

**NURSING PROGRAM**

**STUDENT HANDBOOK**

**2017-2018**

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**College of Science**

**Department of Nursing**

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August 1, 2017

Hello Nursing Class of 2020

Welcome to the Cal State East Bay Nursing Program. Congratulations on your acceptance to the Cal State East Bay Nursing Program and more importantly, congratulations on your decision to pursue the career of nursing. We are pleased to have each one of you here and look forward to being part of your educational journey. Each of you has worked very hard to arrive at this point, and each of you bring wonderful experiences, knowledge and personal skills. We look forward to becoming further acquainted with you and to seeing you use your unique gifts and experiences in the development of your professional nurse career.

The next years for you in the Nursing Program will be filled with exciting learning opportunities. The Nursing Program curriculum and your faculty will guide you through the learning of nursing one step at a time. You will be prepared with foundational skills in the first year, in the skills laboratories and in the clinical setting. You will begin to provide care to patients and families in the acute care setting and the community. As you progress through the curriculum, your knowledge and skills will increase and you will gain the nursing expertise you need. More importantly, you will be challenged with new experiences that will stretch you and grow you professionally and personally. This nursing educational experience promises to be a life transforming experience.

Along the way, you will experience supportive relationships with your peers and your professors. You will build close friendships with your peers and will find that working together makes everything easier. You will make lifelong friends and unforgettable memories. Do remember that your professors will support you and are here to help you succeed. Do remember, the nursing faculty are always ready to help you. Your education will lead you to the goal of being a professional nurse, which will give you many opportunities to contribute to others in your career ahead. To reach this goal, you will have the support of your family and friends, your student peers and the nursing faculty.

These are exciting times in healthcare. Many changes are sure to come in the future. You are preparing for a career that will help to shape health and healthcare in the future. I look forward to seeing where your career in nursing will take you.

Welcome to Cal State East Bay Nursing Program! We look forward to your time here with us.

Sincerely,

Lynn Van Hofwegen, RN, DNP, APRN  
Chair and Program Director  
Department of Nursing and Health Sciences  
California State University, East Bay

## STUDENT AFFIRMATION FORM

*I understand that as a nursing student I am a member of a profession, which places me in a position of confidence requiring the utmost discretion and professionalism to protect those with and for whom I work. I acknowledge that as a member of the nursing profession I have a responsibility to act in a manner consistent with the essential attributes of the profession. In this regard:*

I agree to protect the privacy of faculty, peers, patients and family members of patients by not inappropriately disclosing confidential information about faculty, peers, patients or their family members that is disclosed to me in my capacity as a CSUEB nursing student. In addition, I agree not to inappropriately disclose confidential information about my agency or institution that is disclosed to me in my capacity as a CSUEB nursing student. I will adhere to HIPAA guidelines.

I have been informed that information contained in the Nursing Student Handbook covers my rights and responsibilities as a nursing student at CSUEB. I have been informed that it is incumbent on me to read and apprise myself of the information contained in the Handbook.

I have read the Nursing Student Handbook. I am aware that it contains information on topics including (but not limited to) program description, program requirements, and policies on student conduct, appearance, and academic performance. I am aware that it describes communication procedures for student concerns and resources available to me in my student role.

I agree that I will conduct myself in a manner that exhibits professional values and in accordance with the American Nurses Association (ANA) Code of Ethics for Nurses.

I will maintain and uphold the academic integrity policy of the Department of Nursing and will not condone or participate in any activities of academic dishonesty including, but not limited to, plagiarism, cheating, stealing or copying another's assigned work, or lying about any situation.

I will not recreate any items or portions of any exam for my own use, or for use by others during my enrollment in the Department of Nursing.

I will not accept or access any unauthorized information related to any exam administered during my enrollment in the Department of Nursing.

I will sign my own papers and other documents and will not sign any other student's name to anything, including class rolls.

I will not allow any student access to any of my paperwork for the purpose of copying.

I will not discuss or post any information about faculty, peers, patients, family members, or any clinical facility on any electronic venue (i.e., My Space, Facebook, Twitter, cell phones, etc.) without prior written consent. Nor will I leave/save any patient, family, faculty, clinical facility or student information on any open access desktop or hard-drive.

I have read and agree to abide by the American Nurses Association (ANA) Principles for Social Networking.

I acknowledge that an addendum to this handbook will be distributed in the coming academic year.

Student's Signature:

Date:

Student's Printed Name :

07/17

## **CSUEB PROGRAM INFORMATION**

### **Mission Statement**

The mission of the baccalaureate nursing program at CSUEB is to prepare professional nurse generalists who are committed to the practice of nursing and responsive to the ever changing needs of the communities we serve. The program therefore seeks to provide an inclusive community of learning focused primarily on undergraduate nursing education and the development of lifelong learners.

The nursing program supports and reflects the University mission of quality education for a diverse society. We value a diverse workforce, a diverse nursing student body, and culturally inclusive practitioners of nursing who are equipped to provide high quality care and have a transformative influence on nursing practice, healthcare environments, and the health of our community.

05/13

## CSUEB Nursing Core Values

I. *CARING*: We believe Caring is essential to the practice of nursing and seek to treat those we serve with sensitivity, respect, and empathy. We embrace the provision of holistic care through therapeutic relationships directed towards health, comfort and well-being.

II. *COMMUNICATION AND COLLABORATION*: We believe that open Communication and Collaboration require accountability, honesty, integrity, and respect for all participants. We seek to practice shared decision-making with our fellow nurses as well as inter-professionally.

III. *CULTURAL INCLUSIVITY*: We believe in the practice of Cultural Inclusivity, recognizing the rich diversity of humanity. We endeavor to honor that diversity by continually broadening our scope of care to include all members of our community and by modeling respect, sensitivity and equality for all.

IV. *CRITICAL THINKING*: We believe Critical Thinking is essential to nursing as a self-reflective and purposeful approach to thinking. We value the ability to make connections between patient data and acquired knowledge, leading to appropriate clinical interventions for our patient

V. *EVIDENCE BASED PRACTICE*: We believe in the use of Evidence Based Practice to guide our Nursing practice. We foster the integration of current research, clinical expertise, and the rigorous evaluation of the effectiveness of nursing interventions to make sound decisions in the care of our clients.

VI. *PROFESSIONAL BEHAVIORS*: We believe that Professional Behaviors encompass the knowledge, skills, and attitudes described by the Quality and Safety Education for Nurses (QSEN) and the American Nurses Association (ANA) Code of Ethics for Nurses. As professional, we model altruism, integrity, respect, accountability, responsibility, and ethical conduct. We promote lifelong learning for the advancement of professional Nursing.

VII. *SAFETY*: We believe Safety is of utmost importance to the practice of nursing and strive above all to prevent harm to our patients and ourselves while delivering quality healthcare. We promote theoretical and clinical preparation that encourages personal responsibility, open reporting of adverse events, and a system-wide approaches to error prevention.

VIII. *SOCIAL JUSTICE*: We believe Social Justice in nursing embodies the principles of fairness, equity, dignity and equal opportunity for health for all. We embrace a moral mandate to improve access to quality health care for the marginalized and under-served and to attend to those who are suffering inequities.

## CSUEB Nursing Student Learning Outcomes

Students graduating with a B.S. in Nursing from Cal State East Bay will:

- A. Synthesize knowledge from the natural, behavioral sciences and the humanities with current nursing knowledge and theory to deliver nursing care;
- B. Provide safe, compassionate nursing care to a diverse client population;
- C. Use critical thinking and communication skills to develop partnerships with clients and other health care professionals;
- D. Demonstrate responsibility and accountability for design, delivery, and evaluation of client care;
- E. Demonstrate professional behaviors in interactions with clients, families, colleagues, and the community.

05/14

## CSUEB Nursing Program Curriculum Goals

The graduate of the CSUEB Nursing Program will:
1. Synthesize knowledge from the natural, behavioral sciences and the
2. Provide safe, compassionate nursing care to a diverse client population.
3. Use critical thinking and communication skills to develop partnerships
4. Function as a client advocate in the health care system.
5. Teach clients about the health care system and restoration,
6. Use leadership and management skills to provide care in the context of
7. Use research findings to design high quality, cost-effective care.
8. Demonstrate responsibility and accountability for design, delivery, and
9. Practice in a manner consistent with the ANA Code of Ethics for
10. Participate in processes designed to improve health care and health
11. Demonstrate commitment to continuous learning to promote personal
12. Demonstrate professional behaviors in interactions with clients,
13. Demonstrate computer competencies, information literacy, and



## **CSUEB Nursing Program Philosophy**

The primary purpose of the Cal State East Bay Nursing Program is to prepare competent beginning professional nurses. In that regard, the faculty believe that nursing includes provision of care and support to sick clients, facilitation of preventive health measures, and promotion of high levels of health.

Clients, whether they are individuals, families, groups, or communities, are multi-dimensional with physiologic, psycho-emotional, social, spiritual, and cultural experiences. All of these factors have bearing on client well-being directly or indirectly as they may influence health care and lifestyle decisions. Like client needs, the healthcare system is complex. The faculty thus believe that interdisciplinary teams, characterized by collaboration among a variety of professionals, offer the richest approach to client care. Nurses bring a distinct set of knowledge, skills, and caring to such teams.

The faculty believe that caring is an essential element of nursing and that it requires sensitivity to clients' health and comfort across the dimensions of human experience. Caring requires respect for clients and belief in their fundamental dignity. Caring includes a commitment to assisting/supporting others. A sense of altruism forms the basis of caring.

Professional nurses are educated at the Baccalaureate level and draw on the discipline of nursing as well as other disciplines to create an amalgam of knowledge necessary to guide practice. The faculty values contributions from biological and behavioral sciences as well as arts and humanities. The faculty supports nursing science as the chief means of developing a codified knowledge base for the profession. A broad general education, knowledge base in supportive disciplines, and focused content in nursing theory, research and practice prepares the professional nurse for autonomous and interdependent practice.

Nurses use the nursing process to guide decision making with clients. Effective use of the nursing process requires communication and critical thinking skills such as analysis, interpretation, and drawing inferences from assessment data. The primary goal of the nurse in interaction with clients and other professionals is to promote adaptive exchanges. People are in constant interaction with their internal and external environments, but adaptive exchanges with the environment are those that move clients closer to ideal health: the best possible level of function, a sense of safety, and a satisfactory level of challenge. Adaptive exchanges are also characterized by willingness to change and to seek accommodation from others. Nurses support adaptive exchanges by intervening in the process by which health problems or barriers to health evolve. Nurses may eliminate problems or barriers to health, increase the client's resistance to problems/barriers, and/or assist the client in dealing with the consequences of the problem. Nurses also may recruit others to intervene in the client's behalf or support the client's own efforts to help him, herself.

Regardless of the number and types of interventions, professional nurses are mindful that client values must be taken into account when assessing their health status and establishing objectives of care. Thus, clients have the right to participate in health care decisions and may need assistance from nurses to access, interpret, and evaluate the plethora of information available in today's world of instant communication. Nurses provide care, promote health, and act as clients' teachers, consultants, and advocates in supporting adaptive exchanges.

The health care environment today is characterized by unprecedented opportunities for intervention but also growing health care costs. Access to health care is a problem for people at various socioeconomic levels and systems are often difficult to navigate for those who have access. In this context the faculty believe that health care is a right and the nursing profession has a responsibility to defend this right through client support, education, advocacy, and individual or collective involvement in formulation of health policy. Assisting clients with transitions across care environments is an example of helping clients navigate systems safely. Engaging communities as clients offers nurses an opportunity to identify problems in health care delivery and improve them for a discrete group of individuals. Nurses can help shape health policy by engaging in political processes related to health care delivery as individuals and/or as members of professional organizations.

Professional nurses are accountable for care they provide for individual clients as well as aggregates of clients. The faculty believe that delivery of high quality, cost-effective care requires that professional nurses use research findings establishing the efficacy of interventions. Nurses then must evaluate outcomes for their clients and client groups and provide leadership in improvement of client care.

The faculty believe that nurses are responsible to present themselves to the public and other health care providers as nursing professionals. This requires continuous learning pertinent to holistic client care. Professional nurses also recognize the role of appropriate values and ethics in clinical practice and decision-making and continually develop their personal systems of client protective values and ethical frameworks consistent with the American Nurses Association [ANA] Code of Ethics for Nurses. The maturation of one's values and ethics is facilitated by self-evaluation and self-awareness. Only when nurses' values and ethics are explicated and evaluated can they be consciously brought to bear on professional communication and clinical decisions.

As teachers of professional nursing, the faculty sees learning as a reciprocal process between learner and teacher that results in behavior change. The faculty appreciate the diversity of students in terms of cultural backgrounds, ethnicity, lifestyles, goals, and age groups. All such factors create variety in students' life demands, supports, learning needs. The faculty value the richness and opportunity for learning that such diversity brings to the student group. Faculty recognize the need to support students' efforts to balance their lives with formal learning to maximize student success. At the same time, faculty appreciate the importance of nursing education to the quality of future practice and thus, maintain high standards for student achievement.

As designers of the structure in which learning takes place, faculty recognize that student learning styles differ. Because the faculty believe that active student involvement facilitates learning, we vary learning activities in order to address differing learning styles and engage students in active learning.

07/16

## CSUEB NURSING DEGREE PROGRAMS

### PRE-LICENSURE PROGRAM BASIC NURSING TRACK

#### PROGRAM REQUIREMENTS 2017-2018

##### I. Pre-Nursing Courses 38 quarter units

- BIOL 2010 (or 2011), 2020, 2025 (15)
- CHEM 1610 (or 1615) (6)
- COMM 1000 or 1004 (4)
- ENGL 1001 (4)
- STAT 1000 (5)
- A course in Critical Thinking such as PHIL 1000 or 1001 (4)

##### II. Non-Nursing Courses 17 quarter units

- PSYC 1000 (or 1001 or 1005)
- ANTH 1000 (or 1300) or SOC 1000 (or 1002) (4)
- HDEV 3800 (4)
- HIST 4710 (4)

##### III. Nursing Courses 42 quarter units / 35 semester units

- NURS 2005 (or BIOL 4160) (4 quarter units)
- NURS 2010 (or BIOL 3070) (4 quarter units)
- NURS 2015 (3 quarter units)
- First Year: NURS 2020, 2021, 2022, 2030, 2031, 2032, 2040, 2041, 2042, 3412, 3004T, 3406, 3407 (31 quarter units)
- Second Year: NURS 410, 411, 412, 413, 414, 415, 417, 420, 421, 422, 423, 427 (28 semester units)
- Third Year: NURS 450, 451, 452, 453 + NURS elective(s) (7 semester units)

## **Semester Conversion Course Plan for Students Admitted FALL 2017**

Course #	Fall Quarter 2017 – “Level I”	Units
NURS 2005	Clinical Pathophysiology	4
NURS 2010	Principles of Nutrition and Medical Nutrition Therapy	4
NURS 2020	Introduction to Contemporary Nursing	4
NURS 2021	Nursing Support of Community-Based Clients	2
NURS 2022	Level I Nursing Skills	2
	Total Quarter Units	16
Course #	Winter Quarter 2018 – “Level I”	Units
NURS 2015	Pharmacology	3
NURS 2030	Nursing Care of Adults I	4
NURS 2031	Care of Adults I Practicum	2
NURS 2032	Basic Physical Assessment	2
GE course	American Institutions / Code 2 (if not already done)	4
	Total Quarter Units	15
Course #	Spring Quarter 2018 – “Level I”	Units
NURS 2040	Nursing Care of Adults II	4
NURS 2041	Care of Adults II Practicum	3
NURS 2042	Level I Nursing Skills II	1
NURS 3412	Level II Geriatric Theory	1
<i>HDEV 3800</i>	<i>Human Development and Interaction</i>	4
	Total Quarter Units	16
<b>SUMMER SESSION SEMESTER BRIDGE COURSES</b>		
NURS3004T	Skills II bridge course	3
NURS 3406 NURS 3407	Care of Clients with Psychiatric/Mental Health Needs and Psychiatric/Mental Health Nursing Practicum	1 2
	Total Quarter Units	6
<b>The followings are semester course plans for Hayward and Concord students</b>		

<b>Year II - FOR HAYWARD STUDENTS</b>		
<b>Course #</b>	<b>2018 Fall (Semester 3)</b>	<b>Units</b>
NURS410	Maternity Nursing	2
NURS411	Maternal Newborn Nursing Practice	2
NURS412	Pediatric Nursing	2
NURS413	Pediatric Nursing Practice	2
NURS414	Legal Issues in Nursing Practice	1
NURS415	Transitions of Care	1
NURS417	Community Engagement 3	1
<i>HIST477</i>	<i>C4 History and Trends in Nursing</i>	3
	Total Semester Units	14
<b>Course #</b>	<b>2019 Spring (Semester 4)</b>	<b>Units</b>
NURS420	Nursing Care of Adults 2	2
NURS421	Nursing Care of Adults 2 Practice	4
NURS422	Evidence Based Practice and Nursing Research	2
NURS423	Leadership in Nursing	2
NURS427	Community Engagement 4	1
	<i>B6 Upper Division Science</i>	3
	Total Semester Units	14
<b>Year II - FOR CONCORD STUDENTS</b>		
<b>Course #</b>	<b>2018 Fall (Semester 3)</b>	<b>Units</b>
NURS420	Nursing Care of Adults 2	2
NURS421	Nursing Care of Adults 2 Practice	4
NURS422	Evidence Based Practice and Nursing Research	2
NURS423	Leadership in Nursing	2
NURS427	Community Engagement 4	1
	<i>B6 Upper Division Science</i>	3
	Total Semester Units	14
<b>Course #</b>	<b>2019 Spring (Semester 4)</b>	<b>Units</b>
NURS410	Maternity Nursing	2
NURS411	Maternal Newborn Nursing Practice	2
NURS412	Pediatric Nursing	2
NURS413	Pediatric Nursing Practice	2

NURS414	Legal Issues in Nursing Practice	1
NURS415	Transitions of Care	1
NURS417	Community Engagement 3	1
HIST477	<i>C4 History and Trends in Nursing</i>	3
<b>Year III - FOR ALL STUDENTS</b>		
Course #	<b>2019 Fall (Semester 5a)</b>	Units
NURS450	Community Health Nursing	2
NURS451	Community Health Nursing Practice (half of the cohort)	2
NURS452	Preceptorship Synthesis	1
NURS453	Preceptorship Practicum (other half of the cohort)	4
NURS ELE*	Nursing Elective(s)	2
	Total Semester Units	6-7
Course #	<b>2020 Spring (Semester 5b)</b>	Units
NURS450	Community Health Nursing	2
NURS451	Community Health Nursing Practice (same students enrolled in 452/453 Fall 2019)	2
NURS452	Preceptorship Synthesis	1
NURS453	Preceptorship Practicum (same students enrolled in 450/451 Fall 2019)	4
	Total Semester Units	4-5

**\*Nursing Electives:**

*a. NURS302 Success in Nursing (1U)*

This seminar course explores learning strategies for the applied science of nursing by means of written and oral communication activities relevant to nursing major courses

*b. NURS497 Current Issues in Professional Nursing (1U)*

This is a discussion-based course that explores a variety of current issues in nursing using Quality and Safety Education in Nursing as a framework. Topics may include: violence in the workplace, opportunities in research and service, current research projects, and healthcare.

*c. NURS492 Global Health Nursing (1U)*

This course gives an overview of global health in nursing. Students will have the opportunity to read, interpret and evaluate concepts in global health to increase their knowledge, skills, and attitudes regarding global health

d. *NURS 493 Nursing Research in Global Health (1U)*

In this overview of global health nursing research course, students will read, interpret and evaluate global health research publications. Emphasis is on women and infant health issues and critical analysis of research.

e. *NURS494 Essentials of Critical Care Nursing (2U)*

This course explores medical and nursing management of adult patients with multiple, complex medical and surgical diagnoses in various types of critical care units.

f. *NURS495 Palliative Care in the Community (2U)*

This course introduces concepts of palliative and hospice care. Students participate in collaboration and practice with a service partner to provide quality, interpersonal care to end-of-life patients and their families in the community.

g. *NURS496 Introduction to Healthcare Informatics (1U)*

The course surveys health care informatics issues and the technologies used in nursing practice, research, and administration.

h. *NURS490 Independent Study (1-2U)*

Students may apply no more than 12 units of IS in the major department and 8 units in other departments toward a baccalaureate degree.

updated 6/22/2017



**PRE-LICENSURE PROGRAM**  
**BASIC NURSING TRACK**  
**LEVEL I**  
**GENERAL INFORMATION**

I. Theory and Lab Courses

a. *NURS 2020, 2021, 2022: Intro to Contemporary Nursing, Nursing Support of Community Based clients, Nursing Skills-I.*

The first theory courses in the major are Nursing 2020/21. All the basic social/behavioral frameworks used by nurses are introduced in this lecture course. Nursing Support of Community-Based clients consists of field work such as health promotion with a well elders. Students also meet in small groups to be coached and learn how to apply theories to nursing practice with well people. Finally, Level I Skills I is a laboratory course in which basic techniques of nursing practice are taught. These courses will lay a foundation for concepts and skills necessary to planning and delivering patient care.

b. *NURS 2030, 2031, 2032: Nursing Care of Adults I, and Practicum, Basic Physical Assessment.*

Nursing care delivery for patients and families experiencing mild to moderate alteration in health /function. Concepts and principles necessary to anticipate, identify, and meet universal bio psychosocial adaptation needs for nursing in healthcare context. Physical Assessment skills are taught in the laboratory.

c. *NURS 2040,2041, 2042: Care of Adults II/Practicum, Nursing Skills-II.*

Care of Adults II is a Continuation of Care of Adults I. Nursing are to support patients and families experiencing mild to moderate alteration in health/function. Theories and principles necessary to anticipate, identify, meet bio psychological needs in selected pathophysiologic states. The courses are theory/lecture, clinical practice, and skills laboratory formats.

d. Summer Bridge Courses\*

*NURS 3004T* is an introduction to complex interventions necessary to provide safe nursing care. Designed to prepare the student to move into Semester 3 in the Semester Curriculum.

*NURS 3406/7* Theories of human behavior and the purposeful use of self-provide theoretical framework for psychiatric and mental health care of clients and their families.

\*The Summer 2018 Courses are mandatory for all students. Failure to successfully complete the Summer 2018 courses listed above will result in the student falling out of sequence and will delay the student's graduation from the Nursing Program.

## II. Evaluation

Theory course evaluations consist of multiple choice examinations and written papers. Clinical practice courses are evaluated according to specific behavioral objectives. The clinical instructor at the end of each rotation has a conference with the student and together they complete a written evaluation. Skills lab course grades are determined by multiple choice tests and skills performance scores.

## III. Other nursing courses

### *a. NURS 2005, Clinical Pathophysiology*

This course focuses on human pathophysiology, its etiology, diagnosis, and the physiologic rationale for treatment of multiple system disease, entities, and/or failures.

### *b. NURS 2010, Principles of Nutrition and Medical Nutrition Therapy*

This course focuses on nutrients and their sources as well as diseases/disorders caused by excess or lack of given nutrients. Nutritional needs discussed as they vary across the life span.

### *c. NURS 2015, Pharmacology*

This course provides an understanding of the pharmacological basis for nursing practice. Students learn: 1) concepts of pharmacology that guide all drug use; 2) the major classes of drugs, with emphasis on mechanisms of action; and 3) patient care implications based on an understanding of the pharmacological aspects of specific drugs.

### *d. HIST 4710, History and Trends of Nursing*

This course is taught through the History Department, School of Arts, Letters & Social Sciences. This course is an introduction to both the history of nursing and its current applications and trends. A general picture of nursing's past, present, and future are presented. Nursing is viewed in contrast with other health professions. Considered are the changing roles of the nurse along with expectations of ethical behavior. Included are problems of confidentiality, relationships, and the nurses' code of conduct. Also presented are the importance of the historical aspects of ethics and professionalism.

## **BASIC NURSING TRACK**

### **Level 1**

### **SUGGESTED COURSE PROGRESSION GUIDE**

#### *Wellness--Adaptation*

#### **FALL**

- NURS 2020 Intro to Contemporary Nursing
- NURS 2021 Lecture-Nursing Support of Community-Based Clients--6 hrs./week on campus/field assignments.
- NURS 2022 Level I Skills Lab I
- NURS 2005 Clinical Pathophysiology--prerequisite to Level II Nursing courses
- NURS 2010 Principles of Nutrition and Medical Nutrition Therapy

#### **Support Courses**

- HDEV. 3800 May be taken if students have already taken NURS 2005 or NURS 2010.
- \*\*PSYCH 1000 must be completed before Winter.
- SOC 1000 or Anthrax 1000 must be completed before Spring.

#### **WINTER**

- NURS 2030 Nursing Care of Adults I
- NURS 2031 Care of Adults I Practicum – 60 hrs. practice in SNF
- NURS 2032 Basic Physical Assessment
- NURS 2015 Clinical Pharmacology in Nursing

#### **SPRING**

- NURS 2040 Care of Adults II
- NURS 2041 Care of Adults II Practicum- 90 hours practice in Acute Care
- NURS 2042 Level I Skills Lab II

#### **Support Courses**

- HIST 4710, History & Trends in Nursing
  - HDEV 3800, Human Development
- These courses are strongly recommended to be taken during indicated quarters unless previously completed. Many are prerequisites to subsequent Nursing courses.

#### **SUMMER 2018**

- NURS 3406 Care of Clients with Psychiatric/Mental Health Needs
- NURS 3407 Psychiatric/Mental Health Nursing Practicum
- NURS 3004T Level 2 Skills Bridge Course

HDEV 3800, NURS 2005, NURS 2010, NURS 2015 are prerequisites to Semester 3/4 The department will monitor all students to determine if course grades are C or better.

**\*\*The Summer 2018 Courses are mandatory for all students. Failure to successfully complete the Summer 2018 courses listed above will result in the student falling out of sequence and will delay the student's graduation from the Nursing Program.**

## **BASIC NURSING TRACK**

### **Level 1 STUDENT HEALTH DOCUMENTATION**

As you enter the Nursing program, you will begin to visit facilities that require we periodically monitor your health status. In order to comply with this, we must have current documentation on file before you will be given permission to register for Level 1 courses (generally the middle of July).

Before you begin the program and at certain times during the first year, students will need to submit proof of the following:

- 1) BLS/ First Aid Certification
- 2) Physical Exam
- 3) Proof of Health Insurance
- 4) TB clearance
- 5) Post MMR vaccine series titer proving immunity
- 6) Post Varicella vaccine series titer proving immunity
- 7) Post Hep B vaccine series titer proving immunity
- 8) Tdap immunization
- 9) Flu Vaccination
- 10) HealthStream Completion in Winter

## **BASIC NURSING TRACK**

### **BSN PROGRAM-YEAR II GENERAL INFORMATION**

#### I. Theory And Practicum Courses

There are three clinical theory and practicum courses in the second year of the BSN program. Each student must successfully complete all semester 3 & 4 courses before advancing to semester 5. Theory meets for two hours/week, clinical hours are 12 hours/week for 15 weeks.

- *NURS 410/411 Maternity and Newborn Nursing & Practice*

These courses examine concepts related to the care of antepartal, intrapartal, postpartal and neonatal patients and families. The focus is developing knowledge, skills, and attitudes for evidence-based maternity nursing. The clinical practicum helps students apply concepts related to the care of antepartal, intrapartal, postpartal and neonatal patients and families. The focus is application of knowledge, skills, and attitudes for evidence-based maternity nursing practice.

- *NURS 412/413 Pediatric Nursing & Practice*

These courses are designed to provide essential knowledge in the design and delivery of care and integration of the growth and development principles, health promotion, disease prevention, and recuperative care to the child with acute and chronic illnesses and their families. The practicum is designed to provide the student with clinical experience in nursing care and management of the pediatric patient and their families with complex medical and surgical health care needs, including simulation.

- *NURS 420/421 Nursing Care of Adults 2 & Practice*

These courses focus on nursing care of adult patients, and their families who are experiencing complex acute and chronic illness requiring medical and surgical interventions. The clinical practicum offers students experience in providing nursing care to adult patients, and their families, with complex illnesses in acute care settings, including simulation experience

- The clinical practicum and the corresponding theory course must be taken concurrently. Hospital facilities used may include the following:

- Alta Bates Summit Hospital, Berkeley
- Children's Hospital, Oakland
- Contra Costa Regional Medical Center, Martinez
- Eden Hospital, Castro Valley
- Fremont Hospital, Fremont
- John Muir Health, Concord, Walnut Creek
- San Ramon Medical Center, San Ramon

- Equipment and uniforms

- Full uniform is expected of each student. (See "Guidelines for Professional

Appearance”). Each agency has slightly varying regulations. Helpful items are: stethoscope, small notebook for pocket, and pen with black ink.

- If you visit an agency at other than assigned clinical times, you must be dressed in clean, neat, conservative clothing. A white lab jacket is to be worn and your CSUEB name pin must be affixed. Professional decorum is expected.

## II. Evaluation

Theory course evaluations consist of multiple choice examinations and written papers. Clinical practice courses are evaluated according to specific behavioral objectives. The clinical instructor at the end of each rotation has a conference with the student and together they complete a written evaluation. Skills lab course grades are determined by multiple choice tests and skills performance scores.

## III. Other Nursing Courses

### a. *NURS 414 Legal Issues in Nursing Practice*

This course is designed to acquaint the student with major legal concerns within the nursing profession today and with her/his rights and duties as a nurse. The course is also intended to serve as a catalyst for continuing examination of her/his legal status in this changing world. Topics highlighted in the course include standards of care, legal significance of expanded roles, nursing negligence, the nurse's role in deposition and trial, rights and obligations as an employee, patient rights, responsibilities towards the public at large, ethical dilemmas in nursing today, and legal issues of tomorrow's nurse. The student is expected to demonstrate knowledge of the impact law has on her/his role and responsibilities as a nurse and on the nursing profession. Demonstration will be through a midterm, one paper, and a final examination.

### b. *NURS 415 Transitions of Care*

This course addresses key concepts of the transitions of care framework and related content on health care history, financing, care settings, nursing case management and coordination of care.

### c. *NURS417 Community Engagement 3*

This is a seminar course that focused on delivering culturally inclusive, community based healthcare and on disparities in health outcomes for families and children. Includes both in-class sessions and field experiences

### d. *NURS427 Community Engagement 4*

This seminar focuses on the delivery of culturally inclusive, community-based healthcare and selected issues of disparities in health outcomes for adults with chronic or complex illness. Includes both in-class sessions and field experiences in settings serving adults.

### e. *HIS477 (C4) History and Trends in Nursing*

This course is taught through the History Department, School of Arts, Letters & Social Sciences. This course is an introduction to both the history of nursing and its current applications and trends. A general picture of nursing's past, present, and future are

presented. Nursing is viewed in contrast with other health professions. Considered are the changing roles of the nurse along with expectations of ethical behavior. Included are problems of confidentiality, relationships, and the nurses' code of conduct. Also presented are the importance of the historical aspects of ethics and professionalism.

f. *NURS422 Evidence Based Practice and Nursing Research*

This course focuses on appraisal and integration of research evidence, evaluation of outcomes, development of evidence-based practice, and critique of quantitative and qualitative healthcare research with an emphasis on research utilization.

g. *NURS 423 Leadership in Nursing*

This course engages students in leadership and management theory and application to healthcare issues and nursing practice.



**BSN PROGRAM- YEAR II (SEMESTERS 3 & 4))**  
**Suggested Course Progression Guide**

Focus: Less Wellness and Illness

REFER TO PAGE 14 ON CAMPUS SPECIFIC SEMETER COURSE PLAN,  
PLUS the following course(s)

**FALL SEMESTER**

HIST 477 (C4) History and Trends in Nursing (If not completed yet)

**SPRING SEMESTER**

GE B6 Upper Division Science

## **BASIC NURSING TRACK**

### **Semester 3 & 4 STUDENT HEALTH DOCUMENTATION**

As you know, the facilities in which you practice as students require that we periodically monitor your health status. In order to comply with this, we must have current health documentation on file before you will be given permission to register for second year courses (generally the first week of July).

At this point in the program, most students will need to submit proof of the followings:

- 1) Annual TB clearance
- 2) Post Hep B vaccine series titer proving immunity
- 3) Renewal health insurance
- 4) Tdap immunization
- 5) Flu Vaccination
- 6) Health Stream renewal

## **BSN PROGRAM- YEAR III GENERAL INFORMATION**

### I. Theory and Practicum Courses

#### *a. NURS 450/51 Community Health & Practicum*

This course explores population-focused approaches to community health promotion, disease prevention and integration of complex concepts in community health systems and policies.

The practicum course applies concepts related to health promotion and disease prevention at the individual, family, community and systems levels. The focus is to promote health equity by addressing social determinants of health through the application of the nursing process. Students are assigned in clinical groups to a specific clinical agency, just as on Level II. The clinical groups meet two days a week. Students need a car or other means of transportation to visit the homes of assigned clients. Clinical evaluation is credit/no credit. Expected clinical behaviors are identified in a written clinical evaluation in the syllabus. Dress: Conservative street clothes.

#### *b. NURS 452/53 Preceptorship Seminar & Practicum*

The Preceptorship is an intensive clinical experience that integrates nursing knowledge gained in all previous coursework. It assists students in making the transition from the academic to the professional work world. In the seminar course, students participate in a weekly on campus class activities designed to assess clinical competence and prepare for the NCLEX-RN Licensing Examination.

In the Preceptorship Practicum course the student will complete 180 hours consisting of two 12-hour or three 8-hr shifts per week which are spent in a clinical setting with a RN Preceptor over an 8 week period for half the Semester. A faculty liaison meets regularly with the student and Preceptor at the clinical facility. Students are advised not to take other classes concurrently with preceptorship. Many agencies have rotating shifts, which make it difficult to schedule other classes. A reduction in employment responsibilities is also advised.

Details of the preceptorship application procedure and clinical placement are distributed to students during informational meeting for incoming senior level students.

**BSN PROGRAM- YEAR III (SEMESTERS 5&6)**  
**Suggested Course Progression Guide**

Focus : Community, Society, Specialty

Fall or Spring Semester:

NURS 450 Principles of Community Health Nursing (2 hours of class/week)  
NURS 451 Practicum of Community Health Nursing (12 hours of class/week)

OR

NURS 452 Preceptorship Seminar: 2 hours of class/week  
NURS 453 Preceptorship Practicum: 180 hours/ 8weeks

NURS ELECTIVES- Refer to pp. 15-16

## **BASIC NURSING TRACK**

### **Semester 5 STUDENT HEALTH DOCUMENTATION**

The facilities in which you practice as students require documentation of your health status and other requirements. In order to comply with these requirements, you must have on file in the Nursing office all current laboratory results, immunizations, health insurance, certifications (such as BLS) and any other agency documentation before you receive permission to register for third year courses.

For most students, health documentation for third year requires the following:

1. Renew any expired immunizations, such as Tdap (when indicated), Flu vaccination
2. Yearly PPD. If previously positive, you must have a yearly sign/symptom review completed by health care provider. If newly positive, a chest x-ray (CXR) is required. Depending on the clinical agency, there may be additional requirements.
3. Renew BLS certification.
4. Renew expired health insurance.
5. Provide current copy of automobile insurance to instructor on the first day of community health clinical.
6. Provide documentation of any specialty area certifications for preceptorship.

## CSUEB NURSING PRE-LICENSURE PROGRAM

### LVN PATHWAY

#### LVN-BSN Program Requirements

The LVN-BSN pathway is offered to any applicant with an extensive medical knowledge and/or experience in the following field: Licensed Vocational Nurse (LVN). This program is open to those who would like to further their education to obtain the Baccalaureate Degree in Science of Nursing. Upon completion of the LVN-BSN pathway, the student is qualified to take the National Council Licensure Examination (NCLEX-RN) and apply for the California Public Health Nursing Certificate.

#### I. Pre-Nursing Courses 38 quarter units

- BIOL 2010 (or 2011), 2020, 2025 (15)
- CHEM 1610 (or 1615) (6)
- COMM 1000 or 1004 (4)
- ENGL 1001 (4)
- STAT 1000 (5)
- A course in Critical Thinking such as PHIL 1000 or 1001 (4)

#### II. Non-Nursing Courses 17 quarter units

- PSYC 1000 (or 1001 or 1005)
- ANTH 1000 (or 1300) or SOC 1000 (or 1002) (4)
- HDEV 3800 (4)
- HIST 4710 (4)

#### III. Nursing Courses 42 quarter units / 35 semester units

- NURS 2005 (or BIOL 4160) (4 quarter units)
- NURS 2010 (or BIOL 3070) (4 quarter units)
- NURS 2015 (3 quarter units)
- Year I: NURS 2020, 2021, 2022, 2030, 2031, 2032, 2040, 2041, 2042, 3412, 3004T, 3406, 3407 (31 quarter units)
- Year II- Semester 3 & 4: NURS 410/11, 412/13, 414, 415, 417, 420/21, 422, 423, 427 (28 semester units)
- Year III- Semester 5r: NURS 450/51, 452/53 + NURS elective(s) (7 semester units)

Total Quarter/Semester Units for B.S. degree (quarter/semester units)= 180/120

**LVN-BSN PATHWAY**  
**General Information**

A. Theory and Lab Courses

For descriptions of theory and lab courses, and course evaluation methods, please refer to general information under Basic Nursing BSN Program

B. Credit for Nursing Prefix Courses

Students with special studies or experiences may already have achieved the objectives of certain courses and may petition to receive credit after a portfolio and transcript review. Students can petition for prior learning credit, for the following classes only:

- NURS 2022 (1)- Level I Nursing Skills-1
- NURS 2031 (2)- Care of Adults Practicum
- NURS 2042 (1)- Level I Nursing Skills-II

After admission to the LVN-BSN program, the applicant must contact the department to make an appointment with an advisor. Each applicant's previous education and work experience will be individually assessed to design an optimal learning program.

Credit by examination is also possible for other Nursing coursework based on portfolio and transcript review. Proper steps to take this petition action would be as followed:

- Students interested in the challenge must notify the department no later than 2 weeks prior to the first day of class. To receive credit under this plan, the student must register for the class the quarter in which it is listed in the catalog.
- A petition for credit by examination is obtained from the Nursing Office. The examination will be administered within the first two weeks of the quarter.
- If the exam is passed, the grade and Credit By Examination will be indicated on the student's permanent record.
- If the student fails the examination, the student must complete the course to receive credit.

## LVN-BSN PATHWAY

### Level 1

### **SUGGESTED COURSE PROGRESSION GUIDE**

#### *Wellness—Adaptation*

#### **FALL 2017**

NURS 2020 Intro to Contemporary Nursing

NURS 2021 Nursing Support of Community-Based clients (6 hrs./week on campus / field assignments).

NURS 2022 Level I Skills I lab (May challenge by exam)

NURS 2005 Clinical Pathophysiology- prerequisite to Level II Nursing courses

NURS 2010 Principles of Nutrition and Medical Nutrition Therapy

#### Support Courses

HDEV 3800 May be taken if students have already taken NURS 2005 OR NURS 2010

PSYCH 1000 must be completed before Winter.

SOCIO 1000 or Anthro 1000 must be completed before Spring.

#### **WINTER 2018**

NURS 2030 Nursing Care of Adults I

NURS 2031 Care of Adults I Practicum (60 hrs. in SNF). May challenge by exam

NURS 2032 Basic Physical Assessment

NURS 2015 Pharmacology—prerequisite to Level II Nursing courses

#### **SPRING 2018**

NURS 2040 Care of Adults II

NURS 2041 Care of Adults II Practicum (90 hrs. practice in Acute Care).

NURS 2042 Level I Skills Lab-II. May challenge by exam

#### Support Courses\*

HIST 4710 History Trends in Nursing

HDEV 3800 Human Development

\*These course are strongly recommended to be taken during indicated quarters unless previously completed. Many are pre-requisite to subsequent Nursing courses. HDEV 3800, NURS 2005, NURS 2010 AND NURS 2015 ARE PREREQUISITES TO SEMESTER 3/4. THE Department office will monitor all students to determine if course grades are C or better.

#### **SUMMER 2018**

NURS 3406 Care of Clients with Psychiatric/Mental Health Needs

NURS 3407 Psychiatric/Mental Health Nursing Practicum

NURS 3004T Level 2 Skills Bridge Course

\*\*The Summer 2018 Courses are mandatory for all students. Failure to successfully complete the Summer 2018 courses listed above will result in the student falling out of sequence and will delay the student's graduation from the Nursing Program.



## **LVN to BSN PATHWAY**

**Year 2 & 3 General Information- Refer to Basic Nursing Program**

## CSUEB NON-DEGREE CERTIFICATE PROGRAM

### LVN- RN LICENSURE OPTION

The “30 Unit Option” or “45 Unit Option” allows LVNs to sit for the NCLEX-RN (RN licensing exam) after successfully completing courses for 30 semester units or 45 quarter units. This program does not meet Cal State East Bay graduation requirements or admission requirements for the Nursing major. Students must declare their intent to enroll in this option to the Chairperson of the Department of Nursing and Health Sciences prior to the deadline for application to the nursing program. Clinical placement is offered on a space available basis. Students must also make an appointment with a Nursing advisor prior to the deadline for application to the nursing program. Each applicant's previous education and work experience will be individually assessed.

The resulting RN licensure license would be valid in California. It is important for students to understand that taking the NCLEX after completing the LVN-45 unit option means that your license to practice nursing may not be recognized in all 50 states.

#### **Requirements**

1. High school graduate or equivalent.
2. Current licensure as a vocational nurse in California.
3. Admission to the University as an “Undeclared Major”.
4. Completion of all health requirements.
5. Current malpractice insurance
6. Satisfactory completion of the following courses:

#### Prerequisites

BIO 2020 Physiology. 5 units (with laboratory)

BIO 2025 Microbiology. 5 units (with laboratory)

#### Nursing Prefix Courses

NURS 3201 (Nurs Theory II)	4 units
NURS 3202 (Leadership)	4 units
NURS 3001/02/03 (Skills Lab)	3 units

## RN LICENSURE GRADUATION PROCEDURE

1. Board of Registered Nursing RN Licensure packets will be distributed to Pre-Licensure students by the Department Office. A group meeting will be scheduled in Fall. The purpose of the meeting will be:

- to orient students to the licensure procedure;
- to distribute and assist students in completing the paperwork; and,
- inform students of documentation which must accompany application for licensure.

2. RN-BSN students can print out necessary paperwork related to the Public Health Nursing Certificate from the Board of Registered Nursing website and drop it off in the Department Office for processing, once BSN degree is conferred and appears on transcripts.

### 3. TAKING BOARDS AS A GRADUATE OR NON GRADUATE

- Students may choose to take the Board exam as graduate or non-graduate
- In order to be eligible to take Boards as a non-graduate, students must have completed all course work required by the nursing major (all courses listed on your major check sheet) before taking the test. It is important for students to understand that taking the NLCEX after completing the LVN 45 unit option means that your license to practice nursing may not be recognized in all 50 states.
- Taking Boards as a graduate requires the official graduation date to occur before the Boards exam date. Therefore, it is imperative that students file for graduation by the deadline dates posted online in the quarterly schedule of classes. Also please refer to the section A Graduation Procedure, under "Student Checklist" section of the online class schedule.\*

### 4. COST

- The Board of Registered Nursing charges a fee to evaluate a student's eligibility to take the exam (this fee includes the charge for the optional Interim Permit). Once the Board determines a student to be eligible to take the exam, the student will pay a registration fee to the Test Center.
- Students will also be reminded periodically to see Nursing Advisors about their progress through the major and degree requirements.

**CSUEB POST-LICENSURE DEGREE PROGRAM**  
**RN-BSN PROGRAM**

**PROGRAM REQUIREMENTS 2017-2018**

\*\*All Policies and Procedures in the Student Handbook apply to RN-BSN students. \*\*

I. Pre-Nursing Courses	38 units
BIOL 2010 (or 2011), 2020, 2025 (15) CHEM 1610 (or 1615) (6)	
COMM 1000 or 1004 (4) ENGL 1001 (4)	
STAT 1000 (5)	
A course in Critical Thinking such as PHIL 1000 or 1001 (4)	
II. Non-Nursing Courses	17 units
PSYC 1000 (or 1001 or 1005) (5)	
ANTH 1000 (or 1300) or SOC 1000 (or 1002) (4)	
HDEV 3800 (4)	
HIST 4710 (4)	
III. Nursing Courses	35 units (with 15 NCLEX units)
Semester Bridge Year:	
NURS 2005 or BIOL 4160 (4) NURS 2010 or BIOL 3070 (4) NURS 2015 (3)	
NURS 3202 (4) NURS 3502 (2)	
NURS 3503 (3) NURS 3505 (4) NURS 3507 (4) NURS 3509 (4)	
Level III:	
NURS 4203 (2) NURS 4207 (2) NURS 4208 (4) NURS 4301 (2) NURS 4305 (4)	
Nursing Major Total (quarter units)	101
Upper Division Test Credit for passing NCLEX	20
<b>TOTAL UNITS FOR B.S. DEGREE</b>	<b>180</b>

## RN-BSN PROGRAM

### COURSE PROGRESSION GUIDE

#### I. RN to BSN Intensive Program = 35 units (with 15 NCLEX credits)

Add 1-2 courses from list below each semester in addition to NURS classes, depending on when you take community health (NUSR 450/451) and if you pass challenge exams. Do not exceed 17 units. It is highly recommended that you take #1 and #2 within Fall or Spring semesters:

1. HIST 477 (3) *major requirement*
2. HDEV 380 (3) *major requirement*
3. Upper Division Science (GE Area B6) (3) *not required for 2<sup>nd</sup> Bachelors*

#### **FALL (Semester 1)**            6 - 12 units

NURS 316 (3)  
NURS 360 (4)  
NURS 415 (1)  
NURS 363 (1)  
NURS 2005 (4) - *May challenge by exam*

#### **SPRING (Semester 2)**        5 - 14 units

NUR 361 (3)  
NURS 422 (2)  
NURS 450 (2)\*  
NURS 451 (2)\*

#### **SUMMER** 6 - 9 units

NURS 423 (2)  
NURS 499 (4)  
NURS 3202 (4) -*May challenge by exam*  
NURS 4301 (2), 4305 (4) - *major research project*

#### **FALL (Semester 3) - only if necessary**

NURS 450 (2)\*  
NURS 451 (2)\*

Complete any remaining non-nursing classes from list above

\*\* You may take NURS 450 / NURS 451 in Semester 2 (Spring) or Semester 3 (Fall) term.

## RN-BSN PROGRAM

### PRECEPTORSHIP INFORMATION

The preceptorship component of the RN-BSN Programs is 6 units and includes the following two courses during Spring term: NURS 4301 (Preceptorship Seminar-2 units), NURS 4305 (Preceptorship Practicum-4 units)

There are two options for completing the preceptorship practicum. Students are expected to choose an option and (if necessary) complete associated application materials during Winter quarter prior to participation. Each option is described below.

#### A. RN-BSN Project Option

This preceptorship course option offers the RN-BSN student an opportunity to develop a new role or analyze your work/volunteer setting for learning activities in collaboration with agency staff and course faculty. The student will write a project proposal and implement the project on-site. Suggested activities include development of clinical pathways; development of quality management tools; preparation of staff and/or client educational materials; educational presentations; professional practice committee service; interdisciplinary collaboration; participation in regulatory agency evaluation. The student can possibly work with a manager, CNS, educator, or researcher to develop and educational, quality improvement, leadership or research project. The project must be approved by the faculty of the course and your manager. If the student is not yet employed as an RN, he/she can volunteer at a healthcare organization such as a clinic, blood bank, homeless shelter or local hospital education department. **Students are responsible for contacting and making arrangements at the organization of choice.** *The student is expected to spend a minimum of 120 hours on this project including writing and preparation time.*

#### B. RN-BSN Skills Lab Option

This option allows the RN-BSN student an opportunity to develop or enhance teaching skills and project collaboration. Acute medical-surgical experience and in interest in teaching nursing students in an academic setting are required. Students work with pre-licensure nursing students in health assessment and clinical skill acquisition courses. **This position requires prior approval by the RN-BSN Coordinator. RN-BSN students must submit required paperwork in Winter term prior to participation and must be in good academic standing.** *The student is expected to spend 120 hours in the skills lab, including teaching and preparation time.*

**CSUEB NURSING PROGRAM**  
**STUDENT POLICIES AND PROCEDURES**

The faculty has prepared policies and procedures by which many activities in the Nursing Program are governed. They are presented in this section of the student handbook for your information and reference. If a policy is developed or amended during the school year, students will be notified by announcements in class as well as distribution of written copies of it. The date the new/amended policy takes effect also will be announced and described in the written version.

## **ESSENTIAL FUNCTIONS: PHYSICAL AND MENTAL QUALIFICATIONS**

A student with a disability that is requesting accommodations has to be registered with the Accessibility Services office at CSUEB. It is to the student's advantage to do this as soon as possible in the quarter to ensure that approved accommodations can be granted in a timely manner.

There are essential functions or abilities necessary for admission and progression in the complex discipline of nursing at CSUEB. To matriculate or progress in the nursing curriculum, the candidate must be able to perform all of the essential functions. The Department of Nursing follows the CSUEB nondiscrimination policy, and students requesting accommodations should contact the Accessibility Services office. These essential functions include, but are not limited to, the following:

### **A. Critical Thinking**

A student must demonstrate critical thinking ability sufficient for clinical judgment.

1. Make effective clinical decisions.
2. Identify cause and effect relationships with clinical data.
3. Develop nursing care plans.
4. Perform math calculations requisite to safe dosage calculations and medication administration.
5. Read, synthesize, analyze, evaluate, and integrate material in the classroom and the clinical setting.

### **B. Professional-Ethical Conduct**

A student must possess the ability to reason morally and practice nursing in a professional and ethical manner.

1. Demonstrate integrity, honesty, responsibility, and tolerance.
2. Abide by professional standards of practice.
3. Deliver compassionate care to all patient populations.

### **C. Interpersonal Skills**

A student must demonstrate appropriate interpersonal abilities while interacting with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.

1. Communicate effectively and sensitively with other students, faculty, staff, patients, families, and other professionals.
2. Demonstrate willingness and ability to give and receive feedback.
3. Develop mature, sensitive, and effective relationships with clients.
4. Establish trust and rapport with clients and colleagues



#### D. Communication

A student must have the ability to clearly communicate in oral and written forms, and to effectively interpret communication with others.

1. Use appropriate grammar, vocabulary, and syntax.
2. Effectively communicate nursing actions.
3. Appropriately interpret client responses.
4. Initiate health teaching.
5. Demonstrate accurate nursing documentation.
6. Accurately report patient information to members of the health care team

#### E. Mobility and Stamina

A student must possess sufficient gross and fine motor skills and endurance to provide safe and effective nursing care in all health care settings.

1. Perform basic life support, including CPR.
2. Function in an emergency situation.
3. Safely assist a patient in moving (e.g., from wheelchair to commode, from chair to bed, lift and transfer from gurney to bed).
4. Calibrate and use equipment.
5. Perform treatments and procedures.
6. Apply pressure to stop bleeding.
7. Manipulate diagnostic instruments to adequately perform all aspects of a physical assessment.
8. Sit, stand, and move about in patient environments for 12 hour periods.

#### F. Tactile

A student must have sufficient tactile ability to perform a physical assessment of a patient and to perform procedures necessary for nursing care.

1. Perform palpation and other functions necessary for a physical exam.
2. Assess texture, shape, size, and vibration.
3. Note temperature changes in skin and equipment.
4. Perform therapeutic functions (e.g., inserting a urinary catheter or IV, change dressings, give medications).

#### G. Auditory

A student must have sufficient auditory ability to effectively monitor and assess health needs of patients.

1. Hear cries for help.
2. Hear alarms on equipment and overhead codes.
3. Hear auscultatory sounds using a stethoscope.
4. Hear and interpret verbal communication from patient
5. Communicate over the telephone.

#### H. Visual

A student must possess visual ability for observation and assessment necessary in nursing care.

1. Observe patient responses (e.g. changes in skin color, grimaces).
2. See drainage on dressings and note characteristics of body fluids.
3. Note fluid levels in collection devices, syringes and infusion devices.
4. Read gauges that monitor patient progress (e.g. sphygmomanometer).
5. Discriminate colors for diagnostic purposes.
6. Assess movements of patients.
7. Observe patient behavior (e.g. in rehabilitation or psychiatric facilities).

#### I. Behavioral-Emotional Health

A student must possess the emotional health required for full use of his or her intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities attendant to the care of patients.

1. Maintain mature, sensitive, and effective relationships with patients, students, staff, faculty, and other professionals under even highly stressful situations.
2. Experience empathy for the situations and circumstances of others and effectively communicate that empathy.
3. Be willing to examine and change his or her behavior when it interferes with productive individual or team relationships.
4. Prioritize competing demands.
5. Function in stressful circumstances.
6. Separate own needs and experiences in order to maintain objectivity and client-centered care.
7. Adjust to changing circumstances.
8. Plan effectively and complete all assigned duties carefully.
9. Communicate over the telephone.

Approved 12/13

## **DELIVERY OF HEALTH CARE:**

### **STUDENT RIGHTS AND RESPONSIBILITIES**

Students have the right to know their patients' diagnoses/suspected diagnoses in a timely fashion in order to make an appropriate nursing care plan and to take necessary precautions to minimize the risk of contracting or spreading disease. In settings where specific patient assignments are made at the beginning of the clinical shift, learning activities are designed to prepare students for types of conditions that they are likely to encounter prior to their arrival in the setting.

Although the student is not expected to take life-threatening risks in caring for clients, it is not acceptable to abandon any client based on age, religion, gender, ethnicity, or sexual orientation.

### **SKILLS PERFORMANCE IN LEVELS I AND II CLINICAL AGENCIES POLICY**

Students are expected to have been checked off on psychomotor skills in Skills Lab courses before performing them in clinical agencies.

A. Faculty may elect to guide a student through a skill which has not been checked off. Agency staff may NOT guide students through a skill that has not been checked off.

B. Generally, for skills that have been checked off, faculty will observe students performing them for the first time.

C. With faculty consent, agency staff may be allowed to observe the first performance of skills that have been checked off. Faculty must be consulted as these situations arise.

D. Students may OBSERVE those treatments/activities which they have yet to complete in skills lab with faculty, patient, and staff consent.

E. Failure to follow these guidelines will be considered unsafe practice and can lead to a NC grade in clinical laboratory with immediate dismissal from the course (see "Protocol: Response to Substandard Clinical Behavior" item #4).

F. This policy applies to ALL students including those who hold LVN licenses or CNA certification.

Rationale: **1)** Completing a treatment or skill on a patient without sufficient preparation constitutes a PATIENT SAFETY ISSUE. Doing so needlessly exposes the patient to risk of injury. Such conduct also needlessly exposes the student and the nursing program to liability.

**2)** Completing a treatment or skill on a patient without sufficient preparation constitutes a BREACH OF PROFESSIONAL ETHICS in that all nurses (including students) are obliged to refuse to give care for which they are unprepared and therefore potentially unsafe.

G. In the context of the CSUEB Nursing Program, “sufficient preparation” is defined as the requirements for skills outlined in the Level I and II Skills Laboratory courses and syllabi (i.e., scantrons and skills demonstrations must be satisfactorily completed as required in these courses).

## **STUDENTS WITH DISABILITIES OR LIMITATIONS**

The Department of Nursing follows the CSUEB nondiscrimination policy, and students requesting accommodations in the classroom or in clinical internship placements must be registered with the Accessibility Services office. It is to the student’s advantage to meet with their Accessibility Services counselor prior to the start of quarter in order for AS and the Nursing Program to collaborate on reasonable accommodations. Students requesting accommodations must demonstrate their ability to meet the Essential Functions. For more information see the Accessibility Services web page at: <http://www20.csueastbay.edu/af/departments/as/>

If, after admission to the nursing program, a student develops a physical or mental disability that limits his/her ability to meet the Essential Functions, it is the student’s responsibility to bring this information to the attention of the clinical faculty before he or she begins the clinical course. If unable to meet the clinical course objectives, the student will not be allowed to participate in clinical activities. The student must provide documentation from his or her physician prior to returning to clinical which states that the student is able to meet the Essential Functions.

Sample Physician’s Statement Form can be found in Appendices.

## CSUEB UNIVERSITY POLICY ON ACADEMIC DISHONESTY

The University, like all communities, functions best when its members treat one another with honesty, fairness, respect and trust. Students should realize that deception for individual gain is an offense against the members of the entire community, and it is their responsibility to be informed of University regulation on Academic Dishonesty by reading the catalog. It is a duty of faculty members to take measures to preserve and transmit the values of the academic community in the learning environment which they create for their students and in their own academic pursuits. To this end, they are expected to instill in their students a respect for integrity and a desire to behave honestly. They are also expected to take measures to discourage student academic dishonesty, to adjust grades appropriately if academic dishonesty is encountered, and, when warranted, to recommend that additional administrative sanctions be considered. Grading policies are the exclusive prerogative of the faculty; administrative sanctions are under the authority of the Student Disciplinary Officer (SDO). This document provides policies and procedures to be followed when academic dishonesty is encountered.\*

### 1. Examples of Academic Dishonesty

#### 1.1 Cheating

1.1.1 Possessing unauthorized notes, crib sheets, additional sources of information, or other material during an examination.

1.1.2 Copying the work of another student during an examination, or permitting another student to copy one's work during the examination.

1.1.3 Taking an examination or any portion of a course for another student; writing a paper, lab report, computer program, or other assignments for another student.

1.1.4 Submitting material written or produced by someone else, or having an examination taken by someone else.

1.1.5 Preparing a written answer to an exam question outside of class and submit answer as part of an in-class exam.

1.1.6 Altering or falsifying a graded work after it has been evaluated by the instructor, and re-submitting it for re-grading.

1.1.7 Possessing term papers, examinations, lab reports or other assignments which were supposed to be returned to the instructor.

1.1.8 Submitting the same paper for two different classes without the explicit permission and approval of the instructors involved.

1.1.9 Inventing data in a piece of work or providing a false account or method by which data were generated or collected.

\* Portions of the opening statement are reprinted by permission from the "Statement of Principles" appearing in the catalog of the University of North Carolina, Charlottesville. Portions of the definitions are reprinted by permission from the "College of Arts and Sciences Statement of Academic Dishonesty, "University of Colorado, Boulder".

## 1.2 Plagiarism

Students are expected to do their own work. Plagiarism consists of taking the words or specific substance of another and either copying or paraphrasing the work without giving credit to the source. Some examples are:

1.2.1 Failure to give credit in a footnote for ideas, statements of facts or conclusions derived from another.

1.2.2 Failure to use quotation marks when quoting directly from another whether it is a few words, a sentence or a paragraph.

1.2.3 Failure to reference close and/or extended paraphrasing of another.

## 1.3 Other Forms of Academic Dishonesty

1.3.1 Providing material or information to another person with knowledge that these materials will be used improperly.

1.3.2 Possessing another student's work without permission.

1.3.3 Selling or purchasing examinations, papers, laboratory work, computer programs or other assignments.

1.3.4 Altering another student's examination, term paper, laboratory work, computer program or other assignment

1.3.5 Knowingly furnishing false or incomplete academic information.

1.3.6 Altering documents affecting academic records.

1.3.7 Forging a signature of authorization or falsifying information on an official academic document, election form, grade report, letter of permission, petition, or any document designed to meet or exempt a student from an established University academic regulation.

## **CSUEB NURSING PROGRAM AND ACADEMIC DISHONESTY**

Society has entrusted nurses and other health care professionals with the comfort and safety of its most vulnerable people. Therefore, the nursing profession requires people of absolute integrity. When a student is found to have committed an act of deceit in a Nursing prefix course, s/he will receive an F grade in that course. F grades so assigned cannot be academically renewed by University Policy. Students with such grades will not be permitted to enroll in any further Nursing prefix course.

## NURSING COURSE PROGRESSION POLICIES

The Nursing Program faculty have established policies regarding student progression from one course/level to the next. The faculty have also set limits on the number of “D” or “NC” grades earned to maintain enrollment in the program (see I.E. below).

Students earning “F” grades in theory courses are not allowed academic renewal. The intent of this policy is to assure student readiness for more complex courses and responsibility and to facilitate a successful transition from school to employment.

### ***Nursing Course Progression***

- A. Courses with the NURS prefix must be successfully completed or challenged in the proper sequence.
  - 1. In order to progress within the nursing major the Pre-Licensure student must:
  - 2. earn a grade of “C” or better or “CR” in courses with a NURS prefix.
  - 3. earn a grade of “C-” or better in NURS 2005 and 2015, before beginning
  - 4. Level II clinical courses.
  - 5. Theory and clinical courses need to be taken concurrently.
  - 6. be enrolled concurrently or have earned a grade of “C” or better in NURS 3201 for all subsequent Level II courses.
  - 7. earn a grade of “C” or better in NURS 3202 for all subsequent Level III nursing courses.
- B. In order to progress within the nursing major the RN-BSN student must: Earn a grade of “C” or better or a “CR” in courses with a NURS prefix.
- C. A student loses eligibility for preferential admission to subsequent nursing courses if a grade of “D”, “F”, “NC” or “W” is received in any NURS prefix course. This policy also holds true for students who receive a Departmental Warning in a clinical course.
- D. A student may not continue in the current clinical practice course after notification of unsafe clinical behavior(s) and will receive a “NC” grade in said course. Unsafe clinical behavior may result in either a clinical failure or expulsion from the program depending on the gravity of the “unsafe” behavior(s). The individual instructor will consult with the Level Team members and Level Coordinator. Should the “unsafe” behavior(s) be deemed serious enough for possible expulsion from the program, the matter will be forwarded to the “Executive Committee” for consideration.
- E. After the add/drop date, all withdrawals from a course must have instructor approval.
- F. An incomplete may be assigned for a clinical course by the clinical instructor if a student is in good standing. The criteria of good standing in a clinical course include satisfactory completion of at least 80% of the total clinical hours (Note: the total of hours will vary dependent on the specific clinical course) and demonstration towards

the successful completion of the clinical objectives. (See University Catalog Grading and Academic Standards: Incomplete).

- G. If completion of a concurrent theory and clinical course results in a failure of one of the courses, the student must repeat the failed course and be enrolled in the concurrent course. If the failure occurs in the theory course, the student will be required to repeat the theory course and continue enrollment in the clinical course. A grade of RP (Report in Progress) will be given for the clinical course until the student successfully completes the theory course. If the failure occurs in the clinical course, the student must repeat the clinical course and audit the co-requisite theory course. The student must have concurrent enrollment in theory and clinical courses. (This is required by the BRN regulatory body policy regarding concurrency of theory and clinical courses).
- H. Consistent with CSUEB policy, "an "I" must normally be made up within one calendar year immediately following the end of the term during which it was assigned. This limitation prevails whether or not you maintain continuous enrollment. You may not repeat a course in which you currently have an incomplete grade." However, if the course is required for progression in the Nursing program, the earlier completion of the required work may be mandatory.

Your instructor will specify the work needed for completion and will communicate the requirements to you in writing with a copy to the department or program chair. When you complete the required work and it has been evaluated, your instructor will submit a change of grade form and a final academic grade will be recorded. If you do not complete your work within the allowed time limit, the grade will be recorded as an "IC" (See University Catalog Grading and Academic Standards: Incomplete).

- I. A student who has two failures ("D", "F", "IC" or "NC") in any nursing prefix courses will be dropped from the nursing major. Calculation of failures includes any nursing prefix course which was passed by academic renewal.

## **II. *Re-entering the Clinical Nursing Sequence***

- A. A written request for readmission to the clinical nursing sequence must be submitted to the Chair of the Department of Nursing and Health Science. Written requests are to be dated and signed if submitted via hardcopy, and include current contact information. In order to facilitate a decision based on sufficient background, a brief history including dates and reason for leaving the program should be included. This must be done by the end of add/drop of the quarter prior to the quarter of intended return.
- B. Student who withdraws or interrupts the clinical nursing sequence for physical and/or emotional reasons must present evidence (e.g., doctor's letter) that his/her current health status is satisfactory to physically and/or emotionally care for



patients in any clinical setting. The final decision for reentry into the nursing sequence will rest with the Executive Committee of the Nursing Program.

- C. A student who has been failed in a clinical course as the result of unsafe behavior might not be permitted re-entry to the nursing program. Unsafe behaviors may include though not limited to the following: **1)** purposeful falsification of a client record, **2)** blatant disregard of client confidentiality, **3)** denying responsibility for one's own deviation from standard practice, **4)** act or threat of intimidation, harassment, or physical aggression, **5)** actions, which places the client or others in physical or emotional jeopardy, **6)** abusive behavior toward clients, faculty, staff, or colleagues, **7)** failure to disclose actions, which places the client or others in physical or emotional jeopardy, **8)** ignoring the need for essential information before intervening, or **9)** other behaviors deemed unsafe by the clinical instructor.
- D. A student is not guaranteed that a request to repeat a clinical nursing course will be granted. This will depend on availability of clinical nursing practice space. First priority for repeating will be given to students who withdrew or dropped the course. Second priority will be given to those students who failed the course. The student must meet all new requirements in effect upon return to clinical nursing courses.
- E. Students who allow two years to elapse between enrollments in clinical nursing courses will be subject to currency considerations. If a student is allowed to re-enter the nursing program, he or she may be required to repeat or audit selected nursing courses at the discretion of the Nursing Executive Committee. The student must meet all new requirements in effect upon return to clinical nursing courses.

07/16

## **CHALLENGE OF NURSING PREFIX COURSES POLICY** (CREDIT BY EXAMINATION)

Students with special studies or experiences may have already achieved the objectives of certain courses and may petition to receive credit by special examination. After receipt of notice of eligibility to register for the Clinical Nursing Program, the applicant must contact the department to make an appointment with an advisor. Each applicant's previous education and work experience will be individually assessed to design an optimal learning program.

LVN's who wish to take the NCLEX-RN (RN Licensing Examination) without obtaining a Baccalaureate Degree should see information on the LVN Non-Degree Certificate Program Option.

Students interested in challenge must notify the department no later than 2 weeks prior to the first day of class. To receive credit under this plan, the student must register for the class the quarter in which it is listed in the catalog. A petition for credit by examination is obtained from the Nursing Office. The examination will be administered within the first two weeks of the quarter.

If the exam is passed, the grade and Credit By Examination will be indicated on the student's permanent record. The student remains registered in the class but does not need to attend. If the examination is failed, the student must either continue taking the course or formally withdraw within one week after completing the examination.

No more than 36 quarter units of credit obtained by challenging courses may be applied toward the baccalaureate degree. No credit earned by examination may be applied toward the requirement of 45 quarter units in residence at CSUEB.

Challenging of nursing prefix courses must follow the progression policy and the prerequisites for each course must be satisfactorily completed prior to enrollment.

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5/08

## **CSUEB LINES OF COMMUNICATION AND PROCEDURES**

### **FOR GRADE DISPUTES AND OTHER ACADEMIC PROBLEMS**

Grade disputes and other academic problems are initially discussed between student and instructor. In addition, students may choose to consult with their advisor who can help a student by clarifying the issue, and provide information on how to proceed in order to resolve the problem. Most problems can be settled within the department between student, instructor, and, when needed, coordinator, department chair and Program Executive Committee. If the student is not satisfied with the results of such meetings, or perceives that academic unfairness or discrimination has occurred, the student is directed to the Dean of the College of Science, who may send the issue back to the department chair for reconsideration, or refer the student to the University Fairness Committee.

UNIVERSITY FAIRNESS COMMITTEE

DEAN, COLLEGE OF SCIENCE

EXECUTIVE COMMITTEE

DEPARTMENT CHAIR

LEVEL/COURSE COORDINATOR

ASSISTANT DIRECTOR

ADVISOR

INSTRUCTOR

STUDENT

**CSUEB LINES OF COMMUNICATION AND PROCEDURES  
FOR ROUTINE STUDENT BUSINESS-CONTACT SOURCES**

STUDENT

FACULTY ADVISOR  
DEPARTMENT CHAIR  
NURSING ADMISSION  
COORDINATOR

LEVEL/COURSE COORDINATOR  
COORDINATOR

OFFICE STAFF

General Advising

1	Program Planning.	1	Withdrawal from course.	1	Graduation procedures.
2	Course Equivalency Determination.	2	Request for incomplete.	2	RN Licensure procedures.
3	Graduation Evaluation.	3	Special test arrangements.	3	Add/Drop courses.
4	Planning for Preceptorship.	4	Scheduling issues.	4	General advising re:  program requirements.
				5	General advising re:  University Policy and  Procedures

## **ADVISING**

All registered students in the nursing major are assigned a faculty advisor. Students are responsible for obtaining advisement from their assigned Faculty Advisors on a regular basis. Advising lists are posted on the Department bulletin board and Department website.

Students should contact their advisor to schedule a meeting time during their advisor's stated office hours. If the office hours are inconvenient, usually a mutually agreed upon time can be scheduled. If such a time cannot be worked out, the Department will allow the student to select an advisor whose office hours are compatible with the student's schedule.

The faculty recommend that students also seek general education information at Academic Advising and Career Education (AACE) on the Hayward Campus or Academic Services on the Concord campus. The Blackboard website is another resource for updates in University requirements. In this way students will keep abreast of University requirements.

Reviewed 7/14

## STUDENT RETENTION PROGRAM

**BACKGROUND:** The faculty have developed a program to identify students at risk of failing nursing theory courses. The program provides guidance to assist students in identifying the nature of their academic problem(s). The students and their advisor then develop an appropriate plan for correction of these identified problems.

**STUDENTS AT RISK FOR FAILURE:** The majority of student attrition results from failure in nursing theory courses. Those students identified as being at risk of failing are as follows:

1. Students who have failed a previous nursing course.
2. 2.Students who have received a 70% or lower on their first examination in a nursing theory course.
3. Students who fail Clinical Pathophysiology.

**RETENTION ADVISING:** Nursing Program Faculty provide advising for the student at risk. Faculty from each level serve as Retention Advisor for their respective courses.

The purpose of retention advising is to:

1. Identify and contact students at risk of failing.
2. Help students to identify the problems hindering their success in the nursing major.
3. Encourage and develop student responsibility for problem solving.
4. Help students to develop a plan to correct the identified learning needs.
5. Provide assistance and guidance as needed to carry out the remedial plan.
6. Monitor subsequent behavior and academic success, as needed.

**ADVISING ASSISTANCE:** While it is the advisor who guides the analysis of the students at risk's academic problems, the student is expected to take significant responsibility for the identification of the problems and planning for their amelioration.

Steps in the advising process are as follows:

A. Problem identification begins with test analysis. During this process, students review their exams with the advisor and each incorrect item is identified by them. The student is asked to categorize in writing each incorrect item according to the cause of the error using the following categories:

1. Insufficient knowledge due to lack of thorough preparation.
2. Lack of understanding of the content.
3. Inability to apply knowledge to a clinical vignette.
4. Failed to understand the question by virtue of language problems.
5. Misread the question.

6. Marked unintended answer.
7. Unknown.
8. Other (as specified by the student).

B. Secondary Analysis: The student then tabulates his/her errors and looks for content areas and types of questions which constitute specific or consistent problems for him/her. Possible causes for each problem must then be identified by the student. For example, if most items are missed because of insufficient study then the student, with the help of the advisor, will explore this area for the reason(s) or cause(s) for the student's insufficient study.

C. Amelioration Plan: Each student's corrective plan will vary according to student need. Here are some common problems presented by students:

1. Some students report that they are easily distracted.
2. Other students may seek advising because they need more time to complete an exam.
3. The student may be studying in an inappropriate setting. For example, the student may benefit from studying on campus rather than at home.
4. A student may be primarily an auditory learner and might benefit from taping lectures or taping readings and then re-hearing them.
5. Some students report trouble retaining the implications of information. In some cases, recording potential examination questions while studying allows review before an upcoming exam.

D. Non-academic stressors often impede achievement and must also be assessed. A grade of "Incomplete" may be considered if a student needs more time to successfully complete a theory course in which successful passage has been jeopardized due to temporary, non- academic stressors.



## RESPONSE TO SUBSTANDARD CLINICAL BEHAVIOR PROTOCOL

The following are instructor and student responsibilities, and constitute a protocol for response to substandard behavior in the clinical area.

A. At the time of the clinical evaluation, a written evaluation will be shared with the student.

An evaluation with less than satisfactory performance will be copied for the student.

B. A student's signature on the evaluation form signifies only that the student has read the document, not necessarily agreement. If the student disagrees with the evaluation, he/she may submit a statement outlining the differences clearly which will be attached to the evaluation. Students should retain a copy for their records.

C. All student evaluations and records shall be available to the student in the nursing office upon request. Students may examine these records in the office and may request copies to be made by office staff.

D. The following are critical clinical behaviors that are as egregious as to constitute grounds for possible disciplinary action. These critical behaviors, if proven, may immediately result in failure of the course.

1. Purposeful falsification of a client record. Blatant disregard of client confidentiality.
2. Denying responsibility for one's own deviation from standard practice. Act or threat of intimidation, harassment, or physical aggression.
3. Actions, which places the client or others in physical or emotional jeopardy. Abusive behavior toward clients.
4. Failure to disclose actions, which places the client or others in physical or emotional jeopardy.
5. Ignoring the need for essential information before intervening.

E. When a student's clinical performance represents a potential hazard to patient/client safety, the student can be dismissed from the clinical setting with no prior notice. Unsafe behavior can be defined as unprofessional\*, unethical, cognitive, affective or psychomotor behaviors that are likely to or have produced harm or threat of harm to client, agency or self. As soon as possible, faculty will provide written confirmation of the incident and arrange a time to counsel the student.

F. When student performance is deficient, but not hazardous to patient safety, the student will be permitted to continue in the clinical laboratory. In this case the instructor will present the student with a written report clearly stating:

1. that the student's clinical enrollment is in jeopardy; and,
2. the specific behavior(s) jeopardizing clinical enrollment.

The instructor and the student will meet as soon as possible to review and sign the written warning. If the student refuses to sign, the instructor will document that the student has read the warning but has refused to sign. At that time, a plan to correct substandard performance will be discussed.

When student performance is deemed hazardous to patient safety, the student will not be permitted to continue in the clinical laboratory. In this case the instructor will discuss the situation with the Level Team and Level Coordinator to develop a remediation plan. If the “unsafe” behavior(s) are severe enough to warrant a possible dismissal from the program, the matter will be referred to the “Executive” Committee.

G. A student may submit a written response to the instructor's written report. Copies of this response will be available to any faculty member. As identified in the Student Handbook, the Level Coordinator is available to the student for guidance if needed.

H. Student substandard performance will be reviewed by appropriate faculty. Any situation requiring a written report will be reviewed. Results of consultation with faculty will be reflected in the evaluation and/or a letter of dismissal.

I. At any time the student thinks the protocol is not being applied, he/she is obliged to speak first with the instructor, then the Level Coordinator, and the Department Chair, if necessary. These discussions should occur at the time of the difficulty.

J. Revision of the above protocol will include student input.

\*Professional behavior benchmark is that behavior described in the ANA Standards of Professional Performance (American Nurses Association, 2004)

Reviewed 6/11

## **STUDENTS IMPAIRED BY SUBSTANCE ABUSE AND/OR EMOTIONAL ILLNESS**

A In the matter of nursing students under the influence of or impaired by the use of alcohol or drugs while at school and/or impaired by emotional illness while at school, the CSUEB Nursing Program recognizes that:

1. these are illnesses and should be treated as such;
2. that these illnesses can affect academic and clinical performance and that nursing
3. students impaired by such illnesses while at school gravely endanger the health and safety of themselves and the patients in their care.
4. that nursing students who have or develop these illnesses can be helped to recover;
5. that it is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness;
6. that confidential handling by the faculty of the diagnosis and treatment of these illnesses is essential.

B Instructors are responsible for and have the authority to take immediate action with regard to an impaired student's conduct and performance in the clinical setting, as set forth below. At CSUEB, Counseling and Psychological Services offer assistance with alcohol and substance abuse problems (885-3690). The faculty emphasizes the importance of seeking voluntary aid for conditions that could, if left untreated, lead to disciplinary action and might prevent the person from being licensed to practice nursing in the State of California.

### Procedure:

1. The instructor submits a written report to the Chair as soon as a student is suspected of current substance abuse at school or that impairs performance while at school or is suspected of a mental illness, which is impairing performance.
2. The Department Chair notifies the student that she/he is suspended from all clinical nursing classes pending investigation to protect the health and safety of the student in question and the patients in that student's care.
3. The Chair notifies both the Executive Director of Judicial Affairs and the Director of Equal Employment Opportunity of the problem.
4. The allegations of impairing substance abuse/mental illness and any conduct or performance problems are promptly investigated.
5. The student is required to cooperate and participate in the investigation. If the investigation reveals that the impairing substance abuse/mental illness allegations are unfounded, appropriate corrective action will take place for performance or conduct

issues, if any, and the student will be reinstated assuming any substantiated conduct or performance issues do not warrant expulsion.

6. If the investigation reveals that the impairing substance abuse/mental illness allegations are true, appropriate corrective action will take place for performance or conduct issues, if any, and the student will be reinstated assuming any substantiated conduct or performance issues do not warrant expulsion, and the student provides a written certification to the Department Chair from an official of a rehabilitation program or licensed specialist in mental health verifying that the student is/was treated and is now not a danger to herself or patients.

7. The final decision concerning reinstatement rests with the Executive Committee of the Department.

Reviewed 5/08

## PROFESSIONAL APPEARANCE GUIDELINES

The purpose of these guidelines is to establish standards for CSUEB nursing students. The dress requirements are standardized to meet requirements of the institutions we use and to establish the presence of our students. Students are expected to dress in a manner that is professional in style and appropriate to a work rather than a social setting whenever they are in a clinical setting. Additionally, any agency specific guideline may supersede the CSUEB Professional Appearance Guidelines.

### A. Clothing:

Standard CSUEB uniform: Students will wear a white tunic and dark grey scrub pants or skirt—tailored conventional style. A long- or short-sleeved white tee-shirt may be worn under the tunic. Only skin colored undergarments should be worn. No brightly colored undergarments that are visible thru the white tunic are allowed.

Uniforms may be purchased at any store or site that offers the approved colors. As a guideline the most commonly purchased scrub brands and color code for the appropriate shade of grey is provided below. If students are not sure, they should check with clinical faculty before the purchase. If an incorrect shade of grey pants is purchased without prior approval, students will be asked to purchase the correct shade.

Uniform Brand	Color Code
<i>Cherokee</i>	<i>PWTW, PWTB</i>
<i>Barco</i>	<i>STEEL</i>

Clothing must be clean, pressed, mended and professionally appropriate. Students may not wear suggestive attire, jean style pants, capris, shorts, leg warmers or athletic clothing. Sweaters, jackets, vests or hooded sweatshirts should not be worn while in contact with patients.

### B. Exceptions to the standard CSUEB uniform policy outlined in section A.:

1. Pediatric rotation: Appropriate print scrub tops may be worn.
2. Psychiatric rotation: Colored scrub tops or business casual clothing may be worn. Denim jeans, T-shirts, shorts, sporty clothes, dressy or formal attire are not permitted.

3. Community Health rotation: Business casual clothing may be worn. Denim jeans, T-shirts, shorts, sporty clothes, dressy or formal attire are not permitted.
4. Preceptorship rotation: Scrub attire in accordance with agency dress code guidelines may be worn.

C. Footwear:

When in the CSUEB Standard Uniform shoes must be white, or black, or dark grey, and be clean, and polished if appropriate. They must provide safe and secure footing, offer protection against hazards, and be quiet for the comfort of patients (i.e., flat, closed toe and heel). Hosiery should be in accordance with agency policy.

For psychiatric and community health rotations, footwear must be flat, closed toe and heel shoes. Sandals or heels are not permitted.

D. Hygiene and Grooming:

Cleanliness is more than a matter of appearance; it is also a matter of health and safety. Students must be clean and free of offensive body odor, including the odor of tobacco.

1. Hands must be washed regularly.
2. Nails should be well groomed and less than ¼" from the tip of the finger. Artificial nails or nail polish are not permitted.
3. No strong scents may be worn to clinical (i.e., lotions, hair products, fragrance, perfume, aftershave, deodorant).

E. Hair:

Hair must be clean, neat and be kept in a conservative style. Bright, artificial hair color is not permitted. For safety and hygiene, hair that is shoulder length or longer must be tied back/up. Side burns, mustaches, beards and other facial hair must be neatly trimmed, shaped and clean.

F. Jewelry/Adornment:

All jewelry worn while on duty must be safe, unobtrusive and inoffensive to patients, family, visitors, colleagues and faculty. This includes items worn in body piercings and earrings. Tattoos may need to be concealed.

G. Name Pins, IDs, and Emblem Patches:

Students are required to wear the CSUEB Nursing name pins and carry their CSUEB photo ID during all clinical rotations. When a white tunic is the required top, an arm emblem patch is also required. The emblem patch is to be sewn on the left upper sleeve of the tunic, approximately two finger widths from the top seam.

H. No chewing gum while at the clinical agency.

Ordering CSUEB Name Pins and Emblem Patches: The CSUEB Nursing name pins and emblem patches are available for purchase from the Pioneer Bookstore (University Bookstore).

I. Equipment:

Students will be required to have the following equipment with them during clinical rotations:

Wristwatch that counts seconds  
Stethoscope with a diaphragm and a bell  
Black ball point pen

Recommended equipment may include:

Clipboard

Fanny pack

Bandage scissors or hemostat

Revised 05/14

## **COMMUNICABLE DISEASE POLICY**

In order to make appropriate student clinical assignments, the following are required: varicella titer, rubella immunization or positive titer, rubeola immunization or positive titer, positive mumps titer, Hepatitis B titer showing immunity and PPD or chest x-ray

Student/faculty who are Hepatitis B carriers may not be restricted from clinical experiences by the university. They will be counseled by the Department Chair regarding precautions.

There is a risk of occupational acquisition or transmission of infectious diseases by students/ faculty infected with HIV and/or who are otherwise immunosuppressed.

If there is a problem of a communicable disease nature in a clinical assignment, the clinical instructor, in consultation with Coordinator and the Department Chairperson will determine, on an individual basis, whether the student can adequately and safely perform patient care duties, and will suggest changes in work assignments, if and when indicated.

Standard Precautions will be used in the Nursing Skills Lab and in all clinical agencies. A more stringent policy of a clinical agency will supersede this policy.

## **CLINICAL ATTENDANCE DURING UNION STRIKES POLICY**

No CSUEB student is permitted to be on site at a clinical agency during a nurse union strike. During a nurse union strike, clinical faculty will arrange alternate assignments. During union strike activity, other than a nurse strike, students may or may not participate at clinical site(s) on a case by case basis after consultation with clinical placement coordinator, hospital educator, and at the discretion of the clinical instructor.

The intent of this policy is to:

1. Protect students from exposure to a physically unsafe environment associated with strike activities.
2. Protect students from a compromised learning environment in which changes in the number and type of staff may jeopardize patient safety.

Revised 07/15



## **CRIMINAL BACKGROUND CHECK/SANCTION SEARCH POLICY**

- A. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Accreditation Manual for Hospitals 2004 introduced a new standard (Human Resource Standard HR 1.20) requiring employees, students, and volunteers to undergo a criminal background check before providing health care services. In addition, a search of the Department of Health & Human Services (DHHS) Office of the Inspector General exclusions database (sanction search) must be performed as part of the background check process to identify students excluded from participation in Federal Healthcare Programs. Exclusion is based on any of the following: convictions for program-related fraud, patient abuse, state licensing board actions, or default on Health Education Assistance loans.
- B. Students applying to the RN-BSN Program must have an unencumbered, unrestricted RN license, as determined by the Board of Registered Nursing.
- C. All Nursing students must complete a criminal background check and 10 panel drug screening as a prerequisite for enrollment in the CSUEB Nursing Program. The background check includes the following categories:
1. 7 year county criminal search with maiden/alias names (unlimited counties/ names)
  2. Nationwide healthcare fraud and abuse scan
  3. Nationwide criminal record indicator with sex offender index and alias names
  4. Nationwide patriot act
  5. Social security alert
  6. Resident history trace
- D. Students receive information about the background check process after receiving their conditional admit letter. Background checks are performed by an agent designated by the Department of Nursing. Backgrounds checks performed by this agent ONLY will be accepted. Students must register with and pay fees to the designated background check agent.
- E. Results of the background check and drug screening are electronically reported directly to the Department of Nursing. If a student is not “clear” and “negative,” the files are reviewed by the Nursing Admissions Coordinator and Chairperson of the Department to determine eligibility for admission and/or enrollment in the Nursing Program.

Reviewed 07/14

## **REPORTING EMERGENCIES**

### General Information

- DIAL 911. Notify Public Safety that assistance is needed.
- Be calm. Identify yourself, location of the incident, your location and telephone number. Describe the incident to the dispatcher with as much specific detail as possible.
- Remain on the line until the dispatcher has obtained all necessary information from you, and has given you instructions. Let the dispatcher hang up first.

### Assembly Area

- Each building at Cal State East Bay has its own designated assembly area:
- Look to the Building Safety Assistants (BSA's wear yellow hard hats and orange vests) for guidance to the assembly area.
- For emergencies that affect more than one building, the University Assembly area is the Amphitheater located between the Arts/Education Building and Robinson Hall.

## **EARTHQUAKE PROCEDURES**

- If you are **INSIDE** a building at the onset of an earthquake: Duck under a sturdy object, if possible, and hold onto it.
- Protect your neck and head with your arms, if no other protection is available. Avoid windows and other heavy objects that can shatter or fall.
- Stay under cover until the shaking stops.
- When leaving the building use stairs only, never use elevators. If you are **OUTSIDE** a building at the onset of an earthquake:
  - Move well away from trees, signs, buildings, electric poles and wires.
  - Protect your neck and head with your arms from falling bricks, glass, plaster, and other debris as necessary.

## **CREDIT FOR COMMUNITY SERVICE**

The purpose of this policy is to outline the procedure for nursing students wishing to receive academic credit for community service outside the scope of their regular studies.

A Credit will be awarded on a basis consistent with the CSU standard of 1 unit of credit per 30 hours of time on task (including direct preparation time). In the case of credit for community service; preparation to contact time should not be greater than 10 hours preparation time to each 20 hours of contact time in the actual service.

B Credit may be accumulated over a time period greater than 1 quarter but not longer than 3. In the case of long term accumulation of hours towards Community Service credit(s) the student must arrange the scope of the service to be completed with the faculty of record at the beginning of the undertaking and prior to the quarter chosen for actual receipt of the credit(s).

C It is the student's responsibility to select/contact a Nursing faculty person willing to oversee their Independent Study in Community Service and set up a timeline for completion at the outset of the project. The student will submit to the faculty of record a written plan outlining the "Who, What, Where, When and How" of their Community Service Project including specific "behavioral objectives" to be completed. The plan outline will also include a schedule for student/faculty meetings as appropriate to the project, but not less than twice a quarter.

D Community Service credit will be considered for any structured time volunteered for the benefit of others inside or outside the school for which the student did not otherwise receive school credit or monetary compensation.

E Examples of community service include (but are not limited to) clinics, hospitals, churches, health fairs, community "runs" or "bike rides" and service in organizations such as EBSNA, CSU Associated Students or Nu Xi Chapter of Sigma Theta Tau.

F Any "unusual" areas of service that cannot be clearly discerned as community service in scope will be presented by the faculty of record to the CSUEB Nursing Faculty for consideration.

Reviewed 5/00

## CSUEB SOCIAL MEDIA POLICY

A Any statements and/or photos placed on a social media site should reflect positively on oneself, fellow classmates, the University and clinical sites. Prior written consent\* is required before taking or posting student photographs, faculty photographs, or College events on social media sites and the CSUEB Website. The Department of Nursing and Health Sciences adheres to the American Nurses Association (ANA) Social Media Policy. Review the following ANA Fact Sheet.

B Use of personal cellular phones and other electronic devices may or may not be permitted by clinical agencies. Students are expected to adhere to clinical agency policies regarding the use of personal electronic devices. Clinical agencies may require students to sign an attestation form in support of their policies on use of electronic devices and/or social media.

C The following example is how the Social Media Policy might be applied: During a pediatrics rotation, a nursing student treated a young boy with diabetes. As the boy was getting ready to leave the hospital, the student nurse used their cell phone to take his picture and then posted it on their Facebook page, along with comments about the bravery he displayed while receiving insulin injections. A few days later, the student nurse was expelled from her nursing program for violating federal privacy laws.

D. Refer to ANA Information on Navigating the World of Social Media in the following page.

E. CSUEB Photographic Release Form can be found in Appendices.

## AMERICAN NURSES ASSOCIATION

www.NursineWorld.org

### Navigating the World of Social Media

The number of individuals using social networking sites such as Facebook, Twitter, LinkedIn, and YouTube is growing at an astounding rate. Facebook reports that over 10% of the world's population has a Facebook presence while Twitter manages more than 140 million Tweets daily. Nurses are making connections using social media. Recently, the College of Nurses of Ontario reported that 60% of Ontario's nurses engage in social networking (2010).

Social networks are defined as web-based services that allow individuals to 1). construct a public or semi-public profile within a bounded system 2). articulate a list of other users with whom they share a connection, and 3). view and traverse their lists of connections and those made by others within the system (Boyd and Ellison, 2007).

These online networks offer opportunities for rapid knowledge exchange and dissemination among many people, although this exchange does not come without risk. Nurses and nursing students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior has the potential to either enhance or undermine not only the individual nurse's career, but also the nursing profession.

#### Benefits

- Networking and nurturing relationships
- Exchange of knowledge and forum for collegial interchange
  - Dissemination and discussion of nursing and health related education, research, best practices
- Educating the public on nursing and health related matters

#### Risks

- Information can take on a life of its own where inaccuracies become "fact"
- Patient privacy can be breached
- The public's trust of nurses can be compromised
- Individual nursing careers can be undermined

#### ANA's Principles for Social Networking

1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient-nurse boundaries.
3. Nurses should understand that patients, colleagues, institutions and employers may view postings.

4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities.
6. Nurses should participate in developing institutional policies governing online conduct.

References:

Anderson., J & Puckrin, K.(2011). Social network use: A test of self-regulation  
Journal of Nursing Regulation, 2111, 36-41.

Boyd, S. & Ellison, NB.(2007). Social network sites: Definition and scholarship.  
Journal of Computer Mediated Communication, 13(1L21Q-230.

## **CSUEB STUDENT E-MAIL POLICY**

### *A University use of e-mail*

E-mail is considered an official method for communication at Cal State East Bay because it delivers information in a convenient, timely, cost effective, and environmentally aware manner. For the majority of the student population, this Student E-mail Policy does not represent a change from current practice. However, the policy does ensure that all students have access to this important form of communication. Furthermore, it ensures that students can be accessed through a standardized channel by faculty and other staff of the University as needed.

### *B Assignment of student e-mail accounts*

Official University e-mail accounts are available for all applicants and will be automatically assigned to all enrolled students. The addresses are all of the form [Name]@horizon.csueastbay.edu. These accounts must be activated before the University can correspond with its students using the official e-mail accounts. The website horizon.csuhayward.edu has been designed for this purpose. The official e-mail address will be maintained in SAIL (the university's student information system). Official e-mail addresses will be directory information unless the students request otherwise (see the University [catalog](#) for more information).

### *C Redirecting e-mail*

Students may elect to redirect (auto forward) messages sent to their Horizon official student e-mail address. Students who redirect e-mail from their official address to another address (such as AOL, Yahoo, Hotmail) do so at their own risk. Having e-mail lost as a result of redirection does not absolve a student from the responsibilities

associated with communication sent to his or her official e-mail address. The University is not responsible for the handling of e-mail by outside vendors or unofficial servers. Privacy of confidential information may be compromised by redirecting the Horizon account (see sections below on Authentication for confidential information and Privacy).

#### *D Expectations about student use of e-mail*

The University will send communications to students via their official Horizon e-mail account. Students are responsible for the consequences of not reading in a timely fashion University- related communications sent to their official Horizon student e-mail account. Students are expected to check their e-mail on a frequent and consistent basis in order to stay current with University-related communications. Students have the responsibility to recognize that certain communications may be time-critical. "I didn't check my e-mail" or e-mail returned to the University with "Mailbox Full" or "User Unknown" are not acceptable excuses for missing official University communications delivered via e-mail. The University recommends checking Horizon e-mail daily, but at a minimum of twice per week. Note: Accessibility Services is available to provide email access accommodations on an as needed basis for students with disabilities.

#### *E Horizon mass e-mail*

The Horizon mass e-mail feature is reserved for emergencies, and for other communications that have a legitimate educational need for direct communication, and without such direct communication would put students at a disadvantage, and/or hinder their academic success and progress. Requests for Horizon mass e-mail to students should be directed to the Executive Director of Enrollment Services for approval. When necessary, the Assistant Vice President of Enrollment Services can convene an ad hoc appeals committee to resolve a dispute over appropriate use of Horizon mass e-mail. An appeals committee will typically include one student member of University Information Technology (UIT) Advisory Committee, one dean, one Student Affairs representative, and the Associate Vice President of Information Technology.

#### *F Authentication for confidential information*

The University does not send, or request, confidential information via e-mail. Confidential information is made available only through MYCSUEB which is password protected. In these cases, students will receive e-mail directing them to MYCSUEB, where they can access the confidential information only by logging in as required. The confidential information will not be included within the e-mail message itself. Mail sent to the Horizon e-mail addresses may include notification of University-related actions, including disciplinary actions. However, e-mail shall not be the sole method for notification of legal actions.

#### *G Privacy*

Users should exercise extreme caution in using e-mail to communicate confidential or sensitive matters, and should not assume that e-mail is private and confidential. It is especially important that users are careful to send messages only to the intended

recipient(s). Particular care should be taken when using the "reply all" command during e-mail correspondence. All use of e-mail will be consistent with other University policies, and local, state, and federal law, including the Family Educational Rights and Privacy Act of 1974 ([FERPA](#)). E-mail addresses are directory information as defined by the University's unless a request is made to withhold it (<http://www.calstate.edu/EO/EO-1027.html> )

#### *H Educational uses of e-mail*

Faculty will determine how electronic forms of communication (e.g., e-mail) will be used in their classes, and will specify their requirements in the course syllabus. This Student E-mail Policy will ensure that all students will be able to comply with e-mail-based course requirements specified by faculty. Faculty can therefore make the assumption that students' official@horizon.csuhayward.edu accounts are being accessed, and faculty can use e-mail for their classes accordingly. This type of e-mail service allows the student to conduct collaborative work efforts and share information with students, professors, and other individuals regardless of time and/or geographic boundaries. Because of this open freedom, and the possibility of conversing with individuals that the student may have never met, students should conduct themselves in an appropriate manner during their communications.

I Students should remember that every e-mail message sent from their Horizon accounts carries Cal State East Bay's name, and all communications should reflect that.

J The following Web sites contain more information about University policy: Non-discrimination/ Harassment Policies and Procedures

<http://www20.csueastbay.edu/ecat/appendices/appendix.html#nondiscrimination>

Acceptable Computer Use Policy

<http://www20.csueastbay.edu/ecat/appendices/appendix.html#title5>



## CDC STANDARD PRECAUTIONS

The following information is from the CDC website from 2007-2013. All data are current guidelines, regulations or policies of the CDC ([www.cdc.gov](http://www.cdc.gov)).

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. These practices are designed to both protect health-care providers (HCP) and prevent HCP from spreading infections among patients. Standard Precautions include: 1) hand hygiene, 2) use of personal protective equipment (e.g., gloves, gowns, masks), 3) safe injection practices, 4) safe handling of potentially contaminated equipment or surfaces in the patient environment, and 5) respiratory hygiene/cough etiquette. Each of these elements of Standard Precautions are described in the sections that follow.

### A. Hand Hygiene

Hand hygiene procedures include the use of alcohol-based hand rubs (containing 60-95% alcohol) and handwashing with soap and water. Use of alcohol-based hand rub as the primary mode of hand hygiene in healthcare settings is recommended by the CDC and the World Health Organization (WHO) because of its activity against a broad spectrum of epidemiologically important pathogens. Alcohol-based hand rub is the preferred method for decontaminating hands, except when hands are visibly soiled (e.g., dirt, blood, body fluids), or after caring for patients with known or suspected infectious diarrhea (e.g., *Clostridium difficile*, norovirus), in which case soap and water should be used. Hand hygiene stations should be strategically placed to ensure easy access.

#### 1. Sample Procedures for Performing Hand Hygiene

##### Using Alcohol-based Hand Rub (follow manufacturer's directions):

- Dispense the recommended volume of product
- Apply product to the palm of one hand
- Rub hands together, covering all surfaces of hands and fingers until they are dry (no rinsing is required)

##### Handwashing with Soap and Water:

- Wet hands first with water (avoid using hot water)
- Apply soap to hands

- Rub hands vigorously for at least 15 seconds, covering all surfaces of hands and fingers
- Rinse hands with water and dry thoroughly with paper towel
- Use paper towel to turn off water faucet

## 2. Indications for Hand Hygiene

Always perform hand hygiene in the following situations:

- Before touching a patient, even if gloves will be worn
- Before exiting the patient's care area after touching the patient or the patient's immediate environment
- After contact with blood, body fluids or excretions, or wound dressings
- Prior to performing an aseptic task (e.g., accessing a port, preparing an injection)
- If hands will be moving from a contaminated-body site to a clean-body site during patient care
- After glove removal

## B. Personal Protective Equipment

Personal Protective Equipment (PPE) refers to wearable equipment that is intended to protect HCP from exposure to or contact with infectious agents. Examples include gloves, gowns, face masks, respirators, goggles and face shields. The selection of PPE is based on the nature of the patient interaction and potential for exposure to blood, body fluids or infectious agents.

### 1. Use of PPE

#### Gloves

Wear gloves when there is potential contact with blood (e.g., during phlebotomy), body fluids, mucous membranes, non-intact skin or contaminated equipment.

- Wear gloves that fit appropriately (select gloves according to hand size)
- Do not wear the same pair of gloves for the care of more than one patient
- Do not wash gloves for the purpose of reuse
- Perform hand hygiene before and immediately after removing gloves

#### Gowns

Wear a gown to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.

- Do not wear the same gown for the care of more than one patient
- Remove gown and perform hand hygiene before leaving the patient's environment (e.g., exam room)

#### Facemasks (Procedure or Surgical Masks)

Wear a facemask:

- When there is potential contact with respiratory secretions and sprays of blood or body fluids (as defined in Standard Precautions and/or Droplet Precautions)
  - May be used in combination with goggles or face shield to protect the mouth, nose and eyes
- When placing a catheter or injecting material into the spinal canal or subdural space (to protect patients from exposure to infectious agents carried in the mouth or nose of healthcare personnel)
- Wear a facemask to perform intrathecal chemotherapy

### **Goggles, Face Shields**

Wear eye protection for potential splash or spray of blood, respiratory secretions, or other body fluids.

- Personal eyeglasses and contact lenses are *not* considered adequate eye protection
- May use goggles with facemasks, or face shield alone, to protect the mouth, nose and eyes

### **Respirators**

If available, wear N95-or higher respirators for potential exposure to infectious agents transmitted via the airborne route (e.g., tuberculosis).

- All healthcare personnel that use N95-or higher respirator are fit tested at least annually and according to OSHA requirements

### **2. Recommendations for Donning PPE**

- Always perform hand hygiene before donning PPE
- If wearing a gown, don the gown first and fasten in back accordingly
- If wearing a facemask or respirator:
  - Secure ties or elastic band at the back of the head and/or neck
  - Fit flexible band to nose bridge
  - Fit snug to face and below chin
- If wearing goggles or face shield, put it on face and adjust to fit
- If wearing gloves in combination with other PPE, don gloves last

### **3. Recommendations for Removing PPE**

- Remove PPE before leaving the exam room or patient environment (except respirators which should be removed after exiting the room)
- Removal of gloves:
  - Grasp outside of glove with opposite gloved hand; peel off
  - Hold removed glove in glove hand
  - Slide ungloved fingers under the remaining glove at the wrist; peel off and discard

- Removal of gowns: Remove in such a way to prevent contamination of clothing or skin
  - Turn contaminated outside surface toward the inside
  - Roll or fold into a bundle and discard
- Removal of facemask or respirator
  - Avoid touching the front of the mask or respirator
  - Grasp the bottom and the ties/elastic to remove and discard
- Removal of goggles or face shield
  - Avoid touching the front of the goggles or face shield
  - Remove by handling the head band or ear pieces and discard
- Always perform hand hygiene immediately after removing PPE

### **C. Respiratory Hygiene and Cough Etiquette**

To prevent the transmission of respiratory infections in the facility, the following infection prevention measures are implemented for all potentially infected persons at the point of entry and continuing throughout the duration of the visit. This applies to any person (e.g., patients and accompanying family members, caregivers, and visitors) with signs and symptoms of respiratory illness, including cough, congestion, rhinorrhea, or increased production of respiratory secretions.

#### **1. Identifying Persons with Potential Respiratory Infection**

- Facility staff remain alert for any persons arriving with symptoms of a respiratory infection
- Signs are posted at the reception area instructing patients and accompanying persons to:
  - Self-report symptoms of a respiratory infection during registration
  - Practice respiratory hygiene and cough etiquette (technique described below) and wear facemask as needed

#### **2. Availability of Supplies**

The following supplies are provided in the reception area and other common waiting areas:

- Facemasks, tissues, and no-touch waste receptacles for disposing of used tissues
- Dispensers of alcohol-based hand rub

#### **3. Respiratory Hygiene and Cough Etiquette**

All persons with signs and symptoms of a respiratory infection (including facility staff) are instructed to:

- Cover the mouth and nose with a tissue when coughing or sneezing;
- Dispose of the used tissue in the nearest waste receptacle

- Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials

#### **4. Masking and Separation of Persons with Respiratory Symptoms**

- If patient calls ahead:
  - Have patients with symptoms of a respiratory infection come at a time when the facility is less crowded or through a separate entrance, if available
  - If the purpose of the visit is non-urgent, patients are encouraged to reschedule the appointment until symptoms have resolved
  - Upon entry to the facility, patients are to be instructed to don a facemask (e.g., procedure or surgical mask)
  - Alert registration staff ahead of time to place the patient in an exam room with a closed door upon arrival
- If identified after arrival:
- Provide facemasks to all persons (including persons accompanying patients) who are coughing and have symptoms of a respiratory infection
- Place the coughing patient in an exam room with a closed door as soon as possible (if suspicious for airborne transmission, refer to Airborne Precautions); if an exam room is not available, the patient should sit as far from other patients as possible in the waiting room
- Accompanying persons who have symptoms of a respiratory infection should not enter patient-care areas and are encouraged to wait outside the facility

#### **5. Healthcare Personnel Responsibilities**

- Healthcare personnel observe Droplet Precautions, in addition to Standard Precautions, when examining and caring for patients with signs and symptoms of a respiratory infection (if suspicious for an infectious agent spread by airborne route, refer to Airborne Precautions).
- These precautions are maintained until it is determined that the cause of the symptoms is not an infectious agent that requires Droplet or Airborne Precautions
- All healthcare personnel are aware of facility sick leave policies, including staff who are not directly employed by the facility but provide essential daily services
- Healthcare personnel with a respiratory infection avoid direct patient contact; if this is not possible, then a facemask should be worn while providing patient care and frequent hand hygiene should be reinforced
- Healthcare personnel are up-to-date with all recommended vaccinations, including annual influenza vaccine

## TRANSMISSION-BASED PRECAUTIONS

In addition to consistent use of Standard Precautions, additional precautions may be warranted in certain situations as described below.

### **A. Identifying Potentially Infectious Patients**

Facility staff remain alert for any patient arriving with symptoms of an active infection (e.g., diarrhea, rash, respiratory symptoms, draining wounds or skin lesions)

If patient calls ahead:

- Have patients with symptoms of active infection come at a time when the facility is less crowded, if possible
- Alert registration staff ahead of time to place the patient in a private exam room upon arrival if available and follow the procedures pertinent to the route of transmission as specified below
- If the purpose of the visit is non-urgent, patients are encouraged to reschedule the appointment until symptoms have resolved

### **B. Contact Precautions**

- Apply to patients with any of the following conditions and/or disease:
  - Presence of stool incontinence (may include patients with norovirus, rotavirus, or *Clostridium difficile*), patients with known or suspected MRSA, draining wounds, uncontrolled secretions, pressure ulcers, or presence of ostomy tubes and/or bags draining body fluids
  - Presence of generalized rash or exanthems
- Prioritize placement of patients in single-patient rooms. Give highest priority to those patients who have conditions that may facilitate transmission, e.g., uncontained secretions or excretions. When single-patient rooms are not available, cohort patients with the same MRSA in the same room or patient-care area.
- Perform hand hygiene before touching patient and prior to wearing gloves
- PPE use:
  - Wear gloves when touching the patient and the patient's immediate environment or belongings
  - Wear a gown if substantial contact with the patient or their environment is anticipated
- Perform hand hygiene after removal of PPE; *note*: use soap and water when hands are visibly soiled (e.g., blood, body fluids), or after caring for patients with known or suspected infectious diarrhea (e.g., *Clostridium difficile*, norovirus)
- Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures,

contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been appropriately cleaned and reprocessed and that single-use items are properly discarded. Clean and disinfect surfaces that are likely to be contaminated with pathogens, including those that are in close proximity to the patient (e.g., bed rails, over bed tables) and frequently-touched surfaces in the patient care environment (e.g., door knobs, surfaces in and surrounding toilets in patients' rooms) on a more frequent schedule compared to that for other surfaces (e.g., horizontal surfaces in waiting rooms)

- Instruct patients with known or suspected infectious diarrhea to use a separate bathroom, if available; clean/disinfect the bathroom before it can be used again (refer to Section IV.F.5. for bathroom cleaning/disinfection)

### **C. Droplet Precautions**

- Apply to patients known or suspected to be infected with a pathogen that can be transmitted by droplet route; these include, but are not limited to:
  - Respiratory viruses (e.g., influenza, parainfluenza virus, adenovirus, respiratory
    - Syncytial virus, human metapneumovirus)
  - Bordetella pertussis
  - For first 24 hours of therapy: *Neisseria meningitides*, group A streptococcus
- Place the patient in an exam room with a closed door as soon as possible (prioritize patients who have excessive cough and sputum production); if an exam room is not available, the patient is provided a facemask and placed in a separate area as far from other patients as possible while awaiting care.
- PPE use:
  - Wear a facemask, such as a procedure or surgical mask, for close contact with
    - the patient; the facemask should be donned upon entering the exam room
  - If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as
    - goggles (or face shield in place of goggles) should be worn
- Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and contaminated objects/materials; *note*: use soap and water when hands are visibly soiled (e.g., blood, body fluids)
- Instruct patient to wear a facemask when exiting the exam room, avoid coming into close contact with other patients, and practice respiratory hygiene and cough etiquette
- Clean and disinfect the exam room accordingly.

### **D. Airborne Precautions**

- Apply to patients known or suspected to be infected with a pathogen that can be transmitted by airborne route; these include, but are not limited to:

- Tuberculosis
  - Measles
  - Chickenpox (until lesions are crusted over)
  - Localized (in immunocompromised patient) or disseminated herpes zoster (until lesions are crusted over)
- Have patient enter through a separate entrance to the facility (e.g., dedicated isolation entrance), if available, to avoid the reception and registration area
  - Place the patient immediately in an airborne infection isolation room (AIIR)
  - If an AIIR is not available:
    - Provide a facemask (e.g., procedure or surgical mask) to the patient and place the patient immediately in an exam room with a closed door
    - Instruct the patient to keep the facemask on while in the exam room, if possible, and to change the mask if it becomes wet
    - Initiate protocol to transfer patient to a healthcare facility that has the recommended infection-control capacity to properly manage the patient
    - PPE use:
      - Wear a fit-tested N-95 or higher level disposable respirator, if available, when caring for the patient; the respirator should be donned prior to room entry and removed after exiting room
        - If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as goggles or face shield should be worn
    - Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and/or body fluids and contaminated objects/materials; *note:* use soap and water when hands are visibly soiled (e.g., blood, body fluids)
    - Instruct patient to wear a facemask when exiting the exam room, avoid coming into close contact with other patients, and practice respiratory hygiene and cough etiquette
      - Once the patient leaves, the exam room should remain vacant for generally one hour before anyone enters; however, adequate wait time may vary depending on the ventilation rate of the room and should be determined accordingly\*
    - If staff must enter the room during the wait time, they are required to use respiratory protection.

## **E. Injection Safety**

Injection safety includes practices intended to prevent transmission of infectious diseases between one patient and another, or between a patient and healthcare provider during preparation and administration of parenteral medications.

Implementation of the OSHA Blood borne Pathogens Standard has helped increase the



protection of HCP from blood exposure and sharps injuries, but there is room for improvement.

Key recommendations for safe injection practices in ambulatory care settings:

- Use aseptic technique when preparing and administering medications
- Cleanse the access diaphragms of medication vials with 70% alcohol before inserting a device into the vial
- Never administer medications from the same syringe to multiple patients, even if the needle is changed or the injection is administered through an intervening length of intravenous tubing
- Do not reuse a syringe to enter a medication vial or solution
- Do not administer medications from single-dose or single-use vials, ampoules, or bags or bottles of intravenous solution to more than one patient
- Do not use fluid infusion or administration sets (e.g., intravenous tubing) for more than one patient
- Dedicate multidose vials to a single patient whenever possible. If multidose vials will be used for more than one patient, they should be restricted to a centralized medication area and should not enter the immediate patient treatment area (e.g., operating room, patient room/cubicle)
- Dispose of used syringes and needles at the point of use in a sharps container that is closable, puncture-resistant, and leak-proof.
- Adhere to federal and state requirements for protection of HCP from exposure to blood borne pathogens.

## **F. Environmental Cleaning**

Ambulatory care facilities should establish policies and procedures for routine cleaning and disinfection of environmental surfaces as part of their infection prevention plan. Cleaning refers to the removal of visible soil and organic contamination from a device or environmental surface using the physical action of scrubbing with a surfactant or detergent and water, or an energy-based process (e.g., ultrasonic cleaners) with appropriate chemical agents. This process removes large numbers of microorganisms from surfaces and must always precede disinfection. Disinfection is generally a less lethal process of microbial inactivation (compared to sterilization) that eliminates virtually all recognized pathogenic microorganisms but not necessarily all microbial forms (e.g., bacterial spores).

Key recommendations for cleaning and disinfection of environmental surfaces in ambulatory care settings:

- Establish policies and procedures for routine cleaning and disinfection of environmental

- surfaces in ambulatory care settings
- Focus on those surfaces in proximity to the patient and those that are frequently touched
- Select EPA-registered disinfectants or detergents/disinfectants with label claims for use in healthcare
- Follow manufacturer’s recommendations for use of cleaners and EPA-registered disinfectants (e.g., amount, dilution, contact time, safe use, and disposal)

## **G. Medical Equipment**

Medical equipment is labeled by the manufacturer as either reusable or single-use. All reusable medical equipment must be cleaned and maintained according to the manufacturer’s instructions to prevent patient-to-patient transmission of infectious agents. The Spaulding Classification is a traditional approach that has been used to determine the level of disinfection or sterilization required for reusable medical devices, based upon the degree of risk for transmitting infections if the device is contaminated at the time of use. Cleaning to remove organic material must always precede disinfection or sterilization because residual debris reduces the effectiveness of the disinfection and sterilization processes.

Key recommendations for cleaning, disinfection, and/or sterilization of medical equipment in ambulatory care settings:

- Facilities should ensure that reusable medical equipment (e.g., blood glucose meters and other point-of-care devices, surgical instruments, endoscopes) is cleaned and reprocessed appropriately prior to use on another patient
- Reusable medical equipment must be cleaned and reprocessed (disinfection or sterilization) and maintained according to the manufacturer’s instructions. If the manufacturer does not provide such instructions, the device may not be suitable for multi-patient use
- Assign responsibilities for reprocessing of medical equipment to HCP with appropriate training
- Maintain copies of the manufacturer’s instructions for reprocessing of equipment in use at the facility; post instructions at locations where reprocessing is performed

## **STEPS TO FOLLOW AFTER EXPOSURE TO BLOODBORNE PATHOGENS**

For laceration or puncture, encourage bleeding

1. Wash the exposed area immediately!
2. For eyes, nose, and mouth: flush with saline for 5 – 10 minutes.

3. Report the incident immediately to faculty appropriate personnel within the agency, and consult a doctor.
4. Complete an injury report for agency and CSUEB.
5. Seek appropriate evaluation and follow-up. This includes the following:
  - a) Identification and documentation of the source individual when feasible and legal
  - b) Testing of the source individual's blood when feasible and consent is given.
  - c) Making results of the test available to the person(s) health care provider.
  - d) Collection and testing of blood of exposed health care provider (with consent).
  - e) Post-exposure prophylaxis, if medically indicated (e.g., hepatitis B vaccine for HBV, or zidovudine--or recommended--for HIV)
  - f) Medical counseling regarding personal risk of infection or risk of infecting others.

Adapted from Berman & Snyder (2012). Fundamentals of Nursing: Concepts, process, and practice. 9th ed.

05/14

### **STUDENT INJURY POLICY**

- A If a student is injured in the clinical setting and needs medical attention, the student must have medical insurance to cover the cost or pay cash.
- B A Student Non-Employee Accident/Injury Report Form (next page) must be completed by the student and the clinical faculty person.
- C Report the accident/Injury to your Dept. Chair within 8 (eight) hours.
- D Copies of the Accident/Injury Report should be distributed to Dept. office and Risk Management (SA RM4700) within 24 hours of date of Accident/Injury. This form is placed in the student's department file.
- F The student is not covered by Workman's Compensation because she/he is not an employee.
- G DO NOT FILE WORKMAN'S COMPENSATION FORMS
- H Student injury form can be found in Appendices.

06/11

## CSUEB STUDENT RESOURCES AND SERVICES

### STUDENT AFFAIRS

A The East Bay Student Nurses Association (EBSNA) contributes to the student's professional identity and professional involvement. Goals of the organization are to:

- establish a professional network among students, faculty, and alumni.
- reduce fragmentation and provide consistency for student concerns.
- integrate the theories and processes of professional nursing into extracurricular activities.

EBSNA is part of the California Nursing Students' Association (CNSA). Students will be oriented to CNSA and invited to participate during orientation to the clinical nursing program.

There are two EBSNA Chapters, one active on each campus: Hayward & Concord. They each have their own set of officers and run their own campuses club.

B Career Education: This is available through the AACE office in Hayward. In addition to providing service for preparation of resumes and helping students prepare a professional file, jobs are listed for professional nursing students. Further information can be obtained at SA 3200, 510-885-3621.

C Associated Students, Inc. (ASI): Associated Students Incorporated serves the students and CSUEB community through the operation and sponsorship of programs and services established to meet the needs of students, in conjunction and cooperation with other agencies and operations on campus; through expression of on-campus interests, and expression of student political opinion regarding actions and positions taken on the campus, local, state, federal and international levels that affect students. ASI provides an opportunity for students to develop leadership and career skills through involvement in campus affairs that develop the university community; and by supporting the strengthening of cultural, social, academic and recreational opportunities on campus, and by encouraging healthy civic and campus involvement.

D Speech, Language and Hearing Clinic: The speech, language, and hearing clinic offers a group for students who wish to soften or remove a foreign accent or an American dialect. The clinic provides this community service to anyone who is interested, whether a CSUEB student or not. For information, contact Dr. Simrin at 510-885-4762.

## **STUDENT CENTER FOR ACADEMIC ACHIEVEMENT (SCAA)**

**Tel: (510) 885-3674**

**email:scaa@csueastbay.edu**

The goal of the SCAA is to help students develop their academic skills by providing a wide variety of free services, e.g., peer tutoring in English, writing and learning skills, and workshops in test taking and time management. See below for specific information.

### **SCAA HOURS AND LOCATION**

**VISIT THE SCAA - UM University Library near the Diversity Mural ([map](#))**

- **REMINDER: STUDENTS MAY SIGN UP FOR LONG STANDING APPOINTMENTS DURING THE FIRST TWO WEEKS OF EACH TERM.** During that time, you may reserve an hour long session with the same tutor every week. Note that the time slots available fill up quickly, so the sooner you sign up, the better your chances are of getting a tutor at a time that is convenient for you.
- To schedule a weekly one hour appointment with the same tutor every week, drop by the SCAA Monday - Friday, 10am - 3 pm or call (510) 885-3674.
- Regular Math & Writing appointments are available.
- Drop-In Tutoring is available
- One time Appointments can be made a week in advance.
- **ONLINE TUTORING SERVICES**
  - o [eTutoring](#) - get help from online tutors with math, writing, statistics, and many other courses.
  - o [SCAA OWL](#) - get help from SCAA OWL tutors with writing essays (papers cannot exceed 6 double spaced pages).

### **ACCESSIBILITY SERVICES**

Accessibility Services offers academic accommodations to qualified individuals with temporary or permanent disabilities. Nursing students most often consult with Accessibility Services because of a learning disability which requires academic support services and/or alternative test-taking arrangements.

### **COST AND FINANCIAL AID**

California State University, East Bay offers a strong academic course of study and a real-world curriculum that prepares you for a lifetime of personal achievement and career success – all at a price so affordable it may surprise you. In fact, Cal State East Bay tops the index for value and affordability with among the lowest tuition and fees in

the nation for comparable institutions, and is widely regarded as a best value in public university education

### Tuition and Fees

Tuition and fees are based on residency status, class level (undergraduate, graduate, doctorate or credential) and the number of course units taken.

#### Tuition and fees are Subject to Change

The CSU make every effort to keep student costs to a minimum. Tuition and fees listed in published schedules or student accounts may need to be increased when public funding is inadequate. Therefore, CSU must reserve the right, even after initial fee payments are made, to increase or modify any listed fees, without notice, until the date when instruction for a particular semester or quarter has begun. All CSU listed tuition and fees should be regarded as **estimates** that are subject to change upon approval by the Board of Trustees.

#### Estimated Tuition and Fees for Full-time Students

The following table illustrates the tuition and fees for full-time undergraduate, graduate, teacher credential and doctorate students for three quarter terms:

#### Estimated Undergraduate Tuition and Fees

Status	Tuition Fee
Resident	\$ 6,564
WUE Program <sup>1</sup>	\$ 9,300
Non-resident <sup>2</sup>	\$ 15,492

<sup>1</sup> Undergraduate residents of 14 participating states in the Western Undergraduate Exchange (WUE) may qualify for a discounted non-resident tuition and fee rate. For details see the [WUE Program](#)

<sup>2</sup> Includes international students

Tuition and fees shown for undergraduate and graduate programs are for 3 quarter terms, attending fulltime (12 units or more for undergraduates, and 6.1 units or more for

graduate students) at the Hayward Campus. Non-resident and International student fee totals are calculated as CA resident fees plus \$248 per unit. For more details, visit [Fee Information](#).

1) Includes International students

2) Tuition and fees shown for Doctoral students are for fulltime attendance of 12 units. Non-resident tuition fee includes International students.

Additional costs may include housing, books, supplies, lab and course fees, transportation, meals, and miscellaneous personal expenses. Additional graduate professional fees may be applied to certain business degree courses. Tuition and fees are subject to change by the Trustees of the California State University without advance notice.

For total estimated costs for student budgeting and financial aid purposes, please see [Cost of Attendance](#).

## **Financial Aid**

The only way to know whether you are eligible to receive financial aid is to submit a financial aid application. Financial aid is offered in a variety of forms, including Grants and Scholarships (“free” aid), Federal Work Study (work for pay) and also Loans (money to be repaid with interest added).

To apply for financial aid, first submit the [Free Application for Federal Student Aid \(FAFSA\)](#) online as soon as possible after January 1 of the year you plan to enroll. File by March 1 for priority consideration.

# SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY FOR NURSING

## NU XI CHAPTER AT-LARGE

Sigma Theta Tau founded in 1922 is the International Honor Society for nursing. The society represents excellence in nursing which is reflected in the achievements of individual members, but it is also evidenced by the organization as a whole. As a collective of nurse leaders, Sigma Theta Tau actively promoted scholarship, inquiry, leadership, and quality in nursing's future through the influence it exerts on professional nursing throughout the world.

The purposes of Sigma Theta Tau are:

- Recognize superior achievement
- Recognize the development of leadership qualities
- Foster high professional standards
- Encourage creative work
- Strengthen commitment to the ideals and purposes of the profession

Nu Xi Chapter At-Large was established in Fall, 1992. Nursing programs from California State University, East Bay, Samuel Merritt University and Holy Names University worked collaboratively to establish an official chapter to serve the East Bay Nursing Community. As a result of its membership, Nu Xi Chapter At-Large is able to support the purposes of Sigma Theta Tau by engaging in activities, which are of an educational or scientific nature, and is able to promote the purpose chapters and the Governing Council.

To be considered for membership in the society, individuals must:

- Demonstrate superior academic achievement, academic integrity, professional leadership
  - potential and/or marked achievement in the field of nursing.
- Be enrolled in a baccalaureate or graduate program which is accredited by a nationally recognized accrediting body for professional nursing.
- Have completed 1/2 of a baccalaureate nursing curriculum or 1/4 of a graduate curriculum.
- Have demonstrated ability in nursing at the *baccalaureate* level by:
  - o Ranking in the upper 35% of one's class.
  - o Having a GPA of 3.0 or above in the nursing program.
- Have demonstrated ability in nursing at the *master's* level by:
  - o Ranking in the upper 35% of one's class.



- o Having a GPA of 3.5 or above in the nursing program.

Students are notified by the Department Eligibility Counselor as to their eligibility for membership in Society.

### **INFORMATION FOR STUDENTS SERVING AS REPRESENTATIVES TO NURSING FACULTY MEETINGS**

The Nursing Program Faculty invites student representation at regular meetings. Although you do not have voting privileges, your input can significantly affect the decision making process.

Your role as a student representative is to contribute your unique perspective to the discussions at hand, as well as serving as a spokesperson for your peers. In order to facilitate the gathering and reporting of information from and to your peers, a limited amount of class time is available for you to present committee issues. If the gathering or reporting of information consumes more time than allotted, you will have to continue this process outside of class time.

Meetings are scheduled once a month and typically are held on the first Thursday of each month. However, the schedule for meetings is subject to change from term to term as may be required by unforeseen events.

If circumstances preclude you from attending, it would be helpful if you could arrange for an alternate student to represent you. Please feel free to request that any student item of concern be placed on the agenda with a short statement of purpose. A lead-time of three days for doing this is appreciated, but it is acceptable for items to be added to the agenda at the time of the meeting.

You will be excused from those portions of the meeting which may be confidential in nature.

## **MALPRACTICE INSURANCE**

**A** In California, no student nurse is “under” his or her nursing instructor’s license. Every student nurse is directly liable for his or her acts or omissions that cause harm or injury. This means that a patient or the patient’s legal representative can file a Civil Medical Malpractice lawsuit against CSU and student nurses who were in the vicinity of the incident or at the time of the incident. Even if you don’t have patient care responsibility, you could be included as a party in a lawsuit as a result of your role on the health care team. The court will decide who is liable.

**B** Students enrolled in Nursing, Allied Health, Social Work, or Education credentialing programs of the CSU who also perform community service or volunteer work for academic credit are covered by the Student Professional Liability Insurance Program (SPLIP). This is a “claims- made” policy. Coverage is only provided for claims arising from Professional Services which are rendered or Incidents which occurred during the Policy Period. The National Student Nurses Association (NSNA) recommends that students obtain an occurrence liability policy for incidents that occurred during the policy period, but the claim may be filed after the student nurse has graduated. For further information, go to <http://www.nso.com/professional-liability-insurance-student-coverage.jsp>

**Revised 06/15**

APPENDICES

**Sample Physician's Statement Form**

The following statement can be printed for use by your physician to document your ability to return to clinical:

Dear Physician:

There are minimum entry level qualifications required for professional nursing practice for students in the nursing program at California State University, East Bay (CSUEB). \_\_\_\_\_ is a student in the CSUEB Undergraduate Nursing program and should provide you with a copy of the Essential Functions for Nursing Practice. Please complete the following:

To the Chair of the Nursing Department:

\_\_\_\_\_ (student name) has been under my care for a Medical Condition on \_\_\_\_\_(date) I have reviewed the Essential Functions for Nursing Practice and certify that:

1. He/She is capable of performing Cardiopulmonary Resuscitation without limitations. Yes/No (circle one)

Comments:

2. He/She may return to clinical practice with no limitations. Yes/No (circle one)

Comments:

Physician's Name

Physician's Signature

Date

**California State University East Bay**

**Photographic Release Form**

Please initial in the spaces below what uses of photographs of you are consented to, and sign at the end of the release form. Photos will only be used in the ways you consent to. Your name will not be identified in these photos

1. \_\_\_\_ Photographs can be reviewed by the designated individual or individuals.
2. \_\_\_\_ Photographs can be used for project illustration (i.e., yearbook, DVD).
3. \_\_\_\_ Photographs can be used for promotional materials, such as brochures or fliers.
4. \_\_\_\_ Photographs can be used for classroom presentations.
5. \_\_\_\_ Photographs can be used for academic conference presentations.
6. \_\_\_\_ Photographs can be used for fundraising presentations/proposals.
7. \_\_\_\_ Photographs can be used for newspaper or magazine publication.
8. \_\_\_\_ Photographs can be posted on a web site for promotional purpose

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(\*This form can be individualized to the occurrence.)

## CAL STATE EAST BAY

### Procedures for awarding of Credit for Previous Education or Other Acquired Knowledge, Including Military Education and Experience

Students who are seeking credit for previous education or other acquired knowledge should follow the following procedure. This policy applies to all students, including those who have served or are serving in the United States Armed Forces.

#### Procedure:

1. \_\_\_\_ Matriculated student notifies Nursing Program Director or designee **within 4 weeks** of acceptance into the pre-licensure program of his/her request to seek course credit for previous education or other acquired knowledge, including military education and experience and specifies course(s).
2. \_\_\_\_ Student provides materials, documents, and evidence for consideration for a specified course(s) **within 6 weeks** of acceptance into the program
3. \_\_\_\_ Student meets with undergraduate nursing advisor or designee as requested.
4. \_\_\_\_ The appropriate faculty or faculty members designated by the undergraduate advisor or designee reviews the materials, documents and evidence and **within 4 weeks** of receipt of materials to the department and makes the determination of credit or no credit to be awarded.
5. \_\_\_\_ Student is notified by the undergraduate advisor or designee of the decision within **6 weeks** of receipt of materials, documents or evidence. If a “cannot award credit” decision is made, the letter of notification will indicate the rationale behind the decision. The student will be told that he/she can request a challenge course by exam and follow that CSU policy.

#### Decision:

\_\_\_\_ Award course credit (Attach documentation to this form and place in student file)

\_\_\_\_ Cannot award course credit based on lack of appropriate or adequate documentation (Comment below with rationale for denial of the request)

Comments:

Student notified      Date \_\_\_\_\_

Faculty \_\_\_\_\_ Date \_\_\_\_\_

## **Credit for Nursing Prefix Courses**

Students with special studies or experiences may already have achieved the objectives of certain courses and may petition to receive credit after a portfolio and transcript review. Students can petition

for prior learning credit for the following classes only:

NURS 2022 (2)- Level I Nursing Skills

NURS 2031 (2)- Care of Adults Practicum

NURS2042 (1)- Level I Nursing Skills II

After admission to the BSN program, the applicant must contact the department to make an appointment with an advisor. Each applicant's previous education and work experience will be individually assessed to design an optimal learning program.

Credit by examination is also possible for other Nursing course work based on portfolio and transcript review. Proper steps to take this petition action would be as followed:

- Students interested in the challenge must notify the department no later than 2 weeks prior to the first day of class. To receive credit under this plan, the student must register for the class the quarter in which it is listed in the catalog.
- A petition for credit by examination is obtained from the Nursing Office. The examination will be administered within the first two weeks of the quarter.
- If the exam is passed, the grade and Credit By Examination will be indicated on the student's permanent record.
- If the student fails the examination, the student must complete the course to receive credit.