**_____**Cell Phone:**
_____**Work Phone:** _____ **Address (Street, City, State, Zip Code):** _____
_____

SECONDARY EMERGENCY CONTACT

Last Name:_____**First Name:**_____**MI:** _____ **Relationship:** _____
_____
Personal E-mail:_____
_____ **Home Phone:**_____**Cell Phone:**
_____**Work Phone:** _____ **Address (Street, City, State, Zip Code):** _____

Preferred Local Hospital:

_____

Health Insurance Provider Name:

_____

Comments - include any special medical or personal information you would want to emergency care provider to know, or special contact information:

Student Signature:_____Date:
_____

Nursing Program – Rev. 02/02/2022