



DIXIE STATE

COLLEGE OF UTAH

Nursing Student
Handbook
2011-2012

DIXIE STATE COLLEGE OF UTAH NURSING **PROGRAM**

NURSING STUDENT HANDBOOK

The purpose of this handbook is to acquaint students with curricular design, program objectives, expected student competencies, and program procedures. The handbook also is intended to provide students with information and resources that are helpful to their transition into and through the nursing program. The faculty believes students successfully attain educational goals through an understanding of their responsibility and adherence to established policies.

Procedures are subject to change as needed. Students, by serving on committees and working with the student organization, have input for change and modification of existing policies. This handbook is for information purposes only and is subject to change. Students will be informed in writing of any changes.

The Dixie State College of Utah Associate Degree Nursing Program has been approved by the Utah State Board of Nursing. The Associate Degree Nursing Program has been accredited by the National League of Nursing Accreditation Commission (NLNAC) since October of 2002, 3343 Peachtree Rd NE, Suite 500, Atlanta, GA, 30326. Phone: 404-975-5000 FAX: 404-975-5020, www.nlnac.org. The BSN program has been accredited since 2011.

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DIXIE STATE COLLEGE MISSION & GOALS

MISSION STATEMENT

(June 10, 2005)

Dixie State College of Utah (DSC) strives to help students to define, shape and achieve educational and life goals. It is dedicated to providing personalized and excellent teaching in a learning environment where all students can become passionate about their individual educational endeavors.

DSC is a publicly supported institution—authorized by the Utah State Board of Regents—with two interdependent tiers. DSC offers associate degrees and certificate programs that meet the needs of students, the community and the state. The College also offers baccalaureate programs in high demand areas and in core or foundational areas consistent with four-year colleges. Dixie State College enhances its campus climate by promoting cultural and demographic diversity, and by inviting students to participate in its open-door, post-secondary educational programs.

DSC is committed to quality general education and student success:

DSC is committed to open enrollment and developing student learning capabilities. Lower-division courses are primarily open admission, while students must meet prerequisites for upper-division courses and programs.

Students will develop the skills and knowledge needed for the next phases in their lives, whether productive employment that contributes to society and economically sustains the student, further education at a transfer or graduate institution, or some other unique and personal aspiration. They will prepare to be life-long learners.

Graduates will be able to think critically, communicate clearly, and solve problems. Through exposure to the breadth of human knowledge and experience, they will investigate and enhance their world views to achieve a global perspective. They will make responsible and meaningful contributions to society, in part through service to others. Graduates will become citizen-scholars.

DSC is a community college:

DSC has an ongoing commitment to its community college role, which includes transfer education, career and technical education, customized training for employers, developmental education, and strong student services.

DSC also contributes to the quality of life and economic development of the community and the state. Local citizens and alumni will enjoy educational, economic, cultural, and recreational opportunities provided by DSC that enhance the community's quality of life. They will feel ownership and pride in the College, sustaining it through donations and promoting it among their associations.

DSC is a state college:

DSC offers bachelor's degree programs in selected high demand areas and in core or foundational areas consistent with its mission as a four-year institution. It also partners with other institutions in the Utah System of Higher Education in ensuring that quality graduate programs are available to Washington County residents.

DSC is committed to accountability and creativity in delivering quality higher educational opportunities within its service area. The College will be a cooperative and conscientious partner with other public and higher education institutions, responsibly using public funds to meet the state's needs.

Dixie State College's goals and values are:

Academic Rigor in a Challenging, Supportive Learning Environment

DSC focuses on quality teaching and learning, and will be resolute in maintaining high academic standards and rigorous expectations for faculty and students. DSC will also nurture student confidence, retention and success by attracting and retaining dedicated employees, and by maintaining small classes, academic freedom and quality service.

Access and Opportunity

DSC will invite members of the community with varying preparation for higher education, reaching out to under-represented populations, and meeting individuals' needs with offerings ranging from developmental education to an honors program.

Diversity

DSC will promote diversity among its employees and student body to enrich the teaching and learning environment. DSC will provide diverse educational, economic, cultural, and recreational opportunities.

Workforce and Economic Development

DSC will cooperate with the local community, region, and state to identify and meet the demands of business and industry. The college will provide leadership and support to economic development.

Sound Management and Responsible Stewardship

DSC will be accountable in its stewardship over public resources and students' trust, using state, tuition, and donor resources to promote the College's mission.

NURSING PROGRAM MISSION & PHILOSOPHY

Mission: The mission of the Dixie State College nursing program is the education of nurses at the associate and baccalaureate levels who are dedicated to excellence in health care.

Our **goals** are to:

1. Provide an innovative and collaborative learning environment.
2. Prepare generalist nurses who can practice in various health care settings.
3. Apply evidence-based practice in educational and clinical settings.
4. Enhance the quality of life of diverse individuals, families, groups, communities, and society.
5. Promote responsibility and commitment to lifelong learning.

Philosophy: As an integral part of Dixie State College of Utah, the nursing faculty collectively assumes responsibility for supporting and maintaining the mission and goals of the College. The nursing program contributes to the functioning of Dixie State College of Utah as a comprehensive state college and community college by offering nursing education at the Associate of Applied Science Degree and Baccalaureate Degree in nursing levels. Students in the ADN program are eligible to test for state licensure as registered nurses.

The nursing faculty has defined the following terms as part of their philosophical beliefs regarding nursing and nursing education.

Clients are recipients of nursing care and include individuals, families, groups, communities, and society.

Health is a subjective perception of what makes life meaningful and manageable and is a result of adaptation to life's immediate experiences to maintain physical, psychological, social, spiritual, and cultural harmony.

Environment is every factor, internal and external, that provides the context for human life. People and their environments are inseparable. The combined influences of the external and internal environments determine state of health.

Nursing is the autonomous and collaborative care of clients using unique knowledge to promote health and adaptation to illness, wellness, disability, and dying. Nursing care is guided by morals, ethics, and advocacy.

Healthcare is a system for the delivery of resources to promote wellness as well as prevent and manage illness.

Associate Degree Nurses (ADN) practice in the roles of care provider, care manager, and member within the discipline of nursing. ADN graduates are registered nurses who provide direct care to clients with complex health needs; adjust care as client situations change; collect and analyze data from clients, families, and other health care resources; formulate appropriate nursing diagnoses; develop and revise plans of care based on client decisions; and collaborate and communicate with clients, families, and other health professionals. ADNs also are accountable for care of their clients, and of those whose care has been delegated to others, including licensed and unlicensed health care workers.

Bachelor of Science Degree Nurses (BSN) are professional nurses who have more extensive opportunities for practice than Associate Degree Nurses. The BSN practices in the role of provider, manager, and coordinator of care as well as functioning as a leader of care teams. BSN graduates use research, information technology, ethical frameworks, political advocacy, and policy making in the provision of care with individuals, families, groups and communities across the lifespan and across the continuum of healthcare environments. The BSN graduate is accountable for his or her own practice and care delegated to others. The BSN is generally a prerequisite for graduate nursing education.

Nursing education is a lifelong process which includes reflection, intellectual challenge, and practice. It encompasses the development of knowledge, skills, and personal and professional values. Nursing education facilitates the learning process through the assimilation of knowledge and the acquisition of eight competencies which include critical thinking, technical skills, therapeutic communication, leadership/management, time management/organization, professional behavior, caring, and the nursing process. A supportive environment for nursing education is one of caring in which all persons are respected, trusted, and nurtured. Through education, the faculty endeavors to develop and enhance learners' individual growth, professional practice and social responsibility, and leadership in increasingly complex health care environments. Education is the progressive discovery of knowledge and possibility. Our aim is for students to recognize what they do and do not know, and how to acquire what they need to know.

Teaching/learning is a collaborative process in which the nursing instructor, informed by the curriculum, evidence-based nursing practice, and teaching and learning theories facilitates the nursing student preparedness to meet the goals and outcomes of the nursing program and the NLCEX® exam.

The eight competencies that the student develops across the curriculum include:

Critical thinking is the ability to think in a systematic and logical manner when posed with a thinking challenge. Critical thinking in nursing is used for clinical judgment and decision-making that ensures safe nursing practice and quality care. Critical thinking requires an attitude of inquiry, openness to questioning, and reflection on the reasoning process.

Technical skills require technical competence. Such competence is demonstrated by the ability to use equipment and supplies with confidence and skill, thus meeting client needs. It also includes the ability to adapt procedures and equipment to meet client needs in diverse situations and care settings.

Therapeutic communication is the ability to apply concepts of communication and therapeutic interaction in building and maintaining relationships with clients, families, groups, communities and other members of the health care team. Communication promotes the value of each individual, group, or community including their strengths, abilities, and challenges to achieve established goals. It is dependent upon caring.

Leadership/Management Leadership requires personal traits necessary to establish vision and goals for a group and the ability to execute them. Management requires personal traits necessary to plan, organize, motivate, and manage a group of people and their resources. Leadership and management include delegation, evaluation, conflict resolution, and collaboration with other members of the health care team.

Time Management/Organization is the responsibility and accountability to client, peer, and employer environments through a sound work ethic. It is demonstrated through attendance, work within designated standards, performance of assigned responsibilities, prioritization of care, and effective use of time.

Professional behavior is characterized by a commitment to the profession of nursing. Professional behavior involves adherence to standards of nursing practice; accountability for actions and behaviors; and nursing practice within legal, ethical, and regulatory frameworks.

Caring is the recognition and acknowledgment of the value of individuals, families, groups, communities, and other members of the health care team. Caring is an altruistic philosophy of moral and ethical commitment toward the protection, promotion and preservation of human dignity and diversity. Caring is the essence of nursing.

The Nursing process serves as a critical thinking tool in nursing. The nursing process involves the methodology of decision-making that provides direction and order to holistic nursing care across the health continuum. The components of the nursing process include assessment, diagnosis, planning, implementation, and evaluation. Implicit in the nursing process is the professional and therapeutic relationship of the nurse with client and family.

Student learning outcomes for the **ADN program** are:

The ADN graduate will:

1. Manage the patient-centered care of a group of patients across the lifespan and their families using basic leadership skills.
2. Demonstrate the ability to make reasonable clinical judgments through the use of the nursing process and evidence-based practice.
3. Demonstrate the ability to work as an effective member of the interdisciplinary team in a collaborative environment.
4. Utilize effective communication techniques with individuals, families, people in groups, and members of the health care team within the RN role.
5. Demonstrate caring behaviors that incorporate patient and family advocacy; respect for persons and cultural diversity; and ethical principles.
6. Assume responsibility and accountability in the practice of registered nursing as defined by the Utah Nurse Practice Act and professional standards of registered nursing.

Student learning outcomes for the **BSN program** are:

The BSN graduate will:

1. Apply leadership concepts, skills, and decision making in order to provide oversight and accountability for the delivery of safe, quality care in a variety of healthcare settings.
2. Integrate reliable evidence from multiple perspectives to inform practice and make reasonable clinical judgments.
3. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practice in a variety of healthcare settings.
4. Demonstrate basic knowledge of healthcare policy, finance, and regulatory environments including local, state, national, and global health care trends.
5. Communicate, collaborate, and negotiate as a member and leader within interdisciplinary health care teams to improve patient health outcomes.
6. Manage the direct and indirect care of individuals, families, groups, communities, and populations to promote, maintain, and restore health.
7. Integrate professional standards of moral, ethical, and legal conduct into the care of persons, families, groups, communities, and populations.

**ADN Program
Concept-Based Curriculum**

Concepts provide the foundation and structure for the AD program curriculum. You will be exposed to all concepts throughout the curriculum although each nursing course may not include all concepts. The concepts are interrelated and organized into three groups: client, nursing, and healthcare. Below is a list of the concepts, definitions of concepts, and exemplars according to groups. Exemplars are specific clinical and professional content areas representative of the concept. Exemplars are selected by the faculty based on 1.) Incidence and prevalence of clinical issues or problems, and/or 2.) significance to the practice of nursing.

Rather than memorizing content that will not stay with you for very long, conceptual learning is a process by which you will learn how to organize information in logical structures so you become increasingly skilled at thinking. You will be able to apply what you learn about one concept and/or exemplar to other concepts and/or exemplars. Concept-based learning also will provide you with the thinking tools for which you can apply what you do know to what you don't know. Teaching strategies are used in the concept-based courses that will foster your active learning and critical thinking skills.

The following tables introduce you to the concepts and exemplars as well as provide you with information concerning where the concepts and exemplars appear in the AD curriculum.

Client Concepts

Biophysical	Psychological	Developmental	Social Functioning
Fluid and electrolyte Acid base Elimination Metabolism Intracranial regulation Thermoregulation Cellular regulation Oxygenation Perfusion Sexuality Reproduction Inflammation Tissue integrity Infection Immunity Sensory/perception Mobility Comfort	Stress and coping Grief and loss Mood and affect Cognition Behaviors	Development	Self Family Diversity Culture Spirituality Violence Health Wellness Illness

Nursing Concepts

Healthcare Concepts

Critical thinking Technical skills Therapeutic communication Leadership/management Time management/organization Professional behavior Caring Nursing process	Safety Advocacy Legal issues Health policy Healthcare systems Ethics Evidence-based practice Quality improvement Informatics
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Concept Definitions and Associated Exemplars

Category	Concept	Definition	Exemplar/ Topic
Client			
Biophysical	Fluid and electrolyte	The physiological mechanisms that maintain fluid and electrolyte balance	Fluid balance/imbalance Electrolyte balance/ imbalance Acute and chronic renal failure
	Acid base	The physiological mechanisms that maintain the production and elimination of hydrogen ions	Acid-base balance Respiratory and metabolic alkalosis Respiratory and metabolic acidosis
	Elimination	The secretion and excretion of bodily wastes	Bladder: incontinence, retention Bowel: incontinence, constipation, impaction BPH Kidney stones Irritable bowel disease
	Metabolism	All biochemical processes that occur within the body	Diabetes Liver disease Obesity Thyroid disease Osteoporosis
	Intracranial regulation	The physiological mechanisms that maintain intracranial processes	Seizures Increased intracranial pressure
	Thermoregulation	The ability to maintain normal body temperature	Hypothermia Hyperthermia Newborn thermoregulation R.T. multiple system injury/failure
	Cellular regulation	The functions cells perform to maintain homeostasis	Cancer overview Cancer: Breast, lung, colon, prostate, skin Leukemia Anemia Sickle cell anemia
	Oxygenation	The exchange of gases (oxygen and carbon dioxide) in cells	Bronchiolitis(RSV) COPD Asthma Cystic fibrosis ARDS SIDS
	Perfusion	The process of fluid, nutritive and oxygen delivery to cells	Arteriosclerosis Heart failure Angina MI Stroke HTN PIH VSD DVT/PE Life threatening dysrhythmias Shock

Category	Concept	Definition	Exemplar/ Topic
			PVD DIC
	Sexuality	Physiological, psychological, and sociological aspects of sexual behavior	Family planning Infertility counseling STIs Menstrual dysfunction Menopause Erectile dysfunction
	Reproduction	The process of conception, gestation, and childbirth.	Prenatal care Intrapartum care Placental abruption Placenta previa Postpartum care Prematurity Newborn care
	Inflammation	The physiologic response to injury, infection, or allergens.	Inflammatory response Gall bladder disease Appendicitis Peptic ulcer disease Pancreatitis Inflammatory bowel disease
	Tissue integrity	Mechanisms that facilitate intact skin and mucous membranes and their physiological functioning.	Contact dermatitis Pressure ulcers Wound healing Burns Cellulitis
	Infection	The invasion of body tissue by microorganisms with the potential to cause illness or disease.	Influenza TB ABX resistant UTI Pneumonia Nosocomial infections Otitis media
	Immunity	The natural or induced resistance to infection and conditions associated with impaired response.	Immune response HIV/AIDS Transplant rejection Rheumatoid arthritis Hypersensitivity Lupus
	Sensory/perception	Factors contributing to receiving and interpreting internal and external stimuli.	Hearing impairment Cataracts Glaucoma Peripheral neuropathy
	Mobility	Mechanisms which affect the ability to move within an individual and community living environment.	Parkinson's Osteoarthritis Spinal cord injury Fractures Multiple sclerosis Back problems
	Comfort	An experience of emotional, spiritual psychological and physical well being.	Pain: acute and chronic Sleep-rest disorders Fatigue End-of-life care

Category	Concept	Definition	Exemplar/ Topic
			Fibromyalgia
Psychological	Stress and coping	Conditions which disturb physiological and/or psychosocial equilibrium and the body's attempt to return to homeostasis following disequilibrium.	Phobias Panic disorder PTSDs Generalized anxiety disorder Anxiety Crisis
	Grief and loss	A series of responses that occur following a physical and/or psychological insult with a goal of returning to homeostasis.	Anticipatory grieving Death and dying Perinatal loss Response to loss across the lifespan Situational loss
	Mood and affect	Mechanisms that influence the emotional state of an individual and its outward manifestation.	Depressive disorders Postpartum depression Bipolar disorder Schizophrenia
	Cognition	Thinking skills, including language use, calculations, perception, memory, awareness, reasoning, judgment, learning, intellect, social skills, and imagination.	Delirium/dementia Confusion Alzheimer's Disease
	Behaviors	Problematic human activity resulting in psychological and physiological dependence	Substance abuse Addiction Prenatal substance exposure
Developmental	Development	The sequential physical and psychosocial capacities that allow complex adaptation to the environment.	Cerebral Palsy Autism Failure to thrive Down's syndrome ADHD
Social functioning	Self	A person's awareness of his or her own identity; consciousness or ego.	Self-esteem/identity/body self-image Eating disorders Personality disorders
	Family	Two or more individuals who are physically and/or emotionally connected.	Family dynamics Family structure and roles Family response to health promotion/alterations Family-centered care

Category	Concept	Definition	Exemplar/ Topic
	Diversity	Variations in race, ethnicity, national origin, religion, age, gender, sexual orientation, ability, socioeconomic status, education, and individual life experiences.	Vulnerable populations Age Gender Race Abilities Individual life experiences Sexual orientation
	Culture	The beliefs, values, customs, caring behavior patterns, and arts that guide a person's decision making and world view.	Acculturation Cultural sensitivity Discrimination Stereotyping Health/health care disparity
	Spirituality	An aspect of health related to the essence of life and a vital human experience which helps to provide balance among the mind, body and spirit.	Spirituality Religion Spiritual health/distress Morals, values and ethics Spiritual/ethical caring
	Violence	Communication or behavior which threatens or demonstrates harm to self or others.	Suicide Abuse (sexual, psychological, physical) Unintentional trauma and injury Rape-trauma syndrome
	Health	A subjective perception of what makes life meaningful and manageable and is a result of adaptation to life's immediate experiences to maintain physical, psychological, social, spiritual, and cultural harmony.	Self-management
	Wellness	A multidimensional state in which the client achieves a sense of well-being and maximum potential and includes the pursuit of a healthy and balanced lifestyle.	Consumer education/prevention Screening Immunizations Lifestyle choices Alternative therapies

	Illness	A subjective perception by a client of an objectively defined disease that may include physical, psychological, social, spiritual, and cultural disharmony.	Health-illness continuum Psychosocial response to illness
Nursing			
	Critical thinking	Ability to think in a systematic and logical manner; used for clinical judgment and decision-making that ensures safe nursing practice and quality care.	Clinical decision-making Concept mapping
	Technical skills	Technical competence demonstrated by the ability to use equipment and supplies with confidence and skills, thus meeting client needs.	<i>NURS 2000 skills:</i> Physical assessment Medication administration Foley catheterization Enemas Enteral tubes Wound care Trach care/Naso-pharyngeal suctioning Sterile technique <i>NURS 2400 skills:</i> IV insertion and medications Blood transfusions Central lines Chest tubes <i>NURS 2530 skills:</i> Newborn assessment Postpartum assessment
	Therapeutic communication	Ability to apply concepts of communication and therapeutic interaction in building and maintaining relationships with clients, families, groups, communities, and other members of the health care team.	Patient education Counseling/support Change of shift report Interdisciplinary communication Documentation Conflict resolution

	Leadership/management	Personal traits necessary to establish vision and goals for a group and to execute them/personal traits necessary to plan, organize, motivate, and manage a group of people and their resources.	Leadership principles Skills/personal traits Delegation Cost effective care Workplace goals Mentoring Interdisciplinary collaboration
	Time management/ Organization	Responsibility and accountability to client, peer, and employer environments through a sound work ethic; demonstrated through prioritization of care and effective use of time.	Care Coordination Prioritizing Care
	Professional behavior	Commitment to the profession of nursing which involves adherence to standards of nursing practice, accountability for actions and behaviors, and nursing practice within legal, ethical, and regulatory frameworks.	RN scope of practice Professional standards Commitment to the profession Accountability
	Caring	An altruistic philosophy of moral and ethical commitment toward the protection, promotion, and preservation of human dignity and diversity; the essence of nursing.	Caring behaviors
	Nursing process	A critical thinking tool in nursing involving a methodology of decision-making that provides direction and order to holistic nursing care across the health continuum.	Assessment Diagnosis (NANDA) Planning Interventions Evaluation

Healthcare			
	Safety	Application of practices that prevent and/or minimize the incidence and impact of adverse events.	National Patient Safety Goals Injury/illness prevention Standard precautions SBAR format Environmental safety
	Advocacy	Doing for the client what they would do for themselves if they were able. Ensures the client's rights are not violated within the health care system.	Patient-centered care (QSEN) Patients rights
	Legal issues	Rights, responsibilities, and scope of nursing practice as defined by the Utah Nurse Practice Act, public and civil laws.	Professional/unprofessional conduct Licensure Nurse Practice Act Duty to care HIPAA Advanced Directives EMTALA Obligation to Report Risk Management
	Health policy	Policy related to availability of and access to health services, health care quality, health care costs, and continuous improvement of health care for the public.	Regulatory agencies Healthy People 2010 Access to healthcare Systems of reimbursement
	Healthcare systems	Collaboration for the delivery of resources in order to ensure access to healthcare for all.	Primary, secondary and tertiary care Disaster and emergency preparedness Allocation of resources Resource utilization Nursing care delivery systems
	Ethics	A system of moral principles or standards based on professional nursing practice, individual and cultural values that guide the nurse in therapeutic nursing relationships.	ANA, ICN Code of Ethics Ethical principles Ethical dilemmas
	Evidence-based practice	The application of the best evidence	Best practices Patient care guidelines

		from well-designed studies combined with patient preferences, ethical principles, individual values and nursing expertise in the therapeutic nursing relationship.	Identifying clinical questions
	Quality improvement	A systematic approach to develop system changes in order to improve client outcomes, prevent errors and improve individual performance.	Accreditation of hospitals (JCACHO) Methods to evaluate client care Sentinel events Reporting
	Informatics	Using information technology to communicate, find needed information, store information, and support quality improvement needs.	Computers in health organizations Electronic health record Clinical decision support systems

Concept-based Curriculum Matrix: Exemplars by Course

Concept	NURS2000 Intro to Health Concepts (Semester 1)	NURS2400 Health Illness Concepts I (Semester 1)	NURS2500 Health Illness Concepts II (Semester 2)	NURS2530 Family Health Concepts (Semester 2)	NURS2600 Health Systems Concepts (Semester 3)	NURS2700 Complex Health Concepts (Semester 3)
CLIENT: BIOPHYSICAL						
Fluid & electrolytes	Fluid balance Electrolyte balance	Fluid & electrolyte imbalance				Acute and chronic renal failure
Acid base		Acid base balance Alkalosis/ acidosis				
Elimination	Bladder incontinence/ retention Bowel incontinence/ Constipation/ impaction Urinary/GI assessment		Benign prostatic hypertrophy Kidney stones			
Metabolism		Diabetes Obesity Thyroid disease	Osteoporosis			Liver disease
Intracranial regulation	Neuro assessment		Increased intracranial pressure Seizures			
Thermo-regulation	Hypothermia Hyperthermia			Newborn thermo-regulation		Thermo-Regulation due to multiple system injury/failure
Cellular regulation		Cancer overview Anemia Sickle cell anemia	Leukemia Skin cancer Breast cancer Lung cancer Colon cancer Prostate cancer			
Oxygenation	Respiratory assessment	Chronic obstructive pulmonary disease Asthma		Sudden infant death syndrome Cystic fibrosis Bronchiolitis		Adult respiratory distress syndrome

Concept	NURS2000 Intro to Health Concepts (Semester 1)	NURS2400 Health Illness Concepts I (Semester 1)	NURS2500 Health Illness Concepts II (Semester 2)	NURS2530 Family Health Concepts (Semester 2)	NURS2600 Health Systems Concepts (Semester 3)	NURS2700 Complex Health Concepts (Semester 3)
Sexuality				Family planning Infertility counseling Menopause Sexually transmitted infections Menstrual dysfunction Erectile dysfunction		
Reproduc- tion				Antepartum care Newborn care Postpartum care Prematurity Placenta abruption Placenta previa		
Inflammation	Inflammatory process	Appendicitis	Gall bladder disease Irritable bowel disease Peptic ulcer			Pancreatitis
Tissue integrity	Pressure ulcers Wound healing	Contact dermatitis Cellulitis				Burns
Infection	Nosocomial infections	Urinary tract infection Pneumonia Influenza	Tuberculosis	Otitis media		
Immunity	Immune response		Rheumatoid arthritis HIV/AIDS Hyper- sensitivity Lupus			Transplant rejection
Sensory/ perception	Hearing impairment Sensory assessment	Cataracts Glaucoma Macular degeneration Peripheral neuropathy				

Concept	NURS2000 Intro to Health Concepts (Semester 1)	NURS2400 Health Illness Concepts I (Semester 1)	NURS2500 Health Illness Concepts II (Semester 2)	NURS2530 Family Health Concepts (Semester 2)	NURS2600 Health Systems Concepts (Semester 3)	NURS2700 Complex Health Concepts (Semester 3)
Mobility	Musculo-skeletal assessment		Fractures Osteo-arthriitis Parkinson's Multiple sclerosis			Spinal cord injury
Comfort	Pain End-of-life care	Fatigue Sleep-rest disorders	Fibromyalgia			
CLIENT: PSYCHOLOGICAL						
Stress and coping		Phobias Anxiety Generalized anxiety disorder Panic disorder Crisis	Obsessive compulsive disorder			Posttraumatic stress disorder
Grief and loss	Death & dying Anticipatory grieving Response to loss across the lifespan Situational loss			Perinatal loss		
Mood and affect			Bipolar Depressive disorders Schizophrenia	Postpartum depression		
Cognition	Confusion	Alzheimer's Dementia Delirium				
Behaviors			Addiction Substance use	Prenatal substance use		

Concept	NURS2000 Intro to Health Concepts (Semester 1)	NURS2400 Health Illness Concepts I (Semester 1)	NURS2500 Health Illness Concepts II (Semester 2)	NURS2530 Family Health Concepts (Semester 2)	NURS2600 Health Systems Concepts (Semester 3)	NURS2700 Complex Health Concepts (Semester 3)
CLIENT: DEVELOPMENTAL						
Development	Development across the lifespan			Attention deficit hyperactivity disorder Autism Failure to thrive Cerebral palsy Down's syndrome		
CLIENT: SOCIAL FUNCTIONING						
Self	Self-esteem/identity/body self-image		Eating disorders Personality disorders			
Family	Family dynamics Family structure and roles Family response to health promotion/health alterations			Family-centered care		Family response to critical alterations
Diversity	Vulnerable populations Age Gender Sexual orientation Race Abilities Individual life experiences					
Culture	Acculturation Cultural sensitivity Dis-crimination Stereotyping				Health/health care disparity	

Concept	NURS2000 Intro to Health Concepts (Semester 1)	NURS2400 Health Illness Concepts I (Semester 1)	NURS2500 Health Illness Concepts II (Semester 2)	NURS2530 Family Health Concepts (Semester 2)	NURS2600 Health Systems Concepts (Semester 3)	NURS2700 Complex Health Concepts (Semester 3)
Spirituality	Religion/ Spirituality Spiritual health/ distress Morals, values, and ethics Spiritual/ ethical caring					
Violence			Suicide Abuse Rape-trauma syndrome			Unintentional injury and trauma
Health, Wellness, Illness	Health-illness continuum Response to illness Self- management Screening Lifestyle choices Immunization Consumer education/ prevention	Alternative therapies	Alternative therapies	Immunization Alternative therapies		Alternative therapies
NURSING						
Critical thinking	Clinical decision- making Concept mapping	Clinical decision- making Concept mapping	Clinical decision- making Concept mapping	Clinical decision- making	Clinical decision- making	Clinical decision- making Concept mapping
Technical skills	Physical assessment Medication ad- ministration Foley catheter NG tubes Trach care Sterile technique	IV insertion IV infusions IV medications Blood transfusions Central lines Chest tubes Wound care	Further development technical skills	Newborn assessment Postpartum assessment		Further development technical skills

Concept	NURS2000 Intro to Health Concepts (Semester 1)	NURS2400 Health Illness Concepts I (Semester 1)	NURS2500 Health Illness Concepts II (Semester 2)	NURS2530 Family Health Concepts (Semester 2)	NURS2600 Health Systems Concepts (Semester 3)	NURS2700 Complex Health Concepts (Semester 3)
Therapeutic communication	Patient education Documentation Change of shift report	Patient education Counseling/ support	Patient education Counseling/ support Conflict resolution	Patient education Family communication	Patient education Inter-disciplinary communication	Patient education Counseling/ support
Leadership/ Management	Leadership principles Delegation				Inter-disciplinary collaboration Workplace goals Mentoring Cost effective care	Inter-disciplinary collaboration Delegation
Time management organization	Care coordination Prioritization of care	Care coordination Prioritization of care	Care coordination Prioritization of care	Prioritization individual/ family care	Care coordination Prioritization of care	Care coordination Prioritization of care of groups
Professional behavior	RN scope of practice Professional standards				Accountability Commitment to profession	
Caring	Caring behaviors	Caring behaviors	Caring behaviors	Caring behaviors	Caring behaviors	Caring behaviors
Nursing process	Nursing process	Nursing process	Nursing process	Nursing process	Nursing process	Nursing process

HEALTHCARE						
Safety	Standard precautions National Patient Safety Goals Injury/illness prevention SBAR format	National Patient Safety Goals Environmental safety	National Patient Safety Goals	National Patient Safety Goals	National Patient Safety Goals	National Patient Safety Goals
Advocacy	Patient-centered care (QSEN) Patients' rights				Advocacy	

Concept	NURS2000 Intro to Health Concepts (Semester 1)	NURS2400 Health Illness Concepts I (Semester 1)	NURS2500 Health Illness Concepts II (Semester 2)	NURS2530 Family Health Concepts (Semester 2)	NURS2600 Health Systems Concepts (Semester 3)	NURS2700 Complex Health Concepts (Semester 3)
Legal issues	Nurse Practice Act HIPAA Advanced directives Obligation to report Professional/ un- professional conduct				Risk management Licensure	
Health policy	Regulatory agencies Systems of re- imbursement				Access to healthcare Healthy People 2010	
Healthcare systems	Primary, secondary, and tertiary levels of care Nursing care delivery systems Disaster and emergency preparedness				Resource utilization Resource allocation	
Ethics	ANA Code of Ethics Ethical principles				Ethical dilemmas	
Evidence- based practice	Best practices Patient care guidelines	Best practices	Best practices	Best practices	Best practices Identifying clinical questions	Best practices
Quality improvement	Sentinel events Reporting	Quality improvement			Accreditation of hospitals Methods to evaluate client care	
Informatics		Computers in health organizations Electronic health record			Clinical decision support systems	

NURSING PROGRAM

COMPETENCIES LEVELING

	ASSOCIATE DEGREE NURSING	BACCALAUREATE DEGREE NURSING <small>(NOTE: <i>assumes responsibility for practices of all of the competencies of the associate degree nurse but expands and grows in depth and complexity in the following manner.</i>)</small>
1. CRITICAL THINKING		
	a. Assumes responsibility for own learning.	a. <i>Assumes responsibility for own learning.</i>
	b. Demonstrates independent and creative application of classroom concepts in the clinical setting and is able to consider alternatives.	b. Evaluates evidence appropriately.
	c. Uses creative/critical thinking in solving clinical problems and making clinical decisions.	c. Brings multiple perspectives into interpretation of situations and problems encountered.
	d. Utilizes knowledge gained from reading basic research reports, journals, internet research, and nursing workshops.	d. Clearly and accurately analyzes situations encountered.
	e. Shows initiative by reading and seeking learning opportunities (other than what is required) to expand knowledge.	e. <i>Shows initiative by reading and seeking learning opportunities (other than what is required) to expand knowledge.</i>
	f. Understands how every client has unique needs and actively/creatively adapts and modifies patient care standards to meet individual needs.	f. Shows openness to considering opinions which may differ from own point of view.
2. TECHNICAL SKILLS		
	a. Uses complex equipment and procedures to provide care for acutely ill patients.	a. Uses advanced skills while maintaining an ethic of caring.

	ASSOCIATE DEGREE NURSING	BACCALAUREATE DEGREE NURSING (NOTE: <i>assumes responsibility for practices of all of the competencies of the associate degree nurse but expands and grows in depth and complexity in the following manner.</i>)
	b. Identifies and follows established standards when performing more complex, advanced procedures. Is able to modify standards when necessary to meet specific client needs.	b. Demonstrates competence in the use of health care technology and informatics in the provision of nursing care.
	c. Observes all OSHA standards, rules and regulations.	c. <i>Observes all OSHA standards, rules and regulations.</i>
	d. Able to perform all critical elements of assigned skills with accuracy.	d. <i>Able to perform all critical elements of assigned skills with accuracy.</i>
	e. Demonstrates an understanding of the computer and use of its components	e. Applies the use of computers in planning, documenting and evaluating care of clients.
	f. Demonstrates proficiency in word processing.	f. <i>Demonstrates proficiency in word processing.</i>
	g. Prepares formal papers in APA format.	g. <i>Prepares formal papers in APA format.</i>
	h. Demonstrates use of computer presentation software.	h. Adapts and evaluates the use of technology to attain optimal quality healthcare client outcomes.
	i. Demonstrates use of computer in online learning management system.	i. Demonstrates use of computer in the use and manipulation of spreadsheets; online learning management system.
3. THERAPEUTIC COMMUNICATION		
	a. Records/documents client information, care, and evaluation of care in a clear, concise manner, both verbally and in writing.	a. Applies elements of professional communication to foster nurse-client and nurse-health team relationships.

	ASSOCIATE DEGREE NURSING	BACCALAUREATE DEGREE NURSING (NOTE: <i>assumes responsibility for practices of all of the competencies of the associate degree nurse but expands and grows in depth and complexity in the following manner.</i>)
	b. Develops and implements teaching plans to facilitate clients/family assumption of own self care and wellness promotion.	b. Self-examines communication skills.
	c. Evaluates effectiveness of client's learning.	c. Independently evaluates effectiveness of client's learning.
	d. Gives/receives nursing change of shift report in an effective manner.	d. <i>Gives/receives nursing change of shift report in an effective manner.</i>
	e. Uses appropriate basic communication skills and therapeutic communication techniques.	e. Uses appropriate advanced communication skills and therapeutic communication techniques.
	f. Manages team conflict in assertive and responsible ways.	f. Independently manages team conflict in assertive and responsible ways.
	g. Communicates assertively and responsibly with distressed, aggressive, or unpopular clients/colleagues.	g. <i>Communicates assertively and responsibly with distressed, aggressive, or unpopular clients/colleagues.</i>
	h. Receives feedback/criticism from evaluations in an assertive, positive manner.	h. Gives and receives feedback/criticism from evaluations in an assertive, positive manner.
	i. Independently and assertively reports breach of nursing care standards using the appropriate chain of command.	i. Independently and assertively manages and reports breach of nursing care standards using the appropriate chain of command.

	ASSOCIATE DEGREE NURSING	BACCALAUREATE DEGREE NURSING (NOTE: <i>assumes responsibility for practices of all of the competencies of the associate degree nurse but expands and grows in depth and complexity in the following manner.</i>)
	j. Develops and implements plan of care to overcome barriers to communication: physical, developmental, psychological, emotional, cultural, and language.	j. Independently and assertively develops and implements plan of care to overcome barriers to communication: physical, developmental, psychological, emotional, cultural, and language.
4. LEADERSHIP/MANAGEMENT		
	a. Independently promotes goals of workplace as to costs, safety and quality client care.	a. Actively engages in leadership and management skills using collaboration, advocacy, empowerment, interpersonal communication, and teaching in all professional nursing activities.
	b. Works as an effective member of the health care team.	b. Works as an effective leader of health care teams.
	c. Delegates care appropriately to other health care workers commensurate with their educational preparation/ability.	c. <i>Delegates care appropriately to other health care workers commensurate with their educational preparation/ability.</i>
	d. Demonstrates accountability for nursing care delegated to other health care workers.	d. <i>Demonstrates accountability for nursing care delegated to other health care workers.</i>
	e. Ensures/promotes continuity of care for each client within the employing institution.	e. <i>Ensures/promotes continuity of care for each client within the employing institution.</i>
	f. Evaluates other health care workers in their professional actions, abilities, and limitations.	f. <i>Evaluates other health care workers in their professional actions, abilities, and limitations.</i>
	g. Mentors others, assisting them to increase their knowledge and skills.	g. <i>Mentors others, assisting them to increase their knowledge and skills.</i>
	h. Encourages/promotes excellence in co-workers.	h. <i>Encourages/promotes excellence in co-workers.</i>

	ASSOCIATE DEGREE NURSING	BACCALAUREATE DEGREE NURSING <i>(NOTE: assumes responsibility for practices of all of the competencies of the associate degree nurse but expands and grows in depth and complexity in the following manner.)</i>
5. TIME MANAGEMENT/ORGANIZATION		
	a. Able to manage personal time/actions to work effectively in the care setting.	a. Manages time/actions within the professional nursing care situation.
	b. Plans, prioritizes and implements nursing care for a group of clients with complex needs.	b. <i>Plans, prioritizes and implements nursing care for a group of clients with complex needs.</i>
	c. Demonstrates competence by meeting clinical schedules without being late or absent.	c. Assumes responsibility for scheduling clinical experiences.
	d. Is prepared with assignments as outlined.	d. Assume personal responsibility and accountability for one's actions in meeting course requirements and professional expectations.
	e. Constructively uses criticism and suggestions for improving nursing practice.	e. <i>Constructively uses criticism and suggestions for improving nursing practice.</i>
6. PROFESSIONAL BEHAVIOR		
	a. Follows ANA code of ethical behavior while setting aside own ethical values/standards to support the client in their choices and values, when the nurse's ethical values/standards are in conflict with those of the patient.	a. Demonstrates knowledge, attitudes, values, and behaviors of professional nursing.
	b. Understands the RN's full scope of legal responsibility and accountability and uses legal safeguards in clinical practice.	b. <i>Understands the RN's full scope of legal responsibility and accountability and uses legal safeguards in clinical practice.</i>

	ASSOCIATE DEGREE NURSING	BACCALAUREATE DEGREE NURSING (NOTE: <i>assumes responsibility for practices of all of the competencies of the associate degree nurse but expands and grows in depth and complexity in the following manner.</i>)
	c. Independently identifies potential liabilities in individual practice and develops prevention strategies.	c. Critically analyzes and utilizes research findings in nursing practice.
	d. Functions within scope of practice of the licensed registered nurse in various health care settings.	d. Critically evaluates and analyzes evidence for evidence based practice in all settings.
	e. Maintains client confidentiality.	e. Integrates ethical principles in nursing care of individuals, families, groups and communities including but not limited to maintenance of client confidentiality.
	f. Identifies individual strengths and weaknesses and seeks improvement as appropriate.	<i>f. Identifies individual strengths and weaknesses and seeks improvement as appropriate.</i>
	g. Displays initiative in participating in educational opportunities and participates in research programs when possible.	<i>g. Displays initiative in participating in educational opportunities and participates in research programs when possible.</i>
	h. Demonstrates support of professional activities.	h. Actively participates in/or has a leadership role in professional organization(s).
	i. Promotes the use of evidence-based practice and research in nursing care.	i. Promotes the use of evidence-based practice and research in nursing care and is a knowledgeable research consumer.
	j. Participates effectively in formal group discussions such as post-conferences.	j. Participates effectively in formal group discussions such as online synchronous and asynchronous discussion assignments.
	k. Serves as a role model regarding health to clients/colleagues.	<i>k. Serves as a role model regarding health to clients/colleagues.</i>

7. CARING		
	a. Establishes and maintains relationships of trust with clients and colleagues.	<i>a. Establishes and maintains relationships of trust with clients and colleagues.</i>
	b. Uses “caring behaviors” to convey respect and acceptance and to promote health, self-care, and affirm individual worth.	b. Incorporates human caring into all aspects of professional nursing practice.
	c. Promotes values and choices of the client.	<i>c. Promotes values and choices of the client.</i>
	d. Advocates for the client.	<i>d. Advocates for the client.</i>
	e. Respects human dignity and cultural diversity.	<i>e. Respects human dignity and cultural diversity.</i>
	f. Demonstrates interest in clients and client care by giving individualized, quality, nursing care to complex, difficult patients, and in resolving difficult problems/situations.	<i>f. Demonstrates interest in clients and client care by giving individualized, quality, nursing care to complex, difficult patients, and in resolving difficult problems/situations.</i>
8. UTILIZES NURSING PROCESS		
	a. Performs ongoing complete physical, emotional, spiritual and socio-cultural assessment of all clients across the lifespan. Is able to recognize potential problems.	a. Evaluates current and changing health care needs influencing persons, families, groups, and communities based on cultural and ethnic diversity.
	b. Establishes and analyzes a data base by the assessment process.	b. Implements the nursing process through nurse-person partnerships to promote, maintain and restore health.
	c. Independently selects actual and potential nursing diagnoses.	c. Collaborates/coordinates care with clients, families, groups, communities and health care professionals.
	d. Soliciting client input, determines appropriate client outcomes.	d. Utilizes outcome measures to evaluate effectiveness of care provided to persons, families, groups, and communities.

	e. With the client, develops a comprehensive plan of nursing care to meet client outcomes.	e. With the client, family, group, and community, develops a comprehensive plan of nursing care to meet desired outcomes.
	f. Adjusts plan of care to meet the client's changing holistic needs.	f. Adjusts plan of care to meet the changing holistic needs of the client, family, group, and community.
	g. Identifies and facilitates interdisciplinary interventions to achieve outcomes.	g. Independently identifies and facilitates interdisciplinary interventions to achieve outcomes.
	h. Establishes priorities for comprehensive nursing care and intervenes appropriately and independently.	h. <i>Establishes priorities for comprehensive nursing care and intervenes appropriately and independently.</i>
	i. Provides care in areas of health promotion, illness prevention, and rehabilitation as is appropriate for clients across the lifespan.	i. Independently and consistently provides care in areas of health promotion, illness prevention, and rehabilitation as is appropriate for clients across the lifespan as well as families, groups, and communities.
	j. Independently solicits client input and determines effectiveness of nursing interventions.	j. Independently solicits client, family, group, and community input and determines effectiveness of nursing interventions.
	k. Uses critical thinking to revise outcomes as appropriate.	k. <i>Uses critical thinking to revise outcomes as appropriate.</i>
	l. Utilizes all steps of the nursing process in the safe administration of medications within scope of practice	l. <i>Utilizes all steps of the nursing process in the safe administration of medications within scope of practice.</i>

NURSING PROGRAM OUTCOMES

Nursing program outcomes are benchmarks that assist nursing faculty in determining if the ADN or BSN programs have been effective in achieving identified competencies consistent with the Dixie State College mission, nursing program mission/philosophy, and professional standards of practical, associate degree, and baccalaureate level nursing. Nursing program outcomes include measures of NCLEX pass rates, graduation rates, program satisfaction, and job placement. The following table indicates the specific program outcomes for the ADN and BSN programs.

Program Outcome	ADN	BSN
NLCEX Pass Rates	The ADN program licensure exam first-time pass rates are at or above the national mean.	Not applicable
Graduation Rates	90% of students complete the program in three semesters.	90% of students complete the program within 5 years.
Program Satisfaction	<p>90% of employers agree RNs meet or exceed expectations</p> <p>90% of employers agree overall satisfaction with education graduates received</p> <p>90% of graduates agree overall satisfaction with education received</p>	<p>90% of employers agree BSNs meet or exceed expectations</p> <p>90% of employers agree overall satisfaction with education graduates received</p> <p>90% of graduates agree overall satisfaction with education received</p>
Job Placement	90% of graduates passing NCLEX secure employment as RN and/or are enrolled in a formal continuing nursing education program	90% of graduates are employed as an RN or are enrolled in a graduate nursing education program

STUDENT LEARNING OUTCOMES

Student learning outcomes are statements that specify what nursing faculty want students to learn or be able to do as a result of successfully completing the ADN or BSN programs. Student learning outcomes are clear, concise statements that describe how students can demonstrate their mastery of program goals.

Student learning outcomes for the **ADN program** are:

The ADN graduate will:

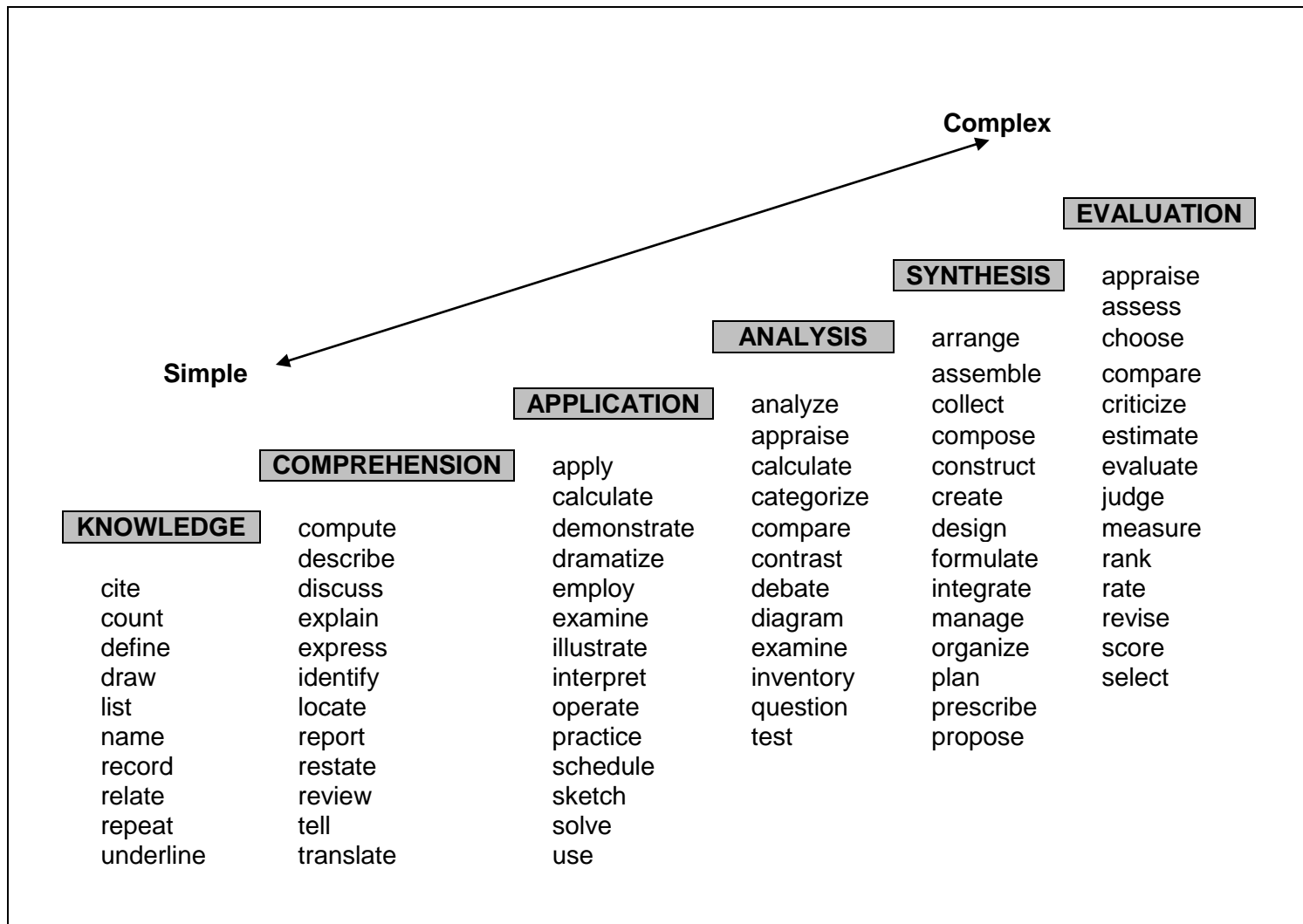
1. Manage the patient-centered care of a group of patients across the lifespan and their families using basic leadership skills.
2. Demonstrate the ability to make reasonable clinical judgments through the use of the nursing process and evidence-based practice.
3. Demonstrate the ability to work as an effective member of the interdisciplinary team in a collaborative environment.
4. Utilize effective communication techniques with individuals, families, people in groups, and members of the health care team within the RN role.
5. Demonstrate caring behaviors that incorporate patient and family advocacy; respect for persons and cultural diversity; and ethical principles.
6. Assume responsibility and accountability in the practice of registered nursing as defined by the Utah Nurse Practice Act and professional standards of registered nursing.

Student learning outcomes for the **BSN program** are:

The BSN graduate will:

1. Apply leadership concepts, skills, and decision making in order to provide oversight and accountability for the delivery of safe, quality care in a variety of healthcare settings.
2. Integrate reliable evidence from multiple perspectives to inform practice and make reasonable clinical judgments.
3. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practice in a variety of healthcare settings.
4. Demonstrate basic knowledge of healthcare policy, finance, and regulatory environments including local, state, national, and global health care trends.
5. Communicate, collaborate, and negotiate as a member and leader within interdisciplinary health care teams to improve patient health outcomes.
6. Manage the direct and indirect care of individuals, families, groups, communities, and populations to promote, maintain, and restore health.
7. Integrate professional standards of moral, ethical, and legal conduct into the care of persons, families, groups, communities, and populations.

BLOOM'S TAXONOMY STUDENT LEARNING OBJECTIVES



Bloom's taxonomy originally was created to aid instructors in classifying educational goals and objectives as well in writing differing levels of questions for test and exams. Bloom's taxonomy also can be used by students as a guide to what they need to know in a simple to complex format. Research indicates that students remember more if they have learned at the higher levels. Bloom's taxonomy is helpful in guiding textbook reading and facilitating critical thinking as students progress from knowledge, comprehension, and application levels to a higher order of analysis, synthesis and evaluation.

FACULTY AND STUDENT EXPECTATIONS

FACULTY RESPONSIBILITIES TO STUDENTS

The faculty recognizes their responsibility as facilitators of learning and will abide by the policy as stated in the Dixie State College of Utah Policies and Procedures Manual at <http://www.dixie.edu/humanres/polfac.html>

STUDENT RESPONSIBILITIES

Students will be expected to abide by the Dixie State College of Utah's Students Rights and Responsibilities Code Policy 5-33 as found in the Policies and Procedures available at <http://www.dixie.edu/humanres/polstu.html>

STUDY EXPECTATIONS

Nursing faculty has set a **minimum** study expectation of two (2) hours of study per week for each credit hour enrolled. This means for a four (4) credit class, it is expected that students will spend a minimum of eight (8) hours outside the classroom per week.

GRADE EXPECTATIONS

Grading performance constitutes a complex and difficult process. Assigning grades is perhaps one of an instructor's most difficult tasks. Grades reflect achievement, so please understand an instructor grades a student's achievement on various assignments, not the student personally. The descriptions below attempt to explain why different students obtain different results.

The "A" student: (Outstanding, exceptional)

- Demonstrates a full, deep and precise understanding of the subject matter
- Demonstrates the capacity to analyze
- Demonstrates critical thinking
- Shows evidence of creative thinking
- Hands in work that is of outstanding and exceptional quality according to the criteria established for evaluation
- Has perfect attendance or for online courses, enters courses several times per week
- Is prepared for class having read the required assignment, and additional reading as well. Has looked up unknown words. Goes beyond what is expected.
- Has highly developed communication and presentation skills in class participation or online threaded discussions
- Asks interesting questions and makes thoughtful comments, but does not monopolize classroom time or online threaded discussions
- Is able to connect past learning with the present subject
- Shows initiative, has the determination and self discipline necessary for achieving "A" quality work
- Performs work of outstanding quality
- Turns in papers that: demonstrate careful use of vocabulary, show correct use of evidence and quotations, have flow and coherence, exhibit fluid writing throughout with consistent presentation of ideas and elegance of expression. The reader of these papers should learn something significant and come away with a deeper understanding of the subject under consideration.

The “B” student: (Above average)

- Rarely misses class or for online courses, enters the course 2-3 times per week
- Demonstrates a good comprehension of the subject matter
- Shows evidence of critical and creative thought
- Hands in work that is of very good quality according to evaluation criteria
- Is competent in communication and presentation skills in classroom participation and online threaded discussions
- Is prepared for class, having read the assigned material, and is prepared to contribute to class or online course activity
- Participates in classroom discussion and asks questions for clarification
- With encouragement, is able to connect past experience and learning with present learning
- Is willing to try new ideas and concepts
- Has enough self-discipline to follow through with assigned material
- Turns in work that is on time and consistently neat.
- Turns in papers that: demonstrate careful thought process, have some weak spots or flaws that do not significantly affect the importance of the work, show a much better than average understanding of the subject written about, make useful well made points and gives value to the reader.

The “C” student: (Average or typical)

- Misses class occasionally and/or is frequently late, enters online courses once per week
- Puts other priorities ahead of academic work
- Is unable to physically keep up with the demands of high level performance (due to lack of sleep, poor health and lifestyle habits, lack of interest, etc.)
- Prepares assignments consistently but with minimal effort
- Hands in work that does not show attention to detail or completeness, that is sloppy or careless, and is at times incomplete or late
- Is less willing to invest the effort required to excel
- Does not contribute to class discussion or minimally to online threaded discussions
- Needs vigorous prompting to connect past learning to present concepts
- Is not visibly committed to class, expresses boredom through body language, and participates without enthusiasm in class or online threaded discussions
- May have exceptional ability but shows signs of poor self-management or bad attitude
- May be diligent but simply average in academic ability
- Demonstrates some concept of what is going on but has not mastered the material
- Produces work that shows only what is absolutely necessary to complete the minimal requirements for passing the course
- Turns in papers that: lack important elements and concepts, show evidence of thinness in argument, detail, and precision, have numerous grammatical errors, show an understanding of some concepts but no mastery of the subject matter

(Adopted from “The Teaching Professor,” John H. Williams, Pepperdine University, CA)

Few of us operate on the level of excellent or exceptional all the time. Often we really are just good or very good. Good is not bad! A “B” or even a “C” grade is not a cause for shame; it does not indicate failure or disaster, and is not a reason for self-doubt, worry, anxiety or distress. If you do not achieve the grade you desire, find out how your performance can be improved. Meet with your instructor, find out the reasons for the evaluation and focus on attaining a better understanding of the issues and exactly where there are problems. Meet with an open mind and an open heart. Your instructor wants you to succeed as much as you want to succeed. Be open to suggestions.

Remember that grades are based on results, not on effort. If you have spent hours working on an assignment and then received a grade that is less than you think you deserve, find out what is missing from the requirements of the assignment. Take advantage of Dixie State College services and your instructors' expertise to learn how to work more effectively to produce better results.

CLINICAL EXPECTATIONS

Students are expected to be at assigned clinical sites on time and prepared to take care of clients. Students are expected to be dressed according to the Dixie State College of Utah Department of Nursing Uniform Dress Code. Students arriving late will receive a warning. Multiple tardiness or absences will adversely affect the grade for clinical practice and thus the course grade. A student who is **unprepared** for clinical will be deemed unsafe and will be sent home. A second episode of being unprepared, thus unsafe, may result in a student's failure of clinical.

Preparation for clinical includes, but is not limited to:

- being on time
- at least 4 hours of sleep prior to clinical
- proper uniform and badge
- fit for duty (see Fitness for Duty Policy)
- **current with immunizations, CPR, TB testing, drug screen, and background check requirements**
- further requirements as listed in course syllabus

LAB EXPECTATIONS

Students are expected to attend 100% of lab sessions. Lab performance contributes to the final course grade. Lab preparation as required by the instructor must be complete prior to each lab. Refer to syllabus and/or Blackboard Vista course website. In order to have a passing grade, the student must attend all lab sessions and be passed off on skills by the lab instructor. See lab requirements and expectations in the lab course syllabus.

NURSING PROGRAM CURRICULUM

BACHELOR OF SCIENCE IN NURSING (BSN)

120 credits

Prerequisites

- Completion of an AAS, AS, or equivalent degree in Nursing
- Current Registered Nurse license

General Education and Institutional Requirements

All DSC General Education requirements must be fulfilled. A previously earned degree **may** fulfill those requirements. However, courses must be equivalent to DSC's minimum General Education standards in the following subjects:

- American Institutions
- English
- Mathematics

DSC Institutional Requirements

- Complete one of the following:
- CIS 1200 Computer Skills 3.0
- CIS 1201 Computer Literacy Exam 0.0

DSC Core General Education Requirements

Complete the following:

- ENGL 1010 Intro to Writing 3.0
- ENGL 2010 Intermediate Writing 3.0
- LIB 1010 Information Literacy 1.0
- American Institutions GE approved course 3.0

Complete **one** of the following: 3.0-5.0

- MATH 1040 Intro to Statistics (3.0) *recommended*
- MATH 1030 Quantitative Reasoning (3.0)
- MATH 1050 College Algebra / Pre-Calculus (4.0)

DSC Breadth & Depth General Education Requirements

- Life Sciences GE approved course 3.0-5.0
- Physical Science GE approved course 3.0
- Laboratory Science At least **one** of the courses used to fulfill the Life and Physical Sciences requirements must include a co-requisite lab class. 0.0-1.0
- Social & Behavioral Sciences GE approved course 3.0
- Fine Arts GE approved course 3.0
- Literature/Humanities GE approved course 3.0

- Exploration One additional 3-5 credit GE Breadth & Depth Course which must have a different prefix.

Global & Cultural Perspectives General Education Requirements (GLOCUP)

- NURS 3300
- One additional course from approved list(see catalog for details). 0.0-6.0

Discipline Core Requirements

Complete the following:

- BIOL 4400 Pathophysiology 3.0

Complete **one** of the following:

- MATH 1040 Intro to Statistics (3.0) 3.0-4.0
- STAT 2040 Business Statistics (4.0)

Complete **one** of the following:

- COMM 2110 Interpersonal Communication (3.0) *recommended*
- COMM 1010 Elements of Effective Communication (3.0)
- COMM 1020 Public Speaking (3.0)

Complete the following:

- NURS 3100 Professional Nursing Roles 2.0
- NURS 3200 Health Assessment 3.0
- NURS 3300 Transcultural Nursing 3.0
- NURS 3400 Nursing Informatics 3.0
- NURS 3600 Nursing Research 3.0
- NURS 3700 Gerontological Nursing 2.0
- NURS 4020/25 Community Health Nursing/Clinical 6.0
- NURS 4030 Nursing Policy and Ethics 3.0
- NURS 4040/41 Nursing Leadership & Mgmt/Clinical 7.0
- NURS 4100 Senior Seminar 3.0
- NURS 4600 Senior Capstone 4.0-6.0

Graduation Requirements

1. Complete a minimum of 120 college-level credits (1000 and above).
2. Complete at least 40 upper-division credits.
3. Complete at least 30 upper-division credits at DSC for institutional residency.
4. Cumulative GPA 2.0 or higher.
Grade C or higher in each Discipline Core Requirement.

ASSOCIATE OF APPLIED SCIENCE IN NURSING (ADN)

65-66 credits

The Associate of Applied Science in Nursing degree (ADN) has three basic components:

1. Lower-division, General Education Requirements (18 credits).
2. Program Prerequisites (9 credits).
3. Core Discipline Requirements (36 credits).

General Education Requirements

Complete the following:

- | | | |
|------------------|----------------------------------|---------|
| • ENGL 1010 | Intro to Writing | 3.0 |
| • ENGL 2010 | Intermediate Writing | 3.0 |
| • CHEM 1110/1115 | Elem Gen Organic Chemistry / Lab | 4.0/1.0 |

Complete **one** of the following: 3.0-4.0

- MATH 1040 Intro to Statistics (3.0) *recommended*
- MATH 1030 Quantitative Reasoning (3.0)
- MATH 1050 College Algebra / Pre-Calculus (4.0)

Complete **one** of the following: 3.0

- PSY 1010 General Psychology (3.0)
- PSY 1100 Human Development/Lifespan (3.0)
- FCS 1500 Human Development/Lifespan (3.0)

Program Prerequisites

Complete the following:

- | | | |
|------------------|------------------------|---------|
| • BIOL 2320/2325 | Human Anatomy / Lab | 3.0/2.0 |
| • BIOL 2420/2405 | Human Physiology / Lab | 3.0/1.0 |

Discipline Core Requirements

Complete the following:

- | | | |
|-------------|---------------------------------|-----|
| • NURS 2000 | Intro to Health Concepts | 5.0 |
| • NURS 2400 | Health Illness Concepts I | 6.0 |
| • NURS 2450 | Nursing Pharmacology Concepts I | 1.0 |
| • NURS 2500 | Health Illness Concepts II | 9.0 |
| • NURS 2530 | Family Health Concepts | 5.0 |
| • NURS 2600 | Health Systems Concepts | 4.0 |
| • NURS 2700 | Complex Health Concepts | 9.0 |

Graduation Requirements

1. Complete a minimum of 65 college-level credits (1000 and above).
2. Complete at least 20 lower-division credits at DSC for institutional residency.
3. Minimum cumulative GPA 2.0.
4. Grade C or higher in each General Education, Program Prerequisite, and Discipline Core Requirement course.

THE PATIENT CARE PARTNERSHIP

Understanding Expectations, Rights and Responsibilities

What to expect during your hospital stay:

- High quality hospital care.
- A clean and safe environment.
- Involvement in your care.
- Protection of your privacy.
- Help when leaving the hospital.
- Help with your billing claims.

When you need hospital care, your doctor and the nurses and other professionals at our hospital are committed to working with you and your family to meet your health care needs. Our dedicated doctors and staff serve the community in all its ethnic, religious, and economic diversity. Our goal is for you and your family to have the same care and attention we would want for our families and ourselves.

The sections explain some of the basics about how you can expect to be treated during your hospital stay. They also cover what we will need from you to care for you better. If you have questions at any time, please ask them. Unasked or unanswered questions can add to the stress of being in the hospital. Your comfort and confidence in your care are very important to us.

High quality hospital care. Our first priority is to provide you the care you need, when you need it, with skill, compassion, and respect. Tell your caregivers if you have concerns about your care or if you have pain. You have the right to know the identity of doctors, nurses and others involved in your care, and you have the right to know when they are students, residents, or other trainees.

A clean and safe environment. Our hospital works hard to keep you safe. We use special policies and procedures to avoid mistakes in your care and keep you free from abuse or neglect. If anything unexpected and significant happens during your hospital stay, you will be told what happened, and any resulting changes in your care will be discussed with you.

Involvement in your care. You and your doctor often make decisions about your care before you go to the hospital. Other times, especially in emergencies, those decisions are made during your hospital stay. When decision-making takes place it should include:

Discussing your medical condition and information about medically appropriate treatment choices. To make informed decisions with your doctor, you need to understand:

- The benefits and risks of each treatment.
- Whether your treatment is experimental or part of a research study.
- What you can reasonably expect from your treatment and any long-term effects it might have on your quality of life.
- What you and your family will need to do after you leave the hospital.

- The financial consequences of using uncovered services or out-of-network providers.

Please tell your caregivers if you need more information about treatment choices.

Discussing your treatment plan. When you enter the hospital, you sign a general consent to treatment. In some cases, such as surgery or experimental treatment, you may be asked to confirm in writing that you understand what is planned and agree to it. This process protects your right to consent to or refuse a treatment. Your doctor will explain the medical consequences of refusing recommended treatment. It also protects your right to decide if you want to participate in a research study.

Getting information from you. Your caregivers need complete and correct information about your health and coverage so that they can make good decisions about your care. That includes:

- Past illnesses, surgeries or hospital stays.
- Past allergic reactions.
- Any medicines or dietary supplements (such as vitamins and herbs) that you are taking.
- Any network or admission requirements under your health plan.

Understanding your health care goals and values. You may have health care goals and values or spiritual beliefs that are important to your well-being. They will be taken into account as much as possible throughout your hospital stay. Make sure your doctor, your family and your care team know your wishes.

Understanding who should make decisions when you cannot. If you have signed a health care power of attorney stating who should speak for you if you become unable to make health care decisions for yourself, or a “living will” or “advance directive” that states your wishes about end-of-life care; give copies to your doctor, your family and your care team. If you or your family need help making difficult decisions, counselors, chaplains and others are available to help.

Protection of your privacy. We respect the confidentiality of your relationship with your doctor and other caregivers, and the sensitive information about your health and health care that are part of that relationship. State and federal laws and hospital operating policies protect the privacy of your medical information. You will receive a Note of Privacy Practices that describes the ways that we use, disclose and safeguard patient information and that explains how you can obtain a copy of information from our record about your care.

Preparing you and your family for when you leave the hospital. Your doctor works with hospital staff and professionals in your community. You and your family also play an important role in your care. The success of your treatment often depends on your efforts to follow medication, diet, and therapy plans. Your family may need to help care for you at home.

You can expect us to help you identify sources of follow-up care and to let you know if our hospital has a financial interest in any referrals. As long as you agree that we can share information about your care with them, we will coordinate our activities with your caregivers outside the hospital. You can also expect to receive information and, where possible, training about the self-care you will need when you go home.

Help with your bill and filing insurance claims. Our staff will file claims for you with health care insurers or other programs such as Medicare and Medicaid. They also will help your doctor

with needed documentation. Hospital bills and insurance coverage are often confusing. If you have questions about your bill, contact our business office. If you need help understanding your insurance coverage or health plan, start with your insurance company or health benefits manager. If you do not have health coverage, we will try to help you and your family find financial help or make other arrangements. We need your help with collecting needed information and other requirements to obtain coverage or assistance.

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Resident Rights in Long Term Care Facilities

Electronic Code of Federal Regulations at <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=e3979b25f8d8b29c78b1b3f6c66dbdaa&rgn=div5&view=text&node=42:5.0.1.1.2&idno=42>

The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident, including each of the following rights:

(a) *Exercise of rights.* (1) The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.

(3) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf.

(4) In the case of a resident who has not been adjudged incompetent by the State court, any legal-surrogate designated in accordance with State law may exercise the resident's rights to the extent provided by State law.

(b) *Notice of rights and services.* (1) The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under section 1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing;

(2) The resident or his or her legal representative has the right—

(i) Upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and

(ii) After receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility.

(3) The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition;

(4) The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section; and

(5) The facility must—

(i) Inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of—

(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;

(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and

(ii) Inform each resident when changes are made to the items and services specified in paragraphs (5)(i) (A) and (B) of this section.

(6) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.

(7) The facility must furnish a written description of legal rights which includes—

(i) A description of the manner of protecting personal funds, under paragraph (c) of this section;

(ii) A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels;

(iii) A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and

(iv) A statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.

(8) The facility must comply with the requirements specified in subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law. Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. If an adult individual is incapacitated at the time of admission and is unable to receive information (due to the incapacitating condition or a mental disorder) or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's family or surrogate in the same manner that it issues other materials about policies and procedures to the family of the incapacitated individual or to a surrogate or other concerned persons in accordance with State law. The facility is not relieved of its obligation to provide this information to the individual once he or she is no longer incapacitated or unable to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.

(9) The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.

(10) The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.

(11) *Notification of changes.* (i) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is—

(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;

(B) A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);

(C) A need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or

(D) A decision to transfer or discharge the resident from the facility as specified in §483.12(a).

(ii) The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is—

(A) A change in room or roommate assignment as specified in §483.15(e)(2); or

(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.

(iii) The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.

(12) *Admission to a composite distinct part.* A facility that is a composite distinct part (as defined in §483.5(c) of this subpart) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.12(a)(8).

(c) *Protection of resident funds.* (1) The resident has the right to manage his or her financial affairs, and the facility may not require residents to deposit their personal funds with the facility.

(2) *Management of personal funds.* Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)–(8) of this section.

(3) *Deposit of funds.* (i) *Funds in excess of \$50.* The facility must deposit any residents' personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)

(ii) *Funds less than \$50.* The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.

(4) *Accounting and records.* The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.

(i) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.

(ii) The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.

(5) *Notice of certain balances.* The facility must notify each resident that receives Medicaid benefits—

(i) When the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and

(ii) That, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.

(6) *Conveyance upon death.* Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.

(7) *Assurance of financial security.* The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility.

(8) *Limitation on charges to personal funds.* The facility may not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid or Medicare (except for applicable deductible and coinsurance amounts). The facility may charge the resident for requested services that are more expensive than or in excess of covered services in accordance with §489.32 of this chapter. (This does not affect the

prohibition on facility charges for items and services for which Medicaid has paid. See §447.15, which limits participation in the Medicaid program to providers who accept, as payment in full, Medicaid payment plus any deductible, coinsurance, or copayment required by the plan to be paid by the individual.)

(i) *Services included in Medicare or Medicaid payment.* During the course of a covered Medicare or Medicaid stay, facilities may not charge a resident for the following categories of items and services:

(A) Nursing services as required at §483.30 of this subpart.

(B) Dietary services as required at §483.35 of this subpart.

(C) An activities program as required at §483.15(f) of this subpart.

(D) Room/bed maintenance services.

(E) Routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to, hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, over the counter drugs, hair and nail hygiene services, bathing, and basic personal laundry.

(F) Medically-related social services as required at §483.15(g) of this subpart.

(ii) *Items and services that may be charged to residents' funds.* Listed below are general categories and examples of items and services that the facility may charge to residents' funds if they are requested by a resident, if the facility informs the resident that there will be a charge, and if payment is not made by Medicare or Medicaid:

(A) Telephone.

(B) Television/radio for personal use.

(C) Personal comfort items, including smoking materials, notions and novelties, and confections.

(D) Cosmetic and grooming items and services in excess of those for which payment is made under Medicaid or Medicare.

(E) Personal clothing.

(F) Personal reading matter.

(G) Gifts purchased on behalf of a resident.

(H) Flowers and plants.

(I) Social events and entertainment offered outside the scope of the activities program, provided under §483.15(f) of this subpart.

(J) Noncovered special care services such as privately hired nurses or aides.

(K) Private room, except when therapeutically required (for example, isolation for infection control).

(L) Specially prepared or alternative food requested instead of the food generally prepared by the facility, as required by §483.35 of this subpart.

(iii) *Requests for items and services.* (A) The facility must not charge a resident (or his or her representative) for any item or service not requested by the resident.

(B) The facility must not require a resident (or his or her representative) to request any item or service as a condition of admission or continued stay.

(C) The facility must inform the resident (or his or her representative) requesting an item or service for which a charge will be made that there will be a charge for the item or service and what the charge will be.

(d) *Free choice.* The resident has the right to—

(1) Choose a personal attending physician;

(2) Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being; and

(3) Unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.

(e) *Privacy and confidentiality.* The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

(1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident;

(2) Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility;

(3) The resident's right to refuse release of personal and clinical records does not apply when—

(i) The resident is transferred to another health care institution; or

(ii) Record release is required by law.

(f) *Grievances.* A resident has the right to—

(1) Voice grievances without discrimination or reprisal. Such grievances include those with respect to treatment which has been furnished as well as that which has not been furnished; and

(2) Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.

(g) *Examination of survey results.* A resident has the right to—

(1) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. The facility must make the results available for examination in a place readily accessible to residents, and must post a notice of their availability; and

(2) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.

(h) *Work.* The resident has the right to—

(1) Refuse to perform services for the facility;

- (2) Perform services for the facility, if he or she chooses, when—
- (i) The facility has documented the need or desire for work in the plan of care;
 - (ii) The plan specifies the nature of the services performed and whether the services are voluntary or paid;
 - (iii) Compensation for paid services is at or above prevailing rates; and
 - (iv) The resident agrees to the work arrangement described in the plan of care.
- (i) *Mail*. The resident has the right to privacy in written communications, including the right to—
- (1) Send and promptly receive mail that is unopened; and
 - (2) Have access to stationery, postage, and writing implements at the resident's own expense.
- (j) *Access and visitation rights*. (1) The resident has the right and the facility must provide immediate access to any resident by the following:
- (i) Any representative of the Secretary;
 - (ii) Any representative of the State;
 - (iii) The resident's individual physician;
 - (iv) The State long term care ombudsman (established under section 307(a)(12) of the Older Americans Act of 1965);
 - (v) The agency responsible for the protection and advocacy system for developmentally disabled individuals (established under part C of the Developmental Disabilities Assistance and Bill of Rights Act);
 - (vi) The agency responsible for the protection and advocacy system for mentally ill individuals (established under the Protection and Advocacy for Mentally Ill Individuals Act);
 - (vii) Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and
 - (viii) Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.
- (2) The facility must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.
- (3) The facility must allow representatives of the State Ombudsman, described in paragraph (j)(1)(iv) of this section, to examine a resident's clinical records with the permission of the resident or the resident's legal representative, and consistent with State law.
- (k) *Telephone*. The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.
- (l) *Personal property*. The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.
- (m) *Married couples*. The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.

(n) *Self-Administration of Drugs.* An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.

(o) *Refusal of certain transfers.* (1) An individual has the right to refuse a transfer to another room within the institution, if the purpose of the transfer is to relocate—

(i) A resident of a SNF from the distinct part of the institution that is a SNF to a part of the institution that is not a SNF, or

(ii) A resident of a NF from the distinct part of the institution that is a NF to a distinct part of the institution that is a SNF.

(2) A resident's exercise of the right to refuse transfer under paragraph (o)(1) of this section does not affect the individual's eligibility or entitlement to Medicare or Medicaid benefits.

[56 FR 48867, Sept. 26, 1991, as amended at 57 FR 8202, Mar. 6, 1992; 57 FR 43924, Sept. 23, 1992; 57 FR 53587, Nov. 12, 1992; 60 FR 33293, June 27, 1995; 68 FR 46072, Aug. 4, 2003]

PROTECTING THE PRIVACY OF PATIENTS' HEALTH INFORMATION

Overview: *The first-ever federal privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers took effect on April 14, 2003. Developed by the Department of Health and Human Services (HHS), these new standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed. They represent a uniform, federal floor of privacy protections for consumers across the country. State laws providing additional protections to consumers are not affected by this new rule.*

Congress called on HHS to issue patient privacy protections as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA included provisions designed to encourage electronic transactions and also required new safeguards to protect the security and confidentiality of health information. The final regulation covers health plans, health care clearinghouses, and those health care providers who conduct certain financial and administrative transactions (e.g., enrollment, billing and eligibility verification) electronically. Most health insurers, pharmacies, doctors and other health care providers were required to comply with these federal standards beginning April 14, 2003. As provided by Congress, certain small health plans have an additional year to comply. HHS has conducted extensive outreach and provided guidance and technical assistance to these providers and businesses to make it as easy as possible for them to implement the new privacy protections. These efforts include answers to hundreds of common questions about the rule, as well as explanations and descriptions about key elements of the rule. These materials are available at <http://www.hhs.gov/ocr/hipaa>.

PATIENT PROTECTIONS

The new privacy regulations ensure a national floor of privacy protections for patients by limiting the ways that health plans, pharmacies, hospitals and other covered entities can use patients' personal medical information. The regulations protect medical records and other individually identifiable health information, whether it is on paper, in computers or communicated orally. Key provisions of these new standards include:

- **Access to Medical Records.** Patients generally should be able to see and obtain copies of their medical records and request corrections if they identify errors and mistakes. Health plans, doctors, hospitals, clinics, nursing homes and other covered entities generally should provide access to these records within 30 days and may charge patients for the cost of copying and sending the records.
- **Notice of Privacy Practices.** Covered health plans, doctors and other health care providers must provide a notice to their patients how they may use personal medical information and their rights under the new privacy regulation. Doctors, hospitals and other direct-care providers generally will provide the notice on the patient's first visit following the April 14, 2003, compliance date and upon request. Patients generally will be asked to sign, initial or otherwise acknowledge that they received this notice. Health plans generally must mail the

notice to their enrollees by April 14 and again if the notice changes significantly. Patients also may ask covered entities to restrict the use or disclosure of their information beyond the practices included in the notice, but the covered entities would not have to agree to the changes.

- **Limits on Use of Personal Medical Information.** The privacy rule sets limits on how health plans and covered providers may use individually identifiable health information. To promote the best quality care for patients, the rule does not restrict the ability of doctors, nurses and other providers to share information needed to treat their patients. In other situations, though, personal health information generally may not be used for purposes not related to health care, and covered entities may use or share only the minimum amount of protected information needed for a particular purpose. In addition, patients would have to sign a specific authorization before a covered entity could release their medical information to a life insurer, a bank, a marketing firm or another outside business for purposes not related to their health care.
- **Prohibition on Marketing.** The final privacy rule sets new restrictions and limits on the use of patient information for marketing purposes. Pharmacies, health plans and other covered entities must first obtain an individual's specific authorization before disclosing their patient information for marketing. At the same time, the rule permits doctors and other covered entities to communicate freely with patients about treatment options and other health-related information, including disease-management programs.
- **Stronger State Laws.** The new federal privacy standards do not affect state laws that provide additional privacy protections for patients. The confidentiality protections are cumulative; the privacy rule will set a national "floor" of privacy standards that protect all Americans, and any state law providing additional protections would continue to apply. When a state law requires a certain disclosure -- such as reporting an infectious disease outbreak to the public health authorities -- the federal privacy regulations would not preempt the state law.
- **Confidential communications.** Under the privacy rule, patients can request that their doctors, health plans and other covered entities take reasonable steps to ensure that their communications with the patient are confidential. For example, a patient could ask a doctor to call his or her office rather than home, and the doctor's office should comply with that request if it can be reasonably accommodated.
- **Complaints.** Consumers may file a formal complaint regarding the privacy practices of a covered health plan or provider. Such complaints can be made directly to the covered provider or health plan or to HHS' Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulation. Information about filing complaints should be included in each covered entity's notice of privacy practices. Consumers can find out more information about filing a complaint at <http://www.hhs.gov/ocr/hipaa> or by calling (866) 627-7748.

CONFIDENTIALITY AND PRIVACY RULES

The privacy rule requires health plans, pharmacies, doctors and other covered entities to establish policies and procedures to protect the confidentiality of protected health information about their patients. These requirements are flexible and scalable to allow different covered entities to implement them as appropriate for their businesses or practices. Covered entities must

provide all the protections for patients cited above, such as providing a notice of their privacy practices and limiting the use and disclosure of information as required under the rule. In addition, covered entities must take some additional steps to protect patient privacy:

- **Written Privacy Procedures.** The rule requires covered entities to have written privacy procedures, including a description of staff that has access to protected information, how it will be used and when it may be disclosed. Covered entities generally must take steps to ensure that any business associates who have access to protected information agree to the same limitations on the use and disclosure of that information.
- **Employee Training and Privacy Officer.** Covered entities must train their employees in their privacy procedures and must designate an individual to be responsible for ensuring the procedures are followed. If covered entities learn an employee failed to follow these procedures, they must take appropriate disciplinary action.
- **Public Responsibilities.** In limited circumstances, the final rule permits -- but does not require -- covered entities to continue certain existing disclosures of health information for specific public responsibilities. These permitted disclosures include: emergency circumstances; identification of the body of a deceased person, or the cause of death; public health needs; research that involves limited data or has been independently approved by an Institutional Review Board or privacy board; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security. The privacy rule generally establishes new safeguards and limits on these disclosures. Where no other law requires disclosures in these situations, covered entities may continue to use their professional judgment to decide whether to make such disclosures based on their own policies and ethical principles.
- **Equivalent Requirements for Government.** The provisions of the final rule generally apply equally to private sector and public sector covered entities. For example, private hospitals and government-run hospitals covered by the rule have to comply with the full range of requirements.

OUTREACH AND ENFORCEMENT

HHS' Office for Civil Rights (OCR) oversees and enforces the new federal privacy regulations. Led by OCR, HHS has issued extensive guidance and technical assistance materials to make it as easy as possible for covered entities to comply with the new requirements. Key elements of OCR's outreach and enforcement efforts include:

- **Guidance and technical assistance materials.** HHS has issued extensive guidance and technical materials to explain the privacy rule, including an extensive, searchable collection of frequently asked questions that address major aspects of the rule. HHS will continue to expand and update these materials to further assist covered entities in complying. These materials are available at <http://www.hhs.gov/ocr/hipaa/>.
- **Conferences and seminars.** HHS has participated in hundreds of conferences, trade association meetings and conference calls to explain and clarify the provisions of the privacy regulation. These included a series of regional conferences sponsored by HHS, as well as many held by professional associations and trade groups. HHS will continue these outreach efforts to encourage compliance with the privacy requirements.

- **Information line.** To help covered entities find out information about the privacy regulation and other administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996, OCR and HHS' Centers for Medicare & Medicaid Services have established a toll-free information line. The number is (866) 627-7748.
- **Complaint investigations.** Enforcement will be primarily complaint-driven. OCR will investigate complaints and work to make sure that consumers receive the privacy rights and protections required under the new regulations. When appropriate, OCR can impose civil monetary penalties for violations of the privacy rule provisions. Potential criminal violations of the law would be referred to the U.S. Department of Justice for further investigation and appropriate action.
- **Civil and Criminal Penalties.** Congress provided civil and criminal penalties for covered entities that misuse personal health information. For civil violations of the standards, OCR may impose monetary penalties up to \$100 per violation, up to \$25,000 per year, for each requirement or prohibition violated. Criminal penalties apply for certain actions such as knowingly obtaining protected health information in violation of the law. Criminal penalties can range up to \$50,000 and one year in prison for certain offenses; up to \$100,000 and up to five years in prison if the offenses are committed under "false pretenses"; and up to \$250,000 and up to 10 years in prison if the offenses are committed with the intent to sell, transfer or use protected health information for commercial advantage, personal gain or malicious harm.
- **Confidentiality in Nursing Program.** "Confidential Information" includes but is not limited to:
 - Patient information whether personal, medical, financial, or statistical
 - Written or computerized patient records
 - Conversations about patients that may be overheard by others
 - Information relating to physicians and their office operations
 - Co-workers/students personal information, such as home phone numbers and addresses
 - Fellow student's test scores, disciplinary or investigatory actions

RULES GOVERNING CONDUCT OF NURSES

PROFESSIONAL CONDUCT

Professional conduct is nursing behavior (acts, knowledge, and practices), which through professional experience, has become established by practicing nurses as conduct which is reasonably necessary for the protection of the public interest. Guidance in what constitutes professional conduct can be found in the Nurse Practice Act of Utah as well as the ANA Code for Nurses available at <http://nursingworld.org>.

UNPROFESSIONAL CONDUCT

Nursing behavior (acts, knowledge, and practices) which fail to conform to the accepted standards of the nursing profession and which could jeopardize the health and welfare of the people shall constitute unprofessional conduct and shall include but not be limited to the documentation found in the "Nurse Practice Act", and "Division of Occupational and Professional Licensing Act".

Unprofessional Conduct also includes but is not limited to:

1. Failing to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which the individual is licensed.
2. Failing to exercise technical competence in carrying out nursing care.
3. Failing to follow policies or procedures defined in the practice situation to safeguard client care.
4. Failing to safeguard the client's dignity and right to privacy.
5. Violating the confidentiality of information or knowledge concerning the client.
6. Verbally or physically abusing clients.
7. Performing any nursing techniques or procedures without proper education and preparation.
8. Performing procedures beyond the authorized scope of the level of nursing and/or health care for which the individual is licensed as defined by Nursing Rules and Regulations.
9. Being unfit to perform because of physical or psychological impairment.
10. Using alcohol or other drugs, and/or sleep deprivation.
11. Intentional misuse or manipulation of drug supplies, narcotics, or clients' records.
12. Falsifying client records or intentionally charting incorrectly.
13. Appropriating medications, supplies or other personal items of the client or agency.
14. Violating state or federal laws relative to drugs.
15. Falsifying records submitted to the Division.
16. Intentionally committing any act that adversely affects the physical or psychosocial welfare of the client.
17. Delegating nursing care, functions, tasks, and or responsibilities to others contrary to the Utah laws governing Nursing and/or to the detriment of client safety.
18. Failing to exercise appropriate supervision over persons who are authorized to practice only under the supervision of the licensed professional.
19. Leaving a nursing assignment without properly notifying appropriate personnel.
20. Resorting to fraud, misrepresentation or deceit in taking the licensing examination or in obtaining a license.

21. Practicing professional or practical nursing as a registered or licensed practical nurse in this state without a current active Utah license or permit shall be grounds for refusing to license that individual if application is made subsequent to such conduct.
22. Aiding, abetting, assisting, or hiring an individual person to violate or circumvent any law or duly promulgated rule or regulation intended to guide the conduct of a nurse or any other licensed health care provider.
23. Permitting or allowing another person to use his/her nursing license or permit for any purpose.
24. Failing to report, through the proper channels, facts known to the individual regarding the incompetent, unethical, or illegal practice of any licensed health care professional unless exempt under the laws related to client confidentiality.
25. Having a nursing license denied, revoked or suspended in another state for any one or more of the above.
26. Having a license or certificate in a related health care discipline in Utah or another state denied, revoked, or suspended for any one or more of the above.

Program Dismissal for Professional Misconduct

Students who exhibit unprofessional conduct may be subject to dismissal from the nursing program. Evidence of unsafe nursing practice can result in the removal of the student from a clinical area temporarily or permanently. Removal from the clinical area on the basis of unsafe practice is considered grounds for failure of clinical.

Students who exhibit the following behaviors will be dismissed immediately from the nursing program without the option to apply for readmission.

1. Attendance at clinical while under the influence of alcohol or drugs (also applies to attendance in classroom and lab)
2. Verbally or physically abusing patients
3. Failure to take nursing action when such action is necessary to the life and health of the patient
4. Lying or deliberately falsifying information regarding nursing care in writing or by verbal report
5. Failure to recognize the need for assistance when unprepared for nursing action
6. Performing nursing activities which are detrimental to the health and safety of the patient

Students who exhibit the following as a consistent pattern of behavior may be dismissed from the nursing program. Nursing faculty are committed to student success and will provide support and assistance to students for correction of behaviors before they become behavior patterns. However, if behaviors are not corrected and become repetitive in nature, the student will be dismissed from the nursing program and may apply for readmission after one year following dismissal.

1. Fails to maintain communication with faculty and staff about patient care
2. Cannot anticipate the consequences of his/her actions or lack of actions
3. Has a lack of understanding of his/her limitations
4. Cannot transfer theory into practice
5. Fails to exercise technical competence in carrying out nursing care
6. Is unfit to perform because of sleep deprivation
7. Comes to clinical unprepared with clinical assignments

8. Leaves a clinical assignment without properly notifying the clinical instructor

The DSC Nursing Program also follows the *DSC Student Rights and Responsibilities Code 5-33 Section 5: Student Professional Conduct* in its entirety included but not limited to the professional misconduct process, standards of student professional conduct, administrative suspension, and appeals process that is available to students and complainants including faculty. The policy can be found at (<http://www.dixie.edu/humanres/policy/sec5/533.html>).

NURSING INSTRUCTOR/STUDENT ROLE

Task/Responsibilities	
<i>Teacher</i>	<i>Learner</i>
<ol style="list-style-type: none"> 1. Create a learning environment 2. Provide learning experiences which requires active student participation. 3. Provide formal instruction. 4. Serve as a role model <ol style="list-style-type: none"> a. In use of nursing process b. Professional attitudes and values c. Interaction with clients and colleagues 5. Act as a resource person 6. Serve as advisor 7. Support group effort 8. Evaluate students' performance 9. Maintain appropriate records 	<ol style="list-style-type: none"> 1. Respond in a positive manner to learning environment. 2. Actively pursue new knowledge and skills. 3. Be present and prepared for class and clinical. 4. Model appropriate professional behavior <ol style="list-style-type: none"> a. Ethical and legal conduct at all times b. Demonstrate work ethic c. Interact effectively with clients, peers and staff 5. Utilize faculty as a resource 6. Seek advising as needed and appropriate 7. Be supportive of the group and its efforts 8. Evaluate own performance <ol style="list-style-type: none"> a. Examine and alter behavior as appropriate b. Evaluate faculty teaching 9. Complete and provide records
Affect	
<i>Teacher</i>	<i>Learner</i>
<ol style="list-style-type: none"> 1. Establish helping relationship with student <ol style="list-style-type: none"> a. Positive regard b. Honesty c. Empathy d. Understanding e. Unconditional acceptance 	<ol style="list-style-type: none"> 1. Allow helping relationship to exist and grow <ol style="list-style-type: none"> a. Trust b. Honesty c. Empathy d. Understanding e. Positive regard
Deference	
<i>Teacher</i>	<i>Learner</i>
<ol style="list-style-type: none"> 1. Maintain confidentiality of student information 2. Respect students' rights 	<ol style="list-style-type: none"> 1. Respect other students' right to confidentiality 2. Respect faculty rights
Authority	
<i>Teacher</i>	<i>Learner</i>
<ol style="list-style-type: none"> 1. Assist student to move from dependence toward independence in such areas as: <ol style="list-style-type: none"> a. Identifying learning needs b. Using nursing process c. Developing effective communication patterns 2. Retain right to determine students' progression in program 	<ol style="list-style-type: none"> 1. Move from dependence to independence through initiating such actions as: <ol style="list-style-type: none"> a. Identifying own learning needs b. Using nursing process c. Developing effective communication patterns 2. Recognize faculty's ultimate responsibility in determining student progression.

PROCEDURES RELATING TO STUDENTS

CONFIDENTIALITY POLICY

As a student of Dixie State College Nursing Program, you will have access to “Confidential Information” both in class and while at clinical sites. Confidential information is a valuable tool that helps in teaching nursing practice and standards. It contains very sensitive information and is protected by law and by the facilities within which you serve. The intent of those laws and policies are to assure that this information remains confidential and is only used for the purpose in which learning will occur. All students must abide/adhere to HIPAA instructions and each facility will provide orientation relating to this standard. (See pages 30-32)

Under no circumstances may confidential information be divulged to anyone except those authorized to receive information in the lines of duty. Openly discussed patient care issues in public areas outside the department and/or facility is not appropriate. Inappropriate release of confidential information is considered a breach of confidentiality and will result in disciplinary action including possible program termination and the filing of criminal charges. All students will read and familiarize themselves with college and clinical site confidentiality policies and may be required to sign confidentiality agreements.

STUDENT CODE OF CONDUCT

The Dixie State College Nursing Program subscribes to the policies and procedures of Dixie State College as outlined in the policies and procedures. Violations of the code of conduct are serious and will be handled quickly and judiciously by campus authorities. The nursing faculty feels strongly about the student code of conduct, sexual harassment, discrimination, and ethical behavior. Not only are the nursing faculty supportive of these behavior guidelines as stated by the college, but they have adopted specific guidelines that deal with each of the above listed behaviors due to the exposure and participation with off campus institutions. Please see non-discrimination, ethical behavior, and the student code of conduct disciplinary process listed below. Students found in violation of the Student Code of Conduct listed in 5.33 of the student section of the policy and procedures manual, may be subject to probation, suspension, dismissal, warning, or exoneration. **Any violations to, or misconduct of the Dixie State College policies and procedures, or the additional nursing program code of conduct can be immediately filed with the Vice-president of Student Services or Vice-president of Academics depending upon the nature of the infraction.** This information can be found in the policies and procedures manual on the Dixie State College web site at <http://www.dixie.edu/humanres/policy/sec5/533.html>.

Other violations will be subject to, but not limited to, the following:

1. First offense will receive a verbal warning, which will be documented and placed in the student file. (See Appendix A)
2. Second offense will be in writing with one copy given to the student and one copy put in the student file. (See Appendix B)
3. Third offense will warrant a written contract** between the student and the necessary faculty/administrator. The written contract signifies the beginning of a probationary period and terms thereof will be identified in the contract. (See Appendix C)

Failure to keep the conditions outlined in the contract may lead to suspension from the program or other sanctions as allowed by DSC policy.

****Disclaimer:** Depending upon individual circumstances, the instructor has the discretion to take **any or all** of these steps or initiate action at any of the steps.

FITNESS FOR DUTY POLICY

It is the policy of the Dixie State College Nursing Program to protect the health and safety of students, patients, faculty, and staff while in class and at the various facilities that we serve by providing an environment where students are “fit for duty” when performing on campus or at a clinical site. When there is a concern expressed by faculty, staff, patient, or another student that a student is not able to perform safely and effectively, she/he will not be permitted to stay on site and will be sent home immediately until “fitness” is determined. In determining “fitness,” students may be required to have a random urine drug screen done at the student’s expense before being allowed in clinical. Pending faculty review, and in accordance to Dixie State College Student Policy 5.33, the student will be subject to disciplinary action up to and could include college or program dismissal. All other contracted facility policies will be strictly adhered to.

“Fit for duty” means that a student is able to perform the standards related to a nurse as outlined in the student handbook in a safe and effective manner, unimpaired by some medical conditions, personal problems, medications, sleep deprivation, alcohol, and / or drugs. In relation to sleep deprivation: a student will be required to have a minimum of a four hour break before attending class, lab or clinical (direct patient care). This applies especially to students who have worked a shift prior to their scheduled school responsibility. This required break would provide the student with time to move toward the standard, which deems them “Fit for Duty”. Any student who is not compliant to this requirement will be dismissed from their assignment or class and be considered absent for that time period.

INTEGRITY STATEMENT AND HONOR CODE

A fundamental quality of all successful nurses is integrity and a genuine concern for the well being of the patient. Quality professional patient care requires a relationship built on trust, trust requires honesty, and honesty is the foundation of integrity.

Academic Integrity is expected of students and faculty at Dixie State College. Students are expected to abide by the Dixie State College of Utah (DSC) student code available at <http://www.dixie.edu/humanres/polstu.html>. Dixie State College takes a very serious view of violations of academic integrity. As members of the academic community, the College’s administration, faculty, staff, and students are dedicated to promoting integrity essential to the educational process. Inherent in this commitment is the belief that academic dishonesty in all forms violates the principles of integrity and impedes learning.

Students in DSC Nursing Programs have a responsibility to the public and to the nursing profession; thus, it reserves the privilege of retaining only those students who, in the judgment of the faculty, demonstrate high academic standards. These academic standards include honesty, accountability, and responsibility for one’s own work. Academic dishonesty is an unacceptable mode of conduct and will not be tolerated in any form. Academic dishonesty includes, but is not limited to, plagiarism, cheating, collusion, falsification, copying another student’s work, and soliciting unauthorized information about an exam. Students who know about any form of cheating or academic dishonesty and do not report it to appropriate individuals are equally guilty of academic dishonesty and may face the same consequences. Students who violate the

student code of conduct or rules of academic integrity may be subject to dismissal from DSC Nursing Programs and the college according to college policy.

1. I commit myself to acting honestly, responsibly, and above all, with honor and integrity in all areas of the nursing program including classroom, lab, and clinical.
2. I am accountable for all that I say and write.
3. I am responsible for the academic integrity of my work.
4. I pledge that I will not misrepresent my work nor give or receive unauthorized aid.
5. I commit myself to behaving in a manner which demonstrates concern for the personal dignity, rights and freedoms of all members of the Dixie State College community.
6. Recognizing my responsibility to protect the integrity of the nursing profession, I will report other students' dishonest behavior to faculty or the Dean of Nursing and Allied Health.
7. I accept responsibility to maintain the Dixie State College Code of Student Conduct and Nursing Program Integrity Statement.

AFFECTIVE BEHAVIOR

Professional behavior is essential at all times. This is an area of nursing practice that reflects who you really are. It will be evaluated at all times throughout the program in class, clinical, and lab. The areas to be evaluated include but are not limited to the following performance characteristics:

- Care of property
- Good work habits
- Cooperation with instructors
- Cooperation with other students
- Cooperation with affiliating agencies and staff
- Reliability
- Communication

STUDENT PERFORMANCE EXPECTATIONS/CLASSROOM CIVILITY

Students are expected to come to each class prepared with the assigned readings and assignments completed and ready to make valuable contributions to functional class learning.

As well, respect for others within the classroom including fellow students and the instructor is essential. Academic incivility is defined as any action by a student or faculty member that interferes with a harmonious and cooperative learning environment. Actions that are examples of **academic incivility** and/or disrespect include but are not limited to:

- cell phone not on vibrate or mute
- leaving the class to take a page or phone call except in true emergency situations
- sleeping during class
- arriving late or leaving early
- coming unprepared
- not taking notes during class
- carrying on side conversations
- browsing the web, text messaging, playing games, etc. on laptop or cell phone
- dominating discussions
- belittling, taunting, or harassing comments toward other students and the instructor

Uncivil or disrespectful behavior will not be tolerated and if it occurs, the student most likely will be asked to leave the classroom.

NETIQUETTE FOR NURSING STUDENTS

Nursing faculty, staff, administration, and students are participants in a community of learning. Communities function best when participants follow community rules. Imagine what would happen, for example, if some drivers ignored red traffic lights. The online environment requires unique rules for its smooth functioning. Netiquette means the proper use of manners and civil behavior within an internet network. In the nursing program, the internet network most often involves two areas: 1.) use of email for communication, and 2.) participation in online threaded discussions. The following are guidelines for you to follow in these two areas.

❖ Use of email to communicate with faculty, staff, administration, and students:

1. Imagine your email message on a billboard. Anything you send can be forwarded, saved and printed by people for whom it was never intended. Never send anything that will reflect badly on you or anyone else.

2. Remember that company emails are company property. Emails sent from your workplace such as Dixie Regional Medical Center can be monitored by people besides the sender and reader, and are technically company property.

3. Avoid offensive comments. Anything obscene, libelous, offensive or racist does not belong in email, even as a joke.

4. Keep your message “Cool.” Email messages can easily be misinterpreted because we don't have the tone of voice or body language to give us further cues. Using multiple explanation points, emoticons, and words in all capital letters can be interpreted as emotional language.

5. Do not “flame.” It is never acceptable. Do not initiate an email or respond to one when you are angry. Write down your message on paper then put it aside. Review later when you may feel very differently about what has happened to you and are more able to write your email message in a respectful tone. .

6. Be careful about forwarding messages. If you aren't sure if the original sender would want to forward the message, don't do it. Ask for permission to forward.

7. Although faculty try to respond as quickly as possible to student emails, don't expect an answer right away. Email messages may be delivered quickly, but your recipient may not read it right away.

8. Don't sacrifice accuracy. Don't send sloppy, unedited email. Check spelling and grammar. An occasional spelling mistake will be overlooked by your reader. However, when your readers have to break communication to decipher a word or message, at best you'll look sloppy or illiterate. At worst, they may stop reading.

9. Don't type in all CAPS. It's perceived as YELLING. However, don't write with only small letters, as this is perceived as you being lazy, because it makes it more difficult for people to read.

10. Write clear, organized messages, with a subject line that gives enough information for the reader to file it and find it later.

❖ Participation in threaded discussions in an online course:

It is important to communicate well and professionally in your threaded discussions not only for your grade but also for the perception you wish to convey to your fellow students and instructor. Generally, do not do or say anything in a threaded discussion that you would not do or say in a classroom discussion.

1. Be friendly, positive and self-reflective. When people cannot see you, and also do not know you, feelings can be hurt if you are not careful in how you express yourself. The old saying, think before you speak is important here. Think before you write. When you feel a critique is necessary, say it in a positive tone. Reread what you have written to be sure it is positive.

2. Use proper language and titles. Do not use slang or even profane words in an online education environment, even if they are words you consider, "not so bad," as they will sound offensive to the reader. Do not refer to your professor as "Doc" or by his or her first name, unless it is acceptable with him or her to do so.

3. Use effective communication. This takes practice and thoughtful writing. Try to speak and write clearly at all times. Again, reread before you respond. Define and restate your words when necessary. Correct a misunderstanding right away. Chances are, if one person felt a certain way about what you said, and then another may also. Likewise, be mindful of chosen words and joking. For example, the slang term "get out!" can be interpreted in several ways, either positively or negatively.

4. Professionalism. Leave the characters like smiley faces, and instant message abbreviations out. Your friends may like it, but chances are, your professor will not. Save it for personal conversations or definitely ask for permission before using them. They may be interpreted as childish or too casual. Last, always say please and thank you.

5. Ask for clarification. If you are unsure of what was said, or the instructor's directive, or are trying to interpret a person's expressions, then ask again. Do not sit in silence either misunderstanding or feeling offended. Your instructor will appreciate your responsiveness and maturity. A simple way to do this is to say (or write), "I did not understand..." always keeping the onus for the misunderstanding on yourself.

SAFETY, HAZARDOUS MATERIALS AND EXPOSURE

In order to provide the safest and contaminant free educational environment, Dixie State College Department of Nursing subscribes to the many policies and procedures that govern these conditions. Policies on faculty, student, and other participant involvement where safety or exposure might be a concern have been written, and are provided in the administrative section of the policies and procedures manual. (6-78, 79, 80, 82, 83, and 84) These Policies deal with but are not limited to fires, earthquakes, bomb threats, blood borne pathogens, chemicals, and hazard materials. These policies are specific to college property and activities. When students enroll in a Health Science Program and are participating with a contracted agency, clinic, or

hospital, by contract they are in subject to the policies of that agency, clinic, or hospital as per contractual agreement. Some *programs have developed addendum items to the above mentioned policies which may be more specific to areas where they have a greater need for control and protection, and have been developed with the “Guidelines for Compliance in Health Care Facilities and Interpretive Guidelines for the Blood-borne Pathogen Standard” required by the Occupational Safety and Health Administration, (OSHA). The Health Science Department further subscribes to Federal regulations code 29, (CFR) 1910.1030, Standard 6, March 1992, and is available for review by OSHA compliance officers.

**These specific programs may have the addendum fully developed, or under revision. See each specific program for their individual policy.*

<http://www.osha.gov/as/opa/worker/index.html>

NON-DISCRIMINATION

The Dixie State College Nursing Program is committed to providing equal educational opportunities for all qualified students without prejudice or discrimination.

GRIEVANCE POLICY

As noted above, the nursing department subscribes to the Student Rights and Responsibilities Code 5-33 which specified grievance procedures for students. In order to be fair and equitable to students in the nursing program we have identified a procedure for resolution of grievances that is in harmony with the philosophy of the college.

A student may file a complaint against a faculty or staff member for violating the student’s rights as delineated in the Student Code. If at any time, a formal complaint about an academic action is filed, the matter shall be processed through the Academic Appeal process also described within the Student Code. All complaints that can be handled between the parties involved are encouraged to be resolved at this level. The student should seek to resolve the complaint with the involved faculty/staff member if possible. If resolution is not possible, the student may seek redress with the Dean of Nursing and Allied Health. If the concern cannot be resolved at that level, the student has the option to enter the grievance process where other college administration is involved depending upon whether the complaint is academically or non-academically related.

To be considered a formal complaint, the Formal Complaint Form (See Appendix D) must be submitted to the Dean of Nursing and Allied Health, the nursing program administrator. All complaints that are not on a formal complaint form (Appendix D) are not considered formal complaints and will be handled individually by those involved, or they will be encouraged to enter the formal complaint process. Until these complaints enter the formal process, there is no audit trail to show resolution. Complaints that involve the Dean of Nursing and Allied Health will follow the same process except it will be filed with the Vice-president of Academics or Dean of Students. E-mail is not considered a written complaint.

GRIEVANCE PROCEDURE	TIME LINE	PEOPLE INVOLVED
1. The student should first discuss the issue with the other member involved. If a meeting is needed it should be requested by the student within 7 working days from the time the student identified the unfair or unjust treatment.	This meeting should take place within 7 working days from the date of the occurrence that precipitated the complaint.	Faculty/Staff Member Student
2. If the complaint is not resolved by the above step, the student may continue the process by filing a written complaint with the Dean of Nursing and Allied Health. The student should complete the nursing program Formal Complaint form shown as appendix D in the student handbook.	Written complaint should be filed within 10 working days of the meeting with the faculty member	Dean of Nursing & Allied Health Student
3. Upon receipt of a written complaint, the Dean of Nursing and Allied Health will work with the parties in an attempt to resolve the conflict. Every attempt will be made to maintain confidentiality during this process. The written complaint will be given to the faculty/staff member by the Dean of Nursing and Allied Health at least 5 working days before any official meeting. A faculty member will not be required to respond to any complaint which is not in writing and follows the appropriate documentation as outlined above.	An official meeting should take place within 7 working days of the date of the written complaint to the Dean of Nursing & Allied Health	Dean of Nursing & Allied Health Faculty Member Student
4. If the grievance still has not been resolved by the above process, the student may enter DSC's grievance procedure as found at http://www.dixie.edu/humanres/polstu.html , Student 5-33 Rights and Responsibilities Code	See the campus policy	VP of Academics OR Dean of Students

GUIDELINES AND INFORMATION

ADMISSIONS

The Nursing Admissions Committee oversees student admissions into the nursing program as well as reviews and evaluates student applications for readmission after dismissal or voluntary withdrawal from the nursing program. The procedure that a student must adhere to in order to be considered for readmission after dismissal or withdrawal is as follows:

1. The student writes a letter to the Director of Nursing stating why the student feels he or she should be readmitted to the nursing program.
2. The Nursing Admissions Committee reviews the letter and makes a decision for or against readmissions taking into consideration such occurrences as any extenuating circumstances, likelihood of the student successfully completing the program, violations of ethical behavior or code of student conduct, unacceptable or unsafe performance in the clinical situation, failure to fulfill probationary status requirements, and/or space availability in the nursing program.
3. Recommendations of the committee including any recommendations for probationary status or corrective action will be reviewed with the student, made in writing, and signed by the student indicating compliance with the recommendations. Signed copies will be distributed as follows: one copy to the student, one copy to the Nursing Program Administrator, and one copy in the student's file.
4. Any appeals over and above the action of the committee may be taken first to the Dean of Nursing and Allied Health.
5. Any appeals over and above the action of the Dean of Nursing and Allied Health may be taken to the Vice President of Academic Services.

ADVISING

The nursing faculty is available to assist you at any time during your course of study. Office hours are set aside for faculty to be available for student consultation and advisement. If time is needed outside of the scheduled office hours, appointments can be made individually with the faculty. The college counselors are available for counseling.

Nursing Advisors: Alice Clegg, Room 372 Taylor Health Sciences Building
Mark Olson, Room 306 Taylor Health Sciences Building

ATTENDANCE

ABSENTEEISM

Because of the nature of nursing programs, attendance at all times is essential, especially in the clinical areas. Missing time in clinical situations reduces the number of clinical hours necessary to deem a student safe and competent to practice. Excessive and consecutive absences and/or tardiness could result in a grade cut OR dismissal from the program. All missed clinicals will be made up according to the discretion of clinical instructor and based on individual student level of competence in the clinical setting. If it becomes necessary to be absent for any reason you must:

Notify your instructor for that day a minimum of 30 minutes prior to the scheduled class, lab, or clinical experience. This can be done by calling the provided telephone numbers. A **person-to-person conversation** with the instructor is considered appropriate notification. This can be accomplished by talking with the instructor in person, or over the telephone. (Voice mail or email messages are **not** considered a

person-to-person contact.) Students who choose to miss class, lab, or clinical will be responsible and accountable for any information missed while not in attendance. If excessive or consecutive absences occur, sanctions will result according to each individual situation based on a review of the occurrence(s) and the student's past and current performance, by the faculty during faculty meetings. Absences must be made up. These sanctions could result in the lowering of grades, or completing the time missed at the expense of the student and dismissal from the program. Meeting the clinical and theory objectives is an underlying goal of the program and if the student is not doing so, it could result in failing the program.

TARDINESS

This is an area of affective behavior that reflects a student's commitment and time management. A tardy is when you are not ready for clinical, lecture, or lab at the stated time as assigned by your individual instructor. Lecture will begin at the specified time. After that time you are considered tardy. If you do not show up you will be considered absent. Roll will be taken as deemed necessary by the instructor. If you are tardy or miss a class, clinical, or lab, you will be expected to get the information covered during the time you were not present. Tardiness will be handled in the same manner as absenteeism stated above.

Clinicals have their own unique starting times and will be announced. The attendance and tardiness policy applies to these areas as well. (See current clinical syllabus for details.)

ABSENCES RELATED TO SCHOOL FUNCTIONS

Nursing students who are absent from class, lab, and/or clinical for college-sanctioned activities such as athletics or club functions should follow the procedures in the DSC Absences Related to School Functions Student Policy 5.23 available at <http://www.dixie.edu/humanres/polstu.html>.

CAREER INFORMATION

The Dixie State College Career Center provides up-to-date resources and services to help you make the difficult decision of choosing a major and career. The services are free and available to students and members of the community. The center offers a wide variety of printed and computer-based career exploration materials and assessments. Both group and individual counseling services are provided, including workshops on career-related subjects. Vocational licensing testing in several areas is also available. Information on the Nursing Work Co-op program is available in the career center.

CLINICAL EXPERIENCE

Arrangements have been made to use area agencies for student learning. Changes may occur as the agencies grow, patient acuity changes, and other needs and new opportunities arise. Each student will participate in service learning. Learning experiences may not necessarily take place Monday through Friday from 8am-5pm. These agencies have been used in the past and have provided a quality opportunity. Contract lists are on file with the nursing department.

COMPUTER ACCESS

There is no computer lab in the Taylor Health Sciences Building. Most students will want a laptop for computer access. The building is wireless with several plug-in sites in classrooms and student gathering areas.

DISABLED STUDENTS

In compliance with the Americans with Disabilities Act - 1990, and in support of the Dixie State College Disabled Student, if you are a student with a medical, psychological, or learning disability or think you might have a disability and would like accommodations, contact the Disability Resource Center (652-7516) in the Student Services Center. The Disability Resource Center will determine eligibility of the student requesting special services and determine the appropriate accommodations related to your disability.

GENERAL ANNOUNCEMENTS AND PROGRAM INFORMATION

Announcements about the nursing program will come to you through your Dmail email address. Important college information will be sent to your Dmail email account. This information includes your DSC bill, financial aid/scholarship notices, notification of dropped classes, reminders of important dates and events, and other information critical to your success in this class and at DSC. All DSC students are automatically assigned a Dmail email account. If you don't know your user name and password, go to www.dixie.edu and select "Dmail," for complete instructions. **You will be held responsible for information sent to your Dmail email, so please check it often.**

LATE ASSIGNMENT POLICY

All assignments must be submitted to the instructor on or before the date that they are due unless the student has negotiated a different due date with the instructor at least 24 hours before the assignment is due. The student must take the initiative to negotiate with the instructor with regard to the revised date for submission as well as the consequences of failure to submit the assignment by that revised date. If no negotiation is made with the instructor at least 24 hours before the assignment is due, late assignments will receive a 10% deduction in score for each day late up to 4 business days beyond the due date. Late assignments will not be accepted after 4 business days beyond the due date.

LIBRARY

Your Dixie State College activity card will give you access to any academic library in the state. You will be expected to adhere to rules concerning book loans, reserve library, and periodicals. A hold will be placed on your transcripts and/or graduation certificate if you have an unpaid fine or any unreturned books in any library at the time of graduation. Since these services are a courtesy extended to all of us, it is expected that you will not mark books or remove pages. Copiers are available in the library for your use. You may access the library online at <http://new.dixie.edu/library>

LICENSURE

Obtaining licensure is an individual student responsibility. The link for this information and application is: <http://dopl.utah.gov/licensing/nursing.html>.

NURSING ORGANIZATIONS AND OTHER PROFESSIONAL ACTIVITIES

Students are strongly encouraged to participate in their professional organizations. The faculty recommends and encourages student participation in Dixie State College of Utah Nursing Student Association (DSNA) as a way to enhance professional growth and development. More information can be obtained at its website: <http://www.utahstudentnurses.org> .

PREGNANCY

Students who become pregnant should notify the Dean of Nursing and Allied Health and their clinical instructor as soon as possible. The pregnant woman and/or fetus may be susceptible to infections such as CMV. Faculty will assist in seeing that patients who pose a risk to pregnant women are not assigned to a pregnant student. Reasonable attempts will be made to create a flexible clinical schedule around the anticipated date of birth. The student and appropriate faculty should meet to develop guidelines delineating the student plan to complete course requirements pre/post delivery.

RECORDING LECTURES

According to Department of Nursing procedure, students are required to ask their instructor for permission to audiotape or videotape in the classroom. Nursing students must follow this policy. Audio or video capture must not be posted online or other format or shared with other students in any way without instructor permission.

SCHOLARSHIPS AND GRANTS

Members of the community have graciously contributed money to Dixie State College with the request that it be used specifically for nursing education. This endowment money is used to award grants and scholarships to nursing students based on financial need and academic achievement. Applications will be available once a student has been accepted into one of the nursing programs (ADN program). Service scholarships such as Americorps also are available. Student loans and loan repayment programs for nurses at all levels are available. Contact the financial aid office for additional information and applications at <http://www.dixie.edu/financial/>. Scholarship information and applications are available on the Nursing webpage at http://new.dixie.edu/health/nursing/current_students.php.

STUDENT HEALTH PROGRAM

Students are NOT covered by the college for personal injury or illness. In the event of clinical blood borne pathogen exposure, students are covered by worker's compensation insurance for incidents arising in the clinical setting. Instructors have to be notified immediately. Dixie State College students who take more than three credits pay one dollar in their fee schedule, which entitles them to participate in the Health Referral Program for Dixie State College students. Students who need medical assistance and who meet the above criteria, may obtain a referral form from the Vice President of Student Services, the Counseling Center, Housing Office, or Security Office. The form will give them authorization to visit Instacare for a diagnostic analysis by the nurse practitioner or physician in charge. Further lab work, blood work, sutures, prescriptions, medical supplies, or hospital confinement will become the financial responsibility of the student. Dixie State College policy recommends that all students be covered by individual or family health insurance programs.

Student health insurance is available to all students at Dixie State College. Application forms may be obtained from the cashier or the Vice President of Student Services. If students are not covered under a health and accident insurance plan with their parents, they are strongly encouraged to obtain coverage. Student health and accident coverage, however, is not mandatory. Student health insurance provided by UnitedHealthcare is available if a student is a member of the DSNA. Further information can be found at www.nсна.org.

STUDENT RECORDS

A file is kept for each student in the nursing program. This record contains original application, copies of grades, evaluations, clinical information, progress reports, and other pertinent information that reflects student performance. Students seeking access to the cumulative file may do so to inspect any and all entries (except for criminal records and letters of recommendation with waived rights). According to FERPA policy, these records are open only to the student, appropriate college personnel, and are not available to friends, parents, or others. In the event that a student wishes to open their records, they must present a signed waiver to the program director.

STUDENT REPRESENTATION

Nursing students have several opportunities for representation in program governance. For example, membership in the Dixie State College Student Nursing Association is strongly encouraged. As well, students elect class representatives at the beginning of the ADN and BSN programs. The responsibilities of a class representative are as follows:

1. Act as a liaison between faculty and his/her class for any general student concerns
2. Attend monthly faculty meetings on an as-needed basis
3. 2nd and 3rd semester and BSN representatives may attend Nursing Curriculum Committee meetings prior to faculty meetings
4. All representatives are members of the Nursing Student Affairs Committee
5. Coordinate planning for pinning/graduation ceremony
6. Represent nursing students to DSCSA Academic Senate representative

SUGGESTION BOX

A Nursing Student Suggestion Box is located on top of the student file cabinet in the lounge area near the Nursing Office. Students may make constructive suggestions for program improvement by completing the forms available on the side of the box. Students are encouraged to bring constructive suggestions for program improvement directly to nursing faculty and staff (preferred approach).

TESTING

Exams must be taken on the specific day(s) and/or class period. Kaplan testing will occur at regular intervals throughout the program. Any exception to this will be at the discretion of the nursing faculty administering the test. It will be the responsibility of the student to contact the faculty member who is administering the exam about necessary exceptions. This exception may result in an automatic reduction of points. The Dean of Nursing and Allied Health is the only person with authority to allow students to take a final exam at an alternate time.

TEXTBOOKS

Textbooks will be available in the DSC bookstore for all classes. They may be ordered online at: <http://bookstore.dixie.edu/home.aspx> .

TRAVEL

Each student is expected to provide or arrange for their own transportation to the campus and clinical areas. These experiences are an integral part of the nursing program; therefore, they are mandatory. The cost of this travel is assumed by the student. Students will release Dixie State College and its employees from any liability for accident or injury sustained during long distance travel using private or college provided vehicles.

ADN PROGRAM UNIFORM CODE

The following code is the Dixie State College of Utah Nursing uniform code for the ADN program. You will be expected to abide by this code AND conform to all agency codes for those areas Dixie State College student nurses do student work. (See DRMC Policy section)

1. General Grooming
 - a. Avoid using strong scented lotions, perfumes, or colognes as some people may have adverse reactions.
 - b. No chewing gum in the clinical setting.
 - c. No visible body art (tattoos).
2. Hair
 - a. Clean and neatly combed with no extreme styles.
 - b. Hair, long or short, must be controlled so it will NOT fall forward. Hair should never obstruct vision or require pushing aside. This applies to men as well as women.
 - c. No outrageous hair ornaments, ribbons, or colored scarves.
 - d. Neatly trimmed male facial hair is acceptable. No extreme side burns or beards.
3. Uniforms
 - a. General information
 - 1) **Specific scrubs will be required, and information will be given to the student with the acceptance letter. Nursing Students will also be identified by mandatory badges, which reflects the Dixie State College of Utah Nursing Program. Students not wearing their identification badge will be asked to leave their clinical assignment until they have their badges. There will be a \$5 charge for replacement badges.**
 - 2) Uniforms are to be clean and wrinkle-free. Uniform pant hems must not touch/drag on floor.
 - 3) Proper mending (use thread rather than safety pins and/or tape)
 - 4) NO PATIENT GOWNS for student uniforms.
 - 5) When attending clinical facility for pre-assessments, student must wear clinical uniform or lab coat **and** name tag.
 - 6) Appropriate uniforms in special care areas.
 - b. Approved uniform includes:
 - 1) Program approved scrubs (details with acceptance letter.)
 - 2) Solid color white, red or navy blue sweater or scrub jacket, if desired. No hoodies.
 - 3) White, red or navy blue T-shirt worn underneath, if desired. No lace or patterns showing. Must be tucked in.
 - 4) Appropriate underclothing. Must have a modest and non-revealing appearance.
 - 5) Clean socks with no runs, snags or holes.
 - 6) Shoes: Medical, professional footwear or athletic shoes. (See IHC Policy)

Condition and care of shoes: no cracks; no rundown heels; leather intact, and shoes and laces cleaned daily. No clogs or other similar type shoes. Open-toed shoes not allowed.

4. Acceptable Jewelry
 - 1) Wedding and engagement rings. (Rings with large settings are not advised.)
 - 2) Watch with a second hand. Band should be as simple as possible.
 - 3) Small earring posts may be worn in pierced ears only. Maximum of two posts per ear. No loop earrings. **NO** other visible body pierced jewelry.
 - 4) No chains, bracelets, or ankle bracelets.
5. Make-up
 - a. Should be **conservative** and natural looking.
6. Fingernails
 - a. 1/4 inch in length beyond end of finger, clean and manicured.
 - b. Natural color polish, clear or neutral in good repair/condition.
 - c. **Artificial nails or tips are not allowed.**
7. Appropriate street clothes for classroom and open lab practice. You are a professional and should dress appropriately. Professional behavior means no extremes in dress.
 - a. Appropriate skirt/shorts length.
 - b. No tight clothing.
 - c. No sheer blouses.
 - d. No low-riding pants
 - e. No halter tops
 - f. No grubbies.
 - g. No bare feet.
 - h. No bare midriffs.
 - j. No caps or hats
8. **Nursing uniform OR street clothes with white lab coat (long or short sleeved) required for all labs. No caps or hats in lab.**

DIXIE REGIONAL MEDICAL CENTER GUIDELINES

▪ **Purpose:**

A professional image standard inspires confidence and trust among those we serve. Response from patients and other customers indicates that dress and grooming of caregivers are important factors in the success of the care they receive. An appropriate level of dress and grooming is necessary to provide an image of "warm professionalism."

▪ **Standards:**

1. Footwear: *Patient care areas*: Appropriate medical, professional footwear or athletic shoes and socks are required. **Open-toed shoes are not allowed.**
2. Section 3.20 states that fingernails should be short to moderate in length and safe and clean for interacting with those around us. In addition, associates who provide direct patient care cannot wear artificial fingernails or wraps. Associates from Environmental Services and Food and Nutrition Services also cannot wear artificial fingernails or wraps. This is due to an increased risk of infection when artificial nails are worn by associates of these departments.
3. In addition to the list of unacceptable clothing outlined in 3.41 of the policy, shorts are not allowed. Some exceptions may be approved by administration. Specifically, associates working outside in landscaping and grounds maintenance areas can wear shorts as approved by their manager.
4. Tattoos are discouraged and should not be visible.
5. Due to the fact that patients, co-workers, and others can be sensitive to strong odors or allergic to odors, employees who smoke must take care to avoid smelling of smoke while on duty.

Dixie State College nursing program dress code will be in accordance with Intermountain Healthcare guidelines. (See uniform code section)

BSN PROGRAM UNIFORM CODE

As BSN program clinical experiences are in a wide variety of settings including for example, the student's workplace in the Nursing Leadership & Management course, the program does not have a universal uniform code for BSN students. BSN students should adhere to the following when in clinical learning facilities:

- Facility dress/uniform guidelines. In some instances for example, this may be a scrub uniform or in other instances, appropriate street clothes with a lab coat.
- Standards for professional nursing image
- Good general grooming
- Conservative jewelry and makeup

STUDENT RESOURCES (Area Code 435)				
WHAT	WHO	WHERE	PHONE	EMAIL (@dixie.edu)
President	Stephen Nadauld	South Administration	652-7502	nadauld
Vice President of Academics	Donna Dillingham-Evans	South Administration	652-7511	dillingh
Vice President of Student Services	Frank Lojko	Gardner	652-7511	lojko
Dean of Students	Del Beatty	Gardner	652-7514	beatty
Dean of Nursing & Allied Health	Carole Grady	Taylor 308	879-4802	grady
Administrative Assistant	Colleen Hales	Taylor 303	879-4800	hales
Department Secretary	Barbara Sperry	Taylor 302	879-4810	sperry
Nursing Advisor	Alice Clegg Mark Olson	Taylor 372 Taylor 306	879-4813 879-4816	clegg olson
Information Services – Library	Staff	Library	652-7714	library
Career & Employment Services	Kathy Kinney	CFA	652-7736	careercenter
Disability Resources Center	Baako Wahabu	SSC - DRC	652-7516	drc
Financial Aid	Staff	CFA	652-7576	finaid
Scholarships	Sue Perschon	CFA	652-7578	finaid
Registration & Records	Staff	SSC	652-7701	Use Contact Form on website
Security	Don Reid	Security	652-7515	reid
Testing Center	Staff	Browning	652-7692	testcenter
Health and Wellness Center	Barbara Johnson	SSC	652-7755	wellness
Bookstore	Staff	Gardner	652-7644	Use Contact Form on website
Cooperative Education	Karl Hutchings	CFA	652-7668	hutching

LOCATION OF COMPUTER LABS FOR STUDENT USE:

Smith Computer Center
Lower Level of the Browning Library

THEORY, LAB, AND CLINICAL GRADING

Grade reports are issued at the end of each semester and are recorded on the student's permanent record. The following are examples of evaluation methods that will be used to grade your theory, lab, and/or clinical performance:

- ❖ Quizzes
- ❖ Unit, midterm, & final exams
- ❖ Self-evaluation
- ❖ Nursing care plans
- ❖ Concept maps
- ❖ Worksheets
- ❖ Student conferences
- ❖ Classroom assignments
- ❖ Clinical evaluations
- ❖ Reflective journals
- ❖ Group assignments
- ❖ Kaplan exams
- ❖ On-line discussion boards
- ❖ Portfolios
- ❖ Written assignments
- ❖ Lab practicums
- ❖ Skills checklists
- ❖ Presentations

PERFORMANCE	LETTER GRADE	GRADE POINT	DEPARTMENT PERCENTAGE
Excellent	A	4.0	94-100
Excellent	A-	3.7	90-93
Above Average	B+	3.4	87-89
Above Average	B	3.0	83-86
Above Average	B-	2.7	80-82
Average	C+	2.4	77-79
Average	C	2.0	74-76
Below Average	C-	1.7	70-73
Withdrawal/Failing	WF	0.0	
Withdrawal	W	0.0	
Incomplete	I	0.0	

A 74% or "C" grade or above in all required nursing courses is necessary to remain in the ADN or BSN programs. Failure of a nursing course may be grounds for dismissal from the nursing program and if dismissed, a student is eligible for one re-entry through the readmission process. Failure of an ADN course alternatively may result in the student repeating the course.

Consequences of an ADN course failure will be determined by the Dean of Nursing and Allied Health after consultation with the student and faculty. BSN students may repeat a BSN discipline core requirement course one time only. Second failure of a BSN discipline core requirement course results in dismissal from the BSN program without the option for re-entry.

In the ADN program, students are required to maintain at least a 74% exam average in a course in order to pass the course. This requirement is independent of other course grades. For example, a student may have an 80% average in a course taking into account exam and assignment grades. However, if the exam average score is below 74%, the student fails the course. Students are not allowed to repeat an exam in order to raise their score.

Clinical and lab are graded pass/fail. **Failure of clinical and/or lab associated with a theory course constitutes failure of the theory course.**

Online Learning

All of the BSN courses are online through Blackboard Vista. All of the ADN courses are hybrid courses in which most learning occurs in the classroom but some aspects of the course are offered through Blackboard Vista. Students should refer to individual course syllabi for further information. Access, computer specifications, username and password information, and instructional technology assistance can be found at the Blackboard Vista log in page linked at www.dixie.edu.

Online learning is different from traditional classroom learning. For instance:

- Online courses provide flexibility for times when students can complete course work. However, online courses have deadlines for submission of student assignments such as online discussions and written work. Most course instructors deduct points from assignments that are submitted beyond a due date. The nursing online courses are not self-paced.
- Many students assume that online courses are “easier” than traditional courses held in a classroom. This is not true. Online courses require more commitment and time on the student’s part. Additionally, online course work requires students to be self-disciplined and independent learners who have excellent organizational skills and are skilled readers. Students who are lazy, unmotivated, and/or too busy will find it difficult to be successful in an online course.
- Instructors have the capability to track student use of Blackboard Vista. In other words, course instructors can go into Vista to see the frequency and duration with which students have accessed a course. This function is similar to taking attendance in the classroom. It also allows the instructor to see if students indeed are completing the online course work.

The following are some suggestions for student success in an online course. Most of these suggestions are applicable to a totally online course. Some may apply to hybrid courses.

1. Manage your time effectively. Set aside a day(s) and time(s) each week that is dedicated to your online courses. Do not procrastinate.
2. Assume responsibility for your learning. Be self-motivated and self-disciplined.
3. Be able to communicate through writing.
4. Be proficient or gain proficiency in using your computer to manage files, send and receive email, compose a document using a word processing program, and perform a literature search.
5. Be open to sharing life, work, and educational experiences as part of the learning process.
6. Be willing to “speak up” if problems arise.
7. Be willing and able to commit to 5 to 10 hours per week per online course.
8. Feel that high quality learning can take place without going to a traditional classroom.
9. Take the program and yourself seriously.
10. Make sure you have a private place where you can study.
11. Log on to your courses every single day or a minimum of 3 days a week.

Associate Degree Estimated Costs

Item	Amount
Dixie State College Application Fee	\$35
Kaplan Entrance Exam*	\$20
Nursing Program Application Fee*	\$35
Tuition – Full Time Resident (\$1944/semester)	\$5832
ATI Testing Review Package Fees (non refundable)	\$650
Mandatory Nursing Fees (non refundable) (Includes Lab Fees, Program Graduation Fees, etc.)	\$850
Textbooks**	\$600
Health Requirements including: CPR, Immunizations, Background Check, Drug Screen, TB Testing***	\$300-500
Supplies including: Stethoscope, Uniforms, Lab Coat, Watch w/Second Hand, etc.***	\$250
Dixie Student Nurse Association Fees	\$15
TOTAL: (approximate)	\$8700
NCLEX RN Testing Fee and State Licensure	\$300

BSN Degree Estimated Costs

Item	Amount
Dixie State College Application Fee	\$35
Nursing Program Application Fee	\$35
Tuition – Full Time Resident (\$1944/semester) (Part Time - will vary by semester)	\$6449
Textbooks	\$1000
TOTAL: (approximate)	\$7519

Appendix A

**DIXIE STATE COLLEGE OF UTAH
NURSING PROGRAM
DOCUMENTATION OF STUDENT VERBAL WARNING**

(If necessary, additional documentation may be attached to this form.)

Student Name: _____

Date: _____

Course: _____

Present During Discussion: _____

Documentation of Verbal Warning:

Items to be discussed with student:

Further Action Plan:

I HAVE READ THE ABOVE AND UNDERSTAND THIS STATEMENT.

(Signature is only acknowledgement of the conversation.)

Date: _____ Instructor: _____

Date: _____ Student: _____

Appendix B

**DIXIE STATE COLLEGE OF UTAH
NURSING PROGRAM
STUDENT WRITTEN WARNING**

(If necessary, additional documentation may be attached to this form.)

Student Name: _____ Date: _____

Course: _____

Present During Discussion: _____

Written Warning

Items to be discussed with student:

Further Action Plan:

I HAVE READ THE ABOVE AND UNDERSTAND THIS STATEMENT.

Date: _____ Instructor: _____

Date: _____ Student: _____

Appendix C

**DIXIE STATE COLLEGE OF UTAH
NURSING PROGRAM
LEARNING CONTRACT**

(If necessary, additional documentation may be attached to this form.)

Student _____ Date _____ Course _____

Contract: A binding, written agreement between a faculty member and student that identifies a student learning need and a written plan that describes the strategies that must occur to achieve the learning outcome. The length of a contract will be determined by the faculty member and specified at the time the contract is written.

STUDENT LEARNING NEED:

PLAN TO ACHIEVE LEARNING OUTCOME:

LENGTH OF CONTRACT:

I understand the terms of the contract.

Date _____ Instructor _____

Date _____ Student _____

EVALUATION: _____ Date _____

OUTCOME:

_____ Student **has** satisfactorily demonstrated / completed the above plan.

_____ Student **has not** satisfactorily demonstrated / completed the above plan.

COMMENTS:

Appendix D

**DIXIE STATE COLLEGE OF UTAH
NURSING PROGRAM
FORMAL COMPLAINT FORM**

It is the purpose of Dixie State College of Utah Nursing Department to establish a method whereby complaints may be filed in a formal manner to assure fair and effective resolution. The filing of such complaint will in no way prejudice the status of such individual. Please refer to the Grievance Policy in the Nursing Student Handbook for a description of this process. Submit the form to the Dean of Nursing and Allied Health

Date: _____

Name of person filing complaint: _____

Contact telephone number: _____

Status: Student Staff Faculty Other _____

Organization: (School or Institution) _____

Nature of the complaint: (Background, activity, events leading up to, names, and actual issue; including significant dates and times) Use back of form for more documentation.

Requested/Suggested Remedy: _____

Signature: _____

Date Complaint Form was received: _____

Dean's Signature: _____

Dixie State College
Nursing Program
ADN Student Handbook Quiz
2011-2012

Directions: Place your answers on the Scantron provided using a number 2 pencil. Do not write on the quiz.

1. The purpose of the student handbook is to acquaint students with the nursing program:
 - A. Curriculum
 - B. Objectives
 - C. Policies and procedures
 - D. All of the above

2. In the nursing program mission and philosophy, nursing is defined as the autonomous and collaborative care of clients using unique knowledge to promote health and adaptation to illness, wellness, disability, and dying.
 - A. True
 - B. False

3. The nursing program conceptual framework includes 8 competencies that students are expected to achieve. They are critical thinking, therapeutic communication, caring, professional behavior, technical skills, time management/organization, leadership/management and:
 - A. Lifelong learning
 - B. Nursing process
 - C. Patient advocacy
 - D. Scientific reasoning

4. Nursing students' assumption of responsibility for their own learning is a component of which program competency/thread?
 - A. Time management/organization
 - B. Professional behavior
 - C. Leadership/management
 - D. Critical thinking

5. Dixie State College Student Code of Conduct is found in the Policies and Procedures Manual available at <http://www.dixie.edu/humanres/polstu.html>
 - A. True
 - B. False

6. A student who arrives for clinical unprepared with clinical assignments will be:
- A. Given detention
 - B. Receive a failing grade
 - C. Sent home
 - D. Closely supervised
7. A student who arrives for a morning clinical impaired because he/she has worked the previous night will be:
- A. Given detention
 - B. Receive a failing grade
 - C. Sent home
 - D. Allowed to take a nap
8. Unprofessional nursing conduct includes:
- A. Charting that a patient's breath sounds were clear when the nurse did not assess the client's breath sounds
 - B. Leaving the clinical floor during the middle of the shift for a family emergency without notifying the charge nurse and clinical instructor
 - C. Taking medications home from the floor drug stock
 - D. Intentionally delaying administering pain medication to a client because the client has been giving the nurse a hard time
 - E. All of the above
9. Students can be dismissed from the nursing program for cheating; for example, taking an exam then telling other students what questions were on the exam.
- A. True
 - B. False
10. Actions that are examples of academic incivility and/or disrespect by students include:
- A. Text messaging during class
 - B. Dominating class discussions
 - C. Belittling the instructor or other students
 - D. Arriving late to class
 - E. All of the above
11. Students who wish to make a formal complaint against the nursing program must submit in writing the Formal Complaint Form found in the Nursing Student Handbook Appendix D to the Dean of Nursing and Allied Health.
- A. True
 - B. False

12. Which of the following is NOT acceptable appearance for clinical?

- A. Visible tattoo
- B. Loop earrings
- C. Artificial nails
- D. Athletic shoes
- E. A, B, and C

13. Students are required to achieve a 74% or better exam average in the ADN nursing program courses in order to progress in the nursing program. Less than a 74% exam average in an ADN program course results in failure of the course.

- A. True
- B. False

14. A student attends a nursing class dressed in halter top and tight jeans. According to the Nursing Student Handbook, this is:

- A. Not a problem
- B. Unprofessional behavior
- C. Up to the instructor to decide if acceptable
- D. None of the above

15. All the ADN courses are hybrid courses that involve classroom learning and use of Blackboard Vista. Instructors often use Vista for announcements of important information. Therefore, students should log on to each of their courses at least every:

- A. Month
- B. 7 days
- C. 5 days
- D. 3 days

16. If a student formal complaint has been addressed by the Dean of Nursing and Allied Health and it cannot be resolved at that level, it may enter the grievance process where other college administration is involved such as the Vice President of Academics and/or Dean of Students.

- A. True
- B. False

17. If it becomes necessary for students to be absent from clinical for any reason, students should telephone their clinical instructor at least 30 minutes prior to the scheduled clinical experience.

- A. True
- B. False

18. Student nursing uniform/scrubs or street clothes with approved lab coat are required for all labs.

- A. True
- B. False

19. Nursing faculty hold a responsibility as facilitators of student learning as stated in the Dixie State College Policies and Procedures Manual available at <http://www.dixie.edu/humanres/polfac.html>.

- A. True
- B. False

20. In the nursing program, late assignments will receive a 10% deduction in points for each business day beyond the due date and will be not accepted after 4 business days beyond the due date unless students have negotiated with the instructor at least 24 hours before the assignment due date.

- A. True
- B. False

21. Teaching strategies in the concept-based courses are intended to enhance active student learning and critical thinking skills.

- A. True
- B. False

22. Client concepts in the concept-based curriculum include:

- A. Biophysical
- B. Psychological
- C. Developmental
- D. Social functioning
- E. All of the above

23. An example of a concept in the healthcare category is:

- A. Perfusion
- B. Development
- C. Oxygenation
- D. Advocacy

24. The American Hospital Association *Patient Care Partnership* guidelines specify patient rights, expectations, and responsibilities during a hospital stay.

- A. True
- B. False

25. "Fitness for duty" policy as it applies to DSC nursing students:

- A. Is the ability to perform nursing care in a safe and effective manner
- B. Includes recommendations for a minimal amount of sleep prior to attendance in class, lab, and clinical
- C. Allows for random urine drug screen at a student's expense before being allowed in clinical.
- D. All of the above.

Dixie State College
Nursing Program
BSN Student Handbook Quiz
2011-2012

Directions: Place your answers on the Scantron provided using a number 2 pencil. Do not write on the quiz.

1. The purpose of the student handbook is to acquaint students with the nursing program:
 - A. Curriculum
 - B. Objectives
 - C. Policies and procedures
 - D. All of the above

2. In the nursing program mission and philosophy, nursing is defined as a systematic science artfully applied to assist individuals in meeting their health care needs.
 - A. True
 - B. False

3. The nursing program conceptual framework includes 8 competencies that students are expected to achieve. They are critical thinking, therapeutic communication, caring, professional behavior, technical skills, time management/organization, leadership/management and:
 - A. Lifelong learning
 - B. Nursing process
 - C. Patient advocacy
 - D. Scientific reasoning

4. Nursing students' assumption of responsibility for their own learning is a component of which program competency/thread?
 - A. Time management/organization
 - B. Professional behavior
 - C. Leadership/management
 - D. Critical thinking

5. Dixie State College Student Code of Conduct is found in the Policies and Procedures Manual available at <http://www.dixie.edu/humanres/polstu.html>
 - A. True
 - B. False

6. Nursing faculty hold a responsibility as facilitators of student learning as stated in the Dixie State College Policies and Procedures Manual available at <http://www.dixie.edu/humanres/polfac.html>.

- A. True
- B. False

7. In the BSN program, late assignments will receive a 10% deduction in points for each business day beyond the due date and will be not accepted after 4 business days beyond the due date unless students have negotiated with the instructor at least 24 hours before the assignment due date.

- A. True
- B. False

8. Unprofessional nursing conduct includes:

- A. Charting that a patient's breath sounds were clear when the nurse did not assess the client's breath sounds
- B. Leaving the clinical floor during the middle of the shift for a family emergency without notifying the charge nurse and clinical instructor
- C. Taking medications home from the floor drug stock
- D. Intentionally delaying administering pain medication to a client because the client has been giving the nurse a hard time
- E. All of the above

9. Students can be dismissed from the nursing program for cheating; for example, taking an exam then telling other students what questions were on the exam.

- A. True
- B. False

10. Students who wish to make a formal complaint against the nursing program must submit in writing the Formal Complaint Form found in the Nursing Student Handbook Appendix D to the Dean of Nursing and Allied Health.

- A. True
- B. False

11. If a student formal complaint has been addressed by the Dean of Nursing and Allied Health and it cannot be resolved at that level, it may enter the grievance process where other college administration is involved such as the Vice President of Academics and/or Dean of Students.

- A. True
- B. False

12. A desired BSN program outcome is that 90% of students complete the program within 10 years.

- A. True
- B. False

13. BSN _____ are statements that specify what nursing faculty want students to be learn or be able to do as a result of successfully completing the BSN program.

- A. Goals
- B. Objectives
- C. Student learning outcomes

14. Netiquette as it applies to behavior within an internet network such as online threaded discussions or use of email for communication includes but is not limited to the following:

- A. Ask permission from the original sender to forward messages that have been sent to you.
- B. Avoid emotional language and the use of emoticons.
- C. Use proper language and titles.
- D. Ask for clarification if you are not sure how to interpret what was written.
- E. Think before you write.
- F. Do not initiate or respond to an email when you are angry.
- G. All of the above.

15. Second failure of a BSN discipline core requirement courses results in dismissal from the BSN program without the option for re-entry.

- A. True
- B. False

