MISSOULA COLLEGE
ASN REGISTERED NURSING PROGRAM
TRADITIONAL AND LPN-TO-RN BRIDGE

STUDENT HANDBOOK
SPRING 2025

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Section 1 – Program

*Unless otherwise stated in this manual, all policies are the same for both the Traditional and LPN-to-RN Bridge Program students.

Introduction to the Traditional ASN and LPN-to-RN Bridge Program

The summer/fall 2024 Missoula College Traditional ASN and LPN-to-RN-Bridge Program Handbook has been reviewed by the nursing faculty and director. The ASN Program policies regarding Health and Academic concerns are clearly outlined in this document. The University of Montana's policies regarding the Student Code of Conduct, withdrawals, communication, and grievance procedures are also clearly delineated within this document.

The purpose of this handbook is to familiarize students with the Missoula College ASN program's mission, organization and policies which guide the curriculum, activities, and student learning outcomes. Please read this handbook carefully and note any questions you may have. Please direct questions to the Nursing Program Director. You will be asked to sign a form indicating that you have read and understand the policies of the Missoula College ASN program. **You will be held accountable to these policies while enrolled in the ASN program.**

The Associate of Science Nursing Program (ASN) at Missoula College is designed for students to progress from the care of the predictable, less complicated patient to the more complex patient with less predictable outcomes. An Associate of Science RN assesses clients, formulates nursing diagnoses, and plans, implements, and evaluates nursing care provided in structured healthcare settings. The ASN practices within the ethical, legal, and regulatory frameworks of nursing to provide care to individuals, groups, and families. The Associate of Science Nurse works together with other members of the healthcare team to manage the human, physical, financial, and technical needs of the client.

Accreditation status

The University of Montana, of which Missoula College is a part, is accredited by the Northwest Commission on Colleges and Universities.

The Missoula College ASN programs, both Traditional and LPN-to-RN Bridge, have been fully approved by the Montana State Board of Nursing.

Montana State Board of Nursing
Professional and Occupational Licensing Division
301 South Park
PO Box 200513
Helena, MT 59620-0513
(406) 841-2300

The Missoula College ASN programs, both Traditional and LPN-to-RN Bridge, are accredited by ACEN (Accreditation Commission for Education in Nursing). Our last accreditation site visit was in February of 2016. Our next site visit will be October 22-24, 2024.

Accreditation Commission for Education in Nursing (ACEN)
3390 Peachtree Road NE, Suite 1400
Atlanta, GA 30326
(404) 975-5000

Meet our Faculty and Staff

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University & College Mission Statements

Mission Statement for University of Montana – Missoula

The University of Montana transforms lives by providing a high-quality and accessible education and by generating world-class research and creative scholarship in an exceptional place. We integrate the liberal arts and sciences into undergraduate, graduate and professional studies to shape global citizens who are creative and agile learners committed to expanding the boundaries of knowledge and to building and sustaining diverse communities.
The University pursues fulfillment of their mission through five **Priorities for Action** that drive every aspect of its mission and vision:

1. ***Place student success at the center of all we do*** *– In all of our decisions and actions, we will put the success of our students first. We will focus on student retention, persistence, and success through graduation and beyond.*
2. ***Drive excellence and innovation in teaching, learning and research****– Our curriculum, pedagogy, and research will evolve and adapt to best prepare students and communities to succeed in a dynamic, uncertain world.*
3. ***Embody the principle of "Mission First, People Always"*** *– People make UM successful. We will focus on people's growth and learning, and on fostering a diverse and inclusive campus.*
4. ***Partner with place****– We benefit greatly from our natural setting and our connection to our community, state, and region. We will both use and strengthen that asset through collaborative learning opportunities, research, and service.*
5. ***Proudly tell the UM story****– We are an institution whose transformative impact on individual students, Montana, and the world needs to be known.*

Missoula College Mission Statement

The Mission of Missoula College is to create a comprehensive, accessible, student-centered learning environment that fosters individual growth, facilitates workforce development, and provides a foundation for advanced academic achievement.

Missoula College pursues fulfillment of their mission by:

- *Creating a student-centered environment;*
- *Providing college level technical and general education learning opportunities;*
- *Facilitating development of oral and written communication skills, thus providing a foundation for advanced academic skills;*
- *Fostering individual growth through development of critical thinking and problem-solving skills;*
- *Providing the regional workforce with credentialed, skilled, and competent entry-level technicians;*
- *Responsive to emerging workforce needs;*
- *Supporting the development of ethical behavior;*

- *Encouraging students to become responsible members of a global and multicultural society;*
- *Facilitating and promoting lifelong learning.*

Missoula College Health Professions Department Mission Statement

The Department of Health Professions, Missoula College, University of Montana seeks to prepare students to be health practitioners who are technically competent and who are effective in a variety of clinical, agency and community settings. The Health Professions Department offers five Associate of Applied Science (A.A.S.) Degrees, and one Associate of Science (A.S.) Degree, with courses and learning experiences that contribute to understanding the health needs of individuals and society. Clinical affiliations and on-site learning experiences are essential elements of all programs; local communities, their agencies, and organizations are all valuable resources and
provide cooperative experiences in health delivery systems

Missoula College Health Professions pursues fulfillment of their mission by:

- *Providing programs of study which integrate a variety of health-related disciplines to prepare students for careers in health professions;*
- *Contributing to the liberal education of students through courses designed to provide an understanding of human health, fitness and health delivery systems;*
- *Meeting the continuing education needs of health professionals.*

Missoula College Nursing Program Mission Statement

As the guiding principle for the Missoula College Nursing Program, the mission statement is to provide an accessible, student-centered learning environment through creative educational and clinical opportunities. Students receive a high-quality nursing education which prepares graduates for today's practice as competent and caring nurses who assist in meeting the diverse health care needs for local and global communities.
The Missoula College Nursing Program aligns with the UM Priorities for Action through five core themes:

1. **Creating** a supportive environment where students are mentored by knowledgeable faculty and empowered to reach their full potential. This objective is aligned with Priority 1, placing student success at the center of all we do;

2. **Promoting** the development of knowledge and skills necessary for the intellectual, professional, and personal growth of students. This objective is aligned with Priority 2, driving excellence in innovation, teaching and learning;

3. **Developing** partnerships with local and regional healthcare facilities to establish a variety of learning opportunities and provide exposure to diverse populations. This objective is aligned with Priority 4, Partner with Place. We have robust partnerships with area healthcare facilities which enables our students to gain a wide variety of clinical practice.

4. **Acknowledging** the necessity for lifelong learning and providing nursing education pathways to BSN or higher. This objective is aligned with Priority 1, placing student success at the center of all we do. We highly encourage our graduates to pursue a BSN completion program after graduating with their ASN;

5. **Fostering** discovery and creativity, critical thinking skills, and competencies at the associate degree nursing entry level. This objective is aligned with Priority 2, driving excellence in innovation, teaching and learning.

Nursing Program Philosophy

The nursing faculty, as an integral part of Missoula College assumes responsibility for maintaining program philosophy and objectives which support The University of Montana and Missoula College philosophies. This includes the belief that the educational process is a dynamic, interactive process in the growth, development, welfare, and economy of the individual, and local, state, and national communities. Faculty members are dedicated to preparing excellent competent and caring nurses to provide holistic care within the scope of practice of the associate degree Registered Nurse (RN). The nursing process and critical judgment are the foundations for nursing practice; and these principles are emphasized throughout the curriculum. The faculty supports a nursing career ladder promoting the pursuit of a BSN or higher after completion of the ASN program.

Core Values

The Nursing Program's Core Values are based on the NLN (National League for Nursing) Core Values. https://www.nln.org/about/about/core-values

CARING: promoting health, healing and hope in response to the human condition.
For the Associate Degree Nurse, **Caring** is directing and providing care across settings with clear policies and procedures for clients and family, who have conditions which are common, well-defined, advanced and/or of unpredictable complexity, in collaboration with other members of the healthcare team

INTEGRITY: respecting the dignity and moral wholeness of every person without conditions or limitation.

Integrity refers to having a nursing practice that is committed to strong ethical values and accountability. The faculty and director in the nursing program strive to demonstrate open communication and ethical decision-making and encourage students to do the same within their practice.

DIVERSITY AND INCLUSION: affirming the uniqueness of and differences among persons, ideas, values, and ethnicities.

Diversity comprises internal and external contexts and processes that have an impact on people. Diversity includes physical, psychological, social, spiritual and cultural elements, as well as the conceptual space in which nursing is utilized, implemented, and evaluated. Diversity also includes historical, political, and economic conditions through which systems of care evolve. Diversity includes environments of structured and unstructured settings with common, well-defined, advanced, and/or unpredictable complexity of clients and family.

EXCELLENCE: co-creating and implementing transformative strategies with daring ingenuity.

The nursing program strives to achieve a culture of excellence where there is a commitment to personal growth of both faculty and students. Transformation and change are encouraged within a safe learning environment. The faculty and director of the nursing program are committed to embracing a culture of excellence that prepares graduates to be competent and caring healthcare providers.

ANA Code of Ethics for Nurses

Students enrolled in the ASN program are expected to adhere to the ANA Code of Ethics for Nurses. This requirement establishes the basis for long-term development of professional behaviors and ethical reasoning with regard to client care. Nurses are expected as professionals to provide ethically sound care to all clients regardless of circumstance. Ethics is an integral part of the foundation of nursing. Nursing has a distinguished history of concern for the welfare of the sick, injured, and vulnerable and for social justice. This concern is embodied in the provision of nursing care to individuals and the community. Nursing encompasses the prevention of illness, the alleviation of suffering, and the protection, promotion, and restoration of health in the care of individuals, families, groups, and communities. Nurses act to change those aspects of social structures that detract from health and well-being. Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession but also to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing is self-reflective, enduring, and distinctive. A code of ethics makes explicit the primary goals, values, and obligations of the profession.

The Code of Ethics for Nurses serves the following purposes:

- It is a clear, concise statement of the ethical obligations and duties of every individual who enters the nursing profession.
- It is the professional's nonnegotiable ethical standard
- It is an expression of nursing's own understanding of its commitment to society.

Nursing students of the Missoula College UM are expected to follow the following Nursing Code of Ethics. The provisions listed below come from the ANA's *Code of Ethics for Nurses with Interpretive Statements* (2015) (https://www.nursingworld.org/coe-view-only).

Provisions

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

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

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

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

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

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

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

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

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

ANA's *Code of Ethics for Nurses with Interpretive Statements* (2015) (https://www.nursingworld.org/coe-view-only)

Nursing Program Outcomes

1. The program's annual licensure examination pass rate **will meet or exceed the national average** for first-time test takers for the NCLEX-RN (National Council Licensure Examination for Registered Nurses).

2. At least **eighty percent (80%)** of students admitted to the Traditional ASN program who remain after the 15-day drop date in NRSG 230 will graduate within four semesters or two academic years.

3. At least **eighty percent (80%)** of LPNs admitted into the LPN-to-RN Bridge Program who remain after the 15-day drop date in NRSG 230 will graduate within one (1) rolling year.

4. At least **ninety percent (90%)** of alumni surveys returned will demonstrate graduates who have secured an RN position within 12 months.

End of Program Student Learning Outcomes

The Missoula College ASN program has adopted the QSEN (Quality and Safety Education in Nursing) competencies as a framework for our End of Program Student Learning Outcomes. The goal of the QSEN project is to prepare future nurses with the knowledge, skills and attitudes (KSAs) needed to improve the quality and safety of patient care. The six QSEN competencies are: Patient-Centered Care, Teamwork and Collaboration, Evidence-based Practice (EBP), Quality Improvement (QI), Safety, and Informatics. www.QSEN.org
Upon successful completion of the Associate of Science Nursing Program, the graduate will be able to:

1. Demonstrate compassion and professionalism while delivering **personalized and culturally sensitive nursing care.**
2. Provide **patient safety** through risk reduction and error prevention strategies.
3. Apply effective **communication strategies** when working with clients, families, and members of the health care team to foster an environment of mutual respect and collaborative decision-making.
4. Apply current **evidence-based research** to provide quality nursing care.
5. **Utilize data** to improve health care practices that positively impact patient outcomes.
6. **Utilize information and technology** to coordinate and deliver safe care.
7. Demonstrate **clinical judgment** within the nursing process.

Section 2 – Curriculum

Overview of Traditional ASN Program Curriculum

Admits 18 students fall and spring semester

	Prerequisites – 1 or 2 semesters	
Course Number	Course Name	Credits
BIOH 201 & 202	Anatomy and Physiology I with lab	4
BIOH 211 & 212	Anatomy and Physiology II with lab	4
CHMY121 & 122	General Chemistry with lab	4-5
M115 or M121 *OR any of the following math courses: M140, M151, M162, M171	Probability and Linear Math College Algebra Math for Healthcare Pre-Calculus Applied Calculus Calculus	3
WRIT 101	College Writing I	**3**
	Total Prerequisite Credits	**18-19**
	Co-Requisites – 1 or 2 semesters	
PSYX 100	Introduction to Psychology	3
SOCI 101	Introduction to Sociology	3
BIOM 250/251	Microbiology for health sciences with lab	4
	Total Corequisite credits	**10**
	ASN PROGRAM SEMESTER 1	
NRSG 230	Nursing Pharmacology	3
NRSG 231	Nursing Pharmacology Lab	2
NRSG 232	Foundations of Nursing	3
NRSG 233	Foundations of Nursing Lab	3
	Total Credits Semester 1	**11**
	ASN PROGRAM SEMESTER 2	
NRSG 234	Adult Nursing I	3
NRSG 235	Adult Nursing I Clinical	2
NRSG 236	Health and Illness of Maternal Nursing	2
NRSG 237	Health and Illness of Maternal Nursing Clinical	1
NRSG 256	Pathophysiology	3
	Total Credits Semester 2	**11**
	ASN PROGRAM SEMESTER 3	
NRSG 244	Adult Nursing II	3
NRSG 245	Adult Nursing II Clinical	2
NRSG 246	Health and Illness of Child and Family Nursing	2
NRSG 247	Health and Illness of Child and Family Nursing Clinical	1
NRSG 254	Mental Health Concepts	3
NRSG 255	Mental Health Concepts Clinical	1
	Total Credits Semester 3	**12**
	ASN PROGRAM SEMESTER 4	
NRSG 259	Adult Nursing III	3
NRSG 260	Adult Nursing III Lab	1
NRSG 261	Adult Nursing III Clinical	2
NRSG 266	Managing Client Care for the RN	2
NRSG 267	Managing Client Care for the RN Clinical	2
	Total Credits Semester 4	**10**

	Total ASN Program Credits	**72-73**

Nurses need a broad background of knowledge to succeed in their field; as a pre-nursing student at Missoula College, students take general education courses in Liberal Arts and Sciences. Students initially enroll in pre-nursing courses, must complete those 19 credits, and then apply to the Associate Science Registered Nursing Program. Application can be made when students are completing prerequisites. The Associate Science Registered Nursing coursework is four semesters long, consisting of a total of 53 credits after completing 19 credits of prerequisites.

Students are strongly encouraged to take corequisite courses PSYX 100S Intro to Psychology, SOCI 101S Intro to Sociology, and BIOM 250/251 Microbiology with Lab) **BEFORE entering the scope and sequence of the nursing courses. These courses can be taken before application** along with the prerequisites in the progression of the student's choice (as long as taken within 5 years of application). **We strongly believe this will set you up for SUCCESS in the ASN program.**

Program Delivery for Traditional ASN

Students are expected to attend all classes, labs and clinicals. The traditional ASN program requires students to attend face-to-face lecture classes.

Classroom

Students are expected to come to lecture class prepared. Reading and Kaplan assignments are posted on class calendars well in advance of lecture time. Lecture class may include pre-lecture quizzes, PowerPoint lectures, group activities, case studies and other methods of information delivery.

Clinical

Clinical activities incorporate concepts from didactic courses in the care of a variety of patients. Clinical experiences are structured to meet course and end-of-program student learning objectives. Students progress from simple to complex patients, and from caring for an individual patient to caring for groups of patients and families. Missed clinical time is very difficult to make up, so not attending clinical can result in the failure of a clinical course.
Most acute care clinical experiences occur at either Providence St. Patrick Hospital or Community Medical Center in Missoula.

Labs

In their first semester, traditional ASN students participate in six hours of Foundations Lab per week and four hours of Pharmacology lab per week. Skills are taught using low-fidelity and high-fidelity mannequins and students are encouraged to practice new skills in their scheduled lab and open labs until they feel confident enough to be checked off by an instructor.

In the last semester of the ASN program, students participate in Adult Nursing III lab, which is an advanced lab where skills such as EKG reading, advanced neuro assessment, blood transfusion delivery, central line dressing changes and other more advanced skills are covered.

Resources for Traditional ASN Students

Classroom, Laboratory, and Study Areas

Classrooms: The classrooms for nursing courses are in the Missoula College building. Classrooms are equipped with a computer, internet access, multi-media access and an overhead projector.

Skills Laboratory: The nursing program skills laboratory is located on the main floor of the Missoula College building. The lab is set up for classroom use as well as lab use and is equipped with computer and internet access, a projector and screen. Also, in the lab are six individual curtained patient care areas with low-fidelity mannequins, bedside tables, and headwalls with oxygen and suction to simulate a real clinical environment.

There is a separate two-bed simulation room with two high-fidelity mannequins and an observation/control room. In addition, the lab also has two pediatric mannequins and a birthing mannequin. The lab provides a setting for students to practice skills and develop competence prior to attending clinical practicum experiences. There are open lab days and times available for students to practice skills on their own.

Study Areas: The Missoula College building is located on the picturesque Clark Fork River, and the architects made the most out of the view on the south side of the building with floor-to-ceiling windows that span the length of each hallway. Next to the windows are student study areas equipped with comfortable seating, tables, and electrical outlets and charging stations. Students may also meet in groups in one of the three conference rooms located on the north side of the building.

Payne Family Library: The Payne Family Library is located on the River Level of the Missoula College building. The Payne Family Library is an extension of the larger library located on the main campus, the Maureen and Mike Mansfield Library.

The library has over 1.7 million items and online resources are available through the library's website, including over 250 index and full text databases and streaming audio and video collections.

Students can check-out laptops (week and month-long), HDMI cables, GoPros, oral history audio recorders, and calculators. Printing in both black and white and color is available during regular library hours with cash and UMoney. There is also self-service scanning equipment in the library.

There are two group study rooms available, and reservations can be made online or in-person at the Reference Desk up to one week in advance for 3-hour blocks. Both group study rooms are equipped with whiteboards and wide screen monitors.

Overview of LPN-to-RN Bridge Program Curriculum

Admits 12-18 students each summer

Foundations of Nursing & lab, Pharmacology lab, Adult Nursing I & Adult Nursing I Clinical are waived for LPN applicants who hold an unencumbered license and have worked as an LPN for at least 2,000 hours.

	Prerequisites – 1 or 2 semesters	
Course Number	Course Name	Credits
BIOH 201 & 202	Anatomy and Physiology I with lab	4
BIOH 211 & 212	Anatomy and Physiology II with lab	4
PSYX 100	Introduction to Psychology	3
M115 or M121 *OR any of the following math courses: M140, M151, M162, M171	Probability and Linear Math College Algebra Math for Healthcare Pre-Calculus Applied Calculus Calculus	3
WRIT 101	College Writing I	**3**
	Total Prerequisite Credits	**17**
	Co-Requisites – 1 or 2 semesters	
CHMY 121 & 122	General Chemistry with lab	4-5
SOCI 101	Introduction to Sociology	3
BIOM 250/251	Microbiology for health sciences with lab	4
	Total Corequisite credits	**10**
	LPN-to-RN PROGRAM SUMMER	
NRSG 230	Nursing Pharmacology	3
NRSG 236	Health and Illness of Maternal Nursing	2
NRSG 237	Health and Illness of Maternal Nursing Clinical	1
NRSG 254	Mental Health Concepts	3
NRSG 255	Mental Health Concepts Clinical	1
NRSG 260	Adult Nursing III Lab	1
	Total Credits Summer Semester	**11**
	LPN-to-RN PROGRAM FALL	
NRSG 244	Adult Nursing II	3
NRSG 245	Adult Nursing II Clinical	2
NRSG 246	Health and Illness of Child and Family Nursing	2
NRSG 237	Health and Illness of Child and Family Nursing Clinical	1
NRSG 256	Pathophysiology	3
	Total Credits Fall Semester	**11**
	LPN-TO-RN PROGRAM SPRING	
NRSG 259	Adult Nursing III	3
NRSG 261	Adult Nursing III Clinical	2
NRSG 266	Managing Client Care for the RN	2
NRSG 267	Managing Client Care for the RN Clinical	2
	Total Credits Spring Semester	**9**
NRSG 231	Nursing Pharmacology Lab -- waived	2
NRSG 232	Foundations of Nursing -- waived	3
NRSG 233	Foundations of Nursing Lab -- waived	3
NRSG 234	Adult Nursing I -- waived	3
NRSG 235	Adult Nursing I Clinical -- waived	2

	Total Credits Waived	**13**
	Total ASN Program Credits	**72-73**

Program Delivery for LPN-to-RN Bridge Program

Students are expected to attend all labs and clinicals. The lecture portion of the LPN-to-RN Bridge Program is offered asynchronously online. Instructors incorporate PowerPoint, video lectures, Kaplan assignments, and discussion boards to meet the student learning objectives of each course. Instructors are available on a weekly basis with office hours and scheduled face-to-face discussion times with individual students.

Clinical

Clinical activities take place whenever possible in the student's community. These clinical experiences are preceptor based and structured to facilitate the transition from LPN to RN. Students are paired with an RN preceptor mentor to complete the acute care clinical hours. Students and preceptors are oriented to the process using a preceptor manual and PowerPoint modules as needed at the beginning of each rotation.
If appropriate clinical experiences cannot be found in the student's community, simulation will occur either through Simulation in Motion Montana, a state-wide simulation service for health care providers, or in person at Missoula College. The Montana State Board of Nursing allows the use of simulation to replace up to 50% of a program's clinical hours.

Labs

At the beginning of the LPN-to-RN Bridge Program, students are required to attend a three-day orientation and lab at Missoula College. These students participate in the Adult Nursing III lab, which is an advanced lab where skills such as EKG reading, advanced neuro assessment, blood transfusion delivery, central line dressing changes and other more advanced skills are covered.
Students may also be required to return to Missoula College for simulation labs related to Maternal Health and Child & Family Nursing. Students are notified in advance of any dates they are expected to be in person at Missoula College.

Resources for LPN-to-RN Bridge Program Students

While attending labs and simulations at Missoula College, the LPN-to-RN Bridge Program students have access to the laboratory, classrooms and study areas as listed above.

The Maureen and Mike Mansfield Library has online resources available through the library's website, including over 250 index and full text databases and streaming audio and video collections.

Access to the Mansfield Library's Health Resources

Start at the library's home page (http://www.lib.umt.edu).

1. For a quick search on any topic, use the search box on the left had side of the screen.

2. For more in-depth research, use the Missoula College Health Professions Research Guide (https://libguides.lib.umt.edu/healthprofessions) as your access point to the library's health information resources. It contains links to databases, library services, and contact information for your librarian. It's a good idea to bookmark this page.

3. Any time you have a question you can email or chat with a librarian.
    - Use the link at the bottom right side of the screen. If the link displays "Chat with a librarian" versus "Email a Librarian" there is someone who will answer your questions in real time.
    - If the link displays "Email a librarian" you will receive a response to your question via email.
    - You can also always contact your librarian, Kate Zoellner, for research assistance at (406) 243-4421 or via email at kate.zoellner@umontana.edu.

Other resources available for the online LPN-to-RN Bridge Program students include Financial Aid, ODE, and the Curry Health Center

Section 3 – Admission Policies

Admission Policy and Requirements

Traditional ASN Program

Admission to the Traditional ASN Program is based on objective data and evaluation that includes the following information: Specifics of the application process are posted on the website during application session.

- Cumulative Grade Point Average (GPA) of a minimum of 2.75 (most recent 60 credits).
- Minimum of B grade in BIOH 201/202, Human Anatomy & Physiology I, and BIOH 211/212, Human Anatomy & Physiology II.
- The top 18 students are accepted to the ASN program based on the following:
  - Kaplan Nursing Entrance Exam
  - Interview
  - GPA – Pre-nursing courses only

  The Application Committee has the right of final decision to accept a student to the ASN program. Specifics of the application process are posted on the MC nursing website (mc.umt.edu/nursing) during application session.

Students accepted into the ASN program must have a transcript audit completed by MC and reviewed by the Nursing Program Director to assure transferability of credits and appropriate courses completed toward graduation. Didactic coursework is delivered in the traditional classroom setting with an online component for NRSG 266, Managing Client Care for the RN. Clinicals are typically one or two days a week with variances depending on clinical site availability and instructor preference to meet program objectives.

Changes may occur at any time and these will be posted on the MC nursing website (https://www.umt.edu/missoula-college-nursing/)**.** For fall admission, the application period opens in mid-February with a deadline at the beginning of April; for spring admission, the application period opens in mid-September with a deadline at the beginning of November.

Students must provide copies of all transcripts from current and previous colleges of attendance and matriculation if health core courses are transferred from other institutions of study. Prerequisite courses may only be repeated once. A Withdraw Pass (WP) or a Withdraw Fail (WF) is counted as an attempt. If the course is not successfully completed on the second attempt, the student is no longer eligible for application to the Nursing program until the first attempt becomes older than the 5 (science) and 10-year rules.

1. Applicants are required to fill out an application form. The student must download the application packet from the webpage when it is available. Dates of availability are one

month prior to the application due date.

2. The number of students accepted for the Traditional ASN Program will be a total of 18 each semester. Some exceptions may apply and may vary depending on clinical sites.
3. Applicants must possess certain skills and abilities in areas of intellect, sensory function, communication, fine and gross motor skills, and behaviors for admission into the nursing programs. These are found in the handbook.
4. The Nursing Program reserves the right to deny admission to any applicant based on the best interest of the profession. Failure to disclose previous or pending criminal behaviors may lead to denial of admission or revoked admission. Background checks are requirements of clinical sites. Negative background checks may preclude a student from the clinical setting which will make it impossible for the student to meet the course objectives and the student will fail the course. Falsification will be considered grounds for dismissal from the MC Nursing Program.
5. Admission to or graduation from the nursing program does not guarantee obtaining a license to practice nursing. Licensure requirements are the exclusive right and responsibility of the State Boards of Nursing regulating professional practice.
6. The Kaplan Nursing Entrance Exam test is a 165 minute, 91-question comprehensive test required of our RN program applicants and a minimum score of 65% is required to be eligible to apply to the nursing program. The test covers reading, writing, mathematics, science, and critical thinking and is offered on the Missoula College campus 3-4 times during the application period. If unable to attend the live testing times, students may opt to test using Examity, an online proctoring service, for a small fee. The test is only offered online, and documented testing modifications are accommodated (i.e. extra time). Only one attempt at taking the Kaplan Nursing Entrance Exam is allowed per application period.
7. All admitted students are subject to the policies of the University of Montana and the Nursing Program.
   - Policies for UM can be located in the university course catalog (http://catalog.umt.edu/), University Operating Policies (www.umt.edu/policies), and in the UM Student Conduct Code (http://www.umt.edu/student-affairs/community-standards).
   - Nursing policies are located in the ***Nursing Programs Policy and Procedure Manual*** located in the Nursing Director's office and on the Missoula College Nursing website under Nursing Student Resources (https://www.umt.edu/missoula-college-nursing/nursing-student-resources.php).

Admission Policy and Requirements

LPN-to-RN Bridge Program

Admission to the LPN-to-RN Bridge Program is based on objective data and evaluation that includes the following information: Specifics of the application process are posted on the website during application session.

- Unencumbered Montana LPN license.
- Must have graduated with a PN degree from a regionally accredited school or university.
- Preferred: Work in a Critical Access Hospital or small community clinic in MT.
- Must have worked at least 2,000 hours as an LPN.
- **Prerequisite courses:** A&P I and II (or equivalent), Introduction to Psychology, Writing 101 (or equivalent), one of the following math courses: College Algebra, Probability and Linear Math, Math for Healthcare, Pre-Calculus, Applied Calculus or Calculus.
- **Co-requisite courses:** General Chemistry with lab, Introduction to Sociology, Microbiology with lab.
- The program director will waive the time limit for all prerequisites and co-requisites if the LPN has worked at least 2,000 hours.
- A letter of recommendation from the LPN's immediate supervisor outlining how the facility will support clinical rotations for the student.
- The cohort will be chosen based on prerequisite GPA, personal interview, work experience, and Kaplan test score.

The Application Committee has the right of final decision to accept a student to the LPN-to-RN Bridge program. Specifics of the application process are posted on the ASN Website during application session.

Students accepted into the LPN-to-RN Bridge Program must have a transcript audit completed by MC and reviewed by the LPN-to-RN Bridge Program Director to assure transferability of credits and appropriate courses completed toward graduation. Didactic coursework is delivered all online asynchronously.

An orientation and skills lab is provided at the beginning of the program, with occasional simulation experiences required during the course of the program.

Clinical experiences are encouraged in the student's own community. The LPN-to-RN Bridge Program Director and faculty will assist in finding appropriate clinical placement.

Changes may occur at any time and these will be posted on the ASN Website. The LPN-to RN Bridge Program has a yearly application cycle which opens in December and closes in mid-January. Candidates are interviewed in February.

The number of students accepted for the LPN-to-RN Bridge Program will be 12-18 each year. Some exceptions may apply and may vary depending on clinical sites.

Applicants must possess certain skills and abilities in areas of intellect, sensory function, communication, fine and gross motor skills, and behaviors for admission into the nursing

programs. These are found in the handbook.

Employment During School: Considerations

Students are encouraged to carefully consider the time commitment for classes, student, family life, travel, leisure activity and other life responsibilities prior to scheduling outside employment while attending the Missoula College UM Nursing Program. Learning is best achieved when a student is prepared, rested and engaged in the process of learning. Students that must seek employment to maintain personal obligations are cautioned to consider timing of employment obligations in relation to clinical and classroom. ***However, there are specific rules regarding working before clinical shifts*** – please see Section 5, page 47.

Requirements Prior to Program Start

Failure to comply with these requirements could cause you to be removed from the program and an alternate student admitted in your place.

To be prepared to begin classes, lab, and clinical, you need to follow all of the instructions and meet the deadlines listed in your Nursing Program Admission Packet which was emailed to you once you accepted your position in the program.

Basic Life Support (BLS) for Healthcare Providers

Immunizations and Testing: Documented proof of the following must be provided by the date indicated in the acceptance letter.

- **Criminal Background Check** (Any discrepancies must be reported to the Nursing Program Director)
- **10-Panel Urine Drug Screen** (Any discrepancies must be reported to the Nursing Program Director)
- **BLS for Health Care Providers**
- **Immunizations**
  - **COVID-19 Vaccinations:** Documentation of completed vaccination series **-OR-** Students must print and sign the Community Medical Center COVID declination form (either medical or religious) found at the end of this handbook (Appendix C and D) **AND** the Providence St. Patrick Hospital COVID declination form (either medical or religious) found at the end of this handbook (Appendix E).
  - **Hepatitis B Series (vaccinations <u>AND</u> titer) Or Declination Form:**

    The series of shots is 2, 3, or 4 doses depending on the manufacturer. Some people have received the series as children so will just need a titer to prove immunity. If you have not yet received the series, you will need to start this ASAP because it can take several months to complete. The titer is the final step after the

vaccination series is complete.
https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html

- Provide proof of your hepatitis B vaccination series (HBV) **AND** a positive titer.
- Or sign the Hepatitis B Declination Form (Appendix B).

MMR Series (vaccinations OR titer):

- Provide proof of the 2-shot series MMR (mumps, measles, rubella) vaccination.
- **OR** a positive MMR titer. Note that if needing this, the 2-shot series MMR should be administered at least 4 weeks apart.

- **TB (tuberculosis):** Provide proof of one of the following negative TB tests that was done in the last 12 months. If the test is positive, a chest x-ray is required. (See under How Do You Get Tested for TB? -- https://www.cdc.gov/tb/publications/factsheets/general/tb.htm
  - Two negative TB skin tests that will be "read" 48-72 hours after being administered (this means 4 visits – one for each test and one for reading each of the results). The second of the two tests must be administered 7-21 after the first test.
  - **OR** a Negative Quantiferon TB blood test.
- **Tetanus with Pertussis, i.e. Tdap:** After initial Tdap vaccine is received, a booster is required every 10 years.
  - Provide proof of current Tdap (tetanus, diphtheria and whooping cough/pertussis). https://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html
- **Varicella (2-dose series OR titer):** Provide proof of Varicella (chickenpox) vaccination series **OR** a titer. https://www.cdc.gov/vaccines/vpd/varicella/hcp/recommendations.html
- **Flu:** Students will be contacted when seasonal flu vaccines are available about this requirement, which is usually in October or November. A signed declination form is accepted. (See Appendix A).
- **Titers & Boosters Explained:**
  - **Titer:** measures the antibodies in your blood to determine if you have immunity to a disease. If titer is negative, a vaccination booster or series is required.
  - **Booster:** is an extra administration of a vaccine after an earlier dose. This dose is a re-exposure to the immunizing antigen to insure a later positive titer.

At the mandatory orientation to the program, the following signed forms will be collected:

- Nursing Handbook Student Agreement from Student Handbook Form #1
- Confidentiality Agreement from Student Handbook Form #2

- Social Media Quiz from Student Handbook Form #3
- Permission To Share Information from Student Handbook Form #4

OPTIONAL FORMS:

- Declination: Hepatitis B Vaccination
- Declination: Seasonal Influenza Vaccination Statement
- Declination: Community Medical Center COVID Declination (medical)
- Declination: Community Medical Center COVID Declination (religious)
- Declination: Providence St. Patrick Hospital COVID Declination (medical & religious)

Minimum Skills for Eligibility to Participate in the Nursing Program

The following skills are necessary for successful progression through the Missoula College Nursing Program. Students should be able to demonstrate these abilities with or without the use of compensatory techniques and/or assistive devices.

Necessary Function	Description	Examples
Observation	Using the senses Of sight, hearing, Smell and touch	• Hearing heart, lung & abdominal sounds • Seeing skin color changes • Feeling skin temperature changes, pulses, and abnormal lumps. • Hearing essential alarms that could indicate an emergency. • Reading data displayed on monitors, computers, and equipment.
Communication	Verbally and in writing, engage in a two-way communication and interact effectively with others, from a variety of social, emotional, cultural, and intellectual backgrounds	• Work effectively in groups and independently. • Discern and interpret non-verbal communication. • Express ideas and feelings clearly. • Obtain communications from a computer.
Intellectual/Conceptual	Ability to problem solve using critical thinking skills	• Effectively read, write, and comprehend the English language. • Consistently and dependently engage in the process of critical thinking to formulate and

		implement safe and ethical nursing decisions in a variety of health care settings. • Demonstrate satisfactory performance on written and computerized examinations, including mathematical computations without a calculator. • Satisfactorily achieve the program objectives.
Behavioral/Social	Perform effectively in stressful situations	• Function effectively and professionally under stress • Easily adapt to changing situations
Motor	Physical ability, coordination, stamina	• Handle small delicate equipment/objects without extraneous movement, contamination, or destruction. • Move, position, turn, assist with lifting or lift and carry clients without injury to clients, self or others. • Maintain balance from any position. • Stand on both legs. • Coordinate hand and eye movements. • Push or pull heavy objects without injury to client, self or others. • Stand, bend, walk and/or sit for 6-12 hours in a clinical setting performing physical activities requiring energy without jeopardizing the safety of the client, self or others. • Transport self and client without the use of electrical devices. • Flex, abduct, and rotate all joints freely preventing injury to client, self or others. • Respond rapidly to emergency situations. • Coordinate fine and gross motor hand movements to provide safe effective nursing care. • Calibrate/use equipment. • Execute CPR and physical assessment.

		• Operate a computer.

Section 4 – Student Policies and Progression

Nursing Program Student Policies and Procedures— Traditional and LPN-to-RN Bridge Program

1. **Timeliness:** Please be on time for class (Not applicable to LPN-to-RN Bridge Students). Students must be on time to clinical. Time management is reflective of professionalism and accountability and will affect your professionalism grade & final course grade. Any unexcused absences in clinical result in a non-passing grade, therefore a non-passing grade for the course.
2. **Absences:**
   - **a.** If you know ahead of time you will be absent from class (Not applicable to LPN-to-RN Bridge Students), please let your faculty know via phone or email. (Email is preferred). This is part of your professional grade for each class.
   - b. If you will be absent from clinical, you **must** inform the instructor and charge nurse of the assigned clinical unit two hours prior to the starting time. This is part of your professional grade for clinical. Any unexcused absences in clinical results in a non-passing grade, therefore a non-passing grade for the course.
3. **Group Work:** Do not let your classmates down. When group work is underway, pull your weight and share the work. Encourage group participation in an equitable fashion. Off-task chatter is distracting to others and NOT considered participation. Please be respectful of your classmates. This is part of your professional grade for each class.
4. **Academic honesty** is a nursing program and professional expectation. In the event that students are suspected of cheating, plagiarism or otherwise misrepresenting their work, they will be subject to procedural due process as stated in the UM Student Conduct Code (http://www.umt.edu/student-affairs/community-standards).
5. **Late work,** including exams, will NOT be accepted. **It must be handed in during the first 10 minutes of class on the day it is due**. (Not applicable to LPN-to-RN Bridge Students). Emergencies and extenuating occurrences will be handled on an individual student basis. Please speak to the instructor **before** the due date if you suspect you may not be able to complete the work on time. Faculty has the final decision on whether or not to accept late assignments and circumstances must be extenuating. Multiple requests for assignment extensions may result in loss of points on your professionalism grade.
6. **Children & Pets:** Do not bring children and pets into the classroom. (Not applicable to LPN-to-RN Bridge Students). Faculty are aware that emergency situations may occur and would ask that any student who feels compelled to bring "guests" into the classroom seek the permission of the classroom instructor before doing so.

7. **Cell phones** MUST BE turned off or on vibrate during all class (Not applicable to LPN-to-RN Bridge Students), lab and clinical sessions. Cell phones at the clinical settings are per faculty discretion and must be on vibrate. There is no texting in class. The focus needs to be on learning. If you must accept a call notify the instructor before and please quietly leave the area and limit distractions to a minimum. This is part of your professional grade for each class.
8. **Laptop Etiquette**: Laptops are becoming more popular and being used for taking notes and following along with lectures. If faculty feels that student use of a laptop is distracting or a student is "surfing", checking emails or otherwise not engaged in classroom content during class, the laptop will no longer be allowed in the classroom setting. (Not applicable to LPN-to-RN Bridge Students). This is part of your professional grade for each class.
9. **Computer Resources:** Students MUST have access to a reliable computer and have good internet connection, especially LPN-to-RN Bridge Program students. For Traditional ASN students, there are computers available in the MC computer labs, MC library, and UM library. Not having computer access or an internet connection is not an acceptable reason for late work or exams.
10. **Class Behavior:** There is no emailing or visiting other faculty in their office during class time. (Not applicable to LPN-to-RN Bridge Students). Your focus needs to be on the content being presented in the course you are attending. This will be part of your professionalism grade.
11. **Tobacco Use:** Smoking, e-cigarettes and chewing tobacco are not allowed in the classroom, lab, or clinical setting. Students who smell of tobacco will be asked to leave the clinical assignment; this may result in a clinical failure for the day. This is a tobacco free campus!
12. **Substance Use:**
    a. Students will not be allowed to participate in lab or clinical experiences if under the influence of either prescribed or illegal substances that impair their ability to function effectively and safely. Additionally, no student may participate in lab or clinical while under the influence of cannabis, regardless of the possession of a registered cannabis card. Any concerns should be addressed to the Nursing Program Director prior to lab and clinical experiences.
    b. Reasonable suspicion of impairment due to substance use may result in further drug testing and potential dismissal from the program.

Nursing Program Professional Behavior

The nursing profession demands that the individual be responsible, accountable, self-directed and professional in behavior. The process of becoming a professional person begins upon entering a professional education program. **Students demonstrate professionalism by**:

- Attending classes and clinical experiences,
- Exhibiting courteous behavior,
- Being prepared for class/clinical assignments,
- Not meeting with or emailing other faculty during class time (Not applicable to LPN-to-RN Bridge Students).

- Turning in assignments and take-home examinations on time,
- Not consistently requesting extensions for due dates and
- Being punctual for class/clinical.

Evaluation of professionalism is graded each semester. Elements evaluated are reflected in the rubric criteria below. This grade makes up five (5) percent of each course final grade. The behaviors encouraged in this component of the course are important skills needed in the profession of nursing: they are crucial for successful employment, and they are crucial for respectful interaction towards others in the profession.

You are expected to come to lecture class. If you are ill or unable to attend class, please contact the faculty for that class ahead of time. Faculty will also not accept meetings with students when they are scheduled to be in a schooled class. This is not showing respect or professional behavior toward the faculty teaching the course the student is missing. These issues are part of the professionalism grades.

Traditional ASN Program Professional Behavior Rubric

Professional Behaviors	**Meets/Exceeds Expectations (2 points)**	**Does Not Meet Expectations (0 points)**
Attendance	• Has no more than 1 (one) excused absence where the instructor was notified prior to beginning of class and has no unexcused absences. • Has no more than one tardy.	• Has more than 1 (one) excused absence and/or 1 (one) or more unexcused absences. • Was tardy more than once in the semester.
Teamwork	• Participates in class discussions without prompting. • Participates equally in small group activities and projects. • Questions, comments, and responses are thoughtful, insightful, and reflect knowledge of the content covered in the course. • Asks questions that reflect depth and preparation for class.	• Does not participate in discussions and/or small group activities. • Does not participate equally in small group activities and projects. • Questions, comments, and responses are not thoughtful or insightful, and do not show knowledge of the content covered in this course. • Questions do not reflect depth or preparation for class.
Communication	• Open, interactive, and positive. • Good listener. • Does not interrupt. • Accepting of constructive feedback.	• Infrequently open, interactive, or positive. • Poor listener. • Interrupts conversations. • Does not accept constructive feedback. • Does not respond to instructor emails
Respect for Others	• Displays active listening demonstrated by giving full attention during class, being	• Engages in disruptive behaviors such as: ○ joking during patient/mannequin care; ○ talking or whispering while others talk;

	courteous, and showing a positive attitude. • Refrains from talking or whispering while others are talking. • Uses personal technology strictly for class-related activities.	○ writing unrelated notes to classmates; ○ sleeping; ○ eye rolling; ○ cell phones not turned off or on vibrate; ○ doing unrelated work; ○ using computer/cell phone for non-class related activities; and ○ finishing other class assignments during lecture time.
Class/Clinical Preparedness	• Comes to class prepared to participate in activities that reflect understandings of the information presented in each chapter. • Completes pre-lecture assignments on time. • Participation in class reflects pre-class preparation. • Submits Immunizations/preclinical paperwork by due date	• Comes to class unprepared to participate in activities that reflect understandings of the information presented in each chapter. • Has more than one late assignment • Has missing or incomplete pre-lecture assignments. • Participation in class does not reflect pre-class preparation. • Does not submit immunizations/preclinical paperwork by due date

LPN-to-RN Bridge Program Online Professional Behavior Rubric

Professional Behaviors	**Meets/Exceeds Expectations (2 points)**	**Does Not Meet Expectations (0 points)**
Teamwork and Respect for others	• Participates in online discussion boards in a timely manner. • Demonstrates respect for other students when responding to discussion board questions.	• Posts late to discussion boards, or not at all. • Uses an argumentative or negative tone when responding to other students' posts in the online discussion boards.
Communication	• Uses a respectful tone when emailing with the instructor, Director, or other students in the cohort. • Accepts constructive feedback.	• Does not respond to instructor, Director, or other students' emails. • Uses an argumentative or negative tone when emailing with others. • Reacts negatively to constructive feedback.
Class/Clinical Preparedness	• Turns in assignments on time. • Takes exams on time. • On time for clinicals. Has no more than 1 (one) excused clinical absence where the preceptor was notified prior to	• Has more than one late assignment • Has requested an extension on an exam more than one time. • Consistently late for clinicals. Has two or more excused clinical absences where the

	beginning of shift and has no unexcused absences. • Submits Immunizations/preclinical paperwork by due date	preceptor was notified prior to beginning of shift or has one or more unexcused absences. • Does not submit immunizations/preclinical paperwork by due date

Expected Clinical and Lab Behavior

Nurses are expected to exhibit professional behaviors. Throughout the MC nursing program, the student will develop and progress in skill level and professionalism. The method of instruction for specific behaviors will vary based on policy, learner needs, and role modeling. Professional behaviors will be assessed and evaluated through direct observation, discussion and documented on the clinical evaluation form during and upon completion of each clinical rotation. Student behavior is directly linked to program outcomes, evaluation tools and the UM Student Conduct Code (http://www.umt.edu/student-affairs/community-standards/). Students not meeting program outcomes and "acceptable" criteria according to the evaluation tool and in the Student Conduct Code will be counseled with possible disciplinary action taken as indicated.

When students participate in Nursing Lab, the expectations are the same as those for clinical. Dress code and professional behavior is an expectation in lab.

All students must practice academic honesty. Academic misconduct is subject to an academic penalty by the course instructor and/or a disciplinary sanction by the University. All students need to be familiar with the UM Student Conduct Code (http://www.umt.edu/student-affairs/community-standards/).

Dosage Calculation Policy

- Students enrolled in NRSG234 Adult Nursing I must earn a 100% on the Dosage Calculations and Drug Administration quiz prior to participating in the clinical rotation.
- Students enrolled in NRSG246 Health & Illness of Child & Family Nursing must earn a 100% on the Dosage Calculations and Drug Administration quiz prior to participating in the clinical rotation.
- Students enrolled in NRSG259 Adult Nursing III must earn a 100% on the Dosage Calculations and Drug Administration quiz prior to participating in the clinical rotation.
- In the event a student is unable to earn a 100% on the quiz after the initial attempt, the student will meet with the instructor, discuss areas of concerns, and develop a mutual action plan to assist the student in achieving goals of safe medication administration.

- The student will repeat taking a dosage calculation quiz and if still not successful in earning 100% the process of an action plan and testing will continue until the student is successful.
- Students are not allowed to pass medications in the clinical area until they have successfully completed all dosage calculation quizzes with 100%.

Uniform Policy – Lab Settings

The uniform identifies an individual as a student in the Missoula College of the University of Montana Nursing program and is to reflect a positive and professional image of the individual and the school. Clinical institutions also have specific dress code policies which govern student dress code for clinical. The full Uniform Policy is listed in Section 5, pages 59-61; listed here are excerpts that apply to lab only.

1. Uniform will be selected by the MC Nursing Program
2. The maroon uniform may be purchased through the University Bookstore, at area scrub shops, or online.
3. The maroon uniforms shall be clean, neat, pressed, and free of wrinkles and in a good state of repair; reflecting high professional standards at all times. No open-toed or open heel shoes or sandals. No Crocs are allowed at clinical facilities. Duty shoes must be neat and clean and appropriate for the clinical setting.
4. The Missoula College Nursing Program patch must be sewn on the left arm.
5. The maroon uniform is worn during all lab and clinical experiences conducted in agencies where the use of a uniform is required.
6. The name pin includes the student's first and last name, ASN class, and Missoula College title. It is to be worn above the chest pocket.
7. The name pin **MUST** be worn at any time the student is in a lab or clinical setting. For patient safety reasons, you will be asked to leave without this proper identification. This will be considered a lab or clinical absence.
8. Variations in the dress code due to the requirements of the clinical setting will be clarified by faculty. **Exceptions to the dress code which are related to cultural or religious beliefs may be granted by the Program Director or a designee, upon written request by the student.
9. Students are expected to always have required supplies during lab and clinical. These include functional stethoscope, working penlight, report sheet, pen, appropriate clinical paperwork.
10. Official uniforms and identification must be worn anytime a student is at a lab or clinical site. This includes when choosing a patient.
11. Body and hair must be clean and odor free. Hair length longer than shoulder length must be worn off the face, secured behind the shoulders. Unnatural hair color (e.g. bright reds, greens, blues, etc.) is not permitted. Beards and moustaches are permitted but must be well-trimmed and neat.

12. Fingernails must be short, clean, and no longer than ¼" past the fingertip. Artificial nails are not acceptable.
13. Tattoos considered to be offensive must be covered or concealed. Students are allowed only two post earrings and no "plugs." Earrings must not dangle off the ear more than ½ inch. One nose stud up to 1/8 inch in size. Students are allowed to wear two rings.

UM Student Conduct Code – Regulations / Plagiarism / Cheating

According to the University of Montana, The Student Conduct Code, "embodying the ideals of academic honesty, integrity, and human rights and responsible citizenship, governs all student conduct at The University of Montana-Missoula. Student enrollment presupposes a commitment to the principles and polices embodied in this Code".

Copies of the UM Student Conduct Code (http://www.umt.edu/student-affairs/community-standards/) are available from the offices of the Vice President of Student Affairs, Residence Life and the Associated Students of the University of Montana-Missoula (ASUM).

Plagiarism

"Plagiarism is the act of using another person's ideas or expressions in your writing without acknowledging the source...to plagiarize is to give the impression that you have written or thought something that you have in fact borrowed from someone else."
MLA Handbook for Writers of Research papers by Joseph Gibaldi and Walter S. Achert, 3rd edition. New York: The Modern Language Association, 1988. At Reference Desk.PE 1478.G43 1988.

Plagiarism is defined in the UM Student Conduct Code (http://www.umt.edu/student-affairs/community-standards/) on page 4 as, "Representing words, ideas, data or materials of another person as one's own."
It is a particularly intolerable offense in the academic community and is strictly forbidden. Students who plagiarize may fail the course and may be remanded to Academic court for possible suspension or expulsion. Please see the Student Conduct Code. It further states, "Students must always be very careful to acknowledge any kind of borrowing that is included in their work. This means not only borrowed working but also ideas. Acknowledgment of whatever is not one's own work is the proper and honest use of sources." Papers are evaluated for plagiarism using an electronic program provided by or approved by the University of Montana. Plagiarism is an unaccepted practice and consequences at minimum will be a failure on the assignment.

Cheating

MC Nursing Program has a No Tolerance Cheating practice. Cheating on any assignment, report, quiz or exam will result in zero (0) points being awarded for that event, is considered gross misconduct, and may be grounds for immediate dismissal from the nursing program with no opportunity for reinstatement, as stated in the UM Student Conduct Code (http://www.umt.edu/student-affairs/community-standards/).

Student Confidentiality: Family Education Rights and Privacy Act (FERPA)

What is FERPA?

FERPA, the Family Educational Rights and Privacy Act, as amended, is a federal law passed in 1974 and codified at 20 U.S.C. § 1232g. It is also commonly known as the Buckley Amendment. The law protects the privacy of student educational records and provides rights to students for access to and amendment of those records. FERPA applies to any higher education institution receiving federal funds administered by the U.S. Department of Education (DOE).

Who is protected under FERPA?
The rights under FERPA apply primarily to eligible students. An eligible student is an individual who is or has been in attendance at Missoula College. Be aware that a student under the age of 18 or 21 is an eligible student under FERPA if he or she is attending or has attended the College. Applicants are not technically students covered under FERPA, but because they may attend the University, MC treats their applications confidentially (See nursing program Policy F22 Family Educational Rights and Responsibility Act).

Military Deployment

The Missoula College of the University of Montana recognizes the hardships military personnel and their families face at this time of uncertainty. The College understands that military students who are deployed away from their homes or permanent duty stations may experience difficulties with completing the program. The Missoula College encourages service members to continue with their education and assures them that the College will continue to be flexible and responsive to their needs.

Military students who have been accepted into the Associate Degree Nursing program will have their place in the program and degree status held from the point of deployment until their return without penalty. Pending the length of time of their deployment, there may be some courses that will need to be retaken. These will be looked at on an individual basis.

Active-duty personnel who have been deployed from their normal duty stations and National Guard and Reserve personnel called to federal active duty will have their place in the nursing program and degree enrollment extended to the amount of time they served in support of their service operations.

Nursing Program Student Ambassadors

Student input and involvement is vital to the Nursing Program's ability to maintain insight to student concerns and challenges. Missoula College University of Montana invites students to be involved in the program through ambassadorships. All students are requested to offer evaluations of faculty, clinical and program at the end of the semester.

However, there are challenges students have along the way; therefore, faculty will select and offer to 1 (one) ASN nursing program student from each semester to be an ambassador for the

academic year. The LPN-to-RN Bridge Program will have 1 (one) Ambassador serve for the year of instruction. This student will represent students at advisory council meetings, held one to two times per year, attend faculty meetings monthly as invited by the Director and be a direct link to the Director for communication, concerns and student challenges. Students selected are briefed on expectations and methods of professional conduct in communicating concerns and student insight. If a selected student declines to participate, another will be asked to ensure student placement.

The selected student ambassador understands the purpose and responsibilities are:

- To recommend policies toward recruitment, retention and placement of nursing students.
- Articulate the policies and procedures for the nursing program, faculty and students.
- Recommend curriculum adaptations based on changing competencies, knowledge, skills and attitudes for successful entry into nursing practice at all levels.
- Assist in the identification of resources for educational materials and equipment, clinical practicum and preceptor sites, and support services for students and the nursing program.
- Assist in long-term planning based on changes in the health care industry, assessment of community needs and educational needs of the nurse clinician.
- Attend faculty meetings.
- Attend Nursing Advisory Committee and other meetings as appropriate.

Formal Complaints or Grievances

Student problems, concerns or grievances related to policies, conduct and waivers should be resolved using Missoula College resources in the following order:

- Instructor
- Director of the Nursing Program – Linda Barnes for Traditional ASN Program; Tina Barker for the LPN-to-RN Bridge Program
- Health Professions Chair—Victor White
- Director of Student Success – Jimmy Kendall
- Associate Dean – Grace Gardner
- Dean of Missoula College – Tom Gallagher
- Provost's Office
- If the faculty, the Program Director, the Chair, the Director of Student Success, the Dean, and the Provost's Office have not addressed the matter to the student's satisfaction, the student must contact the ASUM Student Resolution Officer (243-6213, asumlegal@mso.umt.edu).

- The grievance policy and procedure can be found in the Nursing Program Policy and Procedure Manual. Policy Number S10, titled Grievances and Complaints.

Use of Social Media

American Nurses Association (ANA) Principles for Social Networking Adapted as Rule for Missoula College

1. Nursing students must not transmit or place online individually identifiable student, faculty, college, or staff information.
2. Nursing students must observe ethically prescribed professional student-client and student-faculty boundaries.
3. Nursing students must understand that clients, fellow students, institutions, employers, and community members may view postings.
4. Nursing students must take advantage of privacy settings and seek to separate personal and professional information online.
5. Nursing students must bring content that could harm a client, fellow student, faculty, staff or the college's privacy, rights, or welfare to the attention of appropriate authorities.
6. Nursing students should participate in developing institutional policies governing online conduct.

Tips to Avoid Social Media Problems Adapted as Rule for Missoula College Nursing Students

1. Professionalism is the same online as in any other circumstance.
2. **Do not share or post information or photos gained through the school at MC or clinical.**
3. Maintain professional boundaries in the use of electronic media. Online contact with clients blurs this boundary.
4. Do not make disparaging remarks about clients, fellow students, faculty, staff or the college, even if they are not identified.
5. Do not take and post photos or videos obtained in classroom, lab or clinical on personal devices, including cell phones.
6. Promptly report a breach of confidentiality or privacy.

Guide to the Use of Social Media

White Paper: A nurse's guide to the use of social media.

Introduction

The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Nurses often use electronic media both personally and professionally. Instances of inappropriate use of electronic media by nurses have been reported to boards of nursing (BONs) and, in some cases, reported in nursing literature and the media. This document is intended to provide guidance to nurses using electronic media in a manner that maintains patient privacy and confidentiality.

Social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals.

Nurses are increasingly using blogs, forums and social networking sites to share workplace experiences particularly events that have been challenging or emotionally charged. These outlets provide a venue for the nurse to express his or her feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice have been identified as effective tools in nursing practice. The Internet provides an alternative media for nurses to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information and violating patient privacy and confidentiality.

Health care organizations that utilize electronic and social media typically have policies governing employee use of such media in the workplace. Components of such policies often address personal use of employer computers and equipment, and personal computing during work hours. The policies may address types of websites that may or may not be accessed from employer computers. Health care organizations also maintain careful control of websites maintained by or associated with the organization, limiting what may be posted to the site and by whom.

The employer's policies, however, typically do not address the nurse's use of social media outside of the workplace. It is in this context that the nurse may face potentially serious consequences for inappropriate use of social media.

Confidentiality and Privacy

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context. Confidentiality and privacy are related, but distinct concepts. Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse. Such information may only be disclosed to other members of the health care team for health care purposes. Confidential information should be shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the nurse's obligation to safeguard such confidential information is universal.

Privacy relates to the patient's expectation and right to be treated with dignity and respect. Effective nurse-patient relationships are built on trust. The patient needs to be confident that their most personal information and their basic dignity will be protected by the nurse. Patients will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate "need to know." Any breach of this trust, even inadvertent, damages the particular nurse-patient relationship and the general trustworthiness of the profession of nursing.

Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulations are intended to protect patient privacy by defining individually identifiable information and establishing how this information may be used, by whom and under what circumstances. The definition of individually identifiable information includes any information that relates to the past, present or future physical or mental health of an individual, or provides enough information that leads someone to believe the information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information he or she posts via social media. Examples may include comments on social

networking sites in which a patient is described with sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting video or photos of patients. Additional examples are included at the end of this document.

Possible Consequences

Potential consequences for inappropriate use of social and electronic media by a nurse are varied. The potential consequences will depend, in part, on the particular nature of the nurse's conduct.

BON Implications

Instances of inappropriate use of social and electronic media may be reported to the BON. The laws outlining the basis for disciplinary action by a BON vary between jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media by a nurse on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;
- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

If the allegations are found to be true, the nurse may face disciplinary action by the BON, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure.

A 2010 survey of BONs conducted by NCSBN indicated an overwhelming majority of responding BONs (33 of the 46 respondents) reported receiving complaints of nurses who have violated patient privacy by posting photos or information about patients on social networking sites. The majority (26 of the 33) of BONs reported taking disciplinary actions based on these complaints. Actions taken by the BONs included censure of the nurse, issuing a letter of concern, placing conditions on the nurse's license or suspension of the nurse's license.

Other Consequences

Improper use of social media by nurses may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in both civil and criminal penalties, including fines and possible jail time. A nurse may face personal liability. The nurse may be individually sued for defamation, invasion of privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the nurse's conduct violates the policies of the employer, the nurse may face employment consequences, including termination. Additionally, the actions of the nurse may damage the reputation of the health care organization, or subject the organization to a law suit or regulatory consequences.

Another concern with the misuse of social media is its effect on team-based patient care. Online comments by a nurse regarding co-workers, even if posted from home during nonwork hours, may constitute as lateral violence. Lateral violence is receiving greater attention as more is learned about its impact on patient safety and quality clinical outcomes. Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated in person or via the Internet, sometimes referred to as "cyber bullying." Such activity is cause for concern for current and future employers and regulators because of the patient-safety ramifications. The line between speech protected by labor laws, the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined. Nonetheless, such comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse.

Common Myths and Misunderstandings of Social Media

While instances of intentional or malicious misuse of social media have occurred, in most cases, the inappropriate disclosure or posting is unintentional. A number of factors may contribute to a nurse inadvertently violating patient privacy and confidentiality while using social media. These may include:

- A mistaken belief that the communication or post is private and accessible only to the intended recipient. The nurse may fail to recognize that content once posted or sent can be disseminated to others. In fact, the terms of using a social media site may include an extremely broad waiver of rights to limit use of content.[1] The solitary use of the Internet, even while posting to a social media site, can create an illusion of privacy.

1 One such waiver states, "By posting user content to any part of the site, you automatically grant the company an irrevocable, perpetual, nonexclusive transferable, fully paid, worldwide license to use, copy, publicly perform, publicly display, reformat, translate, excerpt (in whole or in part), distribute such user content for any purpose." Privacy Commission of Canada. (2007, November 7). Privacy and social networks [Video file]. Retrieved from http://www.youtube.com/watch?v=X7gWEgHeXcA

- A mistaken belief that content that has been deleted from a site is no longer accessible.
- A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.
- A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.
- Confusion between a patient's right to disclose personal information about himself/herself (or a health care organization's right to disclose otherwise protected information with a patient's consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.
- The ease of posting and commonplace nature of sharing information via social media may appear to blur the line between one's personal and professional lives. The quick, easy and efficient technology enabling use of social media reduces the amount of time it takes to post content and simultaneously, the time to consider whether the post is appropriate and the ramifications of inappropriate content.

How to Avoid Problems

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients.

The following guidelines are intended to minimize the risks of using social media:

- First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
- Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to patients in a disparaging manner, even if the patient is not identified.
- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Promptly report any identified breach of confidentiality or privacy.
- Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the work place.
- Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.

Conclusion

Social and electronic media possess tremendous potential for strengthening personal relationships and providing valuable information to health care consumers. Nurses need to be aware of the potential ramifications of disclosing patient-related information via social media. Nurses should be mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, nurses may enjoy the personal and professional benefits of social and electronic media without violating patient privacy and confidentiality.

Illustrative Cases

The following cases, based on events reported to BONs, depict inappropriate uses of social and electronic media. The outcomes will vary from jurisdiction to jurisdiction.

SCENARIO 1

Bob, a licensed practical/vocational (LPN/VN) nurse with 20 years of experience used his personal cell phone to take photos of a resident in the group home where he worked. Prior to taking the photo, Bob asked the resident's brother if it was okay for him to take the photo. The brother agreed. The resident was unable to give consent due to her mental and physical condition. That evening, Bob saw a former employee of the group home at a local bar and showed him the photo. Bob also discussed the resident's condition with the former coworker. The administrator of the group home learned of Bob's actions and terminated his employment. The matter was also reported to the BON. Bob told the BON he thought it was acceptable for him to take the resident's photo because he had the consent of a family member. He also thought it was acceptable for him to discuss the resident's condition because the former employee was now employed at another facility within the company and had worked with the resident. The nurse acknowledged he had no legitimate purpose for taking or showing the photo or discussing the resident's condition. The BON imposed disciplinary action on Bob's license requiring him to complete continuing education on patient privacy and confidentiality, ethics and professional boundaries.

This case demonstrates the need to obtain valid consent before taking photographs of patients; the impropriety of using a personal device to take a patient's photo; and that confidential information should not be disclosed to persons no longer involved in the care of a patient.

SCENARIO 2

Sally, a nurse employed at a large long-term care facility arrived at work one morning and found a strange email on her laptop. She could not tell the source of the email, only that it was sent during the previous nightshift. Attached to the email was a photo of what appeared to be an elderly female wearing a gown with an exposed backside bending over near her bed. Sally asked the other dayshift staff about the email/photo and some confirmed they had received the same photo on their office computers. Nobody knew anything about the source of the email or the identity of the woman, although the background appeared to be a resident's room at the facility. In an effort to find out whether any of the staff knew anything about the email, Sally forwarded it to the computers and cell phones of several staff members who said they had not received it. Some staff discussed the photo with an air of concern, but others were laughing about it as they found it amusing. Somebody on staff started an office betting pool to guess the identity of the resident. At least one staff member posted the photo on her blog.

Although no staff member had bothered to bring it to the attention of a supervisor, by midday, the director of nursing and facility management had become aware of the photo and began an investigation as they were very concerned about the patient's rights. The local media also became aware of the matter and law enforcement was called to investigate whether any crimes involving sexual exploitation had been committed.

While the county prosecutor, after reviewing the police report, declined to prosecute, the story was heavily covered by local media and even made the national news. The facility's management placed several staff members on administrative leave while they looked into violations of facility rules that emphasize patient rights, dignity and protection. Management reported the matter to the BON, which opened investigations to determine whether state or federal regulations against "exploitation of vulnerable adults" were violated. Although the originator of the photo was never discovered, nursing staff also faced potential liability for their willingness to electronically share the photo within and outside the facility, thus exacerbating the patient privacy violations, while at the same time, failing to bring it to management's attention in accordance with facility policies and procedures. The patient in the photo was ultimately identified and her family threatened to sue the facility and all the staff involved. The BON's complaint is pending and this matter was referred to the agency that oversees long-term care agencies.

This scenario shows how important it is for nurses to carefully consider their actions. The nurses had a duty to immediately report the incident to their supervisor to protect patient privacy and maintain professionalism. Instead, the situation escalated to involving the BON, the county prosecutor and even the national media. Since the patient was ultimately identified, the family was embarrassed and the organization faced possible legal consequences. The organization was also embarrassed because of the national media focus.

SCENARIO 3

A 20-year-old junior nursing student, Emily, was excited to be in her pediatrics rotation. She had always wanted to be a pediatric nurse. Emily was caring for Tommy, a three-year-old patient in a major academic medical center's pediatric unit. Tommy was receiving chemotherapy for leukemia. He was a happy little guy who was doing quite well and Emily enjoyed caring for him. Emily knew he would likely be going home soon, so when his mom went to the cafeteria for a cup of coffee, Emily asked him if he minded if she took his picture. Tommy, a little "ham," consented immediately. Emily took his picture with her cell phone as she wheeled him into his room because she wanted to remember his room number.

When Emily got home that day she excitedly posted Tommy's photo on her Facebook page so her fellow nursing students could see how lucky she was to be caring for such a cute little patient. Along with the photo, she commented, "This is my 3-year-old leukemia patient who is bravely receiving chemotherapy. I watched the nurse administer his chemotherapy today and it made me so proud to be a nurse." In the photo, Room 324 of the pediatric unit was easily visible.

Three days later, the dean of the nursing program called Emily into her office. A nurse from the hospital was browsing Facebook and found the photo Emily posted of Tommy. She reported it to hospital officials who promptly called the nursing program. While Emily never intended to breach the patient's confidentiality, it didn't matter. Not only was the patient's privacy compromised, but the hospital faced a HIPAA violation. People were able to identify Tommy as a "cancer patient," and the hospital was identified as well. The nursing program had a policy about breaching patient confidentiality and HIPAA violations. Following a hearing with the student, school officials and the student's professor, Emily was expelled from the program. The nursing program was barred from using the pediatric unit for their students, which was very problematic because clinical sites for acute pediatrics are difficult to find. The hospital contacted federal officials about the HIPAA violation and began to institute more strict policies about use of cell phones at the hospital.

This scenario highlights several points. First of all, even if the student had deleted the photo, it is still available. Therefore, it would still be discoverable in a court of law. Anything that exists on a server is there forever and could be resurrected later, even after deletion. Further, someone can access Facebook, take a screen shot and post it on a public website.

Secondly, this scenario elucidates confidentiality and privacy breaches, which not only violate HIPAA and the nurse practice act in that state, but also could put the student, hospital and nursing program at risk for a lawsuit. It is clear in this situation that the student was well-intended, and yet the post was still inappropriate. While the patient was not identified by name, he and the hospital were still readily identifiable.

SCENARIO 4

A BON received a complaint that a nurse had blogged on a local newspaper's online chat room. The complaint noted that the nurse bragged about taking care of her "little handicapper." Because they lived in a small town, the complainant could identify the nurse and the patient. The complainant stated that the nurse was violating "privacy laws" of the child and his family. It was also discovered that there appeared to be debate between the complainant and the nurse on the blog over local issues. These debates and disagreements resulted in the other blogger filing a complaint about the nurse.

A check of the newspaper website confirmed that the nurse appeared to write affectionately about the handicapped child for whom she provided care. In addition to making notes about her "little handicapper," there were comments about a wheelchair and the child's age. The comments were not meant to be offensive, but did provide personal information about the patient. There was no specific identifying information found on the blog about the patient, but if you knew the nurse, the patient or the patient's family, it would be possible to identify who was being discussed.

The board investigator contacted the nurse about the issue. The nurse admitted she is a frequent blogger on the local newspaper site; she explained that she does not have a television and blogging is what she does for entertainment. The investigator discussed that as a nurse, she must be careful not to provide any information about her home care patients in a public forum.

The BON could have taken disciplinary action for the nurse failing to maintain the confidentiality of patient information. The BON decided a warning was sufficient and sent the nurse a letter advising her that further evidence of the release of personal information about patients will result in disciplinary action.

This scenario illustrates that nurses need to be careful not to mention work issues in their private use of websites, including posting on blogs, discussion boards, etc. The site used by the nurse was not specifically associated with her like a personal blog is; nonetheless the nurse posted sufficient information to identify herself and the patient.

SCENARIO 5

Nursing students at a local college had organized a group on Facebook that allowed the student nurses' association to post announcements and where students could frequently blog, sharing day-to-day study tips and arranging study groups. A student-related clinical error occurred in a local facility and the student was dismissed from clinical for the day pending an evaluation of the error. That evening, the students blogged about the error, perceived fairness and unfairness of the discipline, and projected the student's future. The clinical error was described, and since the college only utilized two facilities for clinical experiences, it was easy to discern where the error took place. The page and blog could be accessed by friends of the students, as well as the general public.

The students in this scenario could face possible expulsion and discipline. These blogs can be accessed by the public and the patient could be identified because this is a small community. It is a myth that it can only be accessed by that small group, and as in Scenario 3, once posted, the information is available forever. Additionally, information can be quickly spread to a wide audience, so someone could have taken a screen shot of the situation and posted it on a public site. This is a violation of employee/university policies.

SCENARIO 6

Chris Smith, the brother of nursing home resident Edward Smith, submitted a complaint to the BON. Chris was at a party when his friend, John, picked up his wife's phone to read her a text message. The message noted that she was to "get a drug screen for resident Edward Smith." The people at the party who heard the orders were immediately aware that Edward Smith was the quadriplegic brother of Chris. Chris did not want to get the nurse in trouble, but was angered that personal information about his brother's medical information was released in front of others.

The BON opened an investigation and learned that the physician had been texting orders to the personal phone number of nurses at the nursing home. This saved time because the nurses would get the orders directly and the physician would not have to dictate orders by phone. The use of cell phones also provided the ability for nurses to get orders while they worked with other residents. The practice was widely known within the facility, but was not the approved method of communicating orders.

The BON learned that on the night of the party, the nurse had left the facility early. A couple hours prior to leaving her shift she had called the physician for new orders for Edward Smith. She passed this information onto the nurse who relieved her. She explained that the physician must not have gotten a text from her co-worker before he texted her the orders.

The BON contacted the nursing home and spoke to the director of nursing. The BON indicated that if the physician wanted to use cell phones to text orders, he or the facility would need to provide a dedicated cell phone to staff. The cell phone could remain in a secured, private area at the nursing home or with the nurse during her shift.

The BON issued a warning to the nurse. In addition, the case information was passed along to the health board and medical board to follow up with the facility and physician.

This scenario illustrates the need for nurses to question practices that may result in violations of confidentiality and privacy. Nurse managers should be aware of these situations and take steps to minimize such risks.

SCENARIO 7

Jamie has been a nurse for 12 years, working in hospice for the last six years. One of Jamie's current patients, Maria, maintained a hospital-sponsored communication page to keep friends and family updated on her battle with cancer. Jamie periodically read Maria's postings, but had never left any online comments. One day, Maria posted about her depression and difficulty finding an effective combination of medications to relieve her pain without unbearable side effects. Jamie knew Maria had been struggling and wanted to provide support, so she wrote a comment in response to the post, stating, "I know the last week has been difficult. Hopefully the new happy pill will help, along with the increased dose of morphine. I will see you on Wednesday." The site automatically listed the user's name with each comment. The next day, Jamie was shopping at the local grocery store when a friend stopped her and said, "I didn't know you were taking care of Maria. I saw your message to her on the communication page. I can tell you really care about her and I am glad she has you. She's an old family friend, you know. We've been praying for her but it doesn't look like a miracle is going to happen. How long do you think she has left?" Jamie was instantly horrified to realize her expression of concern on the webpage had been an inappropriate disclosure. She thanked her friend for being concerned, but said she couldn't discuss Maria's condition. She immediately went home and attempted to remove her comments, but that wasn't possible. Further, others could have copied and pasted the comments elsewhere.

At her next visit with Maria, Jamie explained what had happened and apologized for her actions. Maria accepted the apology, but asked Jamie not to post any further comments. Jamie self- reported to the BON and is awaiting the BON's decision.

This scenario emphasizes the importance for nurses to carefully consider the implications of posting any information about patients on any type of website. While this website was hospital sponsored, it was available to friends and family. In some contexts it is appropriate for a nurse to communicate empathy and support for patients, but they should be cautious not to disclose private information, such as types of medications the patient is taking.

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Nursing Course Examinations in Canvas

1. Tests are to be taken at the times they are scheduled.
2. All Canvas tests will remain open for student testing no longer than 24 hours as set up per course instructors. Students must plan to be able to take an online Canvas test within the 24-hour date and time as set up. If unable, it must be discussed with the course instructor prior to the test date and time. Final decision of approving a request will be per the course instructor. Please note that the closing time is indicative of when the quiz/exam will no longer be available and the student will not be able to log in after the quiz/exam closing time.
3. If a student is unable to take an exam at the scheduled time due to extenuating circumstances, the student must notify the course instructor prior to the scheduled test date and time to discuss their options. Make-up examinations are offered at the discretion of the course instructor for extenuating circumstance. Arrangements for make-up testing will be made with the course instructor.
4. Students are expected to follow established guidelines of test taking in Canvas; any concerns regarding dishonest conduct during test taking will result in a zero for the test and may result in immediate suspension from the nursing program.
5. When taking an exam in Canvas students are expected to adhere to the following:
   - Students are expected to have an available working computer. Not having computer access is not an acceptable reason for not completing a Canvas online exam during the allotted time.
   - Ensure internet access is working. When internet access at home is not reliable, please consider taking the exam in a place where you have reliable internet. Extensions will not be granted for internet problems unless there are extenuating and unusual circumstances that are *verified by your instructor*.
   - If you are locked out of Canvas during an examination you must complete the following:
     - Call or email the professor within 15 minutes of being locked out. The instructor will reset the test.
     - If the lock out occurs after regular working hours, the instructor will make arrangements for communicating how to be contacted and deal with the lock out. You must leave an email within 15 minutes of being locked out that can be verified by the next morning. Also leave a voice mail with the time of the message. The instructor will reset the test based on following the above policy.

- This reset can occur only once and the test reset may be a different test than the one that locked out.
- If a lock-out occurs a second time, the professor must be notified within the 15-minute rule and then the student is to make an appointment with the faculty for further arrangements.
- If a pattern of lock-outs are occurring, this will be handled under the advisement of the student, instructor, program director and/or Health Department Chair.

If you are unable to find an assigned examination or unable to open an assigned examination, you MUST contact the instructor *immediately by email or phone call.* Failure to do so could mean a failure on an examination. The instructor must have proof of the sent message either by email or voice mail:

Faculty understand there can be technical issues when administering tests in Canvas. The following guidelines are designed to assist the student and also protect the integrity of the student and nursing program by guarding against cheating.

Canvas Tech Support

For technical support with online courses or Canvas, contact the UMOnline Help Desk (https://www.umt.edu/umonline/); phone 406.243.4999. Please have both your UM 790# and your Net ID# available to verify your identity.

Guidelines for Taking Tests in Canvas

The goal of the nursing program is to make learning and assessment as efficient as possible. Students are expected to follow the guidelines and parameters outlined by faculty; failure to do so may result in an exam that is not accepted and may result in a “0” grade.

with the instructor, discuss areas of concerns, and develop a mutual action plan which will include a mandatory tutoring session to assist the student in achieving goals of safe medication administration. The final attempt will be scheduled at the discretion of the instructor. In the event students are unable to earn a 100% on the quiz after two attempts, students will not be allowed in the NRSG 247 clinical setting. Students may use calculators and are advised to come prepared.

Proctored Exams:

Each course may require proctored exams to assess course content learning. Traditional ASN students will take their proctored exams at Missoula College. LPN-to-RN Bridge Program students’ exams will be proctored using Examity, an outside proctoring service.

Kaplan

- Kaplan Nursing is an educational partner that offer resources to increase content learning and test preparation throughout the program.
- Students must pay for the Kaplan resource out of pocket every semester.

- The complete program offers multiple assessment and remediation activities. Students are guided through online tutorials, assignments and practice exams that assess strengths and weaknesses and allow students to remediate in weak areas.
- Data from student testing and remediation can be used for program's quality improvement and outcome evaluation.
- Kaplan information and orientation resources can be accessed from your student home page. **It is mandatory that you spend time navigating these valuable orientation materials found on your Kaplan student home page.**

Integrated Testing:

Kaplan provides integrated testing in all major content areas. Tests may be assigned during the course and/or as part of active learning/remediation.

Focused Review Tests:

Kaplan offers Focused Review (Practice) tests available to students 24/7. The student can either select from a list of standardized tests or create their own customized focused review. Students can review their results and remediate weaker content areas.

Proctored Exams:

Each course may require an end-of-semester proctored exam to assess course content learning.

NCLEX Prep:

Kaplan offers an NCLEX-RN preparation course that is split into three phases. Phase I contains content and tests to be completed by the student before the face-to-face NCLEX preparation class. Phase II is a live-online class offered by an NCLEX expert from Kaplan. Phase III is used for final preparation for taking the NCLEX and includes 7 Question Trainers, NCLEX Sample Tests, and a Readiness Test that will give the student a probability of passing the NCLEX.

Kaplan help for students:

Customer Care Center 1-877-572-8457

Customer Care Center Hours of Operation are listed below **(all times are Eastern):**
Chat:
Mon-Thurs: Available 24 hours
Friday: Available all day until 8 p.m. Eastern Time
Phone:
Mon-Thurs: Available 24 hours
Friday: Available all day until 8 p.m. Easter Time

You may also send an email to integrated.support@kaplan.com

Progression in Nursing Program

To continue in the nursing program, the student must:

- Maintain a grade of B or better in all required nursing courses and maintain a 3.0 cumulative GPA.
- Working LPNs in the ASN program must maintain an unencumbered LPN license in the State of Montana.
- Maintain ability to meet essential functions for nursing with or without reasonable accommodations.
- Maintain current BLS for Health Care Providers, Flu vaccination or declination (during Flu season) and TB testing (these are the vaccinations and tests that must be renewed/updated regularly).
- Complete all nursing courses in the prescribed sequence. If a student withdraws or makes a C or less grade in a nursing course, the student cannot progress in the nursing course sequence until the student has reapplied and been reaccepted into the nursing program.
    - The course must be successfully completed with a B or greater on the second attempt or the student with removed from the nursing program. Course repetition will be based on instructor availability, clinical site availability, and program resources.

    90-100% = A
    80-89% = B
    70-79% = C
    60-69% = D
    Below 59% = F

Students must successfully complete the program within approximately 24 months from acceptance into the ASN program.

Progression Requirements in Lecture/Clinical Courses
Students must pass all nursing classes to progress to the next semester. **There is no exception to this rule.** Students must achieve at least 80% in the didactic portion and a “Pass” grade in clinical and lab to pass the courses.

All clinical requirements must be completed by the end of the academic term. A course grade of incomplete will only be assigned to students that are in good academic standing in the nursing program and have negotiated an “incomplete” contract with the faculty by the last day of class before finals.

At-Risk Students and Progressive Disciplinary Policy

Students may be required, based on conduct, to be placed on a remediation plan. The progression is based on student conduct and need to ensure patient safety and the development of professional behaviors and accountability. Students who are at risk of failing a course or courses in the nursing program due to academic, behavioral and/or personal issues will be identified as soon as possible to allow for remediation.

Step 1: The At-Risk Student is identified and asked to meet with faculty to develop a remediation plan. (See Appendix F and G).

Step 2: A written Remediation Plan will be developed and/or Potential Warning of Failure will be completed, and a copy will be placed in the student's file. (Appendix H).

Step 3: If Remediation is unsuccessful, the student may fail the course and/or the nursing program.

Dismissal from Nursing Program

The global performance of a student may result in student dismissal when the cumulative picture of a student's behavior is determined unacceptable for the profession. If the overall presentation of the student in the view of the Program Director shows consistent problems, the student will be dismissed from the program. A student may be dismissed from the nursing program for the following reasons:

- Through the progressive disciplinary process whereby a student does not improve or comply; however, students may be removed without progressive disciplinary process in cases of unsafe client care, sentinel events or risk to public safety.
- An unsuccessful attempt (C, D, F, or withdrawal) in a required nursing course.
- A student may only repeat and reapply to the nursing program once. After a course has not been successfully passed the second time, the student is no longer eligible to reapply to the nursing program. All nursing courses may be repeated only once.
- Disciplinary reasons and/or unsafe/unsatisfactory skill performance in lab or client care in the clinical area.

Readmission to the Nursing Program

Students who withdraw from nursing classes or fail (grade less than B) must request readmission to the nursing program. An exit interview with the Nursing Director is required for any student desiring readmission. Issues discussed in the exit interview may include problems encountered by the student, the process for readmission, and other pertinent concerns.

Readmission is not guaranteed and is contingent upon the following:

- Reapplication to the nursing program, if applicable.
- Space available in the cohort in which the student wishes to enter.

- Completed exit interview with the Nursing Director.
- Action plan for ensuring success if readmitted.

In the following situations, students may not be readmitted to the Nursing Program:

- Failure or Withdrawal from nursing courses in two separate semesters.
- Failure or withdrawal from the same course twice.
- Violation of the professional code of conduct.
- Failure to complete exit interview with Nursing Director at time of departure.
- Dismissal from the program due to unprofessional behavior.

Readmission must take place within one year of failure/withdrawal.

The following process is followed for students seeking readmission to the nursing program.

1. At the time of failure or withdrawal from the nursing program the student makes an appointment for an exit interview with the Nursing Director.
2. If the student fails or withdraws from a course or courses in the first semester of the program, that student **must reapply for admission.**
3. If the student fails or withdraws from a course or courses in the second, third or fourth semester of the program **there must be a vacancy in the cohort in which the student wishes to enter.** The Nursing Program Director will deal with these matters on a case-by-case basis.
4. The exit interview must occur within a month of leaving the program. The Director and student will review the reasons for failure/withdrawal.
5. The student must submit a self-evaluation and action plan with the request for readmission. The focus of this plan is to develop the knowledge, skills, and personal resources necessary for success in the nursing program.
6. The action plan may include the following: appropriate courses to complete, health problems to address, counseling recommendations/requirements, resolution of specific behavioral or performance problems, family and/or work issues to address.
7. Nursing faculty may make recommendations regarding student readmission.
8. The final decision of the Nursing Director and faculty will be communicated to the student in writing.

Miscellaneous Policies

Address, Phone Number, and Email Changes

Students with a change of address, phone number or email are requested to make these changes to their records and demographics. Changes must be made in Cyberbear. Please make sure to provide your changes to the Nursing Program Director as well so that your nursing program records can be updated. Please make changes as quickly as possible to ensure accurate means of communication between Missoula College, faculty, and students.

Student and Faculty Communication

All communication between students and faculty must be through the University of Montana UMConnect. This can be a direct communication using UMConnect or through a specific Canvas course. Texting (except in clinical) or use of private email accounts is not acceptable.

APA Format and Citation

The Nursing Department follows the American Psychological Association (APA) citation guidelines. A valuable resource for APA formatting and citation is the *Publication Manual of the American Psychological Association*, 6th Edition, Washington, DC, by the American Psychological Association. This reference guide is available at the Mansfield libraries, local bookstores, and may be purchased online (www.apastyle.org).

Proper citation of referenced material is required. Not following proper citation guidelines may constitute plagiarism and be subject to academic discipline.

Graduation

Graduation Application & Requirements

In order to graduate from the nursing program, all course requirements must be completed as stated in the current MC-UM catalog, including completing all Nursing courses with a grade no less than a B (3.0 GPA).

The semester before you graduate the Nursing Program Director will audit your Cyberbear Degree Works file to determine if you are on track for graduation and will notify you if any course requirements are missing. The Program Director will sign the graduation application form and return it to you either via email or in person.

It is your responsibility to completely fill out the form, have signed, and submit to the Missoula College cashier by the deadline along with the application fee. Fees/deadlines are listed on the application. As part of UM policy, noncompliance by the application deadline will mean waiting until the FOLLOWING term to graduate. The result is a delay in taking the NCLEX. Graduation information/application (https://www.umt.edu/registrar/students/graduation.php).

Financial Aid Counseling at Graduation

Financial aid counseling is available upon graduation via Federal Student Aid (https://studentaid.gov/) regarding responsibilities of financial assistance payment plans and can be completed electronically.

Degree / National Certification Exams

Successful completion of the Associate of Science in nursing coursework leads to an Associate of Science Degree in Nursing. Award of the AS is not contingent upon the student passing any type of external certification or licensure examination.

After the nursing program has been completed, students are eligible to take the national licensing exam (NCLEX-RN). Successful completion of this exam is required for licensure and employment. A graduate may receive a temporary license when they have completed the application to test. This temporary license along with an Employer Sworn Statement is required for employment as a Graduate Nurse, and a graduate is responsible for notifying a prospective employer of their status in this regard. The temporary license is only active for 90 days. The NCLEX exam needs to be completed within this time limit. Upon successful completion of the licensing exam, the candidate receives their permanent license.

Section 5 – Clinical Experience

Employment During School: Mandatory Policy Regarding Clinical

Students are encouraged to carefully consider the time commitment for classes, student, family life, travel, leisure activity and other life responsibilities prior to scheduling outside employment while attending the MC Nursing Program.

- ***Students MUST have a minimum 8-hour break from any employment prior to starting a clinical shift.***
- Students who appear too fatigued to safely provide client care will be sent home.
- Students who are too tired to participate and sent home will be given an absence for that clinical day.
- Students deemed unsafe to drive will need to make arrangements to get home or have the clinical instructor call a cab for transportation. Students will incur any costs of transportation needed.

Pregnancy Policy

A student who is pregnant may continue in clinical practice as long as her health status is satisfactory and she is able to complete her clinical assignment without undue risk to herself or the fetus. A note from her health care provider indicating safety of participation in clinical activities may be requested. For the safety of the student who is pregnant, she must not enter where radioisotopes or x-ray therapy is being administered or give certain medications identified as potentially harmful to the fetus if handled by the mother. Students who are pregnant should consult with their faculty member well in advance of their clinical assignment. Clinical agencies may have policies that determine the placement of students during pregnancy; assignments should be made accordingly.

If a student requires bed rest, accommodations will be made to the best of MC abilities; however, students may be required to complete the course after recovery and may/will receive an “Incomplete” with Mutual Action Plan arrangements with faculty and the Director. Criteria and rules regarding use of “Incompletes” must be followed as per university policy.

Preclinical Entry Requirements

All nursing students are required to have presented documented evidence to the Nursing Program of required BLS for Health Care Providers (HCP), criminal background check, drug screening, immunizations as per Section 3, pages 21-22 prior to initial program start and kept up to date throughout the nursing program. The Nursing Program informs the clinical sites of student compliance. The clinical site has the final say on whether a student can or cannot participate in a clinical rotation at their site.

Professional Liability

As a student nurse, you can face allegations of professional negligence if you do not adhere to the registered nursing standard of care.

Health / Liability Coverage

Students are expected to provide their own medical insurance. Clinical training facilities are not obligated to provide any medical services free of charge. Malpractice liability insurance is required for each student; coverage is provided, and the cost is included in fees for health profession students

Essential Clinical Requirements

Physical, cognitive, psychomotor, affective and social abilities are required in unique combinations to provide safe and effective nursing care. The applicant/student must be able to meet the essential functions with or without reasonable accommodations throughout the program as found in Section 3, page 22 of this document. Admission, progression, and graduation are contingent upon the student's ability to demonstrate the essential functions delineated for the nursing programs with or without reasonable accommodations. The nursing programs and/or its affiliated clinical agencies may identify additional essential functions. The nursing programs reserve the right to amend the essential functions as deemed necessary for patient safety.

Students with documented disabilities may receive reasonable and appropriate accommodations in the clinical setting when officially requested prior to starting the clinical experience. Please be prepared to provide a letter from your DSS Coordinator. For more information, contact Office of Disability Equity (https://www.umt.edu/disability/) 406-243-2243 (voice/text).

Expected Clinical and Lab Behavior

Nurses are expected to exhibit professional behaviors. Throughout the MC nursing program, the student will develop and progress in skill level and professionalism. The method of instruction for specific behaviors will vary based on policy, learner needs, and role modeling. Professional behaviors will be assessed and evaluated through direct observation, discussion and documented on the clinical evaluation form during and upon completion of each clinical rotation. Student behavior is directly linked to program outcomes, evaluation tools and the UM Student Conduct Code (http://www.umt.edu/student-affairs/community-standards/). Students not meeting program outcomes and "acceptable" criteria according to the evaluation tool and in the Student Conduct Code will be counseled with possible disciplinary action taken as indicated.

When students participate in Nursing Lab, the expectations are the same as those for clinical. Dress code and professional behavior is an expectation in lab.

All students must practice academic honesty. Academic misconduct is subject to an academic penalty by the course instructor and/or a disciplinary sanction by the University. All students need to be familiar with the UM Student Conduct Code (http://www.umt.edu/student-affairs/community-standards/).

Student Clinical Role

1. **Personal belongings** (wallets, purses, books, etc.) are discouraged from being brought to the clinical area.

2. **Gum chewing and tobacco use** are not allowed on the unit. Eating and drinking at the nurses' stations is prohibited by OSHA standards. Do not eat or drink stock foods on the nursing units.

3. **Latex Sensitivity:** There is a possibility that you will encounter latex either in the nursing lab or in clinical. Please follow this protocol:

   A: If you think you may have a latex allergy, see your medical provider and request a blood test to determine your sensitivity.

   B: If it is determined you are sensitive to latex, minimize or avoid contact with latex. Check package labels, avoid powdered gloves, select nitrite or vinyl gloves if appropriate/available and wash hands immediately after wearing gloves.

   C: Notify your instructor or primary nurse if you develop a skin rash or have difficulty breathing after using/wearing latex products.

   D: Follow any provider recommended treatment or precautions.

4. **Confidentiality and HIPAA compliance is top priority**. HIPAA is a federal mandate that must be followed by facility and students. ***Never*** discuss a patient with anyone not directly involved with that patient's care. **NEVER** discuss patients in the cafeteria, elevator, at home or in ***any*** public area. **Do not write the patient's name, initials, birth date or any personal identifiers on any of your written assignments, assignment sheet or other notes.** Breech of this confidentiality will result in immediate dismissal from assigned clinical area and completion of a Student Mutual Contract. Repeat offenses may result in probation, suspension, or dismissal from the program. **Never take a photograph in the clinical setting. This is a state and federal offense that can be punishable by fines, jail time, loss of employment and/or license. This action could jeopardize the viability of our nursing program. Any breach of confidentiality will result in disciplinary action up to and including dismissal from the program. THINK BEFORE YOU ACT!**

5. **Language** in all areas (including break areas) will be well-modulated, sensitive, and sensible and will not be of a confidential nature. Objectionable language use in any clinical area will not be tolerated. Offenders may be removed from assigned areas and referred to student services. Never discuss your personal problems with patients, visitors, or hospital staff. Be cautious about expressing your opinion without thinking. Do not become involved with the family business of patients.

6. **When answering the phone**, identify the unit and give your title. For example: "Orthopedic Unit, Alex Smith, Student Nurse." Do not take any orders or messages from physicians.

7. **At the completion of your shift**, check to make sure your patient's room is neat and that your patient has fresh water, etc. Remember to pick up after yourself in patient rooms, utility rooms, conference rooms and nurses' stations. Give a detailed written and/or verbal report to your primary nurse of care given, any unusual assessments and care remaining, before leaving each day.

8. **When leaving the nursing unit** for any reason, let your primary nurse and instructor know where you are going and why. You may and should attend all tests and therapies with your patient. Students will not be solely responsible for a patient while accompanying them off the unit and will not substitute for hospital personnel for transport. Students may not accompany patients outside the institution alone. Students are allowed one 30-minute break for each six-hour shift worked and after 8 hours 2 fifteen-minute breaks. Breaks are to be taken off the nursing units but on facility grounds in designated eating areas and must first be approved by your primary nurse. Keep in mind the priority of timely patient care which may at times delay scheduled breaks.

9. **Before discharging a patient**, make final check with the primary nurse: all patients must have IVs discontinued, received needed supplies, medications, prescriptions, personal belongings, discharge instructions and a written discharge order by the physician.

10. **Seek Learning Experiences:** It is your responsibility to seek and find learning experiences such as procedures to perform. Before performing any tasks or procedures, ask yourself "WHY?" You should be prepared to discuss the rationale and underlying principles for all procedures. ***Never assume anything! Find the needed information!!***

11. **Document according to agency and unit policy format**. Documentation varies from facility to facility and from unit to unit. Have all nurses' notes approved by your preceptor or primary nurse prior to writing them in the chart until you are comfortable with the format. Start notes on scratch paper ***promptly*** after initial patient assessment and update appropriately throughout the shift. Record vital signs, I and O, and medications promptly.

12. **Medications** are to be set up and administered only in the presence of your preceptor until designated otherwise by your preceptor. Follow exactly the medication administration protocol learned in classroom and lab, as well as facility protocol. Know the medications (generic and brand names, usual dosage range, action, side effects, route, dosage and any pertinent nursing implications).

13. **Demeanor:** Demonstrate an interest in nursing, your patients and others while on duty. Be the first person to smile and say hello to hospital staff members, patients, visitors, etc.

14. **Policy & Procedure Manuals:** When orienting on a nursing unit, be familiar with where the policy and procedure manuals are located on the computer facility website or on the floor. You will be expected to follow them.

15. **Start-of-Shift Protocol - Charts:** Each day prior to report, review patient's chart for any changes or new orders. Make appropriate changes on your daily report sheets and use the information to ask pertinent questions during report. Having thoroughly studied the chart the day before, you need only to check the preceding 24-hours of nurses' notes, doctors' orders, vital signs and other flow sheets, doctors' progress, lab and diagnostic reports and medication administration record (MAR).

16. **Patient Assessments:** On all assigned patients, you will systematically perform assessments that are complete and within the scope of practice for the ASN student. Please be attuned to provider orders. Report questionable or abnormal findings promptly to your preceptor and/ or primary nurse.

17. **Substance Use:** Students are responsible for following all facility work and safety rules and for observing the standards of behavior of our clinical affiliate sites. You are strictly prohibited from using or being under the influence of prohibited substances or alcohol while in clinical. We recognize the use of any drug, legal or illegal, can adversely affect a student's work performance and safety.

    The misuse of legal prescriptions is a common form of drug abuse. There are situations where students can safely and efficiently perform their jobs while taking prescribed drugs.

    It is your responsibility to ask your provider or pharmacist about the potential effects of your prescription medication(s) before starting clinical. A student must inform the Nursing Program Director of the use of a medically prescribed drug or an over-the-counter drug that might affect, alter or impair behavior, motor functions or physical or mental abilities prior to starting a clinical rotation.

18. **Practice all Joint Commission National Patient Safety Goals:**

- **Identify patients correctly.**
  - Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the medicine and treatment meant for them.
- **Improve staff communication.**
  - Quickly get important test results to the right staff person.
- **Use medicines safely.**
  - Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in an area where medicines and supplies are set up.
  - Take extra care with patients who take medicines to thin their blood.
  - Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
- **Use alarms safely.**
  - Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
- **Prevent infection.**
  - Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization.
  - Set goals for improving hand cleaning.

- **Identify patient safety risks.**
  - Reduce the risk for suicide
- **Improve health care equity.**
  - Improving health care equity is a quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health care equity.
- **Prevent mistakes in surgery.**
  - Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
  - Mark the correct place on the patient's body where the surgery is to be done.
  - Pause before the surgery to make sure that a mistake is not being made.

https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2024/hap-npsg-simple-2024-v2.pdf

Clinical Attendance

Tardiness in clinical is defined as up to 15 minutes late for a clinical assignment. Tardiness past two occurrences will be considered an absence. A remediation plan (Appendix H) will be formulated with a student with attendance and/or punctuality problems. Personal appointments made during scheduled clinical hours will be considered an absence. An absence in clinical must be excused by documentation from a healthcare provider or must constitute an extenuating circumstance AND must involve prior notification to the clinical instructor and to the primary instructor. Not doing so will result in an unacceptable score for your clinical experience**.**

Supervision During Clinicals

Students are expected to communicate any issues or concerns that may arise in a professional manner using the appropriate chain of command. In the clinical setting all issues or concerns should be reported to the supervising clinical faculty. Any unresolved issues or concerns should then be reported to the Course Instructor and/or Program Director. The overall responsibility for the Nursing program is with the Program Director at the MC.

Clinical Preceptors

Traditional ASN Program

In NRSG 267, Managing Client Care Clinical, students are paired with an individual RN preceptor. The Preceptorship learning experience follows standards to ensure student, facility and preceptor safety and policy compliance. Preceptors are chosen in cooperation with the facility and are supervised by Missoula College Nursing Faculty who are available for consultation during the entire clinical experience.

- Facilities utilized for preceptors must have an active affiliate agreement.

- Each student will be assigned to only one nurse. The student to preceptor ratio is 1:1.
- Orientation and a Preceptor manual are provided to both the student and the preceptor.
- MC faculty make visits (in person or electronically) to the facility during a time when the student is present, two to four times per semester and/or as needed depending on the total hours of the Preceptorship.
- MC faculty is available by phone during the entire time the student is participating in clinical hours. Contact information will be provided to the preceptor.
- MC faculty is available to assist staff in the evaluation of the student.
- Each course that has a preceptor learning experience has a Preceptor Manual available to students and the preceptor. The manual outlines the clinical and course objectives for the student, preceptor, and responsible faculty. It also provides general information about the student and the program.
- Students are not allowed to be in clinical more than three (3) twelve (12) hours shifts in a row, unless preauthorized by faculty. Between classroom and preceptorship hours, fatigue could be a potential patient harm issue; therefore, students must adhere to the time constraint.

Students and/or faculty arrange clinical schedules with the assigned preceptor. Prior to the first day of the preceptorship clinical, the MC faculty must have a copy of the schedule. Any changes in schedule must be communicated with instructor.

Clinical Preceptors

LPN-to-RN Bridge Program

Clinical preceptors are used exclusively in NRSG 245, Adult Nursing II Clinical, NRSG 261, Adult Nursing III Clinical, and NRSG 267, Managing Client Care Clinical. The LPN is assigned to an RN preceptor in the facility where they are employed. Clinical preceptors may also be used in NRSG 236, Maternal Nursing Clinical, NRSG 246, Child and Family Nursing Clinical, and NRSG 255, Mental Health Clinical.

The Preceptorship learning experience follows standards to ensure student, facility and preceptor safety and policy compliance. Preceptors are chosen in cooperation with the facility and are supervised by Missoula College Nursing Faculty who are available for consultation during the entire clinical experience.

- Facilities utilized for preceptors must have an active affiliate agreement.
- Each student will be assigned to only one nurse. The student to preceptor ratio is 1:1.
- Orientation and a Preceptor manual are provided to both the student and the preceptor.
- MC faculty make visits (in person or electronically) to the facility during a time when the student is present, two to four times per semester and/or as needed depending on the total hours of the Preceptorship.

- MC faculty is available by phone during the entire time the student is participating in clinical hours. Contact information will be provided to the preceptor.
- MC faculty is available to assist staff in the evaluation of the student.
- Each course that has a preceptor learning experience has a Preceptor Manual available to students and the preceptor. The manual outlines the clinical and course objectives for the student, preceptor, and responsible faculty. It also provides general information about the student and the program.
- Students are not allowed to be in clinical more than three (3) twelve (12) hours shifts in a row, unless preauthorized by faculty. Between classroom and preceptorship hours, fatigue could be a potential patient harm issue; therefore, students must adhere to the time constraint.

Students and/or faculty arrange clinical schedules with the assigned preceptor. Prior to the first day of the preceptorship clinical, the MC faculty must have a copy of the schedule. Any changes in schedule must be communicated with instructor.

Clinical Evaluation

Each clinical instructor may complete a midterm and final written evaluation. Evaluations review mainly the student's psychomotor and affective behaviors during the rotation and include evaluation of cognitive skills. These evaluations will be discussed between the student and the clinical instructor. This represents an opportunity to discuss the student's progress and should not be interpreted by the student as undue criticism. Students are asked to accept constructive criticism in a professional, positive manner and to learn from this feedback. It is the student's responsibility to meet with the instructor to review the evaluation.

Clinical paperwork is considered part of the clinical evaluation. Paperwork must be typed with appropriate use of spelling and grammar. Correct use of APA format is an expectation. The paperwork may be returned to be corrected when spelling, grammar and/or APA format is not appropriately followed.

Students can evaluate instructors and clinical sites, if pertinent, at the end of each course via a formal course evaluation form.

Travel to Clinical Training Sites

Students must have available and reliable transportation in order to ensure that the student is able to arrive on time, both at local and distant clinical sites. Lack of transportation is not considered a viable reason to miss clinical. Situations related to snow and ice will be considered.

Uniform Policy – Clinical Experiences

The uniform identifies an individual as a student in the Missoula College of the University of Montana Nursing program and is to reflect a positive and professional image of the individual and

the school. Clinical institutions also have specific dress code policies which govern student dress code for clinical.

1. Uniform will be selected by the MC Nursing Program
2. The maroon uniform may be purchased through the University Bookstore, at area scrub shops, or online.
3. The maroon uniforms shall be clean, neat, pressed, and free of wrinkles and in a good state of repair, reflecting high professional standards at all times. No open-toed or open heel shoes or sandals. No Crocs are allowed at clinical facilities. Duty shoes must be neat and clean and appropriate for the clinical setting.
4. The Missoula College Nursing Program patch must be sewn on the left arm.
5. The maroon uniform is worn during all clinical experiences conducted in agencies where the use of a uniform is required.
6. The name pin includes the student's first and last name, ASN class, and Missoula College title. It is to be worn above the chest pocket.
7. The name pin **MUST** be worn at any time the student is in a lab or clinical setting. For patient safety reasons, you will be asked to leave without this proper identification. This will be considered a lab or clinical absence.
8. Clinical specific name badges **MUST** also be worn at any time the student is in the clinical setting. For patient safety reasons, you will be asked to leave clinical without this proper identification. This will be considered a clinical absence.
9. Variations in the dress code due to the requirements of the clinical setting will be clarified by faculty.

   Exceptions to the dress code which are related to cultural or religious beliefs may be granted by the Program Director or a designee, upon written request by the student.
10. Students are expected to have required supplies during clinical at all times. These include:
    - functional stethoscope
    - working penlight
    - report sheet
    - pen
    - appropriate clinical paperwork
11. Official uniforms and identification must be worn anytime a student is at a lab or clinical site. This includes choosing a patient the day before your rotation.
12. When street clothes are worn according to a clinical site policy, they must conform to the dress code of the clinical agency and under the guidelines of Professional or Casual Business Attire. No denim or jeans are allowed at SPH or CMC.
13. Body and hair must be clean and odor free. Hair length longer than shoulder length must be worn off the face, secured behind the shoulders. Unnatural hair color (e.g. bright reds, greens, blues, etc.) is not permitted. Beards and moustaches are permitted but must be well-trimmed and neat.

14. Fingernails must be short, clean and no longer than ¼" past the fingertip. Artificial nails are not acceptable.
15. Tattoos considered to be offensive must be covered or concealed. Students are allowed only two post earrings and no "plugs." Earrings must not dangle off of the ear more than ½ inch. One nose stud up to 1/8 inch in size. Students are allowed to wear two rings.

Professional Business Attire

- Suit or jacket and pants/ skirt (skirt knee length or below); tailored dress
- Blouse/Shirt
- Shoes – comfortable low heel pumps to complement suit; coordinate with attire, clean and shined.
- Stockings or socks– to complement attire.
- Jewelry (if applicable) – simple and in good taste i.e. (if applicable) – in good taste to fit the occasion and complement the outfit.
- Belt (if applicable) – coordinate with shoes and suit.

Casual Business Attire

- Shirt or blouse with collar or polo style
- Slacks
- Chinos or khakis – neatly pressed.
- Skirt (knee length or below)
- Blazer or sweater
- Loafers or lace-up shoes – cleaned and shined.

Inappropriate attire, including t-shirts, tank tops, jeans, shorts, skirts above the knee, tight fitting or suggestive clothing, flip flops, sneakers, sandals, athletic wear, leggings, bare midriffs or low-cut garments (low-cut necklines or low-rise pants), should not be worn to any clinical placement. No bare legs are allowed at CMC or SPH.

Nursing students should always wear student uniforms when giving nursing care, unless a different policy is specifically defined for the clinical unit (e.g., Mental Health).

Communicable Disease / Infection Control Policy

Students are expected to use sound judgment in regard to preventing communicable disease in the classroom, lab or clinical setting.

The following are guidelines to assist students in their decision making.

- Fever greater than 100.4 F
- Diarrhea
- Contagious rash or undiagnosed rash with drainage
- Cold sores or fever blisters around the mouth
- Shingles
- Antibiotic therapy of less than 24 hours, i.e. strep throat
- Untreated Lice infestation

- Cough with yellow or green sputum
- Vomiting
- COVID-19 positive

Questions: Students with any questions or concerns regarding clinical attendance and communicable disease or infection control should contact the instructor.

For additional information, please refer to the Center for Disease Control (https://www.cdc.gov/infectioncontrol/).

Reporting of Occupational Exposure to Bloodborne Pathogens

Preventing Occupational Exposure to Pathogens

When providing care, nursing students may encounter body fluids of patients. Students are at risk for occupational exposure to hepatitis B, AIDS, tuberculosis, meningitis, and others. To reduce the risk of exposure, the Centers for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA) have published guidelines and standards. Therefore, students who provide direct patient care:

1) Must have received training about bloodborne diseases.
2) Must be immunized with the Hepatitis B vaccine (or sign a waiver)
3) Must follow standard or universal precautions when caring for patients.
4) Must follow an established testing protocol of the healthcare institution, agency, or College nursing program in the event of an accidental exposure to bloodborne pathogens.

Accidental Exposure Policy and Post-Exposure Plan

If a student has exposure (i.e., eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or potentially infectious materials) in a clinical setting, the student is financially responsible for obtaining post-exposure testing. Testing and counseling shall be done at the Curry Health Center whenever possible. If exposure occurs outside of Curry Health Center's hours of operation, the student must report to an Emergency Department to obtain the post-exposure testing.

Procedure for students with an exposure:

1. Immediately inform your clinical instructor and primary nurse.
2. Follow any clinical site policy and procedure.
3. Report to Curry Health Center for evaluation and testing.
4. Expenditures occurred due to an exposure are the responsibility of the student.

Training

Student training shall be done prior to the student's first potential exposure to blood borne pathogens. The training shall include the OSHA requirements of the Blood borne Pathogen Standard, universal precautions and the University of Montana policy. This training is done

prior to new nursing student orientation through the OSHA training provided on the UM Research and Compliance website. Students will repeat this training in their third semester.

Standard Precautions

The following safe work practices for health care workers are advocated by the Center for Disease Control. When the term Standard Precautions is used, it will refer to the following set of work practices:

1. All health care workers will use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or bodily fluids is anticipated.
2. Gloves must be worn when touching blood, bodily fluids, mucous membranes, or non-intact skin.
3. Gloves must be worn when handling items or surfaces contaminated with blood or bodily fluids.
4. Gloves must be worn while performing venipuncture and other vascular access procedures.
5. Gloves must be changed after contact with each client.
6. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other bodily fluids in order to prevent exposures of the mucous membranes of the mouth, nose, and eyes.
7. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other bodily fluids.
8. Hands and other skin surfaces should be washed immediately and thoroughly with water and antiseptic cleanser if contaminated with blood or other bodily fluids.
9. Hands should be immediately washed after gloves are removed.
10. Healthcare workers must take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during or after medical procedures, when cleaning instruments, and during disposal of used needles.
11. To prevent needle-stick injuries, needles should never be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
12. After they are used, disposable syringes, needles, scalpel blades, and other sharp items must be placed in puncture-resistant containers for disposal. These containers should be as close as practical to the area where disposable sharps are used.
13. Mouth pieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation procedures is reasonably anticipated.
14. Health care workers who have exudative lesions or weeping dermatitis must refrain from handling client and client-care equipment until the condition is resolved.
15. Healthcare workers will use effective hand washing methods BEFORE and AFTER all client contact.

Section 6 – University Student Resources

Financial Aid

Office of Financial Aid

The office of Financial Aid is located on the UM 4-year campus, currently in the Emma Lommasson Center on level two. The goal of the Financial Aid office is to assist students who believe their resources are inadequate to attend the MC and wish to request consideration for financial aid. The office can provide or direct students to pertinent information by the U.S. Department of Education, UM Financial Aid website (https://www.umt.edu/finaid/).

Federal Student Financial Aid provides assistance to students enrolled at least half-time. Federal student financial aid helps to cover educational expenses, including tuition and fees, room and board, books and supplies, and transportation. Most aid is need based. The three types of aid are grants, loans, and work-study. Short-term emergency loans are available for educationally-related expenses. To be considered for Federal Financial aid, students should complete the Free Application for Federal Student Aid.

FAFSA Application Process

Follow these steps to assure your priority consideration for available funds: Complete and submit the Free Application for Federal Aid (FAFSA) (https://studentaid.gov/h/apply-for-aid/fafsa) to the federal processor by the posted deadline. You may be asked to submit additional documents; be sure to do so by the deadline date specified in the requesting correspondence.

Library Resources

UM and Missoula College Libraries

- **Library Email** (library.instruction@mso.umt.edu)
- **Information Literacy webpage** (https://www.lib.umt.edu/services/info-lit/default.php)

Students are expected to utilize library resources and use reliable, valid and evidence-based research references to support written work. Wikipedia is NOT a reliable resource. Written work with unreliable sources will be returned and are not acceptable.

The Mansfield Library offers 24/7 electronic access to reference resources (http://libguides.lib.umt.edu/healthprofessions), including journals, books, and digital holdings.

UM Mansfield Library - Mountain Campus (https://www.lib.umt.edu/)

- **Main Phone Line**: 406-243-6866 / Location**:** MLIB 323
- Head Information and Research Services: Tammy Ravas;
  Phone: 406-243-4402 / Email: tammy.ravas@umontana.edu
- Library Hours (https://www.lib.umt.edu/about/hours)

Payne Family Library at Missoula College (http://www.lib.umt.edu/about/missoula-college.php)

- **Phone:** 406-243-7820 / **Location:** MC 005 – River Level
- **Email:** mclibrary@umontana.edu
- **Library Staff:**
  Annie Weiler, Library Technician: annie.weiler@umontana.edu
  Tristan Boyar, Reference Technician: Tristan.boyar@umontana.edu
  Jill Howard, Reference Technician: jill.howard@umontana.edu

Access to the Mansfield Library's Health Resources

Start at the library's home page (http://www.lib.umt.edu).

4. For a quick search on any topic, use the search box on the left had side of the screen.

5. For more in-depth research, use the Missoula College Health Professions Research Guide (https://libguides.lib.umt.edu/healthprofessions) as your access point to the library's health information resources. It contains links to databases, library services, and contact information for your librarian. It's a good idea to bookmark this page.

6. Any time you have a question you can email or chat with a librarian.
   - Use the link at the bottom right side of the screen. If the link displays "Chat with a librarian" versus "Email a Librarian" there is someone who will answer your questions in real time.
   - If the link displays "Email a librarian" you will receive a response to your question via email.
   - You can also always contact your librarian, Kate Zoellner, for research assistance at (406) 243-4421 or via email at kate.zoellner@umontana.edu.

Office for Disability Equity

The University of Montana assures equal access to instruction through collaboration between students with disabilities, instructors, and the Office for Disability Equity (ODE). If you think you may have a disability that will adversely affect your academic performance, and have not already registered with ODE, please contact them (see information and locations below).

Please contact your instructors at the beginning of the semester, even if you think you may not use the accommodation for that course. Nursing faculty will work with you and ODE to provide appropriate accommodation.

ODE Information & Contacts

- **Homepage** (https://www.umt.edu/disability)
- **Staff Directory** (https://www.umt.edu/disability/about-us/default.php)

ODE Reasonable Accommodations & Making a Request

- **Reasonable Accommodation List** (https://www.umt.edu/disability/accommodations)

- **Request Accommodations** (https://umontana-accommodate.symplicity.com/public_accommodation/)

ODE Locations

Mountain Campus	Missoula College River Campus
University of Montana, Missoula, MT 59812 Aber Hall, Room 111 Appointments made via Mika Watanabe at (406) 243-2243 (voice mail) or (208) 503-3711 (cell)	1205 East Broadway, Missoula, MT 59802 Room MC 129 (main level) Appointments made via Bonnie Kurien at (406) 243-7804 (voice mail) or (406) 209-8870 (cell)

Reporting Barriers to Accessibility

To notify the Office of Equal Opportunity and Affirmative Action of a campus physical, electronic, or programmatic barrier or to simply to make a comment on accessibility, please go to the Report Barriers online form (https://www.umt.edu/accessibility/report). You can use the form to make a comment anonymously if you like.

Eligible students with disabilities will receive appropriate accommodation when requested in a timely manner. Speak with the instructor of the course. Be prepared to provide a letter from your ODE Coordinator. For students planning to request testing accommodations, please provide the form for such accommodation to the instructor in advance of the two-day deadline for scheduling.

Policies on Discrimination, Harassment & Retaliation

Equal opportunity laws, orders, acts, and regulations applicable to Missoula College University of Montana include, but are not limited to**:**

- Titles IV, VI, and VII of the Civil Rights Act of 1964
- 34 C.F.R. pt. 100
- Title IX of the Education Amendments of 1972
- 28 C.F.R. pt. 54
- 34 C.F.R. pt. 106
- Section 504 of the Rehabilitation Act; 34 C.F.R. pt. 104
- Age Discrimination Act of 1975
- 34 C.F.R. pt. 110
- Titles I and II of the Americans with Disabilities Act
- 28 C.F.R. pt. 35
- Montana Human Rights Act and Governmental Code of Fair Practices
- Board of Regents Policy 507

The University of Montana, together with our Affiliates, commits to a learning and working environment that emphasizes the dignity and worth of every member of its community that is free from discrimination, harassment, and retaliation based upon race, color, religion, national origin, creed, service in the uniformed services (as defined in state and federal law), veteran status, sex, gender, age, political ideas, marital or family status, pregnancy, physical or mental

disability, genetic information, gender identity, gender expression, or sexual orientation (taken together, generally, "protected-class harm"). An inclusive environment is necessary to a healthy and productive University community. The University will take appropriate action to prevent, resolve, and remediate protected-class harm. Source – University Operating Policies: (https://www.umt.edu/policies/browse/personnel/discrimination-harassment-and-retaliation).

The Learning Center

The Learning Center offers tutoring, study skills help, placement tests and other resources to Missoula College students. Located on the river level of the Missoula College building, The Learning Center is often utilized by nursing students who need extra time and/or a quiet environment for test-taking.

Healthcare Services

Curry Health Center (CHC) provides health services to University of Montana students. The health center's telephone number is 243-2122. Services are available on an appointment basis. Curry Health Center also has limited services available on the Missoula College Campus (days/times vary every semester). Some services are covered by the Curry Health fee, and others are on a fee-for-service basis. Services offered include medical care, counseling and psychological services, dental care, substance abuse intervention, health enhancement services, assault recovery services and a complete prescription pharmacy. In addition, students in Clinical psychology offer a variety of counseling services on a sliding fee scale. The UM NSE Physical Therapy Clinic is open to students for a variety of services on a fee-for-service basis. Services offered to students through the Curry Health Center are:

Medical

- Flu Season Facts
- Flu Information
- Medical Services Offered
- Medical Withdrawals
- Inpatient
- Medical Specialist
- Travel Planning
- Lab X-Ray

Dental

- About Dental
- Making Appointments
- Referrals to other Dentists
- Dental Insurance Billing
- Who can use Dental service
- Cancelling Appointments
- Teeth Cleaned

Counseling/Mental Health

- About Counseling
- Referral Info for Faculty/Staff
- Depression
- Grief and Loss
- Appointment & Fees
- Stress Relax

Health Enhancement

- CARE (condom access)
- PROS (Peers Reaching Out)
- About Health Enhancement
- Schedule a Presentation
- Safer Sex Resources
- Where to get health information
- Great American Smoke Out

Self Over Substance (SOS)

- About Self Over Substance
- University Mandated Referrals
- Legal Mandated Referrals
- Peer Educators
- Scheduling & Cancelling Appointments
- Graduate Student Opportunities and Counselor Education
- SOS Resources

Student Assault Resources Center (SARC)

- About Student Assault Resource Center
- Healthy Relationships
- Stranger Rape
- Acquaintance Rape
- Red Flags and Warnings
- How to Party Safe
- Rape prevention vs. Risk reduction
- SARC Support groups
  Winter Hours for SARC
  - For Survivors: Sexual and Relationship violence
  - Relationship violence and stalking
  - Options and Resources
  - How to help
  - Sexual Violence, Harassment, Assault & Rape
  - SARC Services
  - If you have been raped
    - HIV Testing
    - Pharmacy

See the Curry Heath Center website (www.umt.edu/curry-health-center) for details about services offered.

Helpful Phone Numbers

Counseling.....406-243-4711
Dental Clinic 406-243-5445
Wellness 406-243-2809
Medical Services.....406-243-4330
Pharmacy 406-243-5171
Self over Substances (SOS).....406-243-4711
Student Assault Resource Center (SARC) 24 Hour Support Line 406-243-6559
Student Assault Resource Center (SARC) Main Office 406-243-4429
Student Insurance.....406-243-2844

Section 7 – Appendix and Student Forms

Form 1 – Student Agreement

When you have finished reading the entire Student Handbook, please sign the statement below.

I have read and agree to the requirements of the Nursing Program as defined in the Student Handbook and understand that failure to abide by the policies will be grounds for disciplinary action and possible dismissal from the program.

STUDENT NAME (PRINTED)**:**_____

PHONE: _____**DATE:** _____

STUDENT SIGNATURE:_____

TRADITIONAL ASN PROGRAM DIRECTOR: Linda Barnes MSN, RN, CNE (406) 243-7875
LPN-TO-RN BRIDGE PROGRAM DIRECTOR:Tina Barker DNP, AGACNP, FNP (406) 243-7885

HEALTH PROFESSIONS CHAIRPERSON: Victor White, victor.white@umontana.edu

Form 2 – Confidentiality Agreement

Students in the MC UM Nursing Programs will be working with clients and client records in various types of healthcare facilities and in the classroom.

Student use of medical records and confidential information in the educational process requires:

> All information about a client, written or verbal, belongs to the client. Any violation of confidential information about a client is punishable in a court of law. Refer to the Health Insurance Portability and Accountability Act of 1996.
>
> The Processional Code of Ethics of the American Nurses Association stipulates that confidentially of client information is part of professional responsibility and integrity.

The Professional Code of Ethics of the American Nurses Association stipulates that confidentially of client information is part of professional responsibility and integrity.

Because of these legal and ethical considerations, any student enrolled in Missoula College-UM's Nursing Program who reveals contents of a medical record or information related to a client's private personal status is subject to reprimand and possible dismissal from the MC-UM Nursing Program.

Further detailed information is contained in the University and Nursing Program Handbook.

Having read and understood the above, I _____(printed student name) do hereby agree to maintain confidentiality of all client information to which I am exposed as a Missoula College-UM Nursing Program student.

Date: _____ Student: _____

Traditional ASN Program Director: Linda Barnes MSN, RN, CNE 406-243-7875 _____

LPN-to-RN Bridge Program Director: Mary Ann Zeisler, MSN

MC-UM Nursing Program Representative: _____ Date: _____

This agreement will remain on file and may be distributed to supervisors at all clinical sites to which students are assigned.

Form 3 – Social Media Quiz

Student Name (printed) _____

After reading the NCSBN's *White Paper: A Nurse's Guide to the Use of social media*, please complete the following quiz.

1. Confidentiality means that personal and medical information given to or received by Health Care Professionals will not be disclosed to others unless the client has given informed consent or if withholding the information could result in harm to the client.

   ○ True ○ False
2. I have read the NCSBN's *White Paper: A Nurse's Guide to the Use of social media.* I understand the information presented in this paper. I agree to and will conduct myself according to the standards for registered nurses. I will not breach client confidentiality or privacy.

   ○ True ○ False
3. Privacy refers to the clients' rights and expectations for protection of intrusion of their personal and medical information.

   ○ True ○ False
4. Any breach in confidentiality or privacy damages the clients' trust in the nurse, physician, facility, and the nursing profession; thereby, adversely affecting client care and safety.

   ○ True ○ False
5. Possible consequences of breaches in client confidentiality and privacy include, but are not limited to: Disciplinary action by the Board of Nursing such as censure of the nurse, issuing a formal letter of concern, placing conditions on the nurse's licensure, licensure suspension or termination.

   ○ True ○ False
6. Clients may bring civil suit against the nurse for defamation, invasion of privacy, or harassment.

   ○ True ○ False
7. The state and federal government may bring criminal charges against nurses for breach of confidentiality and privacy resulting in fines and/or jail time.

   ○ True ○ False
8. Other consequences for breach of confidentiality and privacy may include termination of employment regardless of actions taken by the Board of Nursing, state and federal government, or clients.

   ○ True ○ False
9. Breaches of confidentiality and privacy include, but are not limited to, taking photos or videos of clients, parts of clients, unique items belonging to clients, posting anything about the client including pictures, videos, or conversations on social media (even closed groups).

   ○ True ○ False
10. Comments regarding co-workers to others or posted on social media during work hours, as well as non-work hours, are unprofessional and are considered a form of lateral violence that may incur numerous consequences.

    ○ True ○ False

Form 4 – Permission to Share Information

I give permission for the Missoula College Nursing Director and Faculty to share my immunization records, information required on facility forms, CPR card, results of criminal background checks, urine drug testing, and photo with the clinical facilities as needed per their requirements.

Emails and/or phone numbers may also be shared with clinical instructors for communication purposes.

Photos or videos may be taken in the classroom or lab for the purpose of promoting the program. I give permission for the Missoula College Nursing Program to use my photo or image in promotional materials. If I object to having my photo taken and shared, I will notify the Nursing Director upon admission into the program.

Print Name _____

Signature _____

Date _____

Appendix A

Missoula College – ASN Program Flu Declination Form

The clinical sites of the Missoula College Nursing Program recommended that I receive influenza vaccination to protect the patients I serve.

I acknowledge that I am aware of the following facts:

- ☐ Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- ☐ Influenza vaccination is recommended for me and all other healthcare workers to protect our patients from influenza disease, its complications, and death.
- ☐ If I contract influenza, I will shed the virus for 24--48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients in this facility.
- ☐ If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- ☐ I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- ☐ I understand that I cannot get influenza from the influenza vaccine.
- ☐ **The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact.**

Required: I am choosing to decline influenza vaccination right now:

- ☐ Medical Contraindication - severe allergy.
- ☐ Provide other reason _____

I understand that I can change my mind at any time and accept influenza vaccination, if vaccine is available. I have read and fully understand the information on this declination form.

I understand by signing this declination form it is the policy of Missoula College clinical sites that that I am to wear a surgical mask or take alternative steps as determined by the specific clinical site's infection prevention policy, while unvaccinated for influenza and within 6 feet of patients during active influenza season.

Signature: _____ Date: _____

Name (print): _____

Appendix B

Missoula College ASN Program
Hepatitis B Vaccination Declination

Name _____

Student ID# 790_____

Phone _____

Email _____

Hepatitis B Vaccine Declination

I understand that due to potential exposure to blood or other potential infectious materials in my classes or training at UM, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the information about HBV and the HBV vaccination series. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If I subsequently decide to be vaccinated, as a student, I am responsible for the cost of the vaccination series and titer analysis.

Signature _____Date: _____

Please submit this form to Verified Credentials in Qualified First

Appendix C

Request for Accommodation
Medical Exemption from the Company's COVID-19 Vaccination Requirement

The Company is committed to providing and maintaining a workplace that is free of known hazards and has implemented a mandatory COVID-19 vaccine policy as the COVID-19 pandemic continues to pose a direct threat to the health and safety of our employees and their families, our visitors, and the community at large.

The COVID-19 vaccination is recommended for the vast majority of people. The Company recognizes that an individual's medical circumstances may raise a contraindication to getting the vaccine, as determined by a health care provider. Employees requesting exemption due to medical contraindication must fully complete this form, provide documentation to support the exemption request and return this form and the supporting documentation to **Employee Health –Jessie Martin RN** jmartin2@communitymed.org **or fax to 406-327-4541**. The supporting documentation must include certification from a health care provider specifying which of the authorized COVID-19 vaccines (i.e., J&J, Moderna, Pfizer-BioNTech) are clinically contraindicated for the employee and the recognized clinical reasons for such contraindications.

The Company reserves its right to request additional information in support of your request for an accommodation, and will comply with all applicable laws in determining whether it is able to accommodate your request without undue hardship to the Company of a direct threat to the health and safety of others in the workplace and/or the requesting employee.

EMPLOYEE SECTION

Employee Name (print):	**Department:**
Supervisor Name:	**Job Title:**
Email:	**3/4 ID:**
Work/Cell Phone:	

Employee Request for Medical Exemption:

_I am requesting an exemption from the Company's mandatory COVID-19 vaccination policy because of my individual medical circumstances that preclude me from receiving this vaccine. I will contact my health care provider and provide him or her with the attached Medical Certification Form, which I will return to the Company within 15 calendar days of submitting this request. I will let the Company know immediately if for some reason I cannot meet this deadline.

Verification

By signing below, I hereby certify that the statements and information provided above and below and in furtherance of my request for exemption based on my medical contraindication are true and accurate. I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including termination of employment. I understand that my request for accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of myself and/or others in the workplace, or if it creates an undue hardship for Community Medical Center.

Employee Signature: _____ **Date:** _____

PRINT Employee's Name: _____

FOR HR USE ONLY

Date of Initial Request	
Exemption Request Approved or Denied	
Reason Exemption was Approved or Denied	

MEDICAL CENTER

From day one.

Date of Employee Notification of Determination	
HR Follow-Up Date (If Any)	
Human Resources Representative Name	

Medical Certification Form – COVID-19
Request for Exemption from Mandatory Vaccination Policy

Employee Name (print): _____ **Date**: _____

Dear Health Care Provider,

The above-named employee (your patient) has disclosed that he/she has a medical impairment(s) that renders him/her unab to comply with the Company's requirement that employees be fully vaccinated (including any recommended boosters) again COVID-19.

Please complete this form in full to assist the Company in the reasonable accommodation process and return it to the abov named employee at your earliest convenience. If the employee works or resides in California, do not disclose any diagnose without the employee's specific consent.

NOTE: The Genetic Information Nondiscrimination Act of 2008 (GINA) and similar state laws generally prohibit employers and other entities covered by GINA Title (and similar state laws) from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by law. comply with applicable law(s), we are asking that you not provide any genetic information or results of genetic tests, as defined by applicable law(s), when respondi to this request for medical information. By way of example, "genetic information" (as defined by federal law) includes an individual's family medical history, the resu of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and gene information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assisti reproductive services.

The above-named individual has a medical impairment that renders him/her unable to receive the COVID-19 vaccination. ☐ Yes ☐ No **If you answered "No," do not answer the remaining questions, but complete and sign the "Certification" at the end of this document.**
Please specify which of the authorized COVID-19 vaccines (i.e., J&J, Moderna, Pfizer-BioNTech) are clinically contraindicated for the employee:
Please describe in detail how the medical impairment(s) renders the employee unable to comply with the Company's requirement that employees be fully vaccinated against COVID-19 due to the clinical contraindications for the above-listed vaccines:

COMMUNITY MEDICAL CENTER

From day one.

This vaccination exemption should be: ☐ Temporary, expiring on: ____/____/_____, or when _____ ☐ Indefinite
Are there accommodations that will reduce or eliminate the threat of injury/harm posed to the employee's own health and/or safety – or the health/safety of others in the workplace – while the employee is at work given that the employee is not fully vaccinated against COVID-19? ☐ Yes ☐ No **If you answered "Yes," please describe all such accommodations in detail and explain how these accommodations will reduce or eliminate the threat:**

CERTIFICATION

By signing below, I certify that the answers provided in response to the above questions are based on my own personal knowledge of the relevant medical facts from my own examination of the patient/employee, and/or based on my own review of the relevant medical documentation, and my answers represent my professional medical opinion.

Health Care Provider Name (print):	
Health Care Provider Signature:	Date:
Health Care Practice & Address:	Phone:
Health Care Specialty or Type of Practice:	Fax Number:

Appendix D

Request for Accommodation: Religious Exemption from COVID-19 Vaccination Requirement

Based on your services to Community Medical Center, which is covered by the CMS vaccine mandate, you are expected to have either received the single-dose Johnson & Johnson/Janssen COVID-19 vaccine or the first dose in a two-dose series (Pfizer or Moderna) by **February 14, 2022** to continue providing your services. Individuals must receive the second dose in a two-dose series by **March 15, 2022**.

☐ **I am requesting an exemption from the vaccine requirement as a reasonable accommodation due to a sincerely held religious belief, practice or observance that prevents me from obtaining COVID-19 vaccination.**

Management reserves its right to request additional information in support of your request for an accommodation and will comply with all applicable laws in determining whether it is able to accommodate your request.

By signing below, I hereby certify that my request for accommodation is truthfully based on my sincerely held religious belief, practice, or observance. I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including termination of employment.

Employee Signature: _____ **Date of Birth:** _____

Employee Name Print: _____ **Date:** _____

Phone Number: _____

Date Approved: _____ **Date Denied:** _____

Human Resources Member Name: _____

Human Resources Member Signature: _____

Appendix E

Providence

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CAREGIVER HEALTH SERVICES

PLEASE RETURN COMPLETED FORM TO CAREGIVER (EMPLOYEE) HEALTH SERVICES

COVID-19 Declination Form 2023-2024

Providence St. Joseph Health and its family of organizations requires caregivers to participate in the COVID-19 vaccination process by either being vaccinated or completing a written declination.

LEGAL NAME:_____ DOB: _____ EMPLOYEE ID#_____

CAMPUS/SITE:_____DEPT:_____PHONE:_____

IF NOT EMPLOYED BY PROVIDENCE, CHECK ONE:

☐ Medical Provider ☐ Volunteer ☐ Agency/Contractor ☐ Student ☐ Other

I AM DECLINING A COVID-19 VACCINE. I ACKNOWLEDGE THAT I AM AWARE OF THE FOLLOWING FACTS:

- *COVID-19 can be very contagious and spreads quickly.*
- *COVID-19 vaccination is recommended for all healthcare workers to protect our patients from COVID-19 disease, its complications, and death.*
- *Although vaccinated people sometimes get infected with the virus that causes COVID-19, staying up to date on COVID-19 vaccines significantly lowers the risk of getting very sick, being hospitalized, or dying from COVID-19.*
- *Persons infected with COVID-19 virus, including those who are pre-symptomatic, can transmit the virus to coworkers and patients, some of whom may be at higher risk for complications from COVID-19.*
- *Some people are more likely than others to get very sick if they get COVID-19. This includes people who are older, are immunocompromised, have certain disabilities, or have underlying health conditions.*
- *COVID-19 may attack more than your lungs and respiratory system.*
- *Some people including those with minor or no symptoms will develop Post-COVID Conditions – also called "Long COVID."*
- *I cannot get COVID-19 from the vaccine and studies show that people who have antibodies from an infection with the virus that causes COVID-19 can improve their level of protection by getting vaccinated.*
- *The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including my patients and other patients in this healthcare setting, my coworkers, my family, and my community.*
- *Side effects after a COVID-19 vaccination tend to be mild, temporary, and like those experienced after routine vaccinations.*
- *I understand I must follow all current infection prevention policies and procedures for my location, such as masking, to limit the possibility of transmission of the virus.*
- *I understand that I can change my mind and agree to provide my vaccination record if I receive the vaccine in the future.*

Resources for future reference:
https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19.html
https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html
https://www.cdc.gov/ncbddd/humandevelopment/covid-19/people-with-disabilities.html

I am declining the COVID-19 vaccine because of:

☐ My Licensed independent practitioner-documented allergy or medical contraindication to the components of the vaccine

☐ My religious beliefs, including my sincerely held ethical or moral beliefs

Signature: _____ **Date:** _____

Providence

Providence SWEDISH | PROVIDENCE | Covenant Health | KADLEC

CAREGIVER HEALTH SERVICES

PLEASE RETURN COMPLETED FORM TO CAREGIVER (EMPLOYEE) HEALTH SERVICES

COVID-19 Declination Form 2023-2024

Providence St. Joseph Health and its family of organizations requires caregivers to participate in the COVID-19 vaccination process by either being vaccinated or completing a written declination.

LEGAL NAME:_____ DOB: _____ EMPLOYEE ID#_____

CAMPUS/SITE:_____DEPT:_____PHONE:_____

IF NOT EMPLOYED BY PROVIDENCE, CHECK ONE:

☐ Medical Provider ☐ Volunteer ☐ Agency/Contractor ☐ Student ☐ Other

I AM DECLINING A COVID-19 VACCINE. I ACKNOWLEDGE THAT I AM AWARE OF THE FOLLOWING FACTS:

- *COVID-19 can be very contagious and spreads quickly.*
- *COVID-19 vaccination is recommended for all healthcare workers to protect our patients from COVID-19 disease, its complications, and death.*
- *Although vaccinated people sometimes get infected with the virus that causes COVID-19, staying up to date on COVID-19 vaccines significantly lowers the risk of getting very sick, being hospitalized, or dying from COVID-19.*
- *Persons infected with COVID-19 virus, including those who are pre-symptomatic, can transmit the virus to coworkers and patients, some of whom may be at higher risk for complications from COVID-19.*
- *Some people are more likely than others to get very sick if they get COVID-19. This includes people who are older, are immunocompromised, have certain disabilities, or have underlying health conditions.*
- *COVID-19 may attack more than your lungs and respiratory system.*
- *Some people including those with minor or no symptoms will develop Post-COVID Conditions – also called "Long COVID."*
- *I cannot get COVID-19 from the vaccine and studies show that people who have antibodies from an infection with the virus that causes COVID-19 can improve their level of protection by getting vaccinated.*
- *The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including my patients and other patients in this healthcare setting, my coworkers, my family, and my community.*
- *Side effects after a COVID-19 vaccination tend to be mild, temporary, and like those experienced after routine vaccinations.*
- *I understand I must follow all current infection prevention policies and procedures for my location, such as masking, to limit the possibility of transmission of the virus.*
- *I understand that I can change my mind and agree to provide my vaccination record if I receive the vaccine in the future.*

Resources for future reference:
https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19.html
https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html
https://www.cdc.gov/ncbddd/humandevelopment/covid-19/people-with-disabilities.html

I am declining the COVID-19 vaccine because of:

☐ My Licensed independent practitioner-documented allergy or medical contraindication to the components of the vaccine

☐ My religious beliefs, including my sincerely held ethical or moral beliefs

Signature: _____ **Date:** _____

Appendix F

At-Risk Student Policy

Purpose: To identify students who are at risk of failing the nursing program due to academic, behavioral and/or personal issues. If a student is determined to be at risk, a plan for remediation is initiated. Remediation may be considered when a nursing student:

- does not meet the Student Learning Outcomes (SLOs) as identified on clinical and/or course outcomes
- needs additional time and/or support before completing a course or the nursing program
- does not demonstrate the skills and/or personal attributes necessary to succeed as a nurse

Philosophy: The Missoula College Nursing Program faculty are here to guide and teach. We believe that even students who are facing difficult circumstances can successfully complete the nursing program. Nursing students must develop professional, ethical, and behavioral skills to successfully practice nursing. Part of the nursing faculty's job is to help guide and mentor for the development of these skills. Ultimately, it is up to the student to follow through with faculty recommendations, remediation plans, behavioral contracts, and referrals to support services. Our At-Risk Student Policy allows the student to participate in the Remediation and Intervention processes. This policy follows the Nursing Student Handbook.

Definitions of an At-Risk Student:
1) A student who has missed deadlines for required documentation (TB, CPR, vaccines, etc.), or other required orientation materials.
2) A student who is repeating a nursing course or who has been reinstated into the nursing program for any reason.
3) A student who is minimally passing or has <80% in one or more nursing courses.
4) A student who has been identified by a clinical instructor as unsafe or unprofessional.
5) A student who has demonstrated at least one unprofessional and/or unethical behavior while in the nursing program. This applies to the classroom, lab, and clinical settings.
6) A student with communication difficulties, whether due to a language barrier, lack of communication with instructors, poor communication with clinical site staff, and/or a lack of engagement in the educational process.
7) A student who has extenuating circumstances outside of the nursing program that cause additional stress, such as severe financial stressors, prolonged illness or other health issues, legal issues, death of a loved one, work schedule conflicts, etc.
8) A student whose performance and/or behaviors have caused other faculty and/or students to come forward and report their concerns.

Step 1: Develop a Remediation Plan:
1) Once an at-risk student has been identified, the course instructor will complete the "Nursing Student Remediation Plan" document and will review it with the student.
2) Since knowledge, skills, and attitudes are learned over time and must be reinforced, at the end of each semester, faculty who have identified an at-risk student

must present their documentation (a copy of their completed “Nursing Student Remediation Plan”, and/or “Warning to the Student of Potential Failure”, and/or any other relevant documentation) to the faculty who will be teaching that student the following semester. This will ensure continuity for the student and the faculty.

3) Students who have displayed unprofessional, unethical, and/or behaviors that are inappropriate will receive a remediation plan that includes an explanation of the behaviors, and may be required to complete additional assignments and/or be required to sign a contract that will extend the duration of the nursing program. Students will be warned in writing if further behaviors could result in dismissal from the program.

4) Students who have verbalized and/or appear to be struggling with personal issues will be provided with resources to improve their chances of success. These resources may include information regarding local support groups, a list of outpatient mental health providers, education about scholarship opportunities, crisis hotline phone numbers, Office for Disability Equity, etc.

Step 2:

When the “Remediation Plan” does not result in the necessary changes, faculty will also provide the student with a “Warning to the Student of Potential Failure” document. The “Warning to the Student of Potential Failure” document can also be given during step one.

Appendix G

Remediation Plan

The remediation process is designed to promote the success of students at-risk of failing a course because they have difficulty accomplishing course objectives and/or meeting course requirements. The process is not intended to replace course curriculum or course requirements but to supplement the student's learning.

The remediation process is initiated to address the following situations:

- academic jeopardy (i.e., low quiz/exam scores),
- lack of clinical competency (i.e., failing a clinical or lab competency, unsafe behavior in the clinical environment, medication errors), and/or
- lapses in professional judgment (i.e., tardiness, absenteeism, unprofessional behavior).

The remediation process is initiated by faculty as soon as an at-risk student is identified. The faculty member is responsible for meeting with the student to discuss the identified concerns and develop an individualized remediation plan. The remediation plan must be documented on the form "Nursing Student Remediation Agreement" (see attached) and meet the following guidelines:

- The Remediation Plan must clearly describe the area(s) of deficiency.
- Remediation outcomes must identify specific, measurable goals the student must attain or perform to demonstrate success.
- Remediation activities must be individualized to the student's area of weakness. They may include, but are not limited to, completion of suggested computer-based practice tests, written review materials, practice questions, instructor-developed materials, hands-on laboratory skill practice, or any other materials/methods suggested by the faculty.
- A time frame for completion must be agreed upon and documented in the remediation plan.
- The remediation form must be signed by faculty and student.

Examples of Faculty interventions performed/recommended:

- Review of Professional behaviors
- Review of syllabus/course expectations
- Referral to counseling resources and support
- Referral to Office for Disability Equity (ODE)
- Review of ANA Code of Ethics
- Review of Clinical Evaluation Form
- Review of Nursing Student Policy Handbook
- Other_____

Appendix H

Nursing Student Remediation Plan and/or Warning of Potential Failure

Student Name _____ Faculty Name _____

Specify area of remediation:

- Academic jeopardy (minimally passing or <80% in a course)
- Lack of lab or clinical competence
- Lapse in professional judgment.
- Other: _____

Describe areas of concern:

Date Implemented	Remediation Outcome	Remediation Plan	Deadline	Confirmation of Agreement
	The student will:			Student Signature:
				Faculty Signature:

Evaluation Date	Review of Remediation Outcomes	Evaluation of Remediation Plan	
		Successful	**Unsuccessful**
		Student: Faculty:	Student: Faculty:

Warning to the Student of Potential Failure

The initial concerns and/or behaviors documented by the faculty on _____ are concerning enough to warrant providing a warning of potential failure, in addition to creating a "Nursing Student Remediation Plan."

-OR-

The "Nursing Student Remediation Plan" that was established on _____ has not been successful.

*You are being warned that continuation of the following may result in dismissal from the Nursing course or the Nursing Program:

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____