



# **Aspen University School of Nursing Pre-licensure Clinical Handbook**

Aspen University School of Nursing  
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# ACKNOWLEDGEMENT OF CLINICAL HANDBOOK GUIDELINES

## Student:

I have read the guidelines for clinical experiences as stated in the Aspen University School of Nursing Pre-licensure Clinical Handbook including the General Overview, sections, and Appendices, and specific to myself as a student and I agree to abide by them.

Course	Student Signature	Date
N300C: Mental Health-Clinical	_____	_____
N492C: Community Health Nursing I-Clinical	_____	_____
N493C: Community Health Nursing II-Clinical	_____	_____
N350C: Maternal Health-Clinical	_____	_____
N355C: Adult Health I-Clinical	_____	_____
N360C: Child Health-Clinical	_____	_____
N365C: Adult Health II-Clinical	_____	_____
N410C: Adult Health III-Clinical	_____	_____
N420C: Adult Health IV-Clinical	_____	_____
N455C: Transition to Professional Practice-Clinical	_____	_____

## Clinical Faculty:

I have read and understand the guidelines for clinical experiences as stated in the Aspen University School of Nursing Pre-licensure Clinical Handbook including the General Overview, sections, and Appendices, and specific to myself as a clinical faculty member.

Course	Clinical Faculty Signature	Date
N300C: Mental Health-Clinical	_____	_____
N492C: Community Health Nursing I-Clinical	_____	_____
N493C: Community Health Nursing II-Clinical	_____	_____
N350C: Maternal Health-Clinical	_____	_____
N355C: Adult Health I-Clinical	_____	_____
N360C: Child Health-Clinical	_____	_____
N365C: Adult Health II-Clinical	_____	_____
N410C: Adult Health III-Clinical	_____	_____
N420C: Adult Health IV-Clinical	_____	_____
N455C: Transition to Professional Practice-Clinical	_____	_____

**\*Students: scan and upload a copy of this page each time you and your clinical faculty have signed off on a particular class. You are responsible to get your clinical faculty member's signature prior to submission of the page in Project Concert.**

# Welcome to your BSN Pre-licensure Nursing Clinical Experience

The purpose of this handbook is to assist students and faculty members in the tasks of clinical instruction and assessment for the Aspen University (AU) School of Nursing (SON) BSN Pre-licensure program and serves as a guide for the Clinical Coordination Office (CCO). **All students and clinical faculty must sign and student must return the acknowledgment form in this handbook to the Clinical Coordination Office for filing. Student is responsible for collecting all signatures.** *Students and clinicians are required to read this handbook.*

It is the intent of the SON to assist in developing a more consistent clinical experience for all undergraduate students independent of their field assignment. This consistency revolves around appropriate supervision, regular formal and informal feedback, and consistent assessment of students' clinical proficiencies among other topics and skills. This is an ongoing process and we look to each of you and your respective professional and life experiences to aid us in shaping the undergraduate field experience so that it reflects our mission and goal of developing outstanding future nurse professionals. While advisors and faculty are available to guide students with respect to the requirements, students ultimately bear the responsibility of following the requirements.

**Notice: Please make sure you are referencing the latest edition of this manual available at [www.aspen.edu](http://www.aspen.edu) as policies are subject to change.**

## FACULTY AND STAFF CONTACT INFORMATION

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 4615 E. Elwood Street, Suite 100  
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Clinical Coordinator/Clinical Coordination Office –Elwood Campus (Arizona)	Darlyn Swint <a href="mailto:Darlyn.swint@aspen.edu">Darlyn.swint@aspen.edu</a> 480-980-1582
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**Arizona Clinical Coordination Office**

Please contact the Clinical Coordination Office Faculty (Arizona) at 480-980-1582. Phone is monitored 7:00am to 4:00pm AZT. On-site Office hours are 7:00 am – 4:00 pm AZT, Monday through Friday.

# SECTION 1: GENERAL GUIDELINES FOR PRE-LICENSURE NURSING CLINICAL EXPERIENCES

Please click on the applicable program link below for information regarding programs of study and course descriptions: <http://catalog.aspen.edu/academics/school-of-nursing/>

## EXPECTATIONS OF ALL STUDENTS

### Active Learning

It is our expectation that as an undergraduate student, you identify your strengths and areas for improvement, set personal goals that address the areas for improvement, and actively seek learning opportunities to meet your goals. As active learners, it is important that you give critical thought to your learning needs and devise a plan to address them. As you get into clinical areas, you might want to discuss your thoughts with your clinical faculty and ask for feedback. We also expect that you actively prepare for every clinical day and set aside time at the end of each clinical day to identify the things you need to review, and then take time during the week to get that learning done.

### Time Management

You cannot socialize to the role you are learning if most of your energy is in other roles. If you haven't already, look at your obligations outside of school and identify ways that you can be successful over the course of the program. You may want to seek resources and formulate a plan now so that you can get the most out of this experience.

### Communication with Faculty

You will have a designated clinical faculty member who is responsible for the evaluation of the student's performance. It is essential that you keep your designated clinical faculty member informed of any change in your clinical site or schedule, as well as any unanticipated events that occur during the clinical experience, e.g. illness or injury related to experience.

### Professionalism

Good communication skills, a positive attitude, and respectful and productive interactions are part of being a professional. Being a great health care provider does not mean you possess manual skills, but that you possess the heart of a nurse who is compassionate, caring, and willing to lead with humility. Your professors can help you network and develop connections within the profession so the impact of your professional image is important to consider. We hold faculty to the same expectations.

Clinical time is also best spent seeking new learning opportunities and discovering your area of interest. Practice involves a variety of activities that include direct care and indirect care experiences. Direct care refers to care activities provided at the point of patient care. Indirect care refers to interventions that are provided on behalf of patients. What counts as clinical experiences in your

coursework is tied directly to the clinical learning objectives for that particular setting and is part of meeting the overall program competencies based on the program standards. The standards provide an important framework for designing and assessing baccalaureate education programs for professional practice.

Strong moral values and character are the backbone to the profession. It is imperative that health care professionals maintain collaborative relationships with patients, doctors, fellow health care providers, and other health care staff. If conflict arises, students must make an effort to resolve the situation in a way that supports the situation in positive way. Many of you are natural leaders and we encourage you to discover the power of positive leadership as you move toward your future. Diversity of beliefs such as culture, faith, religion, and spirituality are distinct components of what defines many human communities and allows individuals to make sense of their experiences. Your ability to understand and support those of various beliefs is key to your role as a caring, compassionate health care provider.

## ESSENTIAL FUNCTIONS OF NURSING STUDENTS

The *essential functions* are basic cognitive, psychomotor, and affective activities that are essential to the successful completion of the Aspen University BSN Pre-licensure program in leading to initial license as a nurse.

### CATEGORIES

### ESSENTIAL FUNCTIONS

#### A student must be able to:

<i>Motor/Physical Strength</i>	Possess the physical strength and mobility to safely carry out nursing procedures and provide routine and emergency care and treatment to patients of all ages in all assigned health care settings.
<i>Perceptual/Sensory</i>	Use their senses to make accurate clinical assessments and judgments.
<i>Math</i>	Accurately calculate medication/solution dosages and any needed information specific to patient care.
<i>Behavioral/Interpersonal (relationships)/Emotional Stability</i>	<p>Develop mature, sensitive and effective therapeutic relationships with individuals, families and groups of various social, emotional, cultural and intellectual backgrounds.</p> <p>Adhere to Aspen University policies, procedures and requirements as described in the university academic catalog, student handbook, and course syllabi.</p> <p>Demonstrate ethical behavior, including adherence to professional and student university honor codes.</p>
<i>Communication</i>	<p>Communicate effectively and accurately in English using speech, reading, writing, language skills, and computer literacy.</p> <p>Use of appropriate nonverbal communication is also essential.</p>
<i>Problem Solving/Critical Thinking</i>	Collect, analyze, prioritize, integrate, and generalize information and knowledge to make sound clinical judgments and decisions to promote positive patient outcomes.
<i>Punctuality/Work Habits</i>	<p>Adhere to classroom and clinical schedules.</p> <p>Complete classroom and clinical assignments and submit assignments in a timely manner.</p>
<i>General Health</i>	Work in an environment that puts one at risk for infection.

Meet all health and safety requirements to perform patient care in assigned clinical facilities.

Adapted from Yocum, C. J. (1996). *A validation study: Functional abilities essential for nursing practice*. National Council of State Boards of Nursing, Inc.: Chicago, IL.

## **BEHAVIORAL/ETHICAL CODE FOR STUDENTS**

As students are involved in the clinical and academic environments, we believe that ethical principles are a necessary guide to professional development. Therefore, within these environments, we:

1. Advocate for the rights of all clients.
2. Maintain client confidentiality.
3. Take appropriate action to ensure the safety of clients, self, and others.
4. Provide care for the client in a timely, compassionate, and professional manner.
5. Communicate client care in a truthful, timely, and accurate manner.
6. Actively promote the highest level of moral and ethical principles and accept responsibility for your actions.
7. Promote excellence in nursing by encouraging lifelong learning and professional development.
8. Treat others with respect and promote an environment that respects human rights, values and choice of cultural and spiritual beliefs.
9. Collaborate in every reasonable manner with the academic faculty and clinical staff to ensure the highest quality of client care.
10. Use every opportunity to improve faculty and clinical staff understanding of the learning needs of nursing students.
11. Encourage faculty, clinical staff, and peers to mentor nursing students.
12. Refrain from performing any technique or procedure for which the student has not been adequately trained.
13. Refrain from any deliberate action or omission of care in the academic or clinical setting that creates unnecessary risk of injury to the client, self, or others.
14. Assist the staff nurse in ensuring that there is full disclosure and those proper authorizations are obtained from clients regarding any form of treatment or research.
15. Abstain from the use of alcoholic beverages or any substances in the academic and clinical setting that impair judgment.
16. Strive to achieve and maintain an optimal level of personal health.
17. Support access to treatment and rehabilitation for students who are experiencing impairments related to substance abuse or mental or physical health issues.
18. Uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.
19. Abstain from accepting gifts from patients/clients.

## PROFESSIONAL BOUNDARIES

Professional codes of conduct are the foundation for caring relationships. These relationships exist primarily during the student's education within the timeframe of their enrollment in the nursing program. These relationships are developed between client-nurse, student- faculty, faculty-faculty, and student-student. The student –client relationship exists within the timeframe of the nursing course. The National Council of State Boards of Nursing has developed a document that provides the basis for understanding the boundaries for such relationships. It is available at [https://www.ncsbn.org/ProfessionalBoundaries\\_Complete.pdf](https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf)

## HIPAA GUIDELINES

As health care providers, and as one of its covered entities, nurses must be knowledgeable about the various aspects of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Aspen University SON offers the guidance below for those persons to ensure compliance with those requirements and asks that all students sign the HIPAA Confidentiality Agreement.

Students and faculty are required to do the following:

1. Sign the SON Faculty/Staff/Student Confidentiality Agreement before any involvement in a clinical agency.
2. Attend HIPAA training or in-classroom clinical instruction on requirements relating to patient privacy.
3. Know and adhere to a clinical site's privacy and procedures before undertaking any activities at the site.
4. Maintain the confidentiality of any patient information at all times, regardless of whether the identifiers listed in the "Do not" section of these guidelines have been removed.
5. Promptly report any violation of those procedures, applicable law, or SON's confidentiality agreement by a SON student, faculty or staff member to the appropriate SON clinical coordinator or clinical faculty member.
6. Understand that a violation of the clinical site's policies and procedures, of applicable law, or SON's confidentiality agreement will subject the student to disciplinary action. Students and faculty are not to do the following:
  - a) Discuss, use or disclose any patient information while in the clinical setting or outside of clinical unless it is part of the clinical setting.
  - b) Remove any record from the clinical site without the prior written authorization of that site.
  - c) Disclose any information about a patient during the clinical assignment to anyone other than the health-care staff of the clinical site.
  - d) Use patient information in the context of a learning experience, classroom case presentation, class assignment, or research without attempting to exclude as much of the following information as possible:
    - i Names
    - ii Geographical subdivisions smaller than a state
    - iii Dates of birth, admission, discharge, death
    - iv Telephone and fax numbers

- v E-mail addresses
  - vi Social security numbers
  - vii Medical records or account numbers
  - viii Certificate/license numbers
  - ix Vehicle or device numbers
  - x Web locators/Internet protocols
  - xi Biometric identifiers
  - xii Full face identifiers
  - xiii Any other unique identifying number, characteristic, or code
  - xiv All ages over 89
- e) Access any patient information unless patient is clinical assignment.
  - f) Disclose any personal health information to any entity not requiring PHI for health care purposes without their consent.

It is important for students who use social media for conversations for school-related purposes or school-related activities such as interactions in or about clinical course activities to have an understanding of confidentiality and privacy in the health care setting. When utilizing social media, students must be aware that the information posted may be public for others to see. Do not post confidential, sensitive, or proprietary information about students, clinical facilities, patients, or others you may come in to contact with in your student role. Distribution of sensitive and confidential information is protected under HIPAA and FERPA whether discussed through traditional communication channels or through social media.

The National Council of State Boards of Nursing has developed a guide for further clarification regarding the use of social media and its boundaries. For more information, review White Paper: A Nurse's Guide to Use of Social Media [https://www.ncsbn.org/NCSBN\\_SocialMedia.pdf](https://www.ncsbn.org/NCSBN_SocialMedia.pdf)

## OSHA GUIDELINES

Students are responsible to review OSHA training for Healthcare training at this [OSHA site](#). You should review all topics across the ribbon including: Culture of Safety, Infectious Disease, Safe Patient Handling, Workplace Violence, Other Hazards, and Standards/Enforcement.

## STUDENT RIGHTS AND RESPONSIBILITIES

The University strives to treat students and student organizations in a consistent and fair manner while respecting their rights and responsibilities as members of the Aspen University community. We are committed to balancing the interest of the individual student or student organization with the needs of the community at large. Our goal is to uphold our institutional values.

All students who attend AU should be aware of their rights and responsibilities. AU policies are listed in the Aspen University Course Catalog. The most recent version is downloadable online at <http://catalog.aspen.edu/>. You are expected to follow Aspen University's policies listed in the course catalog and those online at <http://catalog.aspen.edu/policies/>

## PROFESSIONAL DRESS AND BEHAVIOR

Students must obtain and wear an official Aspen University uniform and identification badge. For more information, please contact Clinical Coordination Office. Nursing students have a specific dress code listed below. All students are expected to present themselves as representatives of Aspen University's program. All students are expected to be respectful to faculty, student colleagues, staff, patients, and their families. Reports of unprofessional behavior will result in your being counseled by the clinical faculty and/or the Program Director/Clinical Coordinator and initiation of a Code of Conduct violation which is subject to review by the School of Nursing. You are expected to follow Aspen University's official Code of Conduct policy identified in the University Academic Catalog.

Nursing students are expected to be clear of any felony convictions at the time of admission into the School of Nursing and to remain free of felony convictions for the duration of the program. If the prospective student or enrolled student is charged with a felony, or another undesignated offense either before formal admission or during the program, he/she must notify either their Academic Advisor, or the Clinical Coordinator and Program Director immediately.

### Student Nurse Uniform Attire

The student uniform should be worn for all lab/skills simulation or classroom activities and specific scheduled clinical. Any deviations in dress at clinical including simulation lab will result in clinical warning or the student being sent home from clinical and placed on clinical probation. Proper identification MUST be worn at all times in all clinical, lab/skills simulation and classroom settings. The uniform and identification requirements of the clinical agency are to be followed.

The uniform consists of:

1. Wrinkle free black scrub pants
2. Wrinkle free Aspen blue scrub tops, embroidered with the University logo
3. Wrinkle free white or black lab jacket (optional)
  - a. A white or black lab jacket must be worn if appropriate street clothes are worn in place of the uniform for patient selection. Shorts, very short skirts, jeans, tank tops, tube tops, see-through clothing, exercise clothes (sweats), and open-toed shoes are not acceptable attire in any clinical agency.
4. Scrubs and white or black lab jackets may be purchased through the Apparel Pro: <http://www.apparelprousa.com> Click on Schools tab.
5. Name Badge, available from the SON Clinical Coordination Office. The name badge will show your picture and lists your legal first name, and "Student Nurse." The name badge must be worn while attending any clinical activity, lab/simulation or classroom. Name badge will not be worn outside of the clinical agency or campus.
6. White, black or neutral socks or hose are to be worn with the uniform.
7. Shoes are to be predominantly white or black, duty, leather shoes with predominantly white or black soles, closed heels or predominantly white or black, clean athletic shoes. Shoelaces must also coordinate.

8. Undergarments will not be visible through the uniform.
9. Additional items included as part of the uniform are:
  - a. Stethoscope with a bell and diaphragm head
  - b. Penlight
  - c. Bandage scissors
  - d. Black and Red pens
  - e. Goggles/Protective eyewear
  - f. If a belt organizer is used, it must be white or blue.
  - g. Watch with a second hand.
10. Optional items:
11. White or black cotton tee shirts, crew neck or turtleneck, may be worn under uniforms for warmth or modesty.
12. A white, black or Aspen blue scrub jacket may be worn in the clinical setting for warmth.

### *Professional Appearance*

1. The clinical facility's ID must be worn whenever in that facility. Students who do not wear this ID may be asked to leave the facility.
2. Hair should be short, or pulled back and styled neatly. Natural hair color is required; no purple, green, pink, blue or similar hair color is permitted. Beards or mustaches, if worn, should be neatly trimmed. Artificial eyelashes or eyelash extensions are not permitted.
3. Fingernails should be neatly trimmed and free of cracked nail polish. Only clear or neutral nail polish may be used, if desired. Acrylic nails, gels, overlays, dips, powders or any other nail enhancements are not permitted.
4. Permitted jewelry includes one pair of studded earrings, a watch, and a plain ring band. No other visible jewelry is acceptable including tongue rings or other facial jewelry. Clear spacers may not be worn in place of facial piercings. Tattoos and any other body art should be covered where possible. (Students are directed to follow the agency guidelines when in specified areas such as nursery, labor and delivery, and operating room.)
5. Perfume, after-shave lotion, and heavy makeup are not acceptable in the clinical area.
6. Gum chewing is not acceptable.
7. Clothing worn in non-clinical setting activities not requiring student uniform should adhere to professional standards.
8. Cell phone use is not permitted in the classroom or in the patient clinical setting. Students are expected to follow agency guidelines and clinical faculty directions regarding appropriateness of cell phone usage in the clinical setting.
9. Please remember that students represent Aspen University. Your appearance must be clean, neat, and professional.

### *Professional Attire for Specific Community Health Experiences, Presentations, Behavioral Health Clinical, or as Indicated by Faculty*

Please check with your Community Health faculty on agencies that require "street clothes," also known as business casual. Business casual is acceptable and can be interpreted as:

1. Women: wrinkle free slacks (dress pants), skirts (mid-calf to about two inches above the knee), blouses, shells, cardigans, blazers or dresses, shoes that cover the entire foot.
2. Men: wrinkle free dress pants, button down shirts, polo shirts (short sleeved shirts with a collar), blazers, shoes that cover the entire foot.
3. Do not wear:
  - a. Denim material
  - b. Anything that is see-through, short, tight, or shows too much skin.
  - c. Flip-flops or tennis shoes/sneakers.

## TRANSPORTATION/TRAVEL TO CLINICAL SITES

Students must provide their own transportation to the clinical sites and other off campus locations which may be required for nursing class or clinical experiences. Clinical sites may be within a 100-mile radius of the program location.

Clinical faculty and the Clinical Coordination Office work to put together clinical rotations using a combination of agencies that would provide a varied experience for students in accordance with the course objectives. When you join the profession, you will be working in different types of settings throughout your career. Exposure to those settings now will make you comfortable and competent regardless of which setting you choose to apply to and be employed by.

Agencies that accept nursing students for learning experiences have restrictions based on the number of students that each agency can accommodate at one time, and the days that the agency is available to host students. These agencies are providing mentoring and teaching as part of their professional commitment to supporting the next generation of nurses, but they are not paid for their time or obligated to serve. Therefore, sometimes it takes a combination of agency placements to meet the required clinical hours, and they may be some distance away. Be flexible.

Aspen University SON, in conjunction with these agencies, makes every attempt to minimize the distance that students travel to their clinical experience, but sometimes additional travel is unavoidable. We know attending clinical can be challenging, but rest assured your learning experience is a valuable one and will guide your future as a well-prepared professional.

## GENERAL HEALTH AND SAFETY REQUIREMENTS

Students and clinical faculty are expected to take measures to maintain their personal health so as not to jeopardize themselves or any patient with whom they come in contact. Students who are accepted into the program must show evidence of the SON required immunizations and diagnostic procedures as required by the clinical agencies utilized. At any time, a student may be required to receive a medical examination if deemed necessary by the clinical faculty for the wellbeing of the student and/or the patients/clients.

As students are in contact with clients in a variety of health situations, it is imperative that students maintain protection against communicable illnesses. In addition, students must meet agency health requirements to enter clinical course work. Students are responsible for updating BLS, personal health insurance, TB screening and Tetanus immunizations when needed. **Students will not be allowed to participate in clinical experiences unless all agency and AU & SON requirements are current.** Any

student that falls out of compliance due to expired documentation will immediately be restricted from clinical participation until renewed documentation is provided and coinciding faculty will be notified. Missing clinical may jeopardize student success in the program. All students will be contacted early in their program by the Clinical Coordination Office and provided guidance on the proper submission of required health and safety documentation.

Faculty will work with the Program Director and Faculty Services regarding submission of their required documents and must also maintain currency for required health and safety documentation.

Item	Description												
<b>Tuberculosis (TB)</b>  <b>For continued enrollment - required annually.</b>	<p>Initial Tuberculosis testing must be a 2-step PPD (repeated PPD). If the first PPD is negative, a second skin test is required within 7 – 21 days.</p> <p>Subsequent tuberculosis testing is a one-step PPD repeated annually. The skin test reaction should be read between 48 and 72 hours after administration. A patient who does not return within 72 hours will need to be rescheduled for another skin test. A TB test is valid for one year. TB records must be current and on file. For positive skin tests, an annual symptoms checklist is required and date of positive conversion provided. CXRs will be required only if the clinical site requests this. A chest x-ray is valid for 5 years. The QuantiFERON®-TB Gold blood test may be accepted in lieu of the PPD. The PPD is not contraindicated for anyone including pregnant women, persons who are HIV-infected, or persons who have been vaccinated with BCG. Evaluation will be made on an individual basis.</p>												
<b>BLS card</b>  <b>For continued enrollment - Re-certification required prior to expiration date.</b>	<p>BLS certification for the Professional Rescuer or Healthcare Provider is required. Information as to the availability of courses may be obtained by calling either the American Heart Association or American Red Cross, or checking online. This certification is valid for a two-year period and provides comprehensive training in this area.</p> <p><i>Other BLS courses will NOT fulfill this requirement. Online-only courses are not acceptable.</i></p> <table border="1" data-bbox="415 1260 1520 1528"> <thead> <tr> <th data-bbox="415 1260 909 1297">Provider Name</th> <th data-bbox="909 1260 1520 1297">Course Title</th> </tr> </thead> <tbody> <tr> <td data-bbox="415 1297 909 1339">American Heart Association</td> <td data-bbox="909 1297 1520 1339">BLS Healthcare Provider</td> </tr> <tr> <td data-bbox="415 1339 909 1381">American Red Cross</td> <td data-bbox="909 1339 1520 1381">CPR/AED for the Professional Rescuer</td> </tr> <tr> <td data-bbox="415 1381 909 1423">American Safety and Health Institute</td> <td data-bbox="909 1381 1520 1423">CPR for Professionals</td> </tr> <tr> <td data-bbox="415 1423 909 1465">Emergency Care and Safety Institute</td> <td data-bbox="909 1423 1520 1465">Healthcare Provider CPR</td> </tr> <tr> <td data-bbox="415 1465 909 1528">National Safety Council</td> <td data-bbox="909 1465 1520 1528">Basic Life Support for Health Care and Professional Rescuers</td> </tr> </tbody> </table>	Provider Name	Course Title	American Heart Association	BLS Healthcare Provider	American Red Cross	CPR/AED for the Professional Rescuer	American Safety and Health Institute	CPR for Professionals	Emergency Care and Safety Institute	Healthcare Provider CPR	National Safety Council	Basic Life Support for Health Care and Professional Rescuers
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<b>Tetanus-Diphtheria (TD/Tdap)</b>  <b>For continued enrollment</b>	<p>Documentation of Tetanus/Tetanus-Diphtheria/Tetanus-Diphtheria with Acellular Pertussis vaccination administered within the past 10 years. (Tdap vaccines are preferred.). If you have a medical condition which does not allow current immunization, then you may sign a waiver and send to the Clinical Coordination Office to document your medical exception.</p>												

<b>Influenza (Flu)</b>  <b>For continued enrollment - required annually.</b>	Flu vaccines are available from late September through early May. Students are required to have a current flu vaccine on file in order to enter the clinical setting. Influenza vaccine is required annually. If you have a medical condition which does not allow current immunization, then you may sign a waiver and send to the Clinical Coordination Office to document your medical exception.			
<b>Health Clearance Form</b>	A physician or other health care provider completes this form following a physical exam of the student. If the physical was performed within the last six months, the form may be completed based off of that exam. (Form in appendices.)			
<b>Hepatitis B</b>	Hepatitis B vaccine (3 doses), Hepatitis B Waiver, or blood titers are required. A lab confirmation must be presented (see below) if using blood titers. You will be required to repeat the vaccine series if there is no immunity. If you have repeated vaccination series and completed a second titer and the results are still negative, equivocal, or borderline, then you may sign a waiver for this disease. A waiver is required if vaccine not administered. (Form in appendix). If you have a medical condition which does not allow current immunization, then you may sign a waiver and send to the Clinical Coordination Office to document your medical exception. Evaluation will be made on an individual basis.			
	HBsAg anti-HBc anti-HBs	negative negative positive with >10mIU/mL	immune due to vaccination	no vaccination necessary
<b>MMR: Measles, (Rubeola), Mumps, Rubella</b>	Students must show proof of immunity (lab evidence indicating positive MMR titers). It is not sufficient to report having had any of these illnesses or vaccinations as a child. Titers must indicate adequate protection. Equivocal results are considered negative and the student is required to get a booster for the MMR vaccine. If not immune (negative titer results), then student must be vaccinated and be re- tested at least 30 days after receiving the vaccination. If, after the second blood test, the student is still showing “negative” or “non-reactive” for immunity, no further vaccines/titer requests then you may sign a waiver for this disease. If you have a medical condition which does not allow current immunization, then you may sign a waiver and send to the Clinical Coordination Office to document your medical exception. Evaluation will be made on an individual basis.			
<b>Varicella (Chicken Pox)</b>	Students must show proof of immunity (lab evidence indicating positive varicella titers). Because of recent changes in policies, documentation of history of chicken pox or varicella vaccinations are not sufficient. If not immune (negative titer results), then student must be vaccinated and be re- tested at least 30 days after receiving the vaccination. If, after the second blood test, the student is still showing “negative” or “non-reactive” for immunity, no further vaccines/titer requests will be required. If you have a medical condition which does not allow current immunization, then you may sign a waiver and send to the Clinical Coordination Office to document your medical exception. Evaluation will be made on an individual basis			
<b>Health Insurance</b>	Verification of the student’s current health insurance coverage. (e.g., copy of insurance card.) This information will be required at the start of each semester you are enrolled.			

<b>For continued enrollment</b>	Please note that this is only for your nursing file, and is NOT shared with other departments.
<b>DPS Fingerprint Clearance Card</b>  <b>For continued enrollment - Unexpired card required.</b>	The Fingerprint Clearance card must be submitted prior to beginning the program for all new students. This is not a copy of your actual fingerprints. See the Department of Public Safety for forms &/or questions: <a href="http://www.azdps.gov/Services/Fingerprint/">http://www.azdps.gov/Services/Fingerprint/</a>  When requesting a fingerprint clearance card, please ask for a "Healthcare Student" card (which encompasses criminal and sex offender checks performed at the federal and state levels). In other words, per the Fingerprint Clearance Card application, students are to indicate that they are Health Sciences Students and Clinical Assistants (ARS 15-1881). When completing the Fingerprint Clearance Card application, please list Aspen University (and its local address) as the sponsoring agency.
<b>Background Check</b>	All nursing students, must complete a background check prior to first clinical rotation. No felonies accepted, and misdemeanors will be subject to review by the Program Director whose decision is final. A student must report, within 10 days, any legal violation such as a DUI, misdemeanor or felony if occurrence is during the program. Students will not be permitted to continue in the program without a disposition date. Students may not be allowed to continue in the program depending on the offense.
<b>Hepatitis A</b>	Recommended but not required.
<b>Drug Screen</b>	Students are required to have a negative drug screen prior to beginning first clinical experience. Students will be notified by the Clinical Coordination Office when drug screen is required. The student pays the cost of the drug screen (approximately \$50). All students should refer to the detailed Policy for Student Drug, Nicotine & Alcohol Screening below.
<b>HIPAA Form</b>	Students and clinical faculty, must sign and return this form to the Clinical Coordination Office. (Form in appendices).
<b>Universal Precautions</b>	Based on the mandatory CDC and OSHA guidelines, students and clinical faculty will consistently observe blood and body fluid precautions when working with all clients in all settings.

## **POLICY FOR STUDENT DRUG, NICOTINE, & ALCOHOL SCREENING**

The practice of professional nursing demands that the clinician be free from the influence of any substance that would impair judgment and thinking ability. As a result, health care agencies are requiring students who work directly with patients to undergo drug screening. Nursing students must also be free from impairing substances. Health care agencies and the SON require drug screening of all nursing students prior to their first clinical experience. In addition, SON students are subject to screening if either the faculty suspects that the student is impaired at any time on campus, or during any health care experience or any other university or work related activity. Any student whose test is deemed positive will not be able to enroll or continue in the nursing program for a minimum period of one year. Determination will be made by the Program Director. The SON is required to report any positive screens and/or suspicion refusal to the appropriate board.

This policy is designed to identify the procedures to be followed for both types of testing as well as to outline the appeal and readmission to the program.

#### *Initial Urine Drug Screening*

1. First clinical course and new transfer students will be randomly given a drug screen authorization form and a 24-hour time frame to complete a urine drug screen at one of the laboratory options provided.
2. Students will be required to show picture identification upon arrival. A driver's license or passport are acceptable forms of identification.
3. The cost for all screening and medical review (if deemed necessary) is the students' responsibility.
4. A screen with questionable results will be sent by the lab for a medical review. Costs for review and retest will be the responsibility of the student.
5. A negative report is necessary to continue in the program of study in the SON.
6. This screen need not be repeated as long as the student maintains continuous enrollment. Continuous enrollment is defined as enrollment in nursing classes during all consecutive semesters until graduation.
7. Students may be re-tested for cause or reasonable suspicion.

#### *For Cause or Reasonable Suspicion Drug, Nicotine & Alcohol Screening*

The SON may ask a student to submit to a drug and alcohol screening at any time a faculty member believes that the student may be under the influence of drugs or alcohol. This includes but is not limited to the following circumstances: evidence of drugs or alcohol on or about the student's person or in the student's possession, unusual conduct on the student's part that suggests possible use or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness. Determination will be made by the Program Director after consultation with the clinical faculty.

1. Students will be asked to submit to an immediate oral drug and alcohol screening test conducted at one of the laboratory options provided.
2. Students may also be given a drug screen authorization form and asked to immediately complete a urine drug screen at one of the laboratory options provided.
3. Students will be required to show picture identification upon arrival. A driver's license or passport are acceptable forms of identification.
4. The costs for all screening and medical review (if deemed necessary) are the students' responsibility.
5. A screen with questionable results will be sent by the lab for a medical review by the company completing the drug screen. Costs for review and retest will be the responsibility of the student.

6. A negative report, excluding a positive nicotine result, is necessary to continue in the program of study in the SON.

*Follow-up Action: Positive Screen (For Cause or Initial Drug Screen)*

1. Positive drug screens (including those medically prescribed) may result in withdrawal from the nursing program for a minimum of 12 months. After this 12-month period, the student may apply for readmission under general guidelines stated in the Aspen University Academic Catalog, provided there is submission of evidence of satisfactory participation in a rehabilitation program for alcohol/substance abuse. Determination will be made by the Program Director.
2. Sources of evidence include:
  - a. Documentation of completed program of rehabilitation.
  - b. Acknowledgement of continuance in a twelve step or after-care program.
  - c. Letter from therapist or licensed health care provider stating the student is now able to function safely in a clinical facility.
3. The student must have a negative screen prior to being readmitted to the nursing program. The screen will be done at the direction of the SON Program Director and may be periodic while the student is in a SON program. The student is responsible for all costs of screening.
4. The decision to readmit will be made by the SON Program Director after review of submitted materials. As with other applications for readmission, space availability may be a determining factor.
5. A report will be filed with the AZ Board of Nursing upon withdrawal from the program consistent with the rules and regulations of the AZ Board of Nursing.
6. Any student who screens positive after one readmission may be permanently dismissed from the nursing program.

*Follow-up Action For-Cause Negative Screen*

1. Students whose drug screens are negative will meet with the Program Director to discuss the perceptions of impaired behavior and the implications and steps to avoid similar situations in the future.
2. A review by the Medical Review Officer (MRO) by the company collecting the drug screen for documentation of any medical condition or treatment may be requested.
3. Students will not be counted as absent from clinical during this evaluation process. However, students will be expected to meet the clinical objectives.
4. A reasonable suspicion/cause drug screen that is positive; however, is deemed negative by a MRO will follow these guidelines:
  - a. The student will meet with the SON Program Director.

- b. The student may be required to undergo, at the student's expense, an evaluation for drug use/prescription drug use/impairment by a psychiatrist recommended by the State Board of Nursing.
- c. The student will follow other recommendations deemed necessary by the SON Program Director.
- d. The student will be required to provide a negative drug screen prior to returning to clinical and be subject to periodic drug screens at the student's expense.
- e. More than one incident of a reasonable suspicion/cause drug screen that is positive; however, deemed negative by a MRO may result in withdrawal from the nursing program for a minimum of 12 months. In this case, the student will follow the positive drug screening guidelines.

#### *Students Who Refuse Drug Screening*

Students who refuse to participate in screening will be required to leave the clinical area and make an appointment with the Program Director of Nursing. The student will remain out of the clinical area until an investigation has been done and a recommendation has been made by the Program Director. Students who refuse screening may be subject to dismissal from the SON. A student who refuses to participate in the aforementioned rehabilitation program will not be allowed into clinical courses; therefore he/she cannot complete the nursing program.

#### *Substances Included in Urine Drug Screen*

Amphetamines, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine metabolite, Cotinine (tobacco/nicotine), Fentanyl, Meperidine, Methadone, Opiates, Oxycodone, Phencyclidine, Propoxyphene

*\*Please note certain clinical facilities include nicotine as part of their screening and will not allow students to rotate at their facility who test positive from nicotine or its byproduct, cotinine.*

## **SAFETY GUIDELINES FOR STUDENTS**

### **Standard Precautions**

Students will adhere to all guidelines for Standard Precautions within the clinical agencies.

### **Bodily Fluids Exposure and/or Injury during Lab or Clinical Experiences**

Aspen University acknowledges the inherent risks associated with working around or with patients and health care organizations, including a potential exposure to blood and body fluids. Once in a patient care setting, you will have access to and are expected to utilize appropriate blood borne pathogen barriers, proper sanitary precautions, and appropriate biohazard disposal equipment and procedures at each clinical site. The following policy outlines your responsibilities in this area:

- Students scheduled in rotations at facilities that utilize mCE (My Clinical Exchange) complete the Infection Control (includes bloodborne pathogen information) modules and exams annually.

- Students receive the Bloodborne Pathogen and Safety training in week 1 of every semester in lab orientation.
- You must have and maintain current health insurance and show verification of coverage each year while matriculated in the program.
- Aspen University and the clinical agencies that provide practical experiences for students are not responsible or liable for the costs of medical follow-up or expenses incurred.
- If evaluation and treatment is required by the facility where you are completing clinical experiences, the student is responsible for all costs and associated follow up.
- In the event that you are injured or exposed to blood and body fluids, you will:
  - Immediately notify your clinical instructor or site supervisor.
  - Wash the area immediately and thoroughly with soap and water.
  - Within 24 hours, follow-up with your own Primary Care Provider who will decide of immunization status and give appropriate prophylaxis or referral for appropriate prophylaxis.
  - Assume full responsibility for disease sequelae.
  - Follow the policies of the agency (if any).
  - Complete an incident report with the clinical faculty who was present during incident. A copy of this report will be given to the Clinical Coordination Office and placed in the student's file.

## Protocol for Puncture Wounds and Exposure to Blood or Bodily Fluids

- Incidents involving any type of needle stick or body-fluid exposure must be reported to the Clinical Faculty/Facility immediately! The clinical faculty will then notify the Clinical Coordination Office.
- All faculty and students should observe the protocol for safe needle usage when practicing or performing parental injections, IV starts, blood draws, or using syringes, or performing any invasive procedure as part of a skills check off, or in a clinical setting. The faculty/student should follow the protocol for needle usage at the agency where clinicals are being held.

### *Uncontaminated Needle Stick or Intact Skin Exposure*

A student who accidentally punctures him/herself with an uncontaminated needle or is exposed to blood or bodily fluid that is an intact skin exposure should:

1. Wash the area immediately and thoroughly with soap and water
2. Follow-up with their own Primary Care Provider or other facilities listed on the resource page who will make a determination of Tetanus immunization status and give appropriate prophylaxis or referral for appropriate prophylaxis.
3. Complete an incident report with the clinical faculty who was present during the incident. A copy of this report will be given to the Clinical Coordination Office and placed in the student's file.
4. Counseling referral and other referrals can be arranged through the student's personal Primary Care Provider.

### *Contaminated Needle Stick or Non-Intact Skin or Mucous Membrane Exposure*

If the exposure is via a contaminated needle or if a bodily fluid exposure to non-intact skin, or to mucous membranes the student should continue with the following:

1. Wash the skin area immediately with soap and water. If exposure is to mucous membranes, flush area with water immediately.
2. Report the incident to your clinical faculty.
3. Immediately seek medical attention. If in an acute care setting, always follow agency guidelines. This may include reporting to either Occupational Health or the agency Emergency Department.

In the event that this incident occurs, in the community setting, when the agency Occupational Health Center or Emergency Department are not available, Aspen University recommends that you seek immediate treatment at an Urgent Care or Physician's Office equipped to treat contaminated needle stick injuries.

An incident report will be completed by the student and the clinical faculty who was present during incident. A copy of this report will be given to the Clinical Coordination Office to be placed in the student's file. Financial responsibility for testing and recommended care following an exposure rests solely with the student. This could include testing, evaluation, treatment, and counseling.

If you have questions about the appropriate medical treatment, the Centers for Disease Control and Prevention recommend that you call a 24-hour assistance line at 1.888.448.4911 (Clinicians' Post Exposure Prophylaxis Hotline).

## **POTENTIAL RESOURCES FOR MEDICAL TREATMENT NEAR ASPEN UNIVERSITY**

Emergency Departments, Primary Care Physicians, Occupational Health Services, Urgent Cares

- Maricopa County Public Health Clinic  
STD/HIV Testing  
1645 E. Roosevelt Street  
Phoenix, Arizona 85006  
602-506- 1678  
Clinic Hours: Monday, Tuesday, Thursday, Friday 8:00 am-5:00 pm, Wednesday 9:00 am-5:00pm. Please *register before 3 pm, no appointment necessary*
- Maricopa Medical Center-Emergency Department Hours: 24 hours available  
2601 East Roosevelt Street  
Phoenix, Arizona 85006
- Planned Parenthood Centers

Please contact individual center to verify ability to provide PEP services

Clinic hours vary per location

\*\*Note: Above services are subject to change. It is strongly encourage the student contact the service to verify ability to provide PEP services.

## TUBERCULOSIS EXPOSURE PLAN

According to the CDC, "It is important to know that a person who is exposed to TB bacteria is not able to spread the bacteria to other people right away. Only persons with active TB disease can spread TB bacteria to others."

"Some people develop TB disease soon (within weeks) after becoming infected, before their immune system can fight the TB bacteria. Other people may get sick years later, when their immune system becomes weak for another reason. Many people with TB infection never develop TB disease."

<http://www.cdc.gov/tb/topic/basics/exposed.htm>

Students will not be held from clinical experiences unless they have an active TB infection, not TB disease. Active TB is determined using TB screening and confirmation by qualified health care providers/professionals based on symptoms of active TB.

Tuberculosis (TB) exposure potential is defined as any exposure to the exhaled or expired air of a person with suspected or confirmed TB disease. A high hazard procedure involving an individual with suspected or confirmed TB disease is one that has the potential to generate potentially infectious airborne respiratory secretions such as aerosolized medication treatment, bronchoscopy, sputum induction, endotracheal intubation, and suctioning. Workplaces with inherent exposure potential to TB disease:

- Health care facilities
- Corrections facilities
- Homeless shelters/clinics for homeless
- Long term health facilities
- Drug treatment centers
- Post-exposure Procedure

1. When a Tuberculosis (TB) exposure occurs, the involved student will report the incident to the clinical instructor and the appropriate administrative staff at the involved institution or agency.
2. The student will be counseled immediately and referred to his or her personal health care provider, or local Health Department.
3. A baseline Tuberculosis Skin Test (TST) should be administered as soon as possible after the exposure.
4. Frequency of follow-up TSTs will be performed per provider protocol. A TST performed 12 weeks after the last exposure will indicate whether infection has occurred.
5. A student with evidence of new infection, (TST conversions) needs to be evaluated for active TB. Even if active TB is not diagnosed, prophylactic therapy for latent TB is recommended.

6. A student with a previously documented reactive TST need not be retested but should have a baseline symptom screen performed following the exposure and repeated 12 weeks after the exposure. If the symptom screen is positive a chest x-ray is required.
7. Any active case of TB must be reported to local Health Department.

### *Return to Class for Active TB*

A student diagnosed with active pulmonary or laryngeal TB may be highly infectious; and will not be able to attend class or clinical experiences until he/she is noninfectious. In order to return to school the student will need to provide documentation from the health care provider that he/she is noninfectious. The documentation needs to include evidence that:

- The student has received adequate therapy for a minimum of 2 weeks.
- The cough has resolved, and the student is not experiencing chest pain, hemoptysis, fever or chills.
- The results of three consecutive sputum acid-fast bacilli (AFB) smears collected on different days are negative

### *Documentation and Financial Responsibility*

- After the student returns to school and remains on anti-TB therapy, periodic documentation from their health care provider is needed to show that effective drug therapy is being maintained for the recommended period and that the sputum AFB smear results remain negative.
- The student is responsible for all costs related to the exposure incident.
- The student's health records will be maintained in a confidential file.

## **COMMUNICABLE DISEASE POLICY**

You may not participate in classroom or field experiences during the time you are affected by or suspect you have a communicable disease. A communicable disease is a health disorder that can be passed from one person to another. If suspected of communicable disease, you must immediately visit your personal physician for evaluation. If the evaluation shows possible communicable disease, you must remain out of contact with patients for the duration suggested by the physician and report this to the course faculty and program director. You may not return to participation in clinicals until you have been re-evaluated by a physician, nurse practitioner, or physician assistant and released with written verification from the medical provider. You must contact the clinical faculty upon suspicion and verification of the disease.

The following are examples of communicable diseases:

AIDS	Yellow Fever	Herpes Simplex
Cholera	Chickenpox	Meningitis (bacterial)
Tetanus	Diarrhea-infectious	Mumps
Shingles (Herpes Zoster)	Hepatitis A, B or C	Pertussis (whooping cough)
Conjunctivitis	Strep pharyngitis	Rubella
Impetigo	Measles	Shigellosis
Diphtheria	Influenza	Streptococcal pneumonia

Scabies	Lice (pediculosis)	Group A Strep
Hand, foot, mouth syndrome	Lyme disease	Pinworms
Viral and acute hepatitis	Escherichia coli (E coli)	Ringworm
Herpes	Tuberculosis	

## HEAD LICE PROCEDURE

- Transmission to another host occurs when two heads are in direct contact for one minute or more. They can climb rapidly in dry hair and are not removed by washing.
- Standard Infection Control Precautions (Universal Precautions Policy) should be implemented for the management of lice.
- Staff should wear appropriate PPE (long sleeved gowns and gloves) during application of treatment and when prolonged contact occurs.
- Remove linen and clothing carefully and treat as infected linen.
- Minimum of daily linen changes may be necessary to reduce the number of lice where there is heavy infestation.
- Personal clothing can be sent home in a sealed plastic bag for washing which should be washed at temperatures suitable for the fabric but ideally above 65 degrees and preferably dried in a tumble drier and ironed.
- Student needs to go home for treatment and cannot return for 24 hours: Obtain the recommended product from the pharmacy. Treat the patient according to product instructions. Two treatments are recommended seven days apart to prevent lice emerging from eggs that survive the first application. All family members, close contacts and affected staff (head to head contact for 1 minute or more) to be treated at the same time on the same day.

## HEALTH AND SAFETY REQUIREMENTS CHECKLIST

The following documentation must be on file with the Clinical Coordination Office **BEFORE** a student's first clinical course:

*Health and Safety Requirements Checklist for Clinical Faculty and Nursing Students (See table above for specific program details):*

- Signed Medical Clearance Form
- Signed HIPAA form
- BLS or CPR for Healthcare Professionals/Providers
- Proof of Health Insurance Coverage
- TB
- Tetanus vaccination (Td/Tdap)
- MMR Titers
- Varicella Titer
- Hep B
- Influenza

- Urine drug screen
- Background check
- MOU or affiliation agreement
- Attend mandatory student orientation
- Complete training on patient privacy and clinical site requirements (for each clinical site)
- Fingerprint clearance card

### **Anticipated Costs**

Below are anticipated additional costs for the clinical portion of your program (outside your tuition and textbook expenses).

- Health exam and titers (without insurance) are around \$850
- Drug Screen (\$62)
- Immunizations (Cost varies)
- Uniform (Cost varies)
- Aspen Name Tag
- Background Check (\$85)
- Lab fees
- Clinical fees (\$35-\$50)
- Clinical equipment
- Transportation

## **CLINICAL COORDINATION OFFICE**

Aspen University School of Nursing Clinical Coordination Office (CCO) will partner with you to secure clinical sites based upon your specialty and location. The CCO staff will carefully monitor each of your placements to ensure they meet AU's high academic standards.

### **RESPONSIBILITIES OF THE CLINICAL COORDINATION OFFICE**

The SON CCO will determine if you have met all of the application requirements necessary to begin the clinical courses. Additional responsibilities of the Clinical Coordinator are as follows:

- Ensure that you understand the nature of the clinical experience and the expectations involved.
- Assist you in insuring all required health and safety documents and site requirements have been met.
- Be available to counsel with you as situations dictate.
- Communicate with the clinical faculty as necessary.

## **CLINICAL EXPERIENCE PLACEMENT PROCESS**

### **BSN Pre-licensure Clinical Placements**

All students in the BSN pre-licensure program will be scheduled for an appropriate clinical experience to align with progression of didactic courses which form the core of the program. The CCO will work with you to insure all health and safety and site required documents are verified and on file prior to clinical placement. It is your responsibility to work to complete these requirements on a timely basis to ensure successful placement. Students will typically be notified a minimum of 3 weeks in advance of the beginning of clinical assignments. Transition to Practice Residency is a different process that is competitive.

### **myClinicalExchange (mCE)**

Clinical rotations in Arizona are reserved using mandatory database systems that all users must register for and participate in as part of regional pre-licensure nursing education management processes. Students are required to create an account with myClinicalExchange (mCE), a web-based automated tool used to manage clinical placements, maintain hospital specific orientation as well as meet all facility requirements. Students cannot be entered into a clinical rotation unless they are registered in mCE. mCE uses a Pay-Pal system to charge individuals for setting up their account. Each student will be charged a fee of \$39.50 per year plus the Pay-Pal transaction fee of \$1.50. The year begins with the date the mCE profile is first created. Each student will create their own account by going to the following link: <https://register.myclinicaexchange.com>. Students should take immediate action upon receiving this notification.

## **CLINICAL, LAB/SIMULATION, SEMINAR ATTENDANCE AND PARTICIPATION**

Absences may jeopardize a student's successful progression and completion of the program. Absences may result in probation at the discretion of the faculty. Students who are too ill to perform safely in clinical, lab/simulation or seminar should seek medical attention and contact their faculty prior to missing.

Attendance of 100% is strongly recommended. Students are responsible for any and all material covered in class, in clinical, lab/simulation and in their assigned readings. Participation in the classroom and clinical experience is essential to meet the objectives for all courses.

Attendance at all seminars, discussions, clinical and laboratory courses is expected. Students are expected to be on time to all scheduled activities. Students are required to notify faculty of any absence and/or anticipated tardiness. Individual faculty will discuss the mechanism for notification of absence. Absenteeism may interfere with student attainment of course objectives, and may impact the grade students receive in clinical and theory courses. Legitimate illness may be an excused absence when defined as:

- o a communicable disease which can be transmitted to patients, staff, or other students
- o an illness which would be aggravated by attendance at seminar, lab, or clinical
- o hospitalization
- o an agreed upon circumstance approved by your faculty

Students will be asked to submit to the course faculty evidence of illness for time periods when they have significant health problems or absences.

Any student who has experienced an Emergency Department visit or hospitalization or an acute illness, trauma, surgery, or pregnancy/delivery will need a health care provider's release to return. Such a release should provide information that attests to the fact that the student is physically and emotionally able to provide direct patient care.

Students who must miss due to pregnancy or extended illness may not be able to complete course(s) objectives. Students must contact the faculty member to discuss options or students are encouraged to contact the Clinical Coordination Office. The SON is not obligated to provide makeup opportunities for students unable to complete course requirements during the normal academic calendar. Students are also prohibited from leaving the clinical site campus for lunch.

## Absence Policy

Failure to complete the minimum requirements will result in failure of that course.

All absences are to be reported to the faculty in a timely manner via email, text, or phone, as required by the faculty.

If a student is unable to attend, the student must:

1. Contact, by phone or in person, the faculty, at least one (1) hour prior to the scheduled time.
2. At the discretion of the faculty member, submit a release signed by a health care provider to return.
3. Release from medical provider if related to pregnancy.

## Attendance Policy

In training to be a professional nurse, on-time attendance is mandatory for clinicals, labs/simulations, and seminars. Attendance is defined as arriving at the beginning of each and staying until the end of the scheduled time. During each, you are expected to be consciously present, awake and ready to participate fully. Any anticipated attendance concerns are to be reported to the appropriate faculty immediately. For example, if you are stuck in traffic and will be late, call the faculty. You are not permitted to leave early without prior approval of the faculty. Tardiness to a scheduled lab, clinical, or seminar may result in dismissal from the remainder of the scheduled lab/clinical/seminar that day. A replacement lab/clinical/seminar is based on availability of faculty and space and there is no guarantee

of a replacement. Consequences of being tardy or early departure from a required lab, clinical, or seminar three times within the same course are as follow:

- ◆ First Occurrence: Student will receive a written warning.
- ◆ Second Occurrence: Student will be placed on clinical probation (see Clinical Probation Policy).
- ◆ Third Occurrence: Student will fail the lab/clinical/seminar.

## Clinical Restriction

Clinical restriction is the official means of restricting the student from any clinical experience when students have missing, expired, or insufficient immunizations or documentation requirements on file with the Clinical Coordination Office. You will be notified by the CCO four weeks before documentation is set to expire. Once documentation has expired, the CCO will notify your course faculty of your restriction status. **At all times, it is your responsibility to ensure that your health and safety documentation is up to date and current, and that all other program requirements have been met.** Health and safety requirements are mandatory for all students where indicated in this manual.

## Clinical Probation Policy

Clinical probation status is conferred at the discretion of the course/clinical faculty in collaboration with the Program Director for any unsafe, unacceptable or unprofessional behaviors or performance. Clinical probation may result in up to 10% reduction in the overall clinical grade and may result in the student being withdrawn from the course.

The following are examples of behaviors or performance that may lead to clinical probation:

- ◆ Exercising poor clinical judgment
- ◆ Exercising poor ethical judgement
- ◆ Practicing skills without faculty or assigned preceptor oversight
- ◆ Sleeping during the clinical/lab/seminar
- ◆ Participating in a setting with expired or outstanding immunizations or documentation or delay in items by the due date
- ◆ Unexcused absences
- ◆ Tardiness, failure to notify faculty/staff of tardiness or absences in clinical
- ◆ Insufficient preparation for the field experience
- ◆ Failure to follow clinical faculty or clinical nurse guidance
- ◆ Unsafe practice in the clinical area
- ◆ Causing a client unnecessary suffering or harm
- ◆ Failure to report abnormal data in a timely manner to the appropriate persons
- ◆ Conduct inappropriate to the role of the student as outlined in this manual
- ◆ Failure to dress in approved program attire

- ◆ HIPAA violations
- ◆ Leaving the clinical site without permission at any time during clinical hours
- ◆ Administering medications unsupervised by an RN or clinical faculty
- ◆ Performing skills/interventions which have not been signed off by the clinical faculty
- ◆ Acting outside of a student scope of practice

#### *Clinical Probation Procedure*

- ◆ A discussion with Clinical Faculty and a letter of probation will be provided to you by the Clinical Coordination Office.
- ◆ A copy of the letter will be placed in your permanent file.
- ◆ Code of Conduct processes will be initiated, if warranted.

## **FAILURE/PROGRAM EXPULSION**

If you fail to meet the course objectives, policies, and procedures outlined in the classroom and this manual, you may face failure or program expulsion. You must repeat any failed courses before moving on to the next course outlined in your program of study. A Code of Conduct violation will be filed by the faculty for any action that results in clinical failure. Clinical experience or Clinical course failure may result in a failure of the co-requisite didactic course. Examples of clinical failure, program expulsion, or Code of Conduct violation actions, include but are not limited to:

- ◆ Compromising Aspen University's relationship with any site
- ◆ Compromising safety in any form
- ◆ Plagiarism and unethical conduct resulting in Code of Conduct Violations

## **SCHEDULING OF CLINICAL HOURS**

The student's personal and work schedules are expected to accommodate the required number of hours required in each course.

Students must meet all orientation, health and safety, and administration expectations of the facility before scheduling field experiences. Students are not permitted to begin hours PRIOR to the start date of the course or complete them after.

# **SECTION 2: BACHELOR OF SCIENCE IN NURSING (PRE-LICENSURE) PROGRAM**

## **PROGRAM LEARNING GOALS**

**PLG 1: Generalist Nursing Practice:** Apply the knowledge, skills, attitudes, and behaviors needed to provide high quality patient-centered health care across the lifespan and function as a leader in health care environments. (Baccalaureate Essential I, II, IX; UMBO 3)

**PLG 2: Evidence-based Practice:** Demonstrate that one's professional nursing practice is grounded in current research. (Baccalaureate Essential III; UMBO 4)

**PLG 3: Patience Care Technology:** Utilize patient care technology while managing resources efficiently and effectively when planning, implementing and evaluating interventions to achieve optimal health outcomes for diverse populations (Baccalaureate Essential IV, UMBO 5)

**PLG 4: Healthcare Policy:** Exhibit an understanding of healthcare policies, including financial and regulatory, that impact the role of the nurse and the healthcare system. (Essential V; UMBO 3)

**PLG 5: Population Health:** Recognize the leadership role of the nurse in health promotion and disease prevention for individuals, families and communities. (Baccalaureate Essential II, VII; UMBO 2)

**PLG 6: Value Systems and Ethical Behavior:** Develop a personal and professional value system that is ethical and demonstrates cultural competence and sensitivity. (Baccalaureate Essential VII, VIII; UMBO 1, 2)

**PLG 7: Interprofessionalism:** Demonstrate communication and collaboration among and between healthcare professionals who are critical to delivering high quality and safe patient care. (Baccalaureate Essential VI, VIII; UMBO 2)

## BSN (PRE-LICENSURE) CURRICULUM PLAN

Course Number	Course Name	Theory Credits	Lab Credits	Clinical Credits	Total Credits	Lab Contact	Clinical Contact	Total Contact Hours	Delivery Method
Carnegie Classification for Contact Hours						30	45		
<b>Year 1: Semester One</b>									
COM100	Intro to Communications	3.0	0.0	0.0	3.0	0.0	0.0	0.0	online
MAT 130	Concepts of Fundamental Mathematics	3.0	0.0	0.0	3.0	0.0	0.0	0.0	online
SBS 105	Introduction to Psychology	3.0	0.0	0.0	3.0	0.0	0.0	0.0	online
SBS110	Introduction to Sociology	3.0	0.0	0.0	3.0	0.0	0.0	0.0	online
HCA205	Principles of Health and Disease	3.0	0.0	0.0	3.0	0.0	0.0	0.0	online
	<b>Subtotal - Semester 1</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	
<b>Year 1 Semester Two</b>									

SBS200	Developmental Psychology	3.0	0.0	0.0	<b>3.0</b>	0.0	0.0	<b>0.0</b>	online
SBS120	Cultural Diversity	3.0	0.0	0.0	<b>3.0</b>	0.0	0.0	<b>0.0</b>	online
BIO201	Anatomy and Physiology I	3.0	0.0	0.0	<b>3.0</b>	0.0	0.0	<b>0.0</b>	online
BIO201L	Anatomy and Physiology I- Lab	0.0	1.0	0.0	<b>1.0</b>	30.0	0.0	<b>30.0</b>	campus
CMP160	English Comp I	3.0	0.0	0.0	<b>3.0</b>	0.0	0.0	<b>0.0</b>	online
	<b>Subtotal - Semester 2</b>	<b>12.0</b>	<b>1.0</b>	<b>0.0</b>	<b>13.0</b>	<b>30.0</b>	<b>0.0</b>	<b>30.0</b>	
<b>Year 1 - Semester 3</b>									
BIO202	Anatomy and Physiology II	3.0	0.0	0.0	<b>3.0</b>	0.0	0.0	<b>0.0</b>	online
BIO202L	Anatomy and Physiology II- Lab	0.0	1.0	0.0	<b>1.0</b>	30.0	0.0	<b>30.0</b>	campus
HCA130	Healthcare Writing and Communications	3.0	0.0	0.0	<b>3.0</b>	0.0	0.0	<b>0.0</b>	online
BIO210	Microbiology	3.0	0.0	0.0	<b>3.0</b>	0.0	0.0	<b>0.0</b>	online
BIO220	Pathophysiology	3.0	0.0	0.0	<b>3.0</b>	0.0	0.0	<b>0.0</b>	online
	<b>Subtotal - Semester 3</b>	<b>12.0</b>	<b>1.0</b>	<b>0.0</b>	<b>13.0</b>	<b>30.0</b>	<b>0.0</b>	<b>30.0</b>	
<b>Year 2 - Semester 4</b>									
SEM101	Nursing Seminar 4A	0.0	0.5	0.0	<b>0.5</b>	15.0	0.0	<b>15.0</b>	campus
N110	Foundations of Nursing Practice	3.0	0.0	0.0	<b>3.0</b>	0.0	0.0	<b>0.0</b>	online
HCA105	Pharmacology	3.0	0.0	0.0	<b>3.0</b>	0.0	0.0	<b>0.0</b>	online
HCA105	Pharmacology Lab	0.0	1.0	0.0	<b>1.0</b>	30.0	0.0	<b>30.0</b>	campus
SEM102	Nursing Seminar 4B	0.0	0.5	0.0	<b>0.5</b>	15.0	0.0	<b>15.0</b>	campus
N320	Introduction to Health Assessment	3.0	0.0	0.0	<b>3.0</b>	0.0	0.0	<b>0.0</b>	online
N320L	Introduction to Health Assessment Lab	0.0	1.0	0.0	<b>1.0</b>	30.0	0.0	<b>30.0</b>	campus
	<b>Subtotal - Semester 4</b>	<b>9.0</b>	<b>3.0</b>	<b>0.0</b>	<b>12.0</b>	<b>90.0</b>	<b>0.0</b>	<b>90.0</b>	
<b>Year 2 - Semester 5</b>									
SEM103	Nursing Seminar 5A	0.0	0.5	0.0	<b>0.5</b>	15.0	0.0	<b>15.0</b>	campus
N310	Fundamentals of Nursing	4.0	0.0	0.0	<b>4.0</b>	0.0	0.0	<b>0.0</b>	online
N310L	Fundamentals of Nursing Skills Lab	0.0	3.0	0.0	<b>3.0</b>	120.0	0.0	<b>120.0</b>	campus
N315	Professional & Legal Aspects of Nursing	3.0	0.0	0.0	<b>3.0</b>	0.0	0.0	<b>0.0</b>	online
SEM104	Nursing Seminar 5B	0.0	0.5	0.0	<b>0.5</b>	15.0	0.0	<b>15.0</b>	campus
N300	Mental Health	2.0	0.0	0.0	<b>2.0</b>	0.0	0.0	<b>0.0</b>	online
N300C	Mental Health- Clinical	0.0	0.0	1.0	<b>1.0</b>	0.0	45.0	<b>45.0</b>	clinical site

	Proctored Exam: HESI								
	<b>Subtotal - Semester 5</b>	<b>8.0</b>	<b>5.0</b>	<b>1.0</b>	<b>14.0</b>	<b>150.0</b>	<b>45.0</b>	<b>195.0</b>	
<b>Year 2 - Semester 6</b>									
SEM105	Nursing Seminar 6A	0.0	0.5	0.0	<b>0.5</b>	15.0	0.0	<b>15.0</b>	campus
N492	Community Health Nursing I	2.0	0.0	0.0	<b>2.0</b>	0.0	0.0	<b>0.0</b>	online
N492C	Community Health Nursing I- Clinical	0.0	0.0	2.0	<b>2.0</b>	0.0	90.0	<b>90.0</b>	clinical site
SEM106	Nursing Seminar 6B	0.0	0.5	0.0	<b>0.5</b>	15.0	0.0	<b>15.0</b>	campus
MAT 181	Statistics	3.0	0.0	0.0	<b>3.0</b>	0.0	0.0	<b>0.0</b>	online
N493P	Community Health Nursing II	2.0	0.0	0.0	<b>2.0</b>	0.0	0.0	<b>0.0</b>	online
N493C	Community Health Nursing II- Clinical	0.0	0.0	2.0	<b>2.0</b>	0.0	90.0	<b>90.0</b>	clinical site
	<b>Subtotal - Semester 6</b>	<b>7.0</b>	<b>1.0</b>	<b>4.0</b>	<b>12.0</b>	<b>30.0</b>	<b>180.0</b>	<b>210.0</b>	
<b>Year 3 - Semester 7</b>									
SEM107	Nursing Seminar 7A	0.0	0.5	0.0	<b>0.5</b>	15.0	0.0	<b>15.0</b>	campus
N350	Maternal Health	2.0	0.0	0.0	<b>2.0</b>	0.0	0.0	<b>0.0</b>	online
N350C	Maternal Health- Clinical	0.0	0.0	1.0	<b>1.0</b>	0.0	45.0	<b>45.0</b>	clinical site
N355	Adult Health I	2.0	0.0	0.0	<b>2.0</b>	0.0	0.0	<b>0.0</b>	online
N355C	Adult Health I - Clinical	0.0	0.0	2.0	<b>2.0</b>	0.0	90.0	<b>90.0</b>	clinical site
SEM108	Nursing Seminar 7B	0.0	0.5	0.0	<b>0.5</b>	15.0	0.0	<b>15.0</b>	campus
N360	Child Health	2.0	0.0	0.0	<b>2.0</b>	0.0	0.0	<b>0.0</b>	online
N360C	Child Health- Clinical	0.0	0.0	1.0	<b>1.0</b>	0.0	45.0	<b>45.0</b>	clinical site
N365	Adult Health II	2.0	0.0	0.0	<b>2.0</b>	0.0	0.0	<b>0.0</b>	online
N365C	Adult Health II - Clinical	0.0	0.0	2.0	<b>2.0</b>	0.0	90.0	<b>90.0</b>	clinical site
	<b>Subtotal - Semester 7</b>	<b>8.0</b>	<b>1.0</b>	<b>6.0</b>	<b>15.0</b>	<b>30.0</b>	<b>270.0</b>	<b>300.0</b>	
<b>Year 3 - Semester 8</b>									
SEM109	Nursing Seminar 8A	0.0	0.5	0.0	<b>0.5</b>	15.0	0.0	<b>15.0</b>	campus
N410	Adult Health III	2.0	0.0	0.0	<b>2.0</b>	0.0	0.0	<b>0.0</b>	online
N410C	Adult Health III - Clinical	0.0	0.0	2.0	<b>2.0</b>	0.0	90.0	<b>90.0</b>	clinical site
SEM110	Nursing Seminar 8B	0.0	0.5	0.0	<b>0.5</b>	15.0	0.0	<b>15.0</b>	campus
N415	Research / Evidence-Based Practices	3.0	0.0	0.0	<b>3.0</b>	0.0	0.0	<b>0.0</b>	online
N420	Adult Health IV	2.0	0.0	0.0	<b>2.0</b>	0.0	0.0	<b>0.0</b>	online
N420C	Adult Health IV- Clinical	0.0	0.0	2.0	<b>2.0</b>	0.0	90.0	<b>90.0</b>	clinical site
	Proctored Exam: HESI								

	<b>Subtotal - Semester 8</b>	<b>7.0</b>	<b>1.0</b>	<b>4.0</b>	<b>12.0</b>	<b>30.0</b>	<b>180.0</b>	<b>210.0</b>	
<b>Year 3 - Semester 9</b>									
SEM 111	Nursing Seminar 9A	0.0	0.5	0.0	<b>0.5</b>	15.0	0.0	<b>15.0</b>	campus
BIO330	Genetics/Genomics	3.0	0.0	0.0	<b>3.0</b>	0.0	0.0	<b>0.0</b>	online
N455A	Transition to Prof. Practice	2.0	0.0	0.0	<b>2.0</b>	0.0	0.0	<b>0.0</b>	online
N455AC	Transition to Prof. Practice - Clinical	0.0	0.0	3.0	<b>3.0</b>	0.0	135.0	<b>135.0</b>	clinical site
SEM 112	Nursing Seminar 9B	0.0	0.5	0.0	<b>0.5</b>	15.0	0.0	<b>15.0</b>	campus
N455B	Transition to Prof. Practice	2.0	0.0	0.0	<b>2.0</b>	0.0	0.0	<b>0.0</b>	online
N455BC	Transition to Prof. Practice - Clinical	0.0	0.0	3.0	<b>3.0</b>	0.0	135.0	<b>135.0</b>	clinical site
	Proctored Exam: HESI NCLEX Predictor								
	<b>Subtotal - Semester 9</b>	<b>7.0</b>	<b>1.0</b>	<b>6.0</b>	<b>14.0</b>	<b>30.0</b>	<b>270.0</b>	<b>300.0</b>	
	<b>TOTAL HOURS</b>	<b>85.0</b>	<b>14.0</b>	<b>21.0</b>	<b>120.0</b>	<b>420.0</b>	<b>945.0</b>	<b>1,365.0</b>	

## CLINICAL EXPERIENCES FOR RN PROGRAMS

A registered nursing program shall provide clinical instruction that includes, at a minimum, selected and guided experiences that develop a student's ability to apply core principles of registered nursing in varied settings when caring for:

- a. Adult and geriatric patients with acute, chronic, and complex, life-threatening, medical and surgical conditions;
- b. Perinatal patients and families;
- c. Neonates, infants, and children;
- d. Patients with mental, psychological, or psychiatric conditions; and
- e. Patients with wellness needs.

A nursing program may utilize simulation in accordance with the clinical objectives of the course.

## SKILLS LABORATORY AND SIMULATION EXPERIENCE

The Skills Lab is where you will be introduced to new skills, be expected to practice, and be evaluated on your skills. Simulation activities will be integrated throughout your curriculum.

**Definition of Skills** – an inclusive term for psychomotor skills that includes rationale, critical thinking, physical assessment, and drugs and solutions

As you journey through your nursing program, you will spend time in the skills lab, whether you are learning new skills, reviewing previously learned skills, or being evaluated in preparation of clinical. Simulation activities will be a key component of all these elements, whether it is using a simple task

trainer, or a complex full bodied manikin or a peer. Critical thinking is encouraged by incorporating the rationale for what you are learning as well as understanding the nursing assessments and responsibilities that accompany these skills. Evaluation is a continuous process utilizing peer evaluations, course skills testing, and clinical experiences. The lab and simulation coordinator collaborate with the course faculty to coordinate nursing theory and clinical labs.

You can practice independently, with your peers, and with faculty to develop your skills. How much time you dedicate to practice is dictated by how quickly you learn and by the difficulty level of the skills. You have your own style and pace of learning; therefore, plan your time and needs accordingly. Practice is completed on your own time and testing may either be on your own time or during scheduled class/clinical time (course dependent). Currently there is no mandatory time requirement for practice. Therefore, it would be beneficial to include lab practice time into your weekly schedules.

The skills lab is an integral part of your nursing education where you can overcome your own fears and insecurities while working with a variety of task trainers, simulators, and actual hospital equipment. By using the provided equipment and supplies, you can simulate a clinical environment where you can learn and practice safely without causing harm to your patients. The clinical setting is not a **practice** setting.

The primary goal of the skills lab is to provide an environment for you to become competent with your nursing skills and thereby become a safe practitioner while working towards excellence in nursing.

## **STUDENT SKILLS AND SIMULATION LAB RESPONSIBILITIES**

- The skills lab is an extension of your clinical and academic programs. Therefore, all the same requirements for maintaining professional behaviors in both clinical and academic settings apply (i.e. dress and behavior, etc).
- No food or drink – may cause damage to equipment
- No children – risk of injury from equipment
- No cell phones during testing or in student work areas (Please turn phones off) – Can be very distracting to students when testing & practicing.
- Students are required to wear their student ID always while in the lab and follow the recommended dress code.
- Respect lab personnel and equipment always.
- Review and check lab schedules for open and closed times (posted outside of lab areas)
- Review the course syllabus for due dates and late assignment policies.
- Failure to meet deadlines may result in failure to meet course objectives.
- Review all skills guidelines for each check-off.
- Practice/Testing areas: Follow directions/signs for use of lab space and equipment. Ask for directions and for location of practice or testing equipment.

- Students may be assigned equipment for their own use during the semester for certain classes. If you are assigned equipment from the skills lab, it is your responsibility to keep this equipment (i.e. Cath kit or IV tubing) intact and to bring it with you to practice. When you are finished with the supplies for the semester, return them to the lab.
- If at any time your equipment becomes faulty, please return it to the lab for disposal and for replacement.
- Do not move manikins or manikin parts without the help of lab personnel.
- Do not use betadine on manikins.
- Use beds for practice and testing purposes only.
- Report any malfunctioning, unsafe, or damaged equipment to lab personnel.
- If you are aware that you have a latex allergy, or suspect that you do, it is your responsibility to notify skills lab personnel. Non-latex gloves and equipment is available upon request.
- If your check-off is unsatisfactory, remediation will be required prior to retesting.

## SKILLS LAB TESTING REMEDIATION POLICY

**Definition:** Required practice for all unsuccessful skill testing (check-offs).

**Guidelines:** Students must successfully complete the nursing skills check-off by obtaining the number of required points per skill as identified on form.

Consequences of unsuccessful completion of a skill check-off are as follows:

1. Required practice
2. Repeat testing (maximum 3 attempts)

## Remediation Steps

If unsuccessful

*1st Attempt –*

1. Mandatory 1 hour (minimum) practice with skills lab coordinator.
2. Student must complete a written one-paragraph reflection including identifying the potential/actual implications the unsuccessful performance would have on the patient outcomes. The student must include a reference related to the unsuccessful portion of the skill (i.e. effects of the medication errors, increased costs due to nosocomial infection, etc.). The reference can be from a professional journal, nursing reference book or textbook.
3. Student must submit the reflection when returning to repeat.

### 2nd Attempt -

1. Mandatory remediation with clinical faculty or lab coordinator 1 hour (minimum) and/or receive counseling for testing anxiety, if applicable.
2. Student must complete a written one-paragraph reflection including identifying the potential/actual implications the unsuccessful performance would have on the patient outcomes. The student must include a reference related to the unsuccessful portion of the skill (i.e. effects of the medication errors, increased costs due to nosocomial infection, etc.). The reference can be from a professional journal, nursing reference book or textbook.
3. Must have reflection and signed form from anxiety counseling and/or remediation provider when returning to repeat.

### 3rd Attempt -

1. If student is unsuccessful after 3rd attempt, there is no remediation and student fails the course.

### Example of Completed Reflection:

#### Reflection—Urinary Catheterization, Sterile Field

Not following aseptic technique for urinary catheterization can be detrimental to a patient health, wellbeing and even life. Per the CDC "the urinary tract is the most common healthcare acquired infection, accounting for 30% of infections reported by acute care hospitals. Virtually all healthcare associated urinary tract infections (UTIs) are caused by instrumentation of the urinary tract." Transmission of organisms, which can lead to infection, must be avoided by practicing proper aseptic technique. Although I was unaware of breaking sterile field during my catheter check off, I now have a much better understanding of not only what I did wrong, but how to do it correctly.

This knowledge and these skills are important for many reasons. Sterility is what allows a patient to receive the medical treatment necessary without causing adverse medical implications. Reaching over the sterile field contaminates the field by putting it at risk for the possibility of microorganism falling onto it; like sneezing or coughing over sterile field (Potter and Perry). I believe now that I am better prepared and have a better understanding of what I must do as a health care provider to ensure that my patients are at the lowest possible risk for infection.

#### Works Cited:

Catheter-Associated Urinary Tract (CAUTI) Event. (2012). Retrieved May 4 2012, from <http://www.cdc.gov.nhsn>

Potter, Patricia A and Perry, Anne G (2009). Fundamentals of Nursing, 7th Edition, St. Louis, Missouri: Mosby Elsevier

## BSN PRE-LICENSURE ROLES AND RESPONSIBILITIES

### Pre-Licensure Clinical Faculty Responsibilities

In accordance with the Arizona State Board of Nursing Advisory Opinion titled "Role of the Clinical Instructor", the role of the clinical instructor is within the scope of practice of a registered nurse, who meets the qualifications specified in Arizona Administrative Code Title 4, Chapter 19, Article 2 to serve as clinical instructor for RN or LPN pre-licensure students in an approved nursing program. Rule 4- 19- 206 requires that programs provide clinical practice experience as part of student clinical learning. Additionally under Rule 4-19-205 (A) the number of students admitted to a program is determined by the program resources including the number of available faculty and clinical site rotation availability.

This Advisory Opinion is intended to cover direct clinical instruction in clinical rotations and not intended to cover clinical preceptor supervision. Please see A.A.C. R4- 19-206 (E) for regulations pertaining to preceptorships.

At Aspen University the Clinical faculty responsibilities include the following:

- Work with Faculty Scheduling for contract assignment availability
- Complete all training required prior to supervising students in clinical
- Maintain immunization/health/safety compliance and complete any agency requirements necessary to start the assigned rotation
- Maintain personal updated Health and Safety documents.
- Follow institutional absenteeism policy-
  - If clinical faculty will be absent with 24 hours or greater notice, please contact the Clinical Coordinator.
  - If clinical faculty needs to report an absence within 24 hours of the clinical start, notify clinical coordinator.
  - Clinical faculty may not independently cancel a clinical rotation.
  - If a clinical experience is cancelled, clinical faculty will notify students via telephone.
- Comply with all requests from clinical sites or locations
- Post an announcement in D2L informing students where to meet for pre-conference, what time to meet, and what to bring the first day
- Create a schedule for student floor assignments for the assigned clinical rotation
- Review clinical expectations and clinical assignments with students first day of clinical
- Adhere to professional dress code
- Review individual student learning objectives/goals for the day in pre-conference
- Within the clinical setting, students will provide patient care and perform skills under supervision of licensed personnel. Licensed personnel include the AU SON clinical faculty or the licensed nurses employed by the clinical facility. In addition, policies from each specific facility must be followed. For example, DIRECT supervision of patient care and performance of skills require direct supervision by licensed personnel when caring for children. The clinical faculty is required to be aware of all facility and clinical course specific policies dealing with students.
- Clinical faculty are not just supervisors, but facilitators for learning. This is rigorous work. Clinical faculty will supervise and facilitate learning for students in no more than a 10:1 ratio at any given clinical site in Arizona. Clinical faculty are expected to spend much of their clinical day on the floor with the students. The goal of clinical is the practical application of theory. The clinical faculty role is to facilitate that application of theory through a variety of teaching and learning strategies that may include:

- Review of each student's patient (pre-clinical prep, status, current plan of care, medication administration, and related experiences).
  - Reinforcement of skills (health assessment on a variety of patients, facilitation of skill observation or performance with other nurses/patients).
  - Facilitation of new learning experiences (rounds on other patients, encouraging students to share information on their patients in a formal or informal setting, chart reviews, facilitation of observation/work with ancillary personnel for short periods (OT, PT, speech, nutrition, case manager, pharmacist. Extended role RN's such as pain specialist, NP, clinical specialist, etc.)
  - Reinforcement of knowledge (case review, application of knowledge, critical thinking situations, etc.)
  - Actively facilitate cognitive, psychomotor, and affective learning for your students during their clinical time.
- Round on students throughout the day. Inquire about the following topics to help enhance critical thinking, clinical application, and clinical judgment and reasoning:
    - Patient history
    - Patient assessment
    - Patient interventions to include both medical and nursing interventions
    - Patient priorities
    - Patient plan of care
    - Patient plan for discharge
    - Patient teaching/evaluation
  - Supervise all assigned students in the clinical area per the clinical objectives, patient acuity, student competencies, and geographic location.
  - Provide a safe environment for learning consistent with the policies and procedures of both the clinical facility and Aspen University SON.
  - Complete any in-clinical observations or check-offs as stated in the course syllabus
  - Complete student psychomotor skills list each clinical day
  - Collaborate with assigned clinical nurse to help assess and evaluate student's psychomotor skill performance
  - Collaborate with assigned clinical nurse to discuss student's clinical performance
  - Conduct post-conference to enhance student's application of theory to practice
  - Provide timely and constructive feedback to students. For any clinical issue or concern, document and send to student via email. For any immediate concern concerning student or patient safety, please contact clinical coordinator immediately.
  - Participate in regular clinical faculty meetings called by the clinical coordinator

- Complete grading of clinical assignments as determined by course syllabus according to university policy guidelines.
- Complete the Clinical Evaluation Tool (CET: see Appendices) for each student within 7 days of close of clinical course.
- It is important for nursing students to learn the importance of establishing and maintaining professional boundaries. These professional boundaries exist between student and faculty as well as student and client. Clinical faculty are expected to model this behavior. If students have questions regarding an appropriate response to a client, clinical faculty will provide guidance.
- For clinical faculty assigned to lab and simulation experiences:
  - Arrive 30 minutes prior to assigned start time
  - Review lab and/or simulation materials before assigned experience
  - Ensure standardization of instruction with AU course materials
  - Maintain compliance with any additional lab or simulation specified training
- For clinical faculty assigned to the N455C Transition to Practice Nurse Residency experience:
  - Review list of assigned students and location of experience with clinical coordinator
  - Communicate expectations to students
  - Ensure receipt of student residency schedules
  - Conduct initial in-person visit on students' first scheduled shift and complete all required forms
  - Conduct final in-person visit on students' last scheduled shift
  - Maintain availability during all of students' scheduled shifts
  - Serve as liaison for assigned students for any issues, questions, or concerns
  - Report and document any issues to clinical coordinator as needed

## Pre-Licensure Clinical Coordinator Responsibilities

- Oversight of clinical faculty for X # of sites
- Assign substitute for clinical faculty as needed
- Conduct regular clinical faculty meetings and address issues, concerns, or questions brought forth. Document in meeting minutes.
- Communicate and collaborate with the clinical faculty regarding concerns in the clinical arena.
- Act as the centralized point of contact for any student or clinical faculty issues or concerns brought forth.
- Ensure standardization regarding assignment grading and compliance with policies and procedures.
- Communicate with program director concerns brought forth during clinical faculty meetings
- Collaborate with clinical faculty and program director regarding missed clinical experiences and make-up or alternative clinical experiences

- Coordinate with clinical faculty and site director regarding standardized clinical faculty training
- Other duties determined by the Program Director

## Pre-Licensure Student Responsibilities

- Have medication cards or medication book available while caring for the patient. Highlight or tab the essential information
- Perform nursing care, perform skills, and administer medications
- Record on appropriate chart forms basic care given, medications administered, skills performed and assessment data obtained (where applicable)
- Report to assigned RN and clinical faculty any changes in condition promptly
- Report to assigned RN any abnormal assessment findings
- Report to assigned RN before leaving the unit for any reason
- Work as a member of the health team with staff (i.e., answer lights, pass trays, bathe patients, make beds, collaborate when appropriate)
- Seek additional experience on patients other than assigned patient(s). Let clinical faculty know of special interest and s/he will help you find them. Be proactive with your nurses and let them know you want to go with them to learn or would like to do the skill.
- Keep track of skills on psychomotor skills list
- Evaluate the clinical site (see Appendices)
- Students may not do the following. A student who fails to follow these guidelines will be placed on clinical probation after one incident.
  - Take verbal orders or phone order from a doctor or primary care provider
  - Transcribe orders
  - Witness permits or advanced directives
  - Care for patients with active tuberculosis (TB)
  - Provide patient care or perform procedures, etc., unless their clinical faculty member is on the hospital premises
  - Administer any IV medication without instructor or RN present
  - Leave clinical setting for any reason without instructor's approval
  - Start IVs or draw blood without instructor or RN supervising
  - Administer blood products except albumin
  - Silence any alarm without nursing staff present
  - Administer IV push drugs in an emergency code situation
  - Administer narcotics
  - Administer any medications or perform any invasive procedure without direct supervision of the clinical instructor or the staff nurse. This includes changing any programmed information on any monitoring devices including IV pumps.

## Preceptor Responsibilities (N455C: Transition to Professional Practice only)

In accordance with the Arizona State Board of Nursing Advisory Opinion titled “Preceptorship for basic students in a professional nursing program,” a preceptor is an RN who, while employed by a clinical facility, is assigned to directly supervise a student’s clinical education for the duration of a formal course designed to prepare the student to transition to registered nursing practice. Preceptor responsibilities include the following:

- Hold a current RN license to practice nursing in Arizona or a multi-state compact license that is active and in good standing.
- Possess clinical expertise appropriate to accomplish the goals of the preceptorship and has at least one year of work experience at or above the level of licensure of the student’s program.
- Hold an academic degree at the level or higher than the student’s program whenever possible.
- Participate in orientation to the preceptorship.
- Participate in faculty/preceptor conferences and communicate with faculty to clarify roles and the nature of the learning experience.
- Provide an orientation for the student to the practice area and expectations of nursing care standards
- Provide the student with ongoing constructive feedback that relates performance standards to student performance
- Precept no more than 1 person per shift. Other students may work with the preceptor when a faculty member is in the facility supervising their activities.
- Participate with the faculty and student in the evaluation of the student’s clinical competence (see Appendices).

Aspen University School of Nursing is responsible to orient the Preceptor on the following items:

- Mission, goals, and curricular outline of the program.
- Student objectives, course objectives and course outline.
- Role of the preceptor and faculty.
- Performance expectations of the student.
- Evaluation responsibilities and standards for the student, course, and preceptor.
- Avenues of communication between the program, faculty, preceptor, facility, and student.
- Student assignments related to the experience.
- Expected initial level of knowledge, skills, and abilities of the student.

## INCIDENT REPORTING

If the student’s performance is unsatisfactory on any given day, the Clinical Faculty will initiate an informal conference with the student. This informal conference will provide the student with constructive feedback to assist them in ongoing improvement in clinical practice.

Should the student's performance continue to be unsatisfactory, the clinical faculty will notify the clinical coordinator who will assist in formulating a written plan explaining areas of concern and behaviors necessary to correct these deficiencies. This process will be completed by mid-course so the student has time to improve. The clinical faculty will issue an Early Alert after communicating with the clinical coordinator to acknowledge the clinical faculty concerns and develop a written remediation plan.

- If the conditions of the remediation plan are not met by the student by the last clinical day, the student's clinical performance will be unsatisfactory on the final CET and the student will receive a failing grade. At any time if a student's clinical performance in a clinical course indicates an inability to perform at a safe and/or professional level of practice, the clinical faculty, in consultation with the clinical coordinator, will assign a failing grade regardless of the point in time such a decision is made. In such case, the student will be ineligible to continue in the course.

## **STUDENT GOVERNANCE AND ORGANIZATIONS**

### **Committee Meetings**

All students are encouraged and invited to attend SON committee meetings to have dialogue with your leaders. The meetings are facilitated by the Program Director and are held monthly. The goals of these committee meetings are to:

1. Facilitate communication between faculty, staff, and students.
2. Increase student input regarding School of Nursing activities.
3. Identify areas for improvement in the School of Nursing.

## **AFTER COMPLETING THE BSN PRE-LICENSURE PROGRAM**

Students are to follow the Graduation Requirements policy found in the Aspen University Academic Catalog.

### **Licensure Examination**

To be eligible to take the National Council of State Boards of Nursing Examination for Professional Licensure after graduation, students must have completed the BSN program of study and hold a diploma. No exceptions are made to this policy.

Students are responsible for applying to take the National Council Licensure Examination – Registered Nurse (NCLEX-RN) exam for professional licensure through the State Board of Nursing in the state of their choice.

To seek licensure in Arizona, follow the instructions online. Go to [www.azbn.gov](http://www.azbn.gov), then click on Licensure and Certification, Application Instructions, and select [RN/LPN Examination](#).

The registered nurse licensing requirements are the exclusive responsibility of the State Board of Nursing (Arizona: Nurse Practice Act, A.R.S.. Sections 36-1601 et. seq. must be satisfied independently

of any requirements for graduation from the University. Satisfactory performance on the licensure examination is the responsibility of the graduate and not guaranteed by the SON.

## Professional Nurse Qualifications

Section 32-1632 of the Arizona State Board of Nursing Statutes, Chapter 15, Article 2 – Licensing states, “An applicant for a license to practice as a graduate, professional or registered nurse shall file with the board a verified written application accompanied by the prescribed fee and shall submit satisfactory proof that the applicant:

1. Has completed the basic professional curriculum in approved professional nursing program and holds a diploma or degree from that program.

If convicted of one or more felonies, has received an absolute discharge from the sentences for all felony convictions five or more years prior to the date filing an application pursuant to this chapter.”

# APPENDICES

## HIPAA CONFIDENTIALITY AGREEMENT

*All students and faculty must complete this form.*

Full Name: \_\_\_\_\_

Check one:

Student

Staff

Faculty

The discussions, uses and disclosures addressed by this agreement mean any written, verbal or electronic communications. I understand that I am never to discuss or review any information regarding a patient at a clinical site unless the discussion or review is part of my assignment to the site. I understand that I am obligated to know and adhere to the privacy policies and procedures of the clinical site to which I am assigned. I acknowledge that medical records, accounting information, patient information and conversations between or among healthcare professionals about patients are confidential under law and this agreement.

I understand that, while in the clinical setting, I may not disclose any information about a patient during the clinical portion of my clinical assignment to anyone other than the medical staff of the clinical site. I understand that I may not remove any record from the clinical site without the written authorization of the site. Additionally, I understand that, before I use or disclose patient information in a learning experience, classroom, case presentation, class assignment or research, I must attempt to exclude as much of the following information as possible:

Names	Certificate/license numbers
Geographical subdivisions smaller than a state	Vehicle identifiers Device identifiers
Dates of birth, admission, discharge, and death	Web locators (URLs)
Telephone numbers and Fax numbers	Internet protocol (IP) addresses
E-mail addresses	Biometric identifiers
Social security numbers	Full face photographs

Medical record numbers	Any other unique identifying number, characteristic, or code
Health plan beneficiary numbers	All ages over 89 years
Account numbers	

Additionally, I acknowledge that any patient information, whether or not it excludes some or all of those identifiers, may only be used or disclosed for health care training and educational purposes at Aspen University, and must otherwise remain confidential. I understand that I must promptly report any violation of the clinical site's privacy policies and procedures, applicable law, or this confidentiality agreement, by me, or an Aspen University student or faculty member to the appropriate Aspen University clinical coordinator, director, or Program Director.

Finally, I understand that if I violate the privacy policies and procedures of the clinical site, applicable law, or this agreement, I will be subject to disciplinary action. By signing this agreement, I certify that I have read and understand its terms, and will comply with them.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

### Hepatitis Vaccine Waiver

*All undergraduate students seeking medical exemption must complete this form.*

Full Name (print): \_\_\_\_\_

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine and wish to declare the following as cause for my exemption, by checking "yes" to the applicable statement:

#### *Part 1: To be completed by the Healthcare Provider*

Questions	Yes	No
1. Does the student have a life-threatening allergy to yeast?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the student have a life-threatening allergy to any component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the student have previous history of adverse reactions to the Hepatitis B vaccine? Please specify: _____/_____/_____	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the student receiving immunosuppressive drug therapy?	<input type="checkbox"/>	<input type="checkbox"/>
5. The student has received his/her first Hepatitis B vaccination series followed by a negative titer. The student has received his/her second Hepatitis B vaccination series followed by a negative titer.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Healthcare Provider</b>		
Name (print) _____		
Certification: MD / NP / PA / RN (circle one or write in): _____		
Signature _____ Date _____		

#### *Part 2: To be completed by the Student*

IF YOUR HEALTHCARE PROVIDER HAS ANSWERED YES TO ANY OF QUESTIONS 1 THRU 5, COMPLETE WAIVER. .

**WAIVER OF VACCINATION**

WAIVER OF VACCINE – Complete if not eligible to receive vaccine or have no positive titer to the virus.

- I am not eligible to receive the Hepatitis B vaccine based on my medical history (questions 1-4).**
- I have received the two Hepatitis B vaccine series and have *not* developed a positive titer.**

I am not eligible to receive the hepatitis B virus vaccine or have not developed immunity to hepatitis B, and I understand my risk and responsibility. I hereby release, hold harmless, and agree to indemnify Aspen University, its staff, and clinical sites from any and all responsibility or consequences which may result from my lack of immunity to the Hepatitis B virus vaccine. I can access a copy, HEPATITIS B VACCINE – WHAT YOU NEED TO KNOW, a vaccine information statement developed by the U.S. Department of Health and Human Services (Centers for Disease Control and Prevention) for detailed information regarding this virus. Further, I understand that my lack of immunity to the Hepatitis B virus may result in the refusal of a clinical placement based on individual clinical partnership contracts.

**Student signature**

**Date**

# MMR VACCINE WAIVER

All undergraduate students seeking medical exemption must complete this form.

Full Name (print): \_\_\_\_\_

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Measles (Rubeola), Mumps, and/or Rubella infection. I have been given the opportunity to be vaccinated with the vaccine and wish to declare the following as cause for my exemption, by the "yes" checked for the applicable statement(s):

*Part 1: To be completed by the Healthcare Provider*

Questions	Yes	No
1. Does the student have a life-threatening allergy to any component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the student have previous history of adverse reactions to the MMR vaccine(s)? Please specify: _____/_____/_____	<input type="checkbox"/>	<input type="checkbox"/>
3. The student has received his/her first MMR vaccination followed by a negative titer. The student has received his/her second MMR vaccination followed by a negative titer.	<input type="checkbox"/>	<input type="checkbox"/>
4. Other reason for permanent medical exemption:	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the student pregnant? If yes, the medical exemption is <i>temporary</i> . List estimated exemption end date. _____/_____/_____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Healthcare Provider</b>		
Name (print) _____		
Certification: MD / NP / PA / RN (circle one or write in): _____		
Signature _____		Date _____

*Part 2: To be completed by the Student*

IF YOUR HEALTHCARE PROVIDER HAS ANSWERED YES TO ANY OF QUESTIONS 1 THRU 5, COMPLETE WAIVER.

**WAIVER OF VACCINATION**

WAIVER OF VACCINE – Complete if not eligible to receive vaccine or have no positive titer to the virus.

I am not eligible to receive the MMR vaccine based on my medical history (questions 1-4).

I am pregnant and receiving a temporary exemption.

I am not eligible to receive the MMR vaccine or have not developed immunity to MMR, and I understand my risk and responsibility. I hereby release, hold harmless, and agree to indemnify Aspen University, its staff, and clinical sites from any and all responsibility or consequences which may result from my lack of immunity to MMR. I can access a copy, MEASLES, MUMPS, AND RUBELLA VACCINATION – WHAT EVERYONE SHOULD KNOW, a vaccine information statement developed by the U.S. Department of Health and Human Services (Centers for Disease Control and Prevention) for detailed information regarding MMR diseases. Further, I understand that my lack of immunity to MMR may result in the refusal of a clinical placement based on individual clinical partnership contracts.

Student signature \_\_\_\_\_

Date \_\_\_\_\_

## VARICELLA (CHICKEN POX) VACCINE WAIVER

All undergraduate students seeking medical exemption must complete this form.

Full Name (print): \_\_\_\_\_

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Chickenpox (Varicella) infection. I have been given the opportunity to be vaccinated with the vaccine and wish to declare the following as cause for my exemption, by the “yes” checked for the applicable statement(s):

### Part 1: To be completed by the Healthcare Provider

Questions	Yes	No
1. Does the student have a life-threatening allergy to any component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the student have previous history of adverse reactions to the Varicella vaccine(s)? Please specify: _____/_____/_____	<input type="checkbox"/>	<input type="checkbox"/>
3. The student has received his/her first Varicella vaccination followed by a negative titer. The student has received his/her second Varicella vaccination followed by a negative titer.	<input type="checkbox"/>	<input type="checkbox"/>
4. Other reason for permanent medical exemption:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Healthcare Provider</b>		
Name (print) _____		
Certification: MD / NP / PA / RN (circle one or write in): _____		
Signature _____ Date _____		

### Part 2: To be completed by the Student

IF YOUR HEALTHCARE PROVIDER HAS ANSWERED YES TO ANY OF QUESTIONS 1 THRU 4, COMPLETE WAIVER.

#### WAIVER OF VACCINATION

WAIVER OF VACCINE – Complete if not eligible to receive vaccine or have no positive titer to the virus.

I am not eligible to receive the Varicella vaccine based on my medical history (questions 1-4).

I am pregnant and receiving a temporary exemption.

I am not eligible to receive the Varicella vaccine or have not developed immunity to Varicella, and I understand my risk and responsibility. I hereby release, hold harmless, and agree to indemnify Aspen University, its staff, and clinical sites from any and all responsibility or consequences which may result from my lack of immunity to Varicella. I can access a copy, CHICKENPOX (VARICELLA) VACCINATION – WHAT EVERYONE SHOULD KNOW, a vaccine information statement developed by the U.S. Department of Health and Human Services (Centers for Disease Control and Prevention) for detailed information regarding Varicella virus. Further, I understand that my lack of immunity to Varicella may result in the refusal of a clinical placement based on individual clinical partnership contracts.

Student signature \_\_\_\_\_

Date \_\_\_\_\_

# INFLUENZA VACCINE WAIVER

All undergraduate students seeking medical exemption must complete this form.

Full Name (print): \_\_\_\_\_

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Influenza infection. I have been given the opportunity to be vaccinated with the vaccine and wish to declare the following as cause for my exemption, by the “yes” checked for the applicable statement(s):

*Part 1: To be completed by the Healthcare Provider*

Questions	Yes	No
1. Does the student have a life-threatening allergy to any component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the student have previous history of adverse reactions to the vaccine(s)? Please specify: _____/_____/_____	<input type="checkbox"/>	<input type="checkbox"/>
3. Other reason for permanent medical exemption:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Healthcare Provider</b>		
Name (print) _____		
Certification: MD / NP / PA / RN (circle one or write in): _____		
Signature _____ Date _____		

*Part 2: To be completed by the Student*

IF YOUR HEALTHCARE PROVIDER HAS ANSWERED YES TO ANY OF QUESTIONS 1 THRU 3, COMPLETE WAIVER.

**WAIVER OF VACCINATION**

WAIVER OF VACCINE – Complete if not eligible to receive vaccine or have no positive titer to the virus.

**I am not eligible to receive the Influenza vaccine based on my medical history (questions 1-3).**

I am not eligible to receive the influenza vaccine or have not developed immunity to Influenza, and I understand my risk and responsibility. I hereby release, hold harmless, and agree to indemnify Aspen University, its staff, and clinical sites from any and all responsibility or consequences which may result from my lack of immunity to Influenza. I can access a copy, INFLUENZA (FLU) VACCINATION – WHAT EVERYONE SHOULD KNOW, a vaccine information statement developed by the U.S. Department of Health and Human Services (Centers for Disease Control and Prevention) for detailed information regarding Influenza virus. Further, I understand that my lack of immunity to Influenza may result in the refusal of a clinical placement based on individual clinical partnership contracts.

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_



### BSN PRE-LICENSURE NURSING HEALTHCARE PROVIDER'S REPORT

Physician/NP: We rely heavily on your history with and examination of this nursing student. We appreciate as much information as possible on history and physical examination. Thank you very much.

Name \_\_\_\_\_ Social Security Number (last 4) \_\_\_\_\_

Blood Pressure (1) \_\_\_\_\_ (2) \_\_\_\_\_ Pulse \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

Vision (without glasses): Right \_\_\_\_\_ Left \_\_\_\_\_ (with glasses) Right \_\_\_\_\_ Left \_\_\_\_\_

Allergies \_\_\_\_\_

**Clinical Exam: Check each item in appropriate column. Elaborate as needed.**

Normal Abnormal

\_\_\_\_\_ H.E.E.N.T. \_\_\_\_\_

\_\_\_\_\_ Pupil Size \_\_\_\_\_

\_\_\_\_\_ Skin \_\_\_\_\_

\_\_\_\_\_ Heart \_\_\_\_\_

\_\_\_\_\_ Lungs \_\_\_\_\_

\_\_\_\_\_ Abdomen \_\_\_\_\_

\_\_\_\_\_ Hernia and Genitalia (males) \_\_\_\_\_

\_\_\_\_\_ Neurological \_\_\_\_\_

\_\_\_\_\_ Spinal Column (scoliosis, etc.) \_\_\_\_\_

\_\_\_\_\_ Upper Extremities \_\_\_\_\_

\_\_\_\_\_ Lower Extremities \_\_\_\_\_

**Present Health Problems:**

**Comments/Recommendations:**

**Restrictions:**

**Required for all Nursing Students:** Rubella Screen \_\_\_\_\_ Mumps Screen \_\_\_\_\_  
(May attach records/reports) Results (+/-) and Date Results (+/-) and Date

Rubella Screen \_\_\_\_\_ Varicella Screen \_\_\_\_\_ Tetanus shot date \_\_\_\_\_  
Results (+/-) and Date Results (+/-) and Date

TB PPD (1) \_\_\_\_\_ TB PPD (2) \_\_\_\_\_ (OR) CXR (OR) QuantiFERON®-TB Gold \_\_\_\_\_  
Date Read and Result Date Read and Result Result and Date

Flu Vaccine \_\_\_\_\_ Hepatitis B Vaccine series or Titers \_\_\_\_\_  
Date Results (+/-) and Date

Yes  No \_\_\_\_\_ is physically and mentally able to perform duties  
Student Name of a nursing student.

Provider's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone: \_\_\_\_\_  
Provider's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Provider's Name (print) \_\_\_\_\_

## BSN Pre-licensure Nursing Annual Positive TB Skin Test Questionnaire

Positive TB Skin Test (PPD) Date: \_\_\_\_\_ Last Chest X-Ray Date: \_\_\_\_\_

Please indicate if you are having any of the following problems for three to four weeks or longer:

	<u>Yes</u>	<u>No</u>
1. Chronic cough lasting longer than three weeks	_____	_____
2. Chills that recur	_____	_____
3. Unexplained weight loss (over 10 lbs. in 2 months)	_____	_____
4. Night sweats	_____	_____
5. Fever lasting several days	_____	_____
6. Coughing blood-streaked sputum	_____	_____
7. Fatigue—easily and ongoing	_____	_____
8. Shortness of breath	_____	_____
9. Have you been recently diagnosed with diabetes, silicosis, HIV disease, renal disease or liver disease?	_____	_____
10. Have you recently been exposed to a family member or other person with active TB?	_____	_____
11. Have you ever received the BCG immunization?	_____	_____

If you checked YES to any of the above questions, are you currently being treated by a Physician?  
Yes or No (circle one). Please explain:

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Any additional symptoms:

---

---

---

I have indicated the symptoms above and have no symptoms at this time:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## CLINICAL EVALUATION TOOL & EVALUATION POLICIES

**Please note the clinical evaluation form for each clinical nursing course will be included in the course syllabus.**

### **Aspen School of Nursing Evaluation & Clinical Grading Policy**

1. All course competencies must be met at the conclusion of the clinical nursing course at the specified level in order to have a passing grade for the course.

All areas in the course must be at least a Satisfactory (S) to receive a passing grade.

### **FAILURE TO MEET COURSE COMPETENCIES AT THE SPECIFIED LEVEL WILL RESULT IN A CLINICAL FAILURE AND A COURSE FAILURE**

2. Any student who shows evidence of unsafe behavior may be dismissed from the nursing program. This will result in a grade of "F" for the course and excluded from attending the clinical practicum. This may occur anytime during the course.

Examples of behaviors that would be deemed unsafe include:

- Operating beyond the identified role and scope of the learner at the course level.
  - Falsifying or altering clinical documentation.
  - Abusing or neglecting a patient.
  - Pilfering medication or equipment.
  - Behaviors that are unsafe and result in injury to a patient.
3. During each clinical nursing course the student will have two evaluations. The mid-term is designed to be formative. The student will self-evaluate using the course specific evaluation tool and will discuss the evaluation with the faculty. The student and the faculty will complete the mid-term self-evaluation form after the discussion. The final evaluation will be summative and completed by the faculty after the course. The student can comment on the final evaluation form.
  4. Students are responsible for applying all previous learning.
  5. The faculty can send a student back to the college learning laboratory if the faculty determines that the student requires remediation.
  6. The faculty will provide the student with clinical progress on a weekly basis.

<b>CLINICAL EXPERIENCE</b>	
<b>Course Code / Title:</b>	
<b>Description of Clinical Experience</b>	
<b>Course Learning Objective (CLO)</b>	
<b>Learning activities</b>	
<b>Prior to the experience</b>	
<b>During the clinical experience</b>	
<b>Following the experience</b>	

**Aspen University School of Nursing  
Clinical Evaluation Tool**

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

**Date:** \_\_\_\_\_

**Clinical Faculty:** \_\_\_\_\_

**Clinical Agency:** \_\_\_\_\_

**Clinical Absence:** \_\_\_\_\_

**The purpose of this evaluation tool is to measure the students' clinical performance. The student must receive a final grade of at least 'satisfactory' in their clinical performance.**

**Rating Scale:**

**EE: Exceeds Expectations:** Clinical performance exceeds expectations of learning as annotated in the clinical evaluation tool based on course outcomes.

**S: Satisfactory:** Clinical performance meets expectations of learning as annotated in the clinical evaluation tool based on course outcomes.

**NI: Needs Improvement:** Clinical performance meets some, but not all, course outcomes as annotated in the clinical evaluation tool.

**U: Unsatisfactory:** Clinical performance does not meet expectations of learning as annotated in the clinical evaluation tool.

### Clinical Evaluation Tool – Scoring Sheet

Student: \_\_\_\_\_ Clinical Faculty: \_\_\_\_\_

Program Learning Goals: (1) Practice Knowledge; (2) Critical Thinking; (3) Professional Communication; (4) Resource Management; (5) Personal and Professional Development; (6) Ethical Standards									
		Mid-term Grade				Final Grade			Evaluation Tool
		EE	S	NI	U	EE	S	U	
<u>(CLOs)</u>	Utilizes clinical reasoning, previously learned knowledge and evidence-based practice outcomes for decision-making in nursing practice. (PLG 1, 2)  Comments:								Observation Huddle Questioning
<u>(CLOs)</u>	Identifies the physical needs, and preferences of diverse patients utilizing health assessment findings. (PLG 1, 2)  Comments:								Health history Observation Questioning
<u>(CLOs)</u>	Utilizes assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients using information from evidence-based practice. (PLG 1, 4)  Comments:								SBAR Process Recording Health History
<u>(CLOs)</u>	Assists with the implementation of the plan of care for patients within legal,								SBAR

	ethical, and regulatory parameters. (PLG 1, 6)  Comments:								Process Recording
<u>(CLOs)</u>	Recognizes patient outcomes and responses to therapeutic interventions. (PLG 1, 4)  Comments:								SBAR Process Recording
<u>(CLOs)</u>	Develops teaching plans for patients to address promotion, maintenance, and restoration of health. (PLG 1, 2, 3)  Comments:								Teaching Plan
<u>(CLOs)</u>	Identifies measures to promote a safe environment for patients, self, and others. (PLG 1, 4)  Comments:								Questioning Observation Huddle
<u>(CLOs)</u>	Provides safe and compassionate nursing care to patients. (PLG 1, 3, 6)  Comments:								SBAR Process Recording Clinical Observation Questioning

<u>(CLOs)</u>	Serves as a health care advocate for patients. (PLG 1, 6)  Comments:								Observation Questioning
<u>(CLOs)</u>	Identifies human, informational, and material resources to use when providing care for patients. (PLG 1, 4)  Comments:								Observation Questioning
<u>(CLOs)</u>	Communicates with patients, and the interdisciplinary health care team to deliver patient-centered care. (PLG 1, 3)  Comments:								SBAR Process Recording Teaching Plan Observation
<u>(CLOs)</u>	Communicates using technology to document patient care. (PLG 1, 4)  Comments:								Observations Nurse's Notes
<u>(CLOs)</u>	Assists in referring patients to resources that facilitate continuity of care. (PLG 1, 3, 4)  Comments:								Observation Questioning SBAR Process Recording

<u>(CLOs)</u>	<p>Communicates in a timely manner with members of the interdisciplinary health care team to promote health status of patients. (PLG 1, 3)</p> <p>Comments:</p>								<p>Observations</p> <p>Questioning</p>
<u>(CLOs)</u>	<p>Functions within the students' legal scope of practice and in accordance with the policies and procedures of the school of nursing and the health care practice setting. (PLG 1, 5, 6)</p> <p>Comments:</p>								Observations
<u>(CLOs)</u>	<p>Assumes responsibility and accountability for the nursing care provided to patients. (PLG 1, 5, 6)</p> <p>Comments:</p>								<p>SBAR</p> <p>Process Recording</p> <p>Observation</p> <p>Questioning</p> <p>Huddle</p>
<u>(CLOs)</u>	<p>Understands the responsibilities for continued competence in nursing practice. (PLG 1, 5)</p> <p>Comments:</p>								Questioning

<u>(CLOs)</u>	Understands the board of nursing rules that emphasize safety, as well as all federal, state and local government and accreditation organization safety requirements and standards. (PLG 1, 6)  Comments:								Compliance with College and Facility policies  Questioning
<u>(CLOs)</u>	Obtains instruction, supervision, or training as needed when implementing nursing procedures or practices. (PLG 1, 4, 5)  Comments:								Observation  Questioning
<u>(CLOs)</u>	Accepts delegated tasks that take into consideration patient safety and organizational policy. (PLG 1, 4)  Comments:								Observation  Questioning  SBAR  Process Recording

**Academic Policies:**

All policies and procedures contained in the most recent edition of the *Academic Catalog* apply to this course and are hereby incorporated by reference into this syllabus. Please refer to the Aspen University School of Nursing website for the most recent edition of the *Academic Catalog*.

**On-ground Course Attendance Policy:**

It is the student's responsibility to immediately notify the appropriate faculty if there is an unavoidable problem resulting in an absence.

**Rounding of Grades:**

There is no rounding of grades. When there is, a decimal attached to an earned grade, the final grade will be recorded as the whole number. For example, a student who earns a 73.8% will earn a final grade of 73%.

**Dosage Calculation Tests:**

Accurate computation of medication dosages and solutions is an essential competency for safe nursing practice. To establish the achievement of this competency, students will be required to obtain a passing score of 100% or higher on a medication calculation test. Students will have three attempts to obtain a score of 100% or higher. Remediation will be required after each unsuccessful attempt on the medication calculation test. If a student does not earn a passing grade of 100% or higher by the third attempt, the student will earn a grade of "F" for this course.

**Written Assignments:**

Students will be required to submit written assignments. Successful completion of these assignments will be based on earning a minimum score as outlined in the grading rubrics included in the syllabus. Students who do not pass a written assignment will have one opportunity to revise the assignment for resubmission, but will receive a grade no higher than 70%. Students who fail to complete this assignment or who do not earn a 70% after the allowed repeated attempt will not meet the requirements for this course and will earn a grade of "F" for this course. Late assignments without faculty consultation and consent may result in a penalty of (5) points per college day past due on any written assignment. Failure to submit a written assignment and/or consistent lateness can result in a grade of "0" or "F".

**Course/Faculty Evaluation:**

As part of Aspen's continued effort to offer courses of the highest quality and effectiveness, students will have the opportunity to evaluate this course as well as provide feedback on course faculty. Evaluations will be distributed to students prior to the end of the quarter. All evaluations are completely confidential and anonymous.

## STUDENT EVALUATION OF CLINICAL SITE

Course: &lt;All Clinical Courses&gt;

Clinical Agency:

Date:

Unit(s) Assigned:

Below are statements to evaluate the clinical agency to which you were assigned and your overall clinical experience. Thank you for your anonymous, constructive feedback and comments. Please rank each item based on the criteria below.

<b>Please indicate your agreement or disagreement with the following statements:</b>	<b>Not Applicable</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
Agency provided additional/special opportunities that enriched my learning experience.					
Agency provided an atmosphere in which I could ask questions or try out new ideas.					
Agency stimulated my critical thinking related to clinical issues.					
Agency provided a climate of respect for students and faculty.					
Staff/agency fostered a sense of independent learning.					
Agency facilitated my orientation to the facility and nursing units to which I was assigned.					
Agency rules and requirements were consistent throughout the term.					
Agency support personnel were helpful in providing positive learning environment.					
Staff/agency facilitated my ability to meet course learning objectives.					
Staff/agency facilitated my ability to integrate theory with clinical experiences.					
Staff provided constructive feedback throughout my clinical experience.					
Staff provided useful feedback to help me improve my clinical and documentation skills.					
Staff were available and accessible when I required assistance.					
Staff allowed me to practice clinical skills under the direct supervision of my faculty.					

Staff were helpful to me in accessing patient information.					
Patient population at the agency facilitated my ability to meet learning objectives.					
Parking and accessibility to the agency was adequate.					
Overall, I was pleased with my clinical experience at this agency.					

Please provide specific examples for those items for which you responded **“Disagree”** or **“Strongly Disagree”**:

### FACULTY EVALUATION OF CLINICAL AGENCY

Course: &lt;All Clinical Courses&gt;

Clinical Agency:

Date:

Unit(s) Assigned:

Below are statements to evaluate the clinical agency to which you were assigned. Thank you for your anonymous, constructive feedback and comments. Please rank each item based on the criteria below.

Please indicate your agreement or disagreement with the following statements:	Not Applicable	Strongly Agree	Agree	Disagree	Strongly Disagree
Agency provided additional/special opportunities that enriched my students' learning experiences.					
Agency provided an atmosphere in which students could ask questions or try out new ideas.					
Agency stimulated my students' critical thinking related to clinical issues.					
Agency provided a climate of respect for students and faculty.					
Staff/agency fostered a sense of independent learning for students.					
Agency facilitated my orientation to the facility and nursing units to which I was assigned.					
Agency rules and requirements were consistent throughout the term.					
Agency support personnel were helpful in providing a positive learning environment.					
Staff/agency facilitated my students' ability to meet course learning objectives.					
Staff/agency facilitated my students' ability to integrate theory with clinical experiences.					
Staff provided constructive feedback to students throughout the clinical experience.					
Staff provided useful feedback to help students' improve their clinical and documentation skills.					
Staff were available and accessible when I required assistance.					
Staff allowed students to practice clinical skills under my direct supervision.					
Staff were helpful to me in accessing patient information.					
Patient population at the agency facilitated students' ability to meet learning objectives.					
Parking and accessibility to the agency was adequate.					
Overall, I was pleased with the clinical experience at this agency.					

Please provide specific examples for those items for which you responded **"Disagree"** or **"Strongly Disagree"**:

### STUDENT EVALUATION OF CLINICAL FACULTY

Clinical Faculty: \_\_\_\_\_ Course: \_\_\_\_\_

Date: \_\_\_\_\_

Using the scale (1-5) below, rate the clinical faculty to which you were assigned. Thank you for your anonymous, constructive feedback and comments.

**1= Strongly Disagree, 2=Disagree, 3=Neutral, 4= Agree, 5=Strongly Agree**

	Enter # below
Clinical faculty provided additional opportunities that enriched my learning experience.	
Clinical faculty showed respect for students and site staff.	
Clinical faculty served as a positive role model in nursing.	
Clinical faculty adheres to relevant policies and procedures of the academic institution and clinical agency	
Clinical faculty provided open, clear, and concise communication.	
Clearly communicated clinical expectations/student responsibilities.	
Schedule pre & post conference meetings each clinical day.	
Provided each student with individual instruction consistent with the patient assignment	
Assess, Evaluate, and document student learning activities and performance each clinical day	
Provide timely and constructive feedback to student regarding assignments and clinical performance	
Clinical faculty was accessible when needed for questions, skills check-offs and procedures.	
Overall, I was pleased with my clinical faculty.	

Please provide specific examples for those items for which you responded “Disagree” or “Strongly Disagree”:

# PRECEPTOR EVALUATION OF STUDENT FORM (N455C ONLY)

## PRECEPTOR EVALUATION OF STUDENT

**Student Name:**

**Preceptor Name:**

**Summary:** The following criteria are designed to assist the preceptor and student in progression towards successful transition to practice from academia. Criteria are designed to be validated by direct observation in the clinical practice setting. Once a criteria is achieved, the student nurse continues to maintain competent performance of that criteria and begins to demonstrate ability towards competence in the additional criteria.

**Rating Scale:**

**EE:** Exceeds Expectations: Clinical performance exceeds expectations of learning as annotated in the clinical evaluation tool based on course outcomes.

**S:** Satisfactory: Clinical performance meets expectations of learning as annotated in the clinical evaluation tool based on course outcomes.

**NI:** Needs Improvement: Clinical performance meets some, but not all, course outcomes as annotated in the clinical evaluation tool.

**U:** Unsatisfactory: Clinical performance does not meet expectations of learning as annotated in the clinical evaluation tool.

**N/A:** Not applicable

**Instruction to the Preceptor:** Complete this evaluation as a formative measure at the midpoint of the experience (Week 7). Meet with the student and the faculty to discuss areas of strengths and opportunities for improvement. In Week 14, conduct a summative evaluation of the student. Your scores, in conjunction with those of the faculty evaluation of the student, will be provide information on student's readiness for practice. Please ensure that both you and the student sign below.

	Mid-term Score					Comments	Final Score				Comments
	Date:						Date:				
	N/A	E	S	N	U		N/A	E	S	U	
<b>Assessment and Documentation</b>											
Uses at least two patient identifiers when providing care, treatment, and services											
Conducts and documents accurate full patient assessments on entire patient assignment											
Documents focused re-assessments											





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**Add additional comments/action plan as needed:**