Mount Mercy University

Martin-Herold College of Nursing and Health

RN to BSN

Nursing Student Handbook

2019-2020

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Introduction

This handbook has been developed to assist students in the RN-BSN nursing program to become better acquainted with the Department of Nursing program at Mount Mercy University. The information included in this handbook applies specifically to students enrolled in the nursing major and is prepared to be used in conjunction with the Good Book, a student handbook provided for all Mount Mercy students, and the University catalog. It is the Department's hope that this handbook will provide a concise, practical guide for students. Please do not hesitate to seek clarification of any policy you do not understand. We encourage your comments and wish you success in your studies at Mount Mercy University.

Faculty of the Department of Nursing are listed on the Mount Mercy University website under the nursing major.

Department of Nursing's Mission

The Mount Mercy University Department of Nursing, in the tradition of the Sisters of Mercy, is dedicated to service in meeting human needs where they exist. The mission of the Department is to educate baccalaureate level students as beginning practitioners of professional nursing. The faculty of the Department is committed to a professional nursing curriculum

Department of Nursing's Philosophy

Persons are viewed as holistic beings possessing biophysical, psychosocial and spiritual qualities within a diverse environment. This environment influences persons in their efforts to learn and to exercise choices regarding their health. Health is viewed as a state and process in which a person fluctuates on a continuum from optimal wellness to eventual death. The continuum of health exists within an ever-changing environment that influences the person's ability to adapt.

Nurses function with authority, responsibility and accountability in a variety of roles and settings. Values and professional standards guide them as they demonstrate ethical and caring behaviors. Nurses think critically, communicate effectively, and intervene therapeutically in the application of the nursing process.

The faculty of the Mount Mercy University Department of Nursing prepares the graduates to make informed personal and professional decisions that allow them to meet human needs with sensitivity and creativity in a multicultural, global society. In view of the dynamic expansions of knowledge and technology and of the changing face of health care delivery, the faculty emphasizes life-long learning as essential to on-going professional development.

Department Objectives and Program Outcomes

Students in the Mount Mercy University Department of Nursing will seek the meaning and purpose of nursing as they journey throughout and beyond their baccalaureate education. The graduate will:

Department of Nursing Objectives	Nursing Program Outcomes
1. Integrate knowledge derived from liberal arts, sciences, technology, and nursing to promote evidence-based nursing practice.	**A**. Critically analyze relevant information in the utilization of the nursing process. **B**. Apply hypothetical change process for implementation of evidence-based practice.
2. Exemplify the values of the nursing profession. (Altruism, Autonomy, Human Dignity, Integrity, Social Justice)	**A**. Respect the value and dignity of human life with sensitivity to diverse human conditions. **B.** Advocate for clients and families. **C.** Demonstrate professional behavior (such as honesty, ethical decision making, fairness, civility and confidentiality).
3. Implement safe and high quality client-centered nursing interventions.	**A.** Practice nursing with professional accountability and responsibility to improve the quality and safety of healthcare systems. **B**. Provide client-centered, safe nursing care. **C.** Collaborate effectively with nursing and interprofessional teams.
4. Embrace the culture of professional nursing.	**A**. Use the language of the profession of nursing to communicate appropriately using verbal, written and technological methods. **B**. Demonstrate therapeutic use of self in providing nursing care.
5. Demonstrate personal and professional growth.	**A**. Prepare to be an active member in the nursing profession. **B**. Progress through one's personal journey to successful completion of the nursing major and on-going professional development.

The faculty of the Department of Nursing have used the referenced Webber article to assure that a curricular framework is evident as course content is developed at each level of curriculum. The framework as proposed by Webber addresses: nursing knowledge, skills, values, meanings, and experiences. The objectives address each area and guide the faculty in the development of courses for theoretical content and clinical experiences.

Webber, P. B. (2002). A curriculum framework for nursing. *Journal of Nursing Education*, *41*(1), 15-24.

Conceptual Framework

Curricular Threads	Year One: Call to Adventure	Year Two: Departure/ Crossing the Threshold	Year Three: Initiation/Transformation	Year Four: Extending the Journey
Knowledge	Completed with course content for NU 111 and NU 114 in each area	Completed with course, laboratory and clinical content and experiences for NU 232, 224, 240, & 260 in each area.	Completed with course, laboratory and clinical content and experiences for NU 230, 320, 330, 350, & 352 in each area	Completed with course, laboratory, and clinical content and experiences for NU 332, 470, 471, 422, & 411 in each area. RN to BSN Courses
Skills				
Values				
Meaning				
Experiences				

The conceptual framework provides the structure for the curriculum which guides faculty in facilitating student achievement of program goals. The faculty believes that this conceptual framework accurately reflects the missions of the department of nursing and Mount Mercy University. The RN-BSN program follows the same conceptual framework as the traditional program, with the RN-BSN coursework mirroring the senior level coursework.

American Nurse's Association (ANA) Code of Ethics

Provision 1) The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

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

Provision 3) The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

Provision 4) The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.

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

Provision 6) The nurse participates in establishing, maintaining and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

Provision 7) The nurse participates in the advancement of the professional through contributions to practice, education, administration, and knowledge development.

Provision 8) The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

Provision 9) The profession of nursing as represented by association and their members is responsible for articulating nursing values for maintaining the integrity of the professional and its practice, and for shaping social policy.

American Nurses Association, (2001) *Code of Ethics for Nurses with Interpretive Statements*, Washington, DC, American Nurses Publishing.

Statement of Ethical Practices

Believing in the dignity, worth and potential of each student and recognizing the student's rights and responsibilities, the faculty of the Department of Nursing of Mount Mercy University adheres to the following ethical policies:

1. The chairperson of the Department of Nursing directs policies for the recruitment of prospective nursing students. These policies are implemented by the Admissions Office of the University.
2. Accurate and objective information on program requirements and accreditation status is disseminated in the Mount Mercy University Catalog as well as verbally to interested individuals or groups.
3. Applicants to the nursing program may not be excluded on the basis of race, color, creed, age, gender or national origin. Applicants with physical handicaps are considered on an individual basis. Refer to Department Policy for ADA. The faculty of the Department of Nursing reserve the right of admitting only those students who in the judgment of the faculty satisfy the requirements of scholarship and health and meet the standards expected of prospective members of the nursing profession.
4. The Mount Mercy University Catalog provides current information regarding admission, progression, and graduation requirements, costs of the nursing program, and curriculum. Additional information regarding the nursing program is available in the Nursing Student Handbook. These resources are made available to the nursing students and the policies, therein, are verbally reinforced by the nursing faculty.
5. Student records are confidential unless faculty are obligated to disclose under proper authorization or legal compulsion. Students have access to their own records.
6. The nursing faculty abide by the written policies in the Mount Mercy University Catalog, the Good Book and the Nursing Student Handbook.
7. The nursing faculty acquaint the nursing student with any change(s) in policy prior to the effective date. Program requirements in effect at the time of admission to the nursing major will be honored.
8. After careful consideration by faculty members a nursing student shall be notified of pending dismissal for scholarship, health, or professional reasons. Students may appeal this decision as outlined in the Nursing Student Handbook and in the current Good Book.
9. Nursing students shall be permitted to graduate and make application for licensure provided all requirements have been fulfilled.
10. Prospective nursing students are notified promptly of acceptance or non-acceptance into the nursing program as outlined in the Mount Mercy University Catalog.
11. Students have input into curriculum content, policies, and evaluation as well as course scheduling within reasonable limitations imposed by their knowledge of the curriculum process and the resources of the program. This is presented under the headings "Student Representation on Department of Nursing Committees" and "Student Rights and Responsibilities" in this Nursing Student Handbook.

Statement of Student Rights and Responsibilities

Students Have a Right to:	And a Responsibility to:
1. Participate in curriculum development, implementation, and evaluation.	1. Provide student representation on committees as specified in the department bylaws. Participate in class and appropriate professional organizations to learn about current nursing trends and practices.
2. Accurate information about course requirements at the onset of enrollment.	2. Read course syllabi, actively participate in class, lab, and simulation experiences with peers.
3. Participate in the governing actions of the University and Department of Nursing.	3. Know and use established communication channels. Provide student representation on committees, share information with peer representatives, and respond to representatives' inquiries.
4. Know and be informed of the criteria for admission, progression, and graduation.	4. Know and abide by criteria for admission, progression, and graduation as listed in the catalog and student handbook.
5. Equal treatment regardless of race, color, creed, age, gender, national origin, or physical handicap.	5. Satisfy the requirements of scholarship and health and meet the standards of expected prospective members of the nursing profession.
6. Access to their own records and confidential treatment of those records.	6. Listen attentively and write own opinion if in disagreement with faculty. Respond as requested to Document of Concern.
7. Learn about policy changes prior to effective date.	7. Respond to proposed policy changes through appropriate channels prior to the effective date. Evaluate the changes on an ongoing basis giving such information through proper channels.
8. Notification of pending dismissal for scholarship, professional, or health reasons.	8. Appeal such decision if deemed by the involved student to be unfair on specific grounds.
9. Complete the basic program and apply for licensure once all requirements have been fulfilled.	9. Comply with State Board of Nursing requirements for licensing examination.
10. Participate in University-wide activities.	10. Read student publications and posted notices and respond accordingly.
11. Be treated as a professional.	11. Review professional behavior guidelines.

Student Representation on Committees

Student representatives are elected in the fall term annually to serve for a full year (unless otherwise noted) on the following Nursing Department committees:

RN to BSN Committee: One representative per cohort from the students enrolled in the RN to BSN Program.

Student Affairs Committee: A student representative from each level including freshman, sophomore, junior, senior, and RN to BSN, including one of whom is from Mount Mercy University Association of Nursing Students (MMUANS) and one of whom is from the Nurses of Vision and Action (NOVA) Committee.

For a description of each committee, please refer to the Bylaws of the Department of Nursing located in 229 Donnelly.

Recognition for Nursing Students

Kappa Xi Chapter, Sigma Theta Tau International

Kappa Xi Chapter, Sigma Theta Tau International, is the honor society of nursing. It is the second largest nursing organization in the United States and among the largest and most prestigious in the world. The honor society was founded in 1922 by six nursing students at Indiana University. On April 30, 1988, the Kappa Xi Chapter was chartered at Mount Mercy University. Kappa Xi Chapter (Number 252) inducted 150 members from among outstanding alumni, students, and community nurse leaders. The chapter meets on a regular basis throughout the year, presenting programs focusing on scholarship and research in nursing. The annual induction ceremony is held each fall at which time new members are selected and invited to join. The criteria for membership include: a) scholastic achievement; b) leadership qualities; c) high professional standards; d) creative work; e) commitment to the profession. For further information regarding Kappa Xi and Sigma Theta Tau, inquire at the Department of Nursing office.

Pinning Ceremony

A formal pinning ceremony is held for graduating senior nursing students and their families prior to graduation. The pinning ceremony will be planned by the graduating class in conjunction with the Department Chair. Specific guidelines for the ceremony are available from the Department Chair.

Additional Recognition of Nursing Students

Additional recognition of nursing students may be acknowledged with the following awards:
Kappa Gamma Pi (National Honor Society)
Mary Catherine McAuley Award
Mary Frances Warde Award
Mount Mercy Co-Curricular Service Award
Mount Mercy President's Award
Who's Who in American Colleges and Universities

Admission, Progression, and Graduation Policies and Procedures

The RN-BSN program admits and promotes students in the nursing program at Mount Mercy University according to the policies described below.

In accordance with the Iowa Articulation Plan for Nursing Education: RN to Baccalaureate, Mount Mercy University offers Advanced Placement to the RNs who are interested in returning to college for a Bachelor of Science degree in Nursing. The program is designed to include the granting of credit for past learning and consideration of the needs of adult learners. Students may attend full- or part-time.

Additionally, faculty of the nursing department reserves the right of retaining only those students who in the judgment of the faculty satisfy the requirements of scholarship and health and meet the standards expected of prospective members of the nursing profession.

Admission into the RN to BSN Nursing Program

Admission requirements for the RN to BSN program include:

- Associates Degree in Nursing (ADN) or Diploma in Nursing
- Current and valid RN License (no current disciplinary action)
- Employed at least half-time in the nursing field
- 3.0 minimum GPA or higher. Students with an admission cumulative GPA less than a 3.0 may be admitted to the university and conditionally admitted to the Nursing Major. In order to continue, all RN-BSN students must successfully complete NU 242 Concepts in Baccalaureate Nursing Education, earning a minimum grade of C.

The following documentation will be required during the first nursing course (failure to complete documentation by the end of the first nursing course [NU242] will result in failure of the course); the documentation will be submitted electronically to RN-BSN faculty:

- RN License
- Health Insurance Card
- Background check
- CPR card
- Liability Insurance
- Completed Physical Form (for nurses not currently working in a healthcare setting)

Progression in the RN to BSN Nursing Program

Once admitted to the Department of Nursing, in order to progress, student students must maintain a cumulative grade point average of 2.00 and maintain a C or above (C- does not count) in all nursing courses. NU242 Concepts is a prerequisite to all other nursing courses. Students who withdraw or are academically unsuccessful in a nursing course may repeat the course once; however, only one nursing course may be repeated. Students who are unsuccessful in a nursing course will receive a formal letter from the course coordinator summarizing the student's work and recommendations from course faculty regarding potential readmission to the nursing program. Students who fail a second nursing course will not be able to complete the nursing major at Mount Mercy University.

Students in the RN to BSN program must also maintain certification for Basic Life Support, nursing liability coverage, and a current valid RN license throughout the entirety of the nursing program. Nursing courses with a clinical component may not be taken by a person:

- Who has been denied licensure by the Board
- Whose license is currently suspended, surrendered, restricted, or revoked in an U.S. jurisdiction due to disciplinary action;
- Whose license/registration is currently suspended, surrendered, restricted, or revoked in another country due to disciplinary action.

Course Registration in the RN-BSN Program

Course registration in the RN to BSN program is done in collaboration with your faculty advisor.

Transfer Courses

Students may take courses on other campuses to meet graduation requirements. A petition is required to seek approval from the Academic Affairs Department. This petition approval assures the student that the course will transfer for a specific requirement. A petition must also be submitted by students who have 30 or fewer hours remaining immediately preceding graduation to have the 30 hours residence requirement waived.

Independent Study

Students in the Department of Nursing may take an Independent Study course in nursing for elective credit. The regulations and application processes for an Independent Study course is outlined in the University Catalog.

Readmission to the Nursing Major: Criteria

All nursing courses are expected to be taken in an uninterrupted sequence until completed. If interruptions (i.e. nursing course or co-requisite failure, course withdraw) occur the student must seek readmission to the nursing major. In order to be considered for re-admission to the nursing major following any interruption of progression in the program, the student shall:

1. Write a formal letter (no email) to the Department Chair requesting consideration of readmission to the nursing major.

2. Submit evidence that the student has addressed faculty recommendations written in the course withdrawal and/or failure letter and has a plan of action for success in future nursing courses.

3. Students will be notified via a formal letter from the Chairperson of the Admission, Progression, and Graduation committee whether readmission was granted.

Graduation Requirements

Students in the last year of courses should apply for graduation via the registrar website.

Financial Aid

Financial aid may be available in the form of loans, grants, scholarships, work-study, or a combination of these. For financial aid information, contact the Financial Aid Office.

Miscellaneous Costs

- Criminal background check
- Health and disability insurance
- Professional Liability Insurance
- Textbooks
- Transportation for clinical experiences

Grievance Procedure

If a student is not being promoted and/or does not graduate due to unsatisfactory coursework in theory or clinical practice, the student may follow the steps outlines under the Academic/ Administrative Grievance Procedures for Students in the Good Book.

Formal Complaint to the Department of Nursing

The faculty of the Department of Nursing recognizes that there may be situations which occur that are not satisfactory to students, faculty, or others associated with the program. When such a situation occurs those with a complaint are encouraged to inform the Department of Nursing Chair. A written formal complaint is required

to be submitted to the Department Chair which explains the complaint and suggests possible solutions, if appropriate. The Chair will respond to the complaint within a reasonable amount of time in writing and additional correspondence or meetings will be held as necessary. A complete record of the complaint and the actions taken to address the complaint will be kept on record in the Department of Nursing for a period of five years.

Academic Support for Nursing Students

Mount Mercy University and the Department of Nursing strive to assist students with the intellectual development necessary to achieve their academic goals. All students are assisted in these efforts through various services offered by the university. The Department of Nursing expects and encourages students to use the services offered.

Faculty Advisor: RN to BSN Nursing Program

The RN to BSN Program Director, along with full time RN-BSN faculty, will serve as the advisors for RN students returning for a Bachelor of Science degree with a major in Nursing. The advisors work with each student to assist in establishing the most appropriate course of study. Transcripts should be obtained prior to the initial contact with advisors.

Course Coordinator and Faculty Team Members

Once a student has enrolled in a nursing course, the faculty of that course will be the most helpful resources in relation to all matters associated with the course. Questions about course assignments, lecture sessions, and clinical experiences are to be directed to the faculty of the course. Students who anticipate special needs, such as known absences, disability accommodations, or assistance with assignments should confer with faculty in the course in which they are enrolled. Faculty members may make referrals to other sources of assistance as needed.

Academic Center for Excellence (ACE)

The Academic Center for Excellence (ACE) works with the administration and faculty to provide Mount Mercy students of all abilities with academic programs and support. These programs enhance success and promote intellectual curiosity and life-long learning. Activities emphasize development of skills that help students become more independent and efficient learners.

Nursing students may need assistance in ACE at different times during their education. Services available include assistance with writing skills, math, study skills, time management, and testing techniques. ACE provides peer tutoring, disability services, study space, computer access, and is open all day and into the evening by appointment.

The following policies are to be used when seeking assistance with learning associated with a nursing course:

1. Help is available and encouraged and is an important component of the student's overall education program. Students may initiate contact with the ACE on their own. A student may also be referred by a faculty member or academic advisor. Whether self-referred or referred by a faculty member, it is the student's responsibility to follow through with the contact and suggested assistance.
2. Nursing students who wish to test in the ACE will need to meet with the course coordinator to complete the Faculty Referral Form for Testing in the Academic Center for Excellence. The student will then have a one-on-one assessment completed by an ACE staff member so that an evaluation of students needs can be completed. The ACE staff member will communicate testing recommendations to the course coordinator before the ACE testing will be approved. Upon approval for testing in ACE, the following steps will be taken:
    a. Office Personnel will deliver the exam to the ACE prior to the scheduled time.

b. ACE staff will proctor the exam for the student.
c. The ACE staff will deliver the exam in a sealed envelope to Office Personnel who will return the exam to the course coordinator.

3. It is the expectation of the Department of Nursing that students who test in ACE will take exams at the same time that exams are scheduled for a specific course. If the ACE testing plan includes allowing more time for testing than is planned in the classroom, the student must take the responsibility for meeting the requirements of the class session for the time which is missed, e.g. if more than allotted class time is needed for testing, students must arrange starting a test early in order to complete the test in time to return to the scheduled class.

Performance Standards

Americans with Disabilities Act: Department of Nursing Policy

The Americans with Disabilities Act (ADA), 1990, was promulgated by the United States Congress to prohibit discrimination against qualified individuals with disabilities. Disability is defined in the Act as a person with a) physical or mental impairment that substantially limits one or more of the major life activities of such individuals; b) a record of such impairment; or c) being regarded as having such an impairment. A "qualified individual with a disability" is one who, with or without reasonable accommodation or modification, meets the essential eligibility requirements for participation in the program. Examples of disabilities likely to be covered by ADA:

Physical Impairments: Orthopedic, visual, speech, and hearing impairments: cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV (symptomatic or asymptomatic), tuberculosis, addictions.

Mental Impairments: Mental handicaps, organic brain syndrome, psychiatric disorders, learning disabilities.

Examples of record of such "impairment": history of psychiatric illness; addiction to drugs or alcohol, physical illness, erroneously diagnosed with a condition.

Examples of "regarded" as having a disability: deformity not affecting function, i.e., facial, trunk, mild diabetes mellitus, controlled by medication.

Department of Nursing ADA Application

The Department of Nursing, in defining nursing as a practice discipline with cognitive, sensory, affective and psychomotor performance requirements, has adopted a list of "Core Performance Standards" (see below). Each standard has an example of an activity which a student would be required to perform while enrolled in the Mount Mercy University nursing education program.

Admission to and progression in the nursing program is not based on the standards. Rather, the standards are used to assist each student in determining whether accommodations or modifications are necessary. The standards provide an objective measurement upon which a student and the advisor base decisions.

Core Performance Standards for Admission and Progression of Nursing Students

ISSUE	**STANDARD**	**SOME EXAMPLES** OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Critical Thinking	Critical thinking ability sufficient for clinical judgment.	Identify cause-effect relationships in clinical situations, develop nursing care plans.
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.	Establish rapport with patients/clients and colleagues.
Communication	Communication abilities sufficient for interaction with others in verbal and written form.	Explain treatment procedures, initiate health teaching, document and interpret nursing actions and patient/client responses.
Mobility	Physical abilities sufficient to move from room to room and maneuver in small spaces.	Moves around in patient rooms, work spaces, and treatment areas, administer cardio-pulmonary procedures.
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care.	Calibrate and use equipment; position patients/clients.
Hearing	Auditory ability sufficient to monitor and assess health needs.	Hear monitor alarm, emergency signals, auscultatory sounds, cries for help.
Visual	Visual ability sufficient for observation and assessment necessary in nursing care.	Observes patient/client responses.
Tactile	Tactile ability sufficient for physical assessment.	Perform palpation, functions of physical examination, and/or those related to therapeutic intervention, e.g., insertions of a catheter.

11/95

http://www.sreb.org/page/1390/the_americans_with_disabilities_act.html

Professional Attire

As members of the profession of nursing, the faculty and students of Mount Mercy University Department of Nursing strive to provide nursing care that meets high standards of practice along with meeting individual needs of those we serve. Therefore, the following dress code and guidelines for uniforms have been adopted to foster the development of professional behaviors that demonstrate concern for the safety of the client and the nurse and demonstrate sensitivity to the client's perceptions and expectations. The other policies included here help students and the department function in a professional manner.

General Dress Code Policies

Students completing clinical activities within their own clinical work settings will follow the dress code for that work area, in addition they will wear a Mount Mercy University name badge.

Students completing clinical activities outside their own clinical work settings will wear 'business casual' attire or attire as prescribed by that unit, and wear a Mount Mercy University name badge.

Students in the Community Setting will wear 'business casual' attire, no jeans or scrubs, and wear a Mount Mercy University name badge.

Professional Responsibilities of Students

The nursing students at Mount Mercy University are active participants in the educational process which prepares them for entry into the profession of nursing. It is the expectation of the faculty that students will develop cognitive, affective, and psychomotor skills necessary to meet the demands of professional nursing in the ever-changing environment of the health care delivery system. As active participants, students are expected to develop professional behaviors beyond the classroom and clinical area which represent a knowledge of personal and professional responsibilities.

Academic Integrity Statement

Mount Mercy values integrity and honesty in all aspects of academics and campus life. As part of the academic mission, the institution provides Definitions and Procedures for which all students are responsible. Students are responsible for accessing and adhering to the academic integrity definitions and procedures for Mount Mercy University. The Academic Integrity Statement, Definitions and Procedures can be found in the University's catalog, the Good Book, and on Brightspace. Plagiarism is the act of copying word for word from a source and/or paraphrasing without the proper use of documentation. In the Department of Nursing, academic dishonesty such as cheating or plagiarism will result in a zero grade for the involved assignment.

Confidentiality

It is the legal and ethical obligation of nurses to keep information about clients and their illnesses and treatments confidential. This means that nurses never share information with anyone who is not involved with the specific nurse-client relationship. The clients must be able to trust a nurse and know that information will not be revealed inappropriately but will be used to communicate essential information to facilitate their health care. Nursing students and nurses do not gossip about clients with their friends or others not involved in the client's care. The client's initials are used in all student papers and reports. Full names of clients are not used. Information should not be shared with classmates, faculty or others unless they are involved in the client's care as in a clinical conference. Students must not share client information outside of the clinical unit even if they share the same client assignment. This includes phone conversation or any form of electronic communication. Each student MUST log in to the electronic health record (EHR) and obtain the assigned client's information independently.

HIPAA Violation Document of Concern

A breach of confidentiality is considered a serious offense and may lead to dismissal from a clinical area, course, or the nursing program. Please consult with faculty members if issues related to confidentiality arise. Students in the Mount Mercy University (MMU) nursing program are required to complete training and abide by the health information privacy requirements of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). Violations of the privacy requirements of

HIPAA will be subject to disciplinary actions as identified by the level of the violation. *See Appendix B for the DOCUMENT OF CONCERN (DOC) For HIPAA Violation.*

ADA Statement:
Students who wish any type of accommodation or support for their academic work or environment associated with a documented disability are responsible for contacting their course faculty in a timely manner regarding necessary accommodations and/or for making arrangements through the Academic Center for Excellence (ACE).
Faculty may assist with a referral to the ACE, if a student does not have a documented disability but would like support from the ACE or the Disability Services Coordinator.

Nursing Student Professional Expectations

The Department of Nursing expects all students to behave in a professional manner. This means students do not participate in theft, plagiarism, dishonesty, unethical behavior, removal of supplies, breach of confidentiality, or misrepresentation of illness or personal crisis to intentionally mislead instructors as an excuse for missed or late academic work. Evidence of unprofessional behavior is grounds for disciplinary action which may include forfeiture of the grade for that work and/or failure of the course. See the Mount Mercy University Good Book Academic Policies and Mount Mercy Code of Conduct sections.

Document of Concern (DOC)

There may be situations which arise when a student's performance in the classroom, clinical or laboratory setting is unsatisfactory or unprofessional and causes faculty members to express concern. This concern is documented on the Document of Concern (DOC) form. Department procedures for documenting concerns are described on the DOC form. Faculty will provide an explanation of concerns related to student performance on the DOC.

In determining the appropriate discipline or corrective action the course coordinator and program director will consider professional standards, seriousness and potential for harm. Action may include written warning, remediation, repetition of learning experiences, failure of clinical, failure of course, dismissal from the nursing program, and/or dismissal from the university. The Admissions, Progression, and Graduation committee monitors trends of individual student behavior for repeated unprofessional behavior across courses and semesters. Trends will be communicated to student with Disciplinary/ Corrective Action taken. Faculty will conference with the student and the student is expected to complete a Plan of Action on the DOC to correct/prevent the situation from occurring in the future. Faculty will either issue a written warning or an "U" (unsatisfactory performance/unprofessional behavior). Students earning three "U"s in one nursing course will fail the course with a grade of F. The accumulation of six "U"s throughout the nursing program will result in elimination from the program. *See Appendix C for the Document of Concern form and procedure.*

Dishonest Behavior in the Workplace

The profession of nursing requires that members of the profession report dishonest behavior when it occurs in the workplace whether or not it results in harm to the patient. Such reporting is the responsibility of nursing students as well. The stated policy will be followed in the event that dishonesty reported by another student is confirmed.

Academic Policies

Policy of Formal Papers

Formal papers will be prepared using the Nursing Department Writing Assignment Rubric and the latest edition of the Publication Manual of the American Psychological Association, and APA. Use of these writing resources is expected. Consequences of failing to achieve the writing competency expectations will be:

(1) Papers earning less than 75% must be rewritten

(2) The paper must be rewritten to meet all the specifications of the satisfactory column in the rubric to earn 75% of the points of the initial value of the paper. If the rewritten work does not meet all the specifications of the satisfactory column on the rubric, the student will earn the grade on the initial submission.

(3) No more than 75% can be earned on any paper requiring resubmission and only one submission will be accepted.

(4) Papers achieving 75% or more may not be rewritten.

(5) Papers must be submitted by due date. Extensions will be given only in extreme circumstances. 10% of the total points per day can be deducted for papers submitted late without a proper extension. These points cannot be earned if the paper is rewritten. If this deduction causes the overall score to fall below 75%, the paper may not be rewritten.

All formal papers will be submitted to TurnItIn dropbox to discourage the submission of previously written papers in place of a current assignment. Some student papers will be included in the electronic portfolio. At the discretion of instructors, and with written permission from the student-author, these papers may be used for examples for subsequent semesters.
It is highly recommended that students make a copy of all formal papers for their own files.

Dishonesty occurs when students share their papers with other students who are working on similar assignments.

Students may consult with faculty regarding the rough draft of a paper prior to it being turned in for a final grade. Faculty has the right to limit the extent of the review and/or the number of reviews.

Student Evaluation and Grading

To fulfill the requirements of this course, the student must attain an overall score of 75% or above for the 'graded' portion of the course AND must achieve an average of 73% or above on exams alone. A student who earns 75% or more of the total course points but does not achieve a minimum of 73% on exams would receive a C- and would need to repeat the course before progressing in the program. Rounding of percentages is used only with final grade calculation. For example, 72.50% rounds up to 73%, 72.49% does not round up. The student must also pass the clinical component of the course which is evaluated on a pass/fail basis. A clinical failure results in a grade of F for the course.

Grading Scale (Percent/Letter Grade)

	87-89 = B+	78-79 = C+	67-69 = D+
93-100 = A	83-86 = B	75-77 = C	63-66 = D
90 - 92 = A-	70-74 = C-	80-82 = B-	60-62 = D-

Nursing students must achieve a C or above to pass a Nursing Department course.

Bonus Points

Course faculty will limit the number of bonus points so that a grade may be raised only one level (i.e., B– to B). Bonus points are added to a course grade only after a student has achieved 75% in the course. Bonus points will be given at the discretion of course faculty.

Students taking courses in the Master of Science in Nursing Program

RN-BSN students may take elective courses in the MSN program after successful completion of Statistics, NU470 Population based nursing, NU471 Professional Aspects of Nursing, and NU 472 RN-BSN Practicum Seminar. Students may take up to 12 credits in the MSN program. MSN courses available to RN-BSN students include MSN Core Courses and MSN Elective Course, but not MSN Track Courses.

All RN-BSN students taking MSN course will be required to:

- Obtain membership to the American Nurses Association (ANA), before starting MSN courses
- Attend the MSN program orientation before taking MSN Core Courses

Classroom Etiquette, Communication, and Professional Behavior Expectations

In addition to the information provided in the syllabus for each course, the following guidelines communicate expectations for classroom etiquette, communication, and professional behavior. Etiquette in the classroom is expected as a sign of respect for classmates and faculty. These expectations have been identified through consultation with both faculty and students as illustrative of the behavior expected of professional nurses. Students and faculty are expected to read and adhere to these expectations. Please consult with the faculty of the course if there is the need for any exception to these expectations.

Attendance:

In Class

a. Nursing students are expected to attend each class session that is scheduled throughout the semester. The complete schedule for each course is included in each syllabus so students are aware of all expected dates of attendance.

b. All class absences are to be reported to the course coordinator before class begins. Absences will be reviewed and considered on an individual basis by the course coordinators. Each student is responsible for lecture and announcements missed through any absence.

c. All assignments are to be completed and turned in at the start of class. Exceptions may be considered in special circumstances (emergencies). Students are accountable for contacting instructors when special circumstances arise prior to the start of class.

ONLINE

a. Attendance is taken the first week of class for Department of Education requirements. Online students must actively engage in the course by the end of the first Thursday (2359 CST). Simply logging in to the class does not count as engagement for attendance purposes. Participation can include posting/responding to a discussion forum, submitting an assignment, etc.

Classroom Etiquette

a. Arrive promptly so that the class is not disrupted by late arrival. Students are not expected to leave a class prior to its completion unless they have talked with the faculty member first.

b. Casual visiting between classmates during a class session is impolite and will not be tolerated by the faculty. Questions and discussion are encouraged; however, students should wait to be recognized by the faculty before asking the question. Responses to a faculty or student answer should be polite and appropriate.

c. Students are expected to be prepared for class and to do the required reading prior to each class session. All class prep should be completed independently unless otherwise instructed.

d. The Department of Nursing understands that circumstances may occur that impose upon a student's ability to complete course assignments at the designated times. It is the student's responsibility to inform the course coordinator (or clinical instructor) if there are any problems in meeting course assignments exam schedules or deadlines.

e. Laptops in class should be used only for course related activities. In addition, one must be respectful of other classmates when using the laptop.

f. No cell phones or texting devices should ever be heard or used in the classroom or clinical area. The device should be shut off (not on vibrate mode). Should a student be in a situation where an emergency communication is pending it should be brought to the attention of the faculty member or appropriate staff member. Students should step outside of the classroom to receive emergency communications, so as not to disrupt the rest of the class.

g. Sleeping in class will not be tolerated.

h. It is not allowed to bring children or pets to class. The only exception is service animals or service animals in training.

Professionalism/Netiquette

Students are expected to consistently demonstrate professional behavior. This includes but is not limited to:

- Being on time with assignments
- Respecting interactions with students and faculty
- Proactive engagement in learning process and assignments
- Being organized and prepared
- Managing paperwork effectively
- Managing technology effectively (university has computer, printing and internet support; use it in times of technical emergency)
- Managing personal crises effectively
- Managing personal information (own and others') appropriately

Students who have trouble in one or more of these areas may have their grade lowered and in some cases may be referred for further resources or review.

E-mail and Voice Mail Etiquette

a. All students must have a mustangs.mtmercy.edu email address and all course communication that occurs via email will be sent to that address. Students should check their mustangs.mtmercy.edu email and Brightspace site daily for announcements and e-mails.
b. A phone mailbox is expected to be active and checked by each student and faculty member.
c. When communicating by e-mail or voice mail, the following rules of etiquette are expected to be followed by each person communicating:
    i. Student should sound friendly and approachable, yet at the same time professional when leaving a voice mail or e-mail message; avoid sounding angry or demanding.
    ii. Reply as soon as possible. The same day is best – but ideally within 24 hours. A prompt reply truly fosters communication for both the receiver and the sender. Remember that faculty may

not be available within 24 hours if they are in clinical and off campus. Send the message again if you have not received a prompt reply.

iii. Always reference the sender's original message in the reply. This can be done in a simple sentence stating, "Thank you for requesting information about…." Or, depending on the e-mail program used, it may automatically reference the original message.

iv. Develop a strong vocabulary and proper grammar skills. Before sending an e-mail, read it over to be sure good grammar and spelling are being used while getting the point across.

v. Be as brief but detailed as possible. People want information, but they do not want to be bogged down with pages and pages of text.

vi. Always include additional contact information such as phone, fax and/or cell phone numbers, as well as mailing information in every correspondence. Be very clear when leaving a return phone number via voice mail, it may be helpful to repeat it in the message.

vii. Consider the size and content of file attachments.

Evaluation as a Learning Process

There will be many instances when students are asked to evaluate a learning experience or a faculty member throughout the curriculum. This opportunity is a professional process that involves thoughtful, constructive responses. It is inappropriate to use offensive language in an evaluation or to "vent" one's frustrations or dislikes without making helpful suggestions. Evaluations are an important learning tool for faculty and students and are expected to receive respectful, professional attention.

Infection Control Policy and Guidelines

The delivery of nursing care has always been a service associated with risks for the nurse. Many nursing students enter school without an understanding of the risks of transmission or the prevention of infectious diseases. As novice practitioners with limited skills, students may have greater risk of exposure to infection. With increasing concerns about the spread of infection in health care settings, it becomes imperative that the nursing student be aware of policies and guidelines related to infection control. The Department of Nursing has developed policies and guidelines to help decrease the risk of infection for nursing students and prevent the transmission of disease in health care settings.

Prevention of Infection

Reviewing of the Infection Prevention and Control Policy is the responsibility of the RN to BSN Student.

Instructions for infection prevention and control will be continually reinforced, and clinical supervision will be managed to ensure strict compliance in all clinical and simulation learning experiences.

All nursing personnel are professionally and ethically obligated to provide patient care with compassion and respect for human dignity. No nursing personnel may ethically refuse to treat a patient solely because the patient is at risk of spreading, or has, an infectious disease. Students and faculty will identify and follow rules of confidentiality.

Pregnant students will not be required to give direct care to patients with severe immunosuppression, including individuals with symptomatic HIV infection. There is a risk of cytomegalovirus from these clients and intrauterine transmission is potentially serious.

Influenza Immunization

All students will submit verification of flu immunization or evidence of medical justification (submitted annually) to not receive the immunization by the specified date. Students who fail to submit a record of immunization or evidence of medical justification to not receive the immunization will receive a DOC with a "U". Students who fail to receive or are unable to receive the immunization must wear a mask to clinical assignment when the hospitals announce activation of influenza precautions. Students who fail to receive the immunization, or submit evidence to decline the immunization and fail to agree to wear a mask according to the hospital influenza precautions will not be allowed to attend clinical assignments.

Testing Status

Nursing students, faculty, or staff who believe they may be at risk for HIV, hepatitis B or Hepatitis C infection have an obligation to be tested. While the testing decision should be voluntary for the individual, there may be instances in which testing could be required. Education, training, and confidentiality safeguards can be used to encourage those who believe they might be at risk to be tested. Pre and post-test counseling will be available at the testing site.

Students, faculty and staff who know they are infected will be urged to voluntarily inform a designated official in the school who will provide information and referral on health care and counseling, and begin a process to access the need for necessary modification/accommodation in clinical education or job functions.

HIV Infected Faculty, Students and Staff

Clinical settings which pose additional risk to the personal health of infected students and faculty should be identified, and such persons should be advised of those risks and urged to consult their health care provider to assess the significance of the risks to their own health.

Any modifications of clinical activity of HIV infected students or faculty should take into account the nature of the clinical activity, the technical expertise of the infected person, the risks posed by HIV carriage, functional disabilities, and the transmissibility of simultaneously carried infectious agents.

Post-Exposure Procedure and Reporting

If an exposure occurs, faculty, students, and staff should follow the CDC and institution guidelines for occupational exposure. An exposure is defined as:

1) a needle stick or cut caused by a needle or sharp that was actually or potentially contaminated with blood or body fluids.
2) a splash to mucous membranes (e.g. eyes, mouth) with blood or body fluids.
3) cutaneous contact with prolonged exposure to blood or body fluids – especially when the skin is chapped, abraded, or afflicted with dermatitis.

Emergency Body Fluid Exposure Procedure

If you experienced a needle stick or sharps injury or were exposed to the blood or other body fluid of a patient during the course of your work, **immediately follow these steps**:

- Wash needle sticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants
- Report the incident to your supervisor (e.g. clinical instructor, preceptor, charge nurse)
- Immediately seek medical treatment

Specific post-exposure protocols are available in each hospital and agency in which students will work directly with patients. The specific protocol for the agency would be utilized by all students and faculty who have assignments in that agency. Furthermore, a student or faculty member has an ethical duty to report such an exposure to the faculty member in charge or designated preceptor. Should an infected student expose a patient, he/she is ethically obligated to report this as well. An exposure is also reported to the Department of Nursing Chair and to the Director of Wellness at Mount Mercy University (student health nurse).

Tuberculosis (TB) Exposure and Reporting
When a known incident of exposure to active TB occurs, the policy of the institution or agency in which the faculty member or student has been giving care will be followed. Records of the exposure and follow-up will be maintained with health records on campus as well as within the agency.

Any case of active TB will be reported to the Linn County Public Health Department. All results of the testing will be reported to the infection control departments of Mercy Medical Center, St. Luke's Hospital, and if requested, any other agency in which students participate in patient care.

Bloodborne Infectious Diseases: HIV/AIDS, Hepatitis B, Hepatitis C; Emergency Needlestick Information http://www.cdc.gov/niosh/topics/bbp/emergnedl.html

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

Appendix A: Mandatory Clinical Information (MCI), CPR, and Influenza

Mandatory Clinical Information (MCI), CPR, and Influenza Immunization Guidelines

MCI documentation must be on file with the nursing department before students complete NU242 in order to progress further in nursing courses.

Criminal Background check:

A Criminal Background Check will be initiated prior to or during NU 242 Concepts in Baccalaureate Education. Students will not be allowed to progress in the nursing program without a complete background check and appropriate documentation of all mandatory clinical information (MCI).

Mandatory Clinical Information:

The Mandatory Clinical information documents must be submitted to the NU 242 'MCI' course dropbox.

CPR:

ALL students **must** have Cardio Pulmonary Resuscitation (CPR) certification. If the certification is scheduled to expire during the academic year, it must be renewed and remain current throughout the nursing courses.

Immunizations:

All students will submit verification of immunizations or evidence of medical justification to not receive the immunizations by week 4 of first nursing course. Students who fail to submit a record of immunization or evidence of medical justification to not receive the immunizations will receive a DOC with a "U". Students who fail to receive or are unable to receive the immunization must wear a mask to clinical assignment.

Immunization Guidelines

Immunization requirements (as per CDC recommendations) include:

- MMR (2 doses)
- Tdap (every 10 years)
- Influenza (yearly)
- Hepatitis B series (3 doses)
- Varicella

TB Guidelines**:**

All students, who work in settings classified as 'low risk' according to CDC guidelines must show documentation of baseline TB screening with negative results. Students will provide documentation of their facilities 'low risk' classification if providing baseline screening instead of an annual TB test. Students, who work in settings classified as 'medium or high risk' according to CDC guidelines must show documentation of annual TB screening with negative results. Students with positive test results will provide documentation of chest radiograph results to exclude TB disease.

Appendix B: Mandatory Clinical Information (MCI)—Checklist

Health Forms	Complete or Not?
Physical Form both sides completely filled out and signed/dated by the Health Care Provider Recommendations regarding student's ability to perform in classroom, lab and clinical setting completed (backside of physical) **Physical Form is only required for students not working as a nurse or who wish to complete clinical activities outside of their own work setting.**	
Measles, Mumps, Rubella (**MMR**)- **2** doses OR copy of lab report showing positive antibody titers for all three	
Tetanus, Diptheria, Pertusis (**TDaP**) "booster" within last ten years	
Hepatitis B (series of three doses) or copy of lab report showing positive antibody titer for Hepatitis B	
Varicella/chicken pox vaccination OR copy of lab report showing positive antibody titer for varicella OR copy of medical statement documenting history of varicella	
Influenza- vaccination for current influenza season	
Tuberculin skin test (**TB**) or blood test for TB showing negative results, OR if positive results, a clear chest x-ray with lab report or physician verification of results. *Nurses working in CDC defined 'low risk' environments may submit baseline TB results and documentation verifying the employer is 'low risk' per CDC criteria. If nurse does not have 'low risk' documentation, documentation of annual TB test will be needed.*	

Other Documents	Complete or Not?
CPR Card or ACLS Card- both sides of card must be copied, must be current and remain current while in program	
Health Insurance Card- both sides of card need to be copied.	
Nursing License- copy of nursing license.	
Liability Insurance- Proof of personal liability insurance, beyond what employer may hold for student.	
Authorization form for Dependent Adult and Child Abuse Registry check- complete, sign, and submit form *Initiate background check with C4 operations	

Appendix C: Healthcare Personnel vaccination recommendations (CDC)

Healthcare Personnel Vaccination Recommendations[1]

Vaccine	Recommendations in brief
Hepatitis B	Give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give IM. Obtain anti- HBs serologic testing 1–2 months after dose #3.
Influenza	Give 1 dose of influenza vaccine annually. Give inactivated injectable vaccine intramuscularly or live attenuated influenza vaccine (LAIV) intranasally.
MMR	For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give SC.
Varicella **(chickenpox)**	For HCP who have no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.
Tetanus, diphtheria, pertussis	Give a dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy (see below). Give Td boosters every 10 years thereafter. Give IM.
Meningococcal	Give 1 dose to microbiologists who are routinely exposed to isolates of *N. meningitidis* and boost every 5 years if risk continues. Give MCV4 IM; if necessary to use MPSV4, give SC.

Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to fecal material.

Hepatitis B:

Healthcare personnel (HCP) who perform tasks that may involve exposure to blood or body fluids should receive a 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals. Test for hepatitis B surface antibody (anti-HBs) to document immunity 1–2 months after dose #3.

- If anti-HBs is at least 10 mIU/mL (positive), the patient is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the patient is unprotected from hepatitis B virus (HBV) infection; revaccinate with a 3-dose series. Retest anti-HBs 1–2 months after dose #3.
  - If anti-HBs is positive, the patient is immune. No further testing or vaccination is recommended.
  - If anti-HBs is negative after 6 doses of vaccine, patient is a non-responder.

Influenza

All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may be given only to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (IIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed people (e.g., stem cell transplant patients) when patients require protective isolation.

Measles, Mumps, Rubella (MMR)

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

• HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.

• Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, healthcare facilities should consider recommending 2 doses of MMR vaccine routinely to unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps, and should consider 1 dose of MMR for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, healthcare facilities should recommend 2 doses of MMR vaccine during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

Varicella

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, history of varicella or herpes zoster based on physician diagnosis, laboratory evidence of immunity, or laboratory confirmation of disease.

Tetanus/Diphtheria/Pertussis (Td/Tdap)

All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, without regard to the interval since the previous dose of Td. Pregnant HCP need to get repeat doses during each pregnancy. All HCPs should then receive Td boosters every 10 years thereafter.

Meningococcal

Vaccination with MCV4 is recommended for microbiologists who are routinely exposed to isolates of *N. meningitidis.*

Sources for Infection Control Policies and Guidelines

CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR,* 2011; 60(RR-7).

CDC. CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management, MMWR, 2013; 62(10):1–19.

Appendix D: Healthcare Personnel TB Screenings (CDC)

TB Screening Risk Classifications

The three TB screening risk classifications are low risk, medium risk, and potential ongoing transmission. The classification of low risk should be applied to settings in which persons with TB disease are not expected to be encountered, and, therefore, exposure to *M. tuberculosis* is unlikely. This classification should also be applied to HCWs who will never be exposed to persons with TB disease or to clinical specimens that might contain *M. tuberculosis*.

The classification of medium risk should be applied to settings in which the risk assessment has determined that HCWs will or will possibly be exposed to persons with TB disease or to clinical specimens that might contain *M. tuberculosis*.

The classification of potential ongoing transmission should be temporarily applied to any setting (or group of HCWs) if evidence suggestive of person-to-person (e.g., patient-to-patient, patient-to-HCW, HCW-to-patient, or HCW-to-HCW) transmission of *M. tuberculosis* has occurred in the setting during the preceding year. Evidence of person-to-person transmission of *M. tuberculosis* includes 1) clusters of TST or BAMT conversions, 2) HCW with confirmed TB disease, 3) increased rates of TST or BAMT conversions, 4) unrecognized TB disease in patients or HCWs, or 5) recognition of an identical strain of *M. tuberculosis* in patients or HCWs with TB disease identified by deoxyribonucleic acid (DNA) fingerprinting.

If uncertainty exists regarding whether to classify a setting as low risk or medium risk, the setting typically should be classified as medium risk.

TB Screening Procedures for Settings (or HCWs) Classified as Low Risk

- All HCWs should receive baseline TB screening upon hire, using two-step TST or a single BAMT to test for infection with *M. tuberculosis*.
- After baseline testing for infection with *M. tuberculosis*, additional TB screening is not necessary unless an exposure to *M. tuberculosis* occurs.
- HCWs with a baseline positive or newly positive test result for *M. tuberculosis* infection (i.e., TST or BAMT) or documentation of treatment for LTBI or TB disease should receive one chest radiograph result to exclude TB disease (or an interpretable copy within a reasonable time frame, such as 6 months). Repeat radiographs are not needed unless symptoms or signs of TB disease develop or unless recommended by a clinician (39,116).

TB Screening Procedures for Settings (or HCWs) Classified as Medium Risk

- All HCWs should receive baseline TB screening upon hire, using two-step TST or a single BAMT to test for infection with *M. tuberculosis*.
- After baseline testing for infection with *M. tuberculosis*, HCWs should receive TB screening annually (i.e., symptom screen for all HCWs and testing for infection with *M. tuberculosis* for HCWs with baseline negative test results).
- HCWs with a baseline positive or newly positive test result for *M. tuberculosis* infection or documentation of previous treatment for LTBI or TB disease should receive one chest

radiograph result to exclude TB disease. Instead of participating in serial testing, HCWs should receive a symptom screen annually. This screen should be accomplished by educating the HCW about symptoms of TB disease and instructing the HCW to report any such symptoms immediately to the occupational health unit. Treatment for LTBI should be considered in accordance with CDC guidelines (39).

TB Screening Procedures for Settings (or HCWs) Classified as Potential Ongoing Transmission

- Testing for infection with *M. tuberculosis* might need to be performed every 8–10 weeks until lapses in infection control have been corrected, and no additional evidence of ongoing transmission is apparent.
- The classification of potential ongoing transmission should be used as a temporary classification only. It warrants immediate investigation and corrective steps. After a determination that ongoing transmission has ceased, the setting should be reclassified as medium risk. Maintaining the classification of medium risk for at least 1 year is recommended.

Settings Adopting BAMT for Use in TB Screening

Settings that use TST as part of TB screening and want to adopt BAMT can do so directly (without any overlapping TST) or in conjunction with a period of evaluation (e.g., 1 or 2 years) during which time both TST and BAMT are used. Baseline testing for BAMT would be established as a single step test. As with the TST, BAMT results should be recorded in detail. The details should include date of blood draw, result in specific units, and the laboratory interpretation (positive, negative, or indeterminate—and the concentration of cytokine measured, for example, interferon-gamma [IFN-γ]).

Risk Classification Examples

Inpatient Settings with More Than 200 Beds

If less than six TB patients for the preceding year, classify as low risk. If greater than or equal to six TB patients for the preceding year, classify as medium risk.

Inpatient Settings with Less Than 200 Beds

If less than three TB patients for the preceding year, classify as low risk. If greater than or equal to three TB patients for the preceding year, classify as medium risk.

Outpatient, Outreach, and Home-Based Health-Care Settings

If less than three TB patients for the preceding year, classify as low risk. If greater than or equal to three TB patients for the preceding year, classify as medium risk.

Hypothetical Risk Classification Examples

The following hypothetical situations illustrate how assessment data are used to assign a risk classification. The risk classifications are for settings in which patients with suspected or confirmed infectious TB disease are expected to be encountered.

Example A. The setting is a 150-bed hospital located in a small city. During the preceding year, the hospital admitted two patients with a diagnosis of TB disease. One was admitted directly to an AII room, and one stayed on a medical ward for 2 days before being placed in an AII room. A contact investigation of exposed HCWs by hospital infection-control personnel in consultation with the state or local health department did not identify any health-care–associated transmission. Risk classification: low risk.

Example B. The setting is an ambulatory-care site in which a TB clinic is held 2 days per week. During the preceding year, care was delivered to six patients with TB disease and approximately 50 persons with LTBI. No instances of transmission of *M. tuberculosis* were noted. Risk classification: medium risk (because it is a TB clinic).

Example C. The setting is a large publicly funded hospital in a major metropolitan area. The hospital admits an average of 150 patients with TB disease each year, comprising 35% of the city burden. The setting has a strong TB infection-control program (i.e., annually updates infection-control plan, fully implements infection-control plan, and has enough AII rooms [see Environmental Controls]) and an annual conversion rate (for tests for *M. tuberculosis* infection) among HCWs of 0.5%. No evidence of health-care–associated transmission is apparent. The hospital has strong collaborative linkages with the state or local health department. Risk classification: medium risk (with close ongoing surveillance for episodes of transmission from unrecognized cases of TB disease, test conversions for *M. tuberculosis* infection in HCWs as a result of health-care–associated transmission, and specific groups or areas in which a higher risk for health-care–associated transmission exists).

Example D. The setting is an inpatient area of a correctional facility. A proportion of the inmates were born in countries where TB disease is endemic. Two cases of TB disease were diagnosed in inmates during the preceding year. Risk classification: medium risk (Correctional facilities should be classified as at least medium risk).

Example E. A hospital located in a large city admits 35 patients with TB disease per year, uses QFT-G to measure *M. tuberculosis* infection, and has an overall HCW *M. tuberculosis* infection test conversion rate of 1.0%. However, on annual testing, three of the 20 respiratory therapists tested had QFT-G conversions, for a rate of 15%. All of the respiratory therapists who tested positive received medical evaluations, had TB disease excluded, were diagnosed with LTBI, and were offered and completed a course of treatment for LTBI. None of the respiratory therapists had known exposures to *M. tuberculosis* outside the hospital. The problem evaluation revealed that 1) the respiratory therapists who converted had spent part of their time in the pulmonary function laboratory where induced sputum specimens were collected, and 2) the ventilation in the laboratory was inadequate. Risk classification: potential ongoing transmission for the respiratory therapists (because of evidence of health-care–associated transmission). The rest of the setting was classified as medium risk. To address the problem, booths were installed for sputum induction. On subsequent testing for *M. tuberculosis* infection, no conversions were noted at the repeat testing 3 months later, and the respiratory therapists were then reclassified back to medium risk.

Example F. The setting is an ambulatory-care center associated with a large health maintenance organization (HMO). The patient volume is high, and the HMO is located in the inner city where TB rates are the highest in the state. During the preceding year, one patient who was known to have TB disease was evaluated at the center. The person was recognized as a TB patient on his first visit and was promptly triaged to an ED with an AII room capacity. While in the ambulatory-care center, the

patient was held in an area separate from HCWs and other patients and instructed to wear a surgical or procedure mask, if possible. QFT-G was used for infection-control surveillance purposes, and a contact investigation was conducted among exposed staff, and no QFT-G conversions were noted. Risk classification: low risk.

Example G. The setting is a clinic for the care of persons infected with HIV. The clinic serves a large metropolitan area and a patient population of 2,000. The clinic has an AII room and a TB infection-control program. All patients are screened for TB disease upon enrollment, and airborne precautions are promptly initiated for anyone with respiratory complaints while the patient is being evaluated. During the preceding year, seven patients who were encountered in the clinic were subsequently determined to have TB disease. All patients were promptly put into an AII room, and no contact investigations were performed. The local health department was promptly notified in all cases. Annual TST has determined a conversion rate of 0.3%, which is low compared with the rate of the hospital with which the clinic is associated. Risk classification: medium risk (because persons infected with HIV might be encountered).

Example H. A home health-care agency employs 125 workers, many of whom perform duties, including nursing, physical therapy, and basic home care. The agency did not care for any patients with suspected or confirmed TB disease during the preceding year. Approximately 30% of the agency's workers are foreign-born, many of whom have immigrated within the previous 5 years. At baseline two-step testing, four had a positive initial TST result, and two had a positive second-step TST result. All except one of these workers was foreign-born. Upon further screening, none were determined to have TB disease. The home health-care agency is based in a major metropolitan area and delivers care to a community where the majority of persons are poor and medically underserved and TB case rates are higher than the community as a whole. Risk classification: low risk (because HCWs might be from populations at higher risk for LTBI and subsequent progression to TB disease because of foreign birth and recent immigration or HIV-infected clients might be overrepresented, medium risk could be considered).

Screening HCWs Who Transfer to Other Health-Care Settings

All HCWs should receive baseline TB screening, even in settings considered to be low risk. Infection-control plans should address HCWs who transfer from one health-care setting to another and consider that the transferring HCWs might be at an equivalent or higher risk for exposure in different settings. Infection-control plans might need to be customized to balance the assessed risks and the efficacy of the plan based on consideration of various logistical factors. Guidance is provided based on different scenarios.

Because some institutions might adopt BAMT for the purposes of testing for *M. tuberculosis* infection, infection-control programs might be confronted with interpreting historic and current TST and BAMT results when HCWs transfer to a different setting. On a case-by-case basis, expert medical opinion might be needed to interpret results and refer patients with discordant BAMT and TST baseline results. Therefore, infection-control programs should keep all records when documenting previous test results. For example, an infection-control program using a BAMT strategy should request and keep historic TST results of a HCW transferring from a previous setting. Even if the HCW is transferring from a setting that used BAMT to a setting that uses BAMT, historic TST results might be needed when in the future the HCW transfers to a setting that uses TST. Similarly, historic BAMT results might be needed when the HCW transfers from a setting that used TST to a setting that uses BAMT.

HCWs transferring from low-risk to low-risk settings. After a baseline result for infection with *M. tuberculosis* is established and documented, serial testing for *M. tuberculosis* infection is not necessary.

HCWs transferring from low-risk to medium-risk settings. After a baseline result for infection with *M. tuberculosis* is established and documented, annual TB screening (including a symptom screen and TST or BAMT for persons with previously negative test results) should be performed.

HCWs transferring from low- or medium-risk settings to settings with a temporary classification of potential ongoing transmission. After a baseline result for infection with *M. tuberculosis* is established, a decision should be made regarding follow-up screening on an individual basis. If transmission seems to be ongoing, consider including the HCW in the screenings every 8–10 weeks until a determination has been made that ongoing transmission has ceased. When the setting is reclassified back to medium-risk, annual TB screening should be resumed.

Jensen P.A., Lambert L.A., Iademarco M.F., & Ridzon, F. (2005, December 30). Guidelines for preventing the transmission of Mycobacterium tuberculosis in health-care settings, 2005. Morbidity and Mortality Weekly Report, 54(RR17), 1–141. Retrieved September 10, 2015 from http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e

Appendix E: Document of Concern (DOC) For HIPAA Violation

MOUNT MERCY UNIVERSITY - DEPARTMENT OF NURSING

DOCUMENT OF CONCERN (DOC) For HIPAA Violation*

*Health Insurance Portability and Accountability Act

DATE OF OCCURRENCE _____ DATE OF CONFERENCE: _____ NAME OF STUDENT _____

SIGNATURE OF STUDENT _____ Warning given without "U"___

SIGNATURE OF FACULTY _____NU____ "U" was given_____
("U"=Unsatisfactory performance/Unprofessional behavior)

SIGNATURE OF COURSE COORDINATOR

EXPLANATION OF FACULTY CONCERN RELATED TO STUDENT PERFORMANCE: Select type of error as listed on DOC procedure	**STUDENT'S PLAN OF ACTION Created by student in conference with faculty within one week of occurrence**
__ HIPAA Policy (privacy and confidentiality) Type : __I, __II, __III, __IV, __V, __VI (Provide definition of error type and example here):	**Student**: **Faculty/ Course Coordinator/ Program Director** may also require additional education, practice, corrective action or disciplinary action:

The Admissions, Progression and Graduation (AP & G) committee trends individual student for repeated unprofessional behavior across courses and semesters. Trends will be communicated to student with Disciplinary/Corrective Action taken. Students earning three "U"'s in one nursing course will fail the course with at grade of F. The accumulation of six "U"'s throughout the nursing program will result in elimination from the program.

Course coordinator retains original and distributes copies to: 1) Student; 2) Clinical instructor (if applicable); 3)Program Director; 4) AP&G Chair; 5) Advisor (via advising folder) K:\Templates and Forms\DOC MMU © 01-01-2014

Appendix F: Document of Concern

MOUNT MERCY UNIVERSITY - DEPARTMENT OF NURSING

Document of Concern for HIPAA* violation

Type of HIPAA Violation:

Type I: Inadvertent or accidental breaches of confidentiality that may or may not result in the actual disclosure of protected patient information.

Examples include but are not limited to:

Sends or faxes information to an incorrect address.

Type II: Failure to follow existing policies/procedures governing patient confidentiality.

Examples include but are not limited to:

- Talks about patients in areas where others might hear.
- Does not obtain appropriate consent to release information.

FOLLOW UP FOR TYPES I AND II

- Consult with course coordinator within 24 hrs.
- Assist the course coordinator/prepare a DOC.
- Conference with student and course coordinator for corrective action plan, including re-education.
- Notify Program Chair. Disciplinary action, if appropriate, in consultation with Program Chair.

Type III: Repeats Type I or Type II Violation of HIPAA policy

- Second or more repetition of examples noted above

Type IV: Inappropriately accessing a patient's record without a need to know (curiosity).

Examples include but are not limited to:

- Accesses a patient record WITHOUT a legitimate reason to know (i.e. to provide care to that patient) such as records of friends; family members; clients of another student;

patients you have previously care for as a student or an employee but are not caring for now;

your own health care record without the agency's approval; Access own medical record

Type V: Inappropriately accessing a patient's record without a need to know (i.e. to save time, for personal gain, or to harm another).

Examples include but are not limited to:

- Asks another student to access another patient's medical record
- Accesses a patient record for another student

Type VI: Sharing protected health information on <u>any form of electronic device OR social media</u>.

- Any electronic method including but not limited to copying, scanning, photographing, or cutting and pasting of any protected health information is forbidden.
- Shares any form of protected health information (image, information, video) via e-mail or text to self or others.
- Shares any form of protected health information (image, information, video) on any form of social media including but not limited to Facebook, Instagram, Linked In, Twitter, Snippit, blogs, forums.

FOLLOW UP FOR TYPES III, IV, V, AND VI

- Consult with clinical faculty when appropriate.
- Consult with clinical agency as appropriate.
- Consult with course coordinator within 24 hrs
- Assist the course coordinator /prepare a DOC.
- Conference with student and course coordinator for corrective action plan, including re-education.
- Notify Program Director. Disciplinary action determined by Program Director and/or Program Chair in consultation with AP&G committee and /or course faculty as needed.
- In determining the appropriate corrective or disciplinary action the program director and /or program chair will consider professional standards, seriousness of behavior and potential for harm.
- Disciplinary action may range from remediation, repetition of learning experiences, reprimand, failure of clinical, failure of course, dismissal from the nursing program, and/or dismissal from the university.
- The Mount Mercy University Grievance Procedure is available to students who believe they have been treated inequitably.

Appendix G: Clinical Attendance Policy

MOUNT MERCY UNIVERSITY - DEPARTMENT OF NURSING

DOCUMENT OF CONCERN

DATE OF OCCURRENCE _____ DATE OF CONFERENCE: _____ NAME OF STUDENT_____

SIGNATURE OF STUDENT _____ Warning given without **"U"**___

SIGNATURE OF FACULTY _____NU_____ **"U"** was given__
("U"=Unsatisfactory performance/Unprofessional behavior)

SIGNATURE OF COURSE COORDINATOR

EXPLANATION OF FACULTY CONCERN RELATED TO STUDENT PERFORMANCE: Select type of error as listed on DOC procedure	**STUDENT'S PLAN OF ACTION Created by student in conference with faculty within one week of occurrence**
__Student Error Type : □ II, □ III, □IV (Provide definition of error type and example here): __ Academic Integrity Policy (attach MMU report to DOC)	**Student**: **Faculty/ Course Coordinator/ Program Director** may also require additional education, practice, corrective action or disciplinary action:

The Admissions, Progression and Graduation (AP&G) committee trends individual student for repeated unprofessional behavior across courses and semesters. Trends will be communicated to student with Disciplinary/Corrective Action taken. Students earning three "U"s in one nursing course will fail the course with a grade of F. The accumulation of six "U"s throughout the nursing program will result in elimination from the program.

Course coordinator retains original and distributes copies to: 1) Student; 2) Clinical instructor (if applicable); 3)Program Director; 4) AP&G Chair; 5) Advisor (via advising folder) K:\Templates and Forms\DOC MMU © 01-01-2014

Breaches of academic integrity – see separate MMU Academic Integrity Policy

Student Error Documentation Procedure

Type I Error: Systems factor or due to inexperience in the setting. No Document of Concern needed

Near Miss (caused by agency system or department problem)
FOLLOW UP ACTION
- Notify assigned staff nurse, charge nurse and/or agency administrator to determine agency policy for communication of near misses
- May use "near miss" event for post-clinical conference learning

Simple error or "teachable moment": Inadvertently doing or almost doing other than what should have been done due to inexperience in the setting. Error was prevented or no patient harm was noted. Examples include but are not limited to:
- Plans for incorrect care/incorrect med set up
- Omits safety precautions due to inexperience
- Delays or errors in communicating or documenting patient data, nursing process

FOLLOW UP ACTION
- Discuss with student and reiterate instruction to reduce risk for repeated error.
- Console and counsel student to effectively deal with stress response.
- Trend and report opportunities to improve curriculum to course coordinator.

Type II Error: Failure to follow existing policies and procedures in situations that student has had prior education or experience

At risk behavior: A choice is made that increases risk. Risk is not recognized or mistakenly believed to be justified. Examples include but are not limited to
- Does not report important observations
- Does not seek appropriate assistance
- Provides care without appropriate supervision
- Practices at lower than expected level ("U" noted on a performance criteria of clinical evaluation form)
- Does not see gaps in own knowledge
- Is not open to the possibility of error
- Uses work-around (short cuts) to save time
- Personal factors (lack of sleep, lack of prep)
- Failure to fulfill training requirements (i.e., HIPAA, MCI, CPR)
- Unprofessional appearance or demeanor
- Inappropriate communication (verbal, written, or electronic transfer/sharing of patient information)
- Lack of communication
- Failure to meet clinical, post clinical or course deadlines

FOLLOW UP ACTION
- Consult with course coordinator within one day of event
- Assist the course coordinator / prepare a DOC with a "U"
- Conference with student for corrective action plan, including re-education if appropriate

Serious error: Error may have been intercepted, or error reaches client and may or may not have caused client adverse physical or psychological outcome.
Examples include but are not limited to:
- Patient reports concern about quality of student's interactions and /or care
- Omission of preventative care leading to worsening of health condition
- Incorrect transfer or safety precautions causing fall
- Adverse drug event causing delay in treatment, additional monitoring or treatment, extending stay

FOLLOW UP ACTION
- Assess the situation, monitor the client, and report it to the agency (i.e. patient care nurse and charge nurse) to facilitate agency follow up.
- Follow agency policy for recording serious errors (incident or variance form) and for disclosing errors to patients.
- Consult with course coordinator within one day of event
- Assist the course coordinator prepare a DOC (with a "U" if error is due to student factors; without a "U" if due to agency factors

  Conference with student for corrective action plan, including re-education

Type III Error: Repeating a Type II error. Failure to follow existing policies and procedures in situations that student has had prior education or experience. Repeats a behavior that has already resulted in a corrective action plan.

FOLLOW UP ACTION
- Consult with course coordinator within 24 hrs
- Assist the course coordinator / prepare a DOC with a "U"
- Conference with student and course coordinator for corrective action plan, including disciplinary action if appropriate.

Type IV Error: Action taken with conscious disregard for substantial and unjustifiable risk. Intentional violation of standards of safe practice.

__Reckless behavior, intentional violation of standards. Examples include but are not limited to:
- Unethical behavior
- Theft (i.e., supplies), dishonesty, plagiarism
- Falsifying records
- Breach of professional boundaries
- Intentional violation of standards of safe practice
- Use of substances impairing judgment in clinical or classroom

FOLLOW UP ACTION
- Dismiss student from classroom or clinical care immediately.
- Consult with course coordinator and program director immediately
- Assist the course coordinator/prepare a DOC with a "U"
- Conference with student , course coordinator and program director for corrective action plan, including disciplinary action
- Disciplinary action may range from remediation, repetition of learning experiences, reprimand, failure of clinical, failure of course, dismissal from the nursing program, and/or dismissal from the university.
- The Mount Mercy University Grievance Procedure is available to students who believe they have been treated inequitably.