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

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

The Dixie State University Associate Degree Nursing Program and Bachelor of Science in Nursing Program have been approved by the Utah State Board of Nursing and are accredited by the Accreditation Commission for Education in Nursing (ACEN).

ACEN
3343 Peachtree Rd NE, Suite 850
Atlanta, GA 30326
Phone: 404-975-5000
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DSU MISSION, INSTITUTIONAL LEARNING OUTCOMES, CORE THEMES & VALUES

Mission
(Approved by the Board of Trustees on November 6, 2015)

Dixie State University is a public comprehensive university dedicated to rigorous learning and the enrichment of the professional and personal lives of its students and community by providing opportunities that engage the unique Southern Utah environment and resources.

Institutional Learning Outcomes (ILO)
(Approved by the Board of Trustees on April 28, 2017)

SKILLS
Develop discipline-specific skills and foundational skills in information literacy, quantitative reasoning, critical and creative thinking, inquiry and analysis, teamwork, leadership, and varied modes of communication.

KNOWLEDGE
Achieve comprehensive knowledge of discipline-specific area(s) of study and of human cultures and the physical and natural world, through engagement with contemporary and enduring questions.

INNOVATION
Synthesize and collaborate across general and discipline-specific studies for creative resolution of complex and unscripted problems within and beyond the university campus.

RESPONSIBILITY
Acquire civic, community, and intercultural knowledge and develop social competence while engaging as a responsible, global citizen.

GRIT (remains under development)
Draft: Develop passion and perseverance towards long-term goals despite significant obstacles.

Core Themes (L.E.O.)

Learning
Delivering excellent teaching, preparing knowledgeable and competent students

Engagement
Maintaining active involvement and positive collaboration with students, faculty, staff, and the community to foster economic and community development, facilitating educational, cultural recreational enrichment.
Opportunity
Valuing inclusion, access, diversity, equity, service and citizenship.

Values

**Student-centered success**: providing an affordable education with experiences that develop the academic, professional, and personal lives of all students.

**Academic excellence**: stimulating learning and critical thinking through rigor, student empowerment, and practical application.

**Equity and Inclusion**: creating a community of diverse individuals, ideas, and beliefs; practicing open discourse and collaboration.

**Accountability**: working with honesty, transparency, and respect for others while holding ourselves accountable for our actions.

**Service leadership**: emphasizing civic, economic, and cultural engagement with the community.

**Creative and Innovation**: problem solving in learning, teaching, fostering new ways of thinking, and researching.

**Local and global resources**: incorporating a variety of resources into the educational experience with a special emphasis on the unique local resources.
Mission: The mission of the Dixie State University nursing programs is the education of nurses at the associates and baccalaureate level through rigorous learning who will provide dedicated and excellent healthcare.

Philosophy: The nursing program promotes a student-centered learning environment to facilitate active learning and acquisition of skills, knowledge, and attitudes consistent with the practice of a professional nurse.

Our goals are to:
1. Provide an innovative and collaborative learning environment.
2. Prepare generalist nurses who can practice in various health care settings.
3. Prepare students to apply evidence-based practice in educational and clinical settings.
4. Develop students who enhance the quality of life of diverse individuals, families, groups, communities, and society.
5. Promote responsibility, the spirit of inquiry, and commitment to lifelong learning in our students.

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

Healthcare: The maintenance or improvement of physical, mental, or emotional well-being of those cared for by the professional nurse.

Student-Centered: Learning experiences, instructional approaches, and strategies intended to address the distinct learning needs of individual students and groups of students.

Learning Environment: Diverse physical locations and cultures in which students learn.

Active Learning: An instructional methodology to engage students in exploring concepts to facilitate analysis, synthesis, and critical thinking leading to competent, safe patient care.

Skills: An ability and capacity acquired through deliberate, systematic, and sustained effort to smoothly and adaptively carryout complex activities or job functions involving ideas (cognitive skills), things (technical skills), and/or people (interpersonal skills).

Knowledge: Facts, information, and skills acquired by a person through experience or education.

Attitudes: A settled way of thinking or feeling about someone or something reflected in a person’s behavior.
STUDENT LEARNING OUTCOMES

1. **LEADERSHIP** - the ADN graduate will exhibit the ability to collaborate with the interdisciplinary healthcare team to plan, organize, delegate, and evaluate the implementation of quality care and patient safety.

2. **CRITICAL THINKING** - the ADN graduate will demonstrate insightful thinking through utilization of personal cognition, interdisciplinary collaboration, and evidence based practice to promote healthy lifestyle, prevent disease, and deliver safe patient-centered care.

3. **COMMUNICATION** - the ADN graduate will demonstrate therapeutic interaction in building and maintaining relationships with clients, families, groups, communities, and other members of the health care team by utilizing informatics, verbal, and non-verbal means in order to improve patient health outcomes.

4. **CARING** - the ADN graduate will demonstrate moral and ethical commitment toward the protection and promotion of human dignity and diversity of individuals, communities, and members of the healthcare team.

5. **PROFESSIONAL BEHAVIOR** - the ADN graduate will exhibit ethical and legal adherence to standards of nursing practice, health care policy, and quality improvement measures by accepting accountability for personal behaviors and nursing performance.
NURSING PROGRAM OUTCOMES

Nursing program outcomes are benchmarks that assist nursing faculty in determining if the program has been effective in achieving identified outcomes consistent with the Dixie State University mission, nursing program mission/philosophy, and professional standards of associate degree nursing. Nursing program outcomes include measures of NCLEX® pass rates, graduation rates, program satisfaction, and job placement. The following tables indicate the specific program outcomes.

ADN Program Outcomes include:

<table>
<thead>
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<th>NLCEX® Pass Rates</th>
<th>The program licensure exam first-time pass rates are at or above the national mean.</th>
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<td>Graduation Rates</td>
<td>90% of students complete the program in five semesters (1.5 of standard program length).</td>
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<td>Program Satisfaction</td>
<td>90% of employers agree RNs meet or exceed expectations</td>
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<td>90% of employers agree overall satisfaction with education graduates received</td>
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<tr>
<td></td>
<td>90% of graduates agree overall satisfaction with education received</td>
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<tr>
<td>Job Placement</td>
<td>90% of graduates passing NCLEX® secure employment as RN and/or are enrolled in a formal continuing nursing education program</td>
</tr>
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</table>
ADN Program Concept Based Curriculum

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

Rather than memorizing content, conceptual learning is a process by which you will learn how to organize and apply your learning to your developing nursing practice. You will be able to apply what you learn about one concept and/or exemplar to other concepts and/or exemplars. Concept-based learning also provides you with the thinking tools to apply what you do know to what you don’t know. The following tables introduce you to the concepts & exemplars, and provide you with information concerning where the concepts & exemplars appear in the AD curriculum.

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<td>• Time Management</td>
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<td>• Nursing Process</td>
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<td>• Evidence-Based Practice</td>
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<td>• Safety</td>
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<td>• Technical Skills</td>
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<td>• Therapeutic Communication</td>
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<td>• Health Care Informatics</td>
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<td>• Advocacy</td>
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<td>• Culture &amp; Diversity</td>
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<td>• Spirituality</td>
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<td>• Ethics</td>
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<td>• Healthcare Policy</td>
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<td>• Legal Issues</td>
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<td><strong>Protection &amp; Movement</strong></td>
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<td><strong>Cognition &amp; Behavior</strong></td>
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<td>• Fluid &amp; Electrolytes</td>
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<td></td>
<td>• Cellular Regulation</td>
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<td>• Intracranial Regulation</td>
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<td>• Thermoregulation</td>
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<td>• Family</td>
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### ADN Student Learning Outcomes

1. **LEADERSHIP** requires the personal traits necessary to establish vision & goals; the ability to plan, organize, motivate, manage, execute, delegate, evaluate, use conflict resolution strategies, & collaborate with other members of the interdisciplinary health care team.

   - Identifies individual strengths & areas of needed improvement & utilizes criticism & suggestions to improve nursing practice.
   - Identifies and facilitates interdisciplinary interventions to achieve outcomes.
   - Delegates care appropriately to other health care workers appropriate to their competence, education & training
   - Promotes goals of workplace as to costs, safety & quality client care.
   - Ensures continuity of care for each assigned client.
   - Promotes excellence & mentors others, assisting them to increase their knowledge & skills.
   - Serves as a role model and evaluates colleagues & classmates in their professional actions, abilities, & limitations.
   - Participates effectively in course, & clinical group discussions and post-conferences.

2. **CRITICAL THINKING** is a process of insightful thinking that utilizes multiple dimensions of one’s own cognition & collaborates with the interdisciplinary health care team to develop conclusions, solutions, & alternatives to ensure safe nursing practice & quality care.

   - Assumes responsibility for own learning, understanding & application of education.
   - Demonstrates independent & creative application of concepts in the clinical setting & course work & is able to consider alternatives.
   - Uses creative/critical thinking in applying course material to solve problems, & make clinical decisions.
   - Shows initiative by seeking educational & research opportunities (other than what is required) to expand knowledge
   - Utilizes knowledge gained from research, journals, valid Internet sources, & nursing workshops to promote quality improvement & client safety.
   - Promotes the use of evidence-based practice & current research in nursing care.
   - Utilizes all steps of the nursing process in the safe administration of medications within scope of practice
   - Performs ongoing complete physical, emotional, spiritual & socio-cultural assessment of clients across the lifespan.
   - Recognizes client problems, & independently determines actual & potential nursing diagnoses.
   - Develops a comprehensive plan of nursing care with the client to promote positive outcomes.
   - Establishes priorities for nursing care interventions appropriately & independently.
   - Independently solicits client input & determines effectiveness of nursing interventions.
   - Actively & creatively adapts/modifieds care to the unique needs of each client.
ADN Student Learning Outcomes

3. COMMUNICATION is the ability to apply concepts of communication & therapeutic interaction in building & maintaining relationships with clients, families, groups, communities & other members of the health care team.

- Uses appropriate basic communication skills & therapeutic communication techniques.
- Receives feedback/criticism from evaluations in an assertive, positive manner & makes necessary improvements to succeed.
- Communicates assertively & effectively with distressed, anxious, angry or aggressive clients & their family members.
- Records/documents client information, care, & evaluation of care in a clear, concise manner.
- Assesses the client’s health literacy level & understanding of education provided.
- Gives/receives nursing change of shift report in an effective manner.
- Manages colleague & team conflict in assertive & responsible ways.
- Independently & assertively reports breech of nursing care standards using the appropriate chain of command.
- Utilizes plan of care to overcome barriers to communication: physical, developmental, psychological, emotional, cultural, & language.

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

- Demonstrates care for clients by giving individualized, quality, nursing care.
- Establishes & maintains relationships of trust with clients & colleagues.
- Respects human dignity & cultural diversity.
- Promotes & respects values & choices of the client.
- Advocates for the client needs & preferences.

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

- Follows ANA code of ethical behavior, setting aside personal ethical standards to support the client in their choices & values.
- Understands & functions within the scope of practice of the licensed registered nurse in all health care settings.
- Independently identifies potential liabilities in individual practice & uses legal safeguards in clinical practice.
- Understands the purpose of HIPAA and maintains client confidentiality.
- Demonstrates support of professional organizations & activities.
- Identifies & follows established patient care standards & cautiously performs all skills with accuracy.
- Observes all OSHA standards, rules and regulations.
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<th>Sub-category</th>
<th>Concept</th>
<th>Definition</th>
<th>Exemplars</th>
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<td>Student Learning Outcomes Concepts</td>
<td></td>
<td>Healthcare Systems</td>
<td>Collaboration for the delivery of resources in order to ensure access to health care for all to promote, restore, and/or maintain health.</td>
<td>Primary, secondary &amp; tertiary care Disaster &amp; emergency preparedness Allocation/Utilization of resources Cost effective care Leadership principles Nursing care delivery systems</td>
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<td></td>
<td>Leadership</td>
<td>Quality Improvement</td>
<td>System changes that improve health outcomes, prevent errors, &amp; are consistent with current professional knowledge.</td>
<td>Quality Improvement Care evaluation methods Sentinel events Reporting Mentoring Accreditation of hospitals (JCAHO) Workplace goals</td>
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<td></td>
<td>Time Management</td>
<td>Responsibility &amp; accountability to client, peer, &amp; employer environments through a sound work ethic; demonstrated through prioritization of care &amp; effective use of time.</td>
<td>Care Coordination Prioritizing Care Interdisciplinary collaboration Delegation</td>
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<td></td>
<td>Nursing Process</td>
<td>Nursing Process</td>
<td>A deliberate problem solving approach for meeting people's healthcare needs; common components are assessment, diagnosis, planning, implementation, &amp; evaluation. (Brunner, p.24)</td>
<td>ADPIE: Assessment, Diagnosis (NANDA), Planning, Intervention Evaluation Clinical Decision Making Concept Mapping</td>
</tr>
<tr>
<td></td>
<td>Critical Thinking</td>
<td>Evidence-Based Practice</td>
<td>The application of evidence based clinical decision making based on the best researched evidence, clinical expertise, &amp; individual values &amp; preferences.</td>
<td>Identifying clinical questions Research Best practices Patient care guidelines</td>
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<td></td>
<td>Safety</td>
<td>Technical Skills</td>
<td>Application of practices that prevent and/or minimize the incidence &amp; impact of adverse events.</td>
<td>National Patient Safety Goals Injury &amp; illness prevention Standard precautions Environmental safety</td>
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<td>Therapeutic Communication</td>
<td>Ability to apply concepts of communication &amp; therapeutic interaction in building &amp; maintaining relationships with clients, families, groups, communities, &amp; other members of the health care team.</td>
<td>Patient education Consumer education/ prevention SBAR report Interdisciplinary communication Conflict resolution Family Communication Counseling/support</td>
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<td></td>
<td>Communications</td>
<td>Health Care Informatics</td>
<td>Using information technology to communicate, find needed information, store information, &amp; support quality improvement needs.</td>
<td>Computers in health organizations Documentation Electronic health record (EHR) Clinical decision support systems</td>
</tr>
<tr>
<td></td>
<td>Advocacy</td>
<td>Advocacy</td>
<td>Doing for the client what they would do for themselves if they were able. Ensures the client's rights are not violated within the health care system.</td>
<td>Advocacy Patient-centered care (QSEN) Patient’s rights Screening Health-illness continuum</td>
</tr>
<tr>
<td>Caring</td>
<td>Culture &amp; Diversity</td>
<td>Culture</td>
<td>The patterns of behavior &amp; thinking that people living in social groups learn, develop &amp; share. Diversity: The unique variations among &amp; between individuals informed by genetics &amp; cultural background, but are refined by experience &amp; personal choice.</td>
<td>Acculturation Cultural sensitivity Discrimination/ Stereotyping Lifespan Modifications Health care disparity Integrative therapies Lifestyle choices Vulnerable populations (Age, Gender, Race, Sexual Orientation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spirituality</td>
<td>The part of being human that seeks meaningfulness through intrapersonal, interpersonal, &amp; transpersonal connection. Generally involves a belief and/or relationship with a higher power, creative force, divine being, or infinite source of energy.</td>
<td>Spirituality Religion Spiritual caring Spiritual health &amp; distress Morals, values &amp; ethics</td>
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<tr>
<td>Category</td>
<td>Sub-category</td>
<td>Concept</td>
<td>Definition</td>
<td>Exemplars</td>
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<tr>
<td>Student Learning Outcomes &amp; Concepts</td>
<td>Professional Behaviors</td>
<td>Ethics</td>
<td>A system of moral principles or standards governing behaviors &amp; relationships that is based on professional nursing beliefs &amp; values</td>
<td>ANA/ICN Code of Ethics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Care Policy</td>
<td>The application of evidence based clinical decision making based on best researched evidence, clinical expertise, &amp; the individual values &amp; preferences of the client.</td>
<td>Regulatory agencies</td>
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<tr>
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<td>Legal Issues</td>
<td>Rights, responsibilities, &amp; scope of nursing practice as defined by the Utah Nurse Practice Act, public &amp; civil laws.</td>
<td>Access to healthcare Systems of reimbursement</td>
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<tr>
<td></td>
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<td>Fluid &amp; Electrolytes</td>
<td>The physiological mechanisms that maintain intracellular, intravascular, &amp; interstitial fluid distribution.</td>
<td>Fluid balance/imbalance Electrolyte balance/imbalance Acute &amp; chronic renal failure Gastroenteritis</td>
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<tr>
<td></td>
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<td>Cellular Regulation</td>
<td>Cell production, proliferation, &amp; growth regulated by the body to maintain homeostasis.</td>
<td>Cancer: breast, lung, cervical, colon, skin, prostate Cancer overview Leukemia Sickle cell anemia Anemia</td>
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<tr>
<td></td>
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<td>Intracranial Regulation</td>
<td>The processes affecting intracranial compensation &amp; adaptive neurologic function.</td>
<td>Neurological Assessment Increased intracranial pressure Seizures</td>
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<tr>
<td></td>
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<td>Thermo-regulation</td>
<td>The process that balances heat production &amp; heat loss to maintain normal body temperature.</td>
<td>Hypothermia Hyperthermia Newborn thermoregulation</td>
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<td></td>
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<td>Metabolism</td>
<td>The process of biochemical reactions occurring in the body's cells that are necessary to sustain life.</td>
<td>Diabetes Liver disease Obesity Thyroid disease Osteoporosis Gestational diabetes Kidney stones Irritable bowel disease</td>
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<tr>
<td></td>
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<td>Elimination</td>
<td>The secretion &amp; excretion of body wastes from the kidneys &amp; intestines &amp; any alterations of these processes.</td>
<td>GI/GU Assessment Bowel: incontinence, constipation Bladder: retention, incontinence BPH</td>
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<td>Oxygenation</td>
<td>Mechanisms that facilitate or impair the body's ability to supply oxygen to all cells of the body.</td>
<td>Respiratory Assessment Asthma Cystic fibrosis Bronchiolitis(RSV) COPD ARDS SIDS</td>
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<tr>
<td></td>
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<td>Perfusion</td>
<td>The process of fluid, nutritive &amp; oxygen delivery to cells</td>
<td>Circulation Assessment Life threatening dysrhythmias Arteriosclerosis/ Angina/CAD Pregnancy Induced HTN Placental abruption Placenta previa DIC Shock/MODS PAD/PVD/VSD Heart failure Stroke DVT/PE MI HTN</td>
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<td>Acid-Base Balance</td>
<td>The physiological mechanisms that maintain the production &amp; elimination of hydrogen ions</td>
<td>Respiratory &amp; metabolic alkalosis Respiratory &amp; metabolic acidosis Acid-base balance Ventilator</td>
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<tr>
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<td></td>
<td>Sexual Health</td>
<td>Physiological, psychosocial, &amp; cultural factors influencing sexual behavior.</td>
<td>STIs Menopause Menstrual dysfunction Erectile dysfunction</td>
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### Concepts, Related Concepts Definitions & Associated Exemplars

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-category</th>
<th>Concept</th>
<th>Definition</th>
<th>Exemplars</th>
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</thead>
<tbody>
<tr>
<td>Health &amp; Illness Nursing Concepts</td>
<td>Protection &amp; Movement</td>
<td>Immunity</td>
<td>The natural or induced resistance to infection &amp; conditions associated with impaired response.</td>
<td>Immune response; HIV/AIDS; Rheumatoid arthritis; Hypersensitivity; Lupus; Allergies</td>
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<tr>
<td></td>
<td></td>
<td>Inflammation</td>
<td>The physiologic response to injury, infection, or allergens.</td>
<td>Appendicitis; Peptic ulcer disease; Pancreatitis; Inflammatory bowel disease</td>
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<tr>
<td></td>
<td></td>
<td>Infection</td>
<td>The invasion of body tissue by microorganisms with the potential to cause illness or disease.</td>
<td>UTI; Pneumonia; TB; Otitis media; Mastitis; Pharyngitis</td>
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<tr>
<td></td>
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<td>Tissue Integrity</td>
<td>Mechanisms that facilitate intact skin &amp; mucous membranes &amp; their physiological functioning.</td>
<td>Contact dermatitis; Pressure ulcers; Wound healing; Burns; Cellulitis</td>
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<tr>
<td></td>
<td></td>
<td>Mobility</td>
<td>Mechanisms which affect the ability to move within an individual &amp; community living environment.</td>
<td>Musculoskeletal Assessment; Parkinson's; Spinal cord injury; Fractures; Osteoarthritis; Multiple sclerosis; Cerebral palsy</td>
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<td>Sensory Perception</td>
<td>Factors contributing to receiving &amp; interpreting internal &amp; external stimuli.</td>
<td>Sensory Assessment; Hearing/Visual impairment; Cataracts; Macular Degeneration; Glaucoma; Peripheral neuropathy</td>
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<td></td>
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<td>Comfort</td>
<td>An experience of emotional, spiritual, psychological &amp; physical well-being.</td>
<td>Pain assessment; Pain: acute &amp; chronic; Sleep-rest disorders; End-of-life care; Fibromyalgia; Fatigue</td>
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<tr>
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<td>Cognition</td>
<td>Thinking skills, including language use, calculations, perception, memory, awareness, reasoning, judgment, learning, intellect, social skills, &amp; imagination.</td>
<td>Delirium/dementia; Confusion; Autism; Alzheimer’s Disease; Down’s Syndrome; ADHD; Failure to Thrive</td>
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<td>Behavior</td>
<td>Compulsive problematic patterns of action resulting in psychological &amp;/or physiological dependence.</td>
<td>Abuse: emotional, psychological, sexual, physical, financial; Prenatal substance exposure; Substance abuse; Violence; Suicide; Addiction</td>
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<td>Stress &amp; Adaptation</td>
<td>Any disturbance or body reaction to any stimulus in the environment that demands a change in a normal balanced state. Adaptation that takes place as a result of a stress response is commonly referred to as coping. (FA Davis, p. 248)</td>
<td>Generalized anxiety disorder; Rape-Trauma Syndrome; Anxiety crisis; Panic disorder; OCD: Obsessive Compulsive Disorder; PTSD: Post Traumatic Stress Disorder; Phobias</td>
</tr>
<tr>
<td></td>
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<td>Grief &amp; Loss</td>
<td>A series of responses that occur following physical and/or psychological situation in which something valued is altered or no longer available with a goal of returning to homeostasis. (NC, p. 600)</td>
<td>Anticipatory grieving; Death &amp; dying; Perinatal loss; Situational loss; Response to loss across the lifespan; Psychosocial response to illness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mood &amp; Affect</td>
<td>Mechanisms that influence the emotional state of an individual &amp; its outward manifestations.</td>
<td>Depressive disorders; Bipolar disorder; Postpartum depression psychosis; Schizophrenia</td>
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<tr>
<td></td>
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<td>Self</td>
<td>A person’s awareness of his or her own identity; consciousness or ego.</td>
<td>Self-esteem/ identity/body image; Personality disorders; Eating disorders; Self-management</td>
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<td>Family</td>
<td>A group whose members are related by reciprocal caring, mutual responsibilities, &amp; loyalties.</td>
<td>Family-centered care; Dynamics; Structure &amp; roles; Response to health promotion; Response to critical situations</td>
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<tr>
<td>Category</td>
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<td>NURS 2000 Intro</td>
<td>NURS 2005 Lab Skills</td>
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<td>Health Care Systems</td>
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<td>Nursing care delivery systems Leadership Principles</td>
<td>Resource utilization/ allocation Primary/secondary/ tertiary care Disaster &amp; emergency prep Cost effective care</td>
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<td>Quality Improvement</td>
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<td>Sentinel events Reporting</td>
<td>Quality improveme nt</td>
<td>Quality Improvement Accreditation of hospitals Care Evaluation Methods Workplace goals</td>
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<td>Care coordination Prioritizing care Delegation</td>
<td>Care coordination Prioritizing care Delegation</td>
<td>Prioritizing care (Individual &amp; Family) Care coordination Prioritizing care Delegation</td>
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<td>Technical Skills</td>
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<td>Physical assessment Med admin Foley cath Enemas NG tubes Wound care Nasopharyngeal suction, Trach care Sterile tech IV insert &amp; meds Blood transfuse Central lines Chest tubes</td>
<td>Medication calculation Medication administration in long term care &amp; geriatric settings</td>
<td>Further development technical skills Newborn assessment Postpartum assessment Pediatric assessment</td>
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<td>Patient education Counsel/ Support</td>
<td>Medication patient education</td>
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<td>Informatics Computers: health organizations EHR</td>
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<td>Advocacy</td>
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<td>Patient-centered care (QSEN) Patients’ rights Screening Health &amp; Illness Continuum</td>
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<td>Culture &amp; Diversity</td>
<td>Vulnerable populations Acculturation Cultural sensitivity Discrimination Stereotyping Lifestyle choices</td>
<td>Integrative therapies</td>
<td>Lifespan modifications (Elderly) Cultural sensitivity Integrative therapies</td>
<td>Integrative therapies</td>
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<td>Religion Spirituality Spiritual health/distress Morals, values &amp; ethics Spiritual/ethical caring</td>
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<td>Ethics</td>
<td>Code of Ethics Ethical principles Professional standards</td>
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<td>Health Care Policy</td>
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<td>Legal Issues</td>
<td>Nurse Practice Act HIPAA/EMTALA Advanced directives Obligation to report RN scope of practice Duty to care</td>
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<th>NURS 2750 Pharm II</th>
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<td>Fluid &amp; electrolyte balance</td>
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<td>Gastroenteritis</td>
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<td>Acute &amp; chronic renal failure</td>
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<td>Cellular Regulation</td>
<td>Cancer overview</td>
<td>Anemia</td>
<td>Sickle cell anemia</td>
<td>Leukemia</td>
<td>Cancer: (Skin, Lung, &amp; Colon)</td>
<td>Cancer: (Breast, Prostate, Cervical)</td>
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<td>Diabetes</td>
<td>Obesity</td>
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<td>Elimination</td>
<td>Bladder retention &amp; incontinence</td>
<td>Bowel constipation</td>
<td>&amp; incontinence</td>
<td>GU/GI assessment</td>
<td>Irritable Bowel Syndrome</td>
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<td>Asthma</td>
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<td>Cystic fibrosis</td>
<td>Bronchiolitis-ARDS</td>
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<td>Circulation assessment</td>
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<td>Stroke</td>
<td>Atherosclerosis/CAD/Angina</td>
<td>HTN</td>
<td>PVD/PAD/VSD</td>
<td>Heart failure</td>
<td>DVT/PE</td>
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<td>Acid-Base Balance</td>
<td>Acid-Base balance Respiratory Alkalosis/Acidosis Metabolic Alkalosis/Acidosis</td>
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<td>Immunity</td>
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<td>RA/Lupus, HIV/AIDS, Hypersensitivity, Allergies</td>
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<td>Inflammatory process</td>
<td>Appendicitis</td>
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<td>Gall bladder disease, IBD, Peptic Ulcer</td>
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<td>Pancreatitis</td>
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<td>Nosocomial infections, Abx resistance</td>
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<td>TB</td>
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<td>Mastitis, Otitis media, Pharyngitis</td>
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<td>Tissue Integrity</td>
<td>Pressure ulcers, Wound healing</td>
<td>Contact dermatitis, Cellulitis</td>
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<td>Burns</td>
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<td>Sensory Perception</td>
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<td>Comfort</td>
<td>Pain Assessment, Pain: (acute/chronic), End-of-life care</td>
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<td>Cognition &amp; Behavior</td>
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<td>Confusion</td>
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<td>Delirium</td>
<td>ADHD</td>
<td>Autism</td>
<td>Failure to Thrive</td>
<td>Down’s Syndrome</td>
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<td>Behavior</td>
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<td>Panic disorder</td>
<td>Raphe-Trauma Syndrome</td>
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<td>Death &amp; Dying</td>
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<td>Psychological response to illness</td>
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<td>across the lifespan</td>
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<td>Mood &amp; Affect</td>
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<td>Bipolar</td>
<td>Depression</td>
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<td>Disorders</td>
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<td>Self</td>
<td>Self-management</td>
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<td>Self esteem</td>
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<td>Disorders</td>
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<td>Response to</td>
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<td>Response to critical situations</td>
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<td>Course Code</td>
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<td>Theory Credits</td>
<td>Lab Credits</td>
<td>Clinical Credits</td>
<td>Total Credits</td>
<td>Contact Hours</td>
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<tr>
<td>NURS 2000</td>
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<td>1</td>
<td>4</td>
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<td>45</td>
<td>90</td>
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<td></td>
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<tr>
<td>NURS 2005</td>
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<td>0</td>
<td>2</td>
<td>0</td>
<td>60</td>
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<tr>
<td>NURS 2400</td>
<td>HIC I</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>45</td>
<td>0</td>
<td>90</td>
<td>135</td>
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<tr>
<td>NURS 2450</td>
<td>Pharm</td>
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<td>0</td>
<td>0</td>
<td>2</td>
<td>30</td>
<td>0</td>
<td>30</td>
<td></td>
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<tr>
<td>NURS 2500</td>
<td>HIC II</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>8</td>
<td>75</td>
<td>0</td>
<td>135</td>
<td>210</td>
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<td>NURS 2530</td>
<td>FHC</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>60</td>
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<td>45</td>
<td>105</td>
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<tr>
<td>NURS 2600</td>
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<td>0</td>
<td>0</td>
<td>2</td>
<td>30</td>
<td>0</td>
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<tr>
<td>NURS 2700</td>
<td>CHIC</td>
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<td>0</td>
<td>4</td>
<td>9</td>
<td>75</td>
<td>0</td>
<td>180</td>
<td>255</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NURS 2750</td>
<td>NCLEX Success</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>30</td>
<td>0</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Nursing Credits</strong></td>
<td></td>
<td><strong>26</strong></td>
<td><strong>2</strong></td>
<td><strong>11</strong></td>
<td><strong>39 nursing credits</strong></td>
<td><strong>390</strong></td>
<td><strong>60</strong></td>
<td><strong>495</strong></td>
<td><strong>945 hours</strong></td>
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</tr>
</tbody>
</table>

**THEORY, LAB, CLINICAL CREDITS & HOURS BY COURSE**
In 1956, Benjamin Bloom developed a classification of levels of intellectual behavior important in learning. During the 1990s a new group of cognitive psychologists updated the taxonomy to reflect relevance to 21st century work.

Bloom's taxonomy originally was created to aid instructors in classifying educational goals and objectives as well in writing differing levels of questions for text and exams. Bloom's taxonomy also can be used by students as a guide to what they need to know in a simple to complex format. Research indicates that students remember more if they have learned at the higher levels.

Bloom's taxonomy is helpful in guiding textbook reading and facilitating critical thinking as students’ progress from remembering, understanding and applying to analyzing, evaluating and creating.

Reference
FACULTY & STUDENT EXPECTATIONS

FACULTY RESPONSIBILITIES TO STUDENTS

The faculty recognizes their responsibility as facilitators of learning and will abide by the policy as stated in the Dixie State University Policies and Procedures Manual at: https://dixie.edu/policylibrary/

STUDENT RESPONSIBILITIES

Students will be expected to abide by the Dixie State University's Students Rights and Responsibilities Code Policy 552.

STUDY EXPECTATIONS

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

DIXIE STATE UNIVERSITY ONLINE POLICY

DSU policy requires that a minimum of 2 proctored assignments/tests be given to online students to provide identity verification. Proctored assignments/tests means that the student must be visually seen by the proctor with a picture ID to ensure that the person doing the assignment or test is indeed the person enrolled in the class. Failure to complete the proctored assignments or submitting work that is not compatible with coursework submitted throughout the semester will result in receiving an F in the course.

GRADE EXPECTATIONS

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

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

Remember that grades are based on results, not on effort. If you have spent hours working on an assignment and then received a grade that is less than you think you deserve, find out what is missing from the requirements of the assignment. Take advantage of Dixie State University services and your instructors’ expertise to learn how to work more effectively to produce better results.
<table>
<thead>
<tr>
<th>As a student, I will...</th>
<th>As faculty, I will...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be on time to class and return promptly following my breaks.</td>
<td>Be on time to class and return promptly following any breaks.</td>
</tr>
<tr>
<td>Come to class prepared: This means bringing writing materials, my syllabus, and text/readings. I will review the class objectives, the readings, and any other required materials/activities prior to class and be prepared to discuss, question and apply them during class.</td>
<td>Come to class prepared, use a variety of teaching strategies, and invite questions and discussions.</td>
</tr>
<tr>
<td>Be an active participant in all classroom activities: questions, group discussion and projects, simulations, and games.</td>
<td>Recognize active participation in classroom activities, questions, group discussion and projects, simulations, and games.</td>
</tr>
<tr>
<td>Identify my own learning needs, communicate these appropriately, initiate clarification, and be self-motivated and directed.</td>
<td>Welcome identification of individual student learning needs and their appropriate communication and clarification.</td>
</tr>
<tr>
<td>Take tests and turn in assignments on the assigned dates.</td>
<td>Communicate expected times and/or dates that tests and assignments will be returned.</td>
</tr>
<tr>
<td>Conduct myself in accordance with the University Student Rules and Responsibilities and the Department of Nursing Student Rules and Responsibilities and Integrity Pledge while in this class and refrain from any non-respectful or disruptive behaviors.</td>
<td>Conduct myself in accordance with the University Student Rules and Responsibilities and the Department of Nursing Student Rules and Responsibilities and Integrity Pledge and address any non-respectful or disruptive behaviors that may occur in class.</td>
</tr>
<tr>
<td>Turn off/mute cell phones/pagers/etc. during class and will respond/initiate their use only in emergent situations.</td>
<td>Turn off/mute cell phones/pagers/etc. during class and will respond/initiate their use only in emergent situations.</td>
</tr>
<tr>
<td>Recognize that lectures, lecture notes, handouts, gaming materials, and any other verbal or written materials made available for this class are copyrighted, and they may not be recorded, copied, marketed, or sold without consent of the professor.</td>
<td>Recognize that students’ work is their own and will not be recorded, copied, marketed, or sold without their consent.</td>
</tr>
</tbody>
</table>
# ADN PROGRAM CURRICULUM

## ASSOCIATE OF APPLIED SCIENCE IN NURSING

65-66 credits

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

1. Lower-division, General Education Requirements
2. Program Prerequisites
3. Core Discipline Requirements

### Graduation Requirements

#### General Education Requirements

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGL 1010</td>
<td>Introduction to Writing</td>
<td>3</td>
</tr>
<tr>
<td>or ENGL 1010A</td>
<td>Honors Intro to Writing</td>
<td></td>
</tr>
<tr>
<td>or ENGL 1010D</td>
<td>Introduction to Writing</td>
<td></td>
</tr>
<tr>
<td>ENGL 2010</td>
<td>Interm Writing Selected Topics:</td>
<td>3</td>
</tr>
<tr>
<td>or ENGL 2010A</td>
<td>Honors Intermediate Writing</td>
<td></td>
</tr>
<tr>
<td>CHEM 1110 &amp; CHEM 1115</td>
<td>Elem General/Organic Chemistry and Elem General/Organic Chemistry Lab (or higher Chemistry with lab)</td>
<td>5</td>
</tr>
</tbody>
</table>

Complete one of the following (or other DSU approved GE MATH course):

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATH 1030</td>
<td>Quantitative Reasoning</td>
<td>3</td>
</tr>
<tr>
<td>MATH 1040/1040A</td>
<td>Introduction to Statistics (recommended)</td>
<td>3</td>
</tr>
<tr>
<td>MATH 1050</td>
<td>University Algebra / Pre-Calculus</td>
<td>4</td>
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</table>

Complete one of the following:

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 1100</td>
<td>Human Dev through Lifespan</td>
<td>3</td>
</tr>
<tr>
<td>FCS 1500</td>
<td>Human Development Lifespan</td>
<td>3</td>
</tr>
</tbody>
</table>

### Program Prerequisites

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 2320 &amp; BIOL 2325</td>
<td>Human Anatomy and Human Anatomy Lab</td>
<td>5</td>
</tr>
<tr>
<td>BIOL 2420 &amp; BIOL 2425</td>
<td>Human Physiology and Human Physiology Lab</td>
<td>4</td>
</tr>
</tbody>
</table>
# Discipline Core Requirements

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>NURS 2000</td>
<td>Intro to Health Concepts</td>
<td>4</td>
</tr>
<tr>
<td>NURS 2001</td>
<td>Intro to Health Concepts Clinical</td>
<td>0</td>
</tr>
<tr>
<td>NURS 2005</td>
<td>Nursing Skills Laboratory</td>
<td>2</td>
</tr>
<tr>
<td>NURS 2400</td>
<td>Health &amp; Illness Concepts I</td>
<td>5</td>
</tr>
<tr>
<td>NURS 2401</td>
<td>Health &amp; Illness Concept I Clinical</td>
<td>0</td>
</tr>
<tr>
<td>NURS 2450</td>
<td>Nursing Pharmacology Concepts I</td>
<td>2</td>
</tr>
<tr>
<td>NURS 2500</td>
<td>Health &amp; Illness Concepts II</td>
<td>8</td>
</tr>
<tr>
<td>NURS 2501</td>
<td>Health &amp; Illness Concept II Clinical</td>
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</tr>
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<td>NURS 2502</td>
<td>Health &amp; Illness Concepts II Specialty Clinic</td>
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</tr>
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<td>NURS 2530</td>
<td>Family Health Concepts</td>
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<td>NURS 2531</td>
<td>Family Health Concepts Clinical</td>
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<tr>
<td>NURS 2600</td>
<td>Health Care Systems</td>
<td>3</td>
</tr>
<tr>
<td>NURS 2700</td>
<td>Complex Health &amp; Illness Concept</td>
<td>9</td>
</tr>
<tr>
<td>NURS 2701</td>
<td>Complex Health Concepts Clinical</td>
<td>0</td>
</tr>
<tr>
<td>NURS 2750</td>
<td>NCLEX Success</td>
<td>2</td>
</tr>
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</table>

## ADN Graduation Requirements

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

ADN CLINICAL EXPECTATIONS

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

- Preparation for clinical includes, but is not limited to:
  - Being on time
  - Having at least 4 hours minimum of sleep prior to clinical
  - Proper uniform and badge
  - Fit for duty (see Fitness for Duty Procedure)
  - Maintain current immunizations, BLS certification, TB testing, drug screen, and background check requirements
  - Further requirements as listed in course syllabus
  - No students may leave the clinical site building for any reason, during clinical shifts

Please refer to the section of this handbook titled Rules Governing Conduct of Nurses.

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

MEDICATION DOSAGE CALCULATION EXAMS

You must take a medication dosage calculation exam at the beginning of each semester and pass. Students will be allowed three attempts to pass the exam. You will not be allowed to administer medication in the clinical setting until you have successfully passed this exam.

PREGNANCY

Students who become pregnant should notify the ADN Program Coordinator and their clinical instructor as soon as possible. Faculty will ensure no patients proposing risk will be assigned to pregnant students. Reasonable attempts will be made to create a flexible clinical schedule around the anticipated date of birth. The student and appropriate faculty should meet to develop guidelines delineating the student plan to complete course requirements pre/post-delivery.

ISOLATION REQUIREMENTS PROCEDURE

All students must follow CDC guidelines for isolation precautions. No students may take care of patients on airborne precautions. Pregnant students may not take care of patients with cytomegalovirus (CMV), on chemotherapy, or receiving brachytherapy.
ADN PROGRAM UNIFORM CODE

You will be expected to abide by the Dixie State University Nursing uniform code for the ADN program AND conform to all agency codes where Dixie State University student nurses participate in student work.

1. General Grooming
   1) Avoid using strong scented lotions, perfumes, or colognes as some people may have adverse reactions.
   2) No chewing gum in the clinical setting.
   3) Offensive and/or distracting tattoos (students may be asked to cover any tattoo while in the clinical setting).
   4) No smoking during clinical shifts

2. Hair
   1) Clean & neatly combed with NO extreme styles, outrageous hair ornaments, ribbons, or colored scarves.
   2) Hair, long or short, must be controlled so it will NOT fall in the face of the student. Hair should never obstruct vision or require pushing aside.
   3) Neatly trimmed male facial hair is acceptable. No extreme side burns or beards.

3. Uniforms
   1) Program specific scrubs are required at all clinical experiences and labs. Mandatory Dixie State University Nursing Program badges are required for nursing student identification. Students not wearing their identification badge will be asked to leave their clinical assignment until they have their badges. There will be a $10 charge for replacement badges.
   2) Uniforms are to be clean and wrinkle-free. Uniform pant hems must not touch/drag on floor. Uniform pants must be properly hemmed, not rolled up. Properly maintain and mend the uniform as needed (use thread rather than safety pins and/or tape)
   3) NO PATIENT GOWNS may be worn for a student uniform.
   4) When in a clinical facility for pre-assessments, student must wear clinical uniform or lab coat and name-tag.
   5) Wear appropriate uniforms in special care areas (When in OR wear the scrubs given to you).
   6) Approved uniform includes:
      (i) Program approved scrubs (details with acceptance letter.)
         (a) No shorts allowed
      (ii) Solid color white, red or navy blue sweater or scrub jacket, if desired. No hoodies.
      (iii) White, red, or navy blue T-shirt may be worn underneath, if desired and must be tucked in. No lace or patterns showing.
      (iv) Appropriate underclothing not visible through or around uniform. **Must have a modest and non-revealing appearance.**
      (v) Clean socks with no runs, snags or holes.
      (vi) Shoes: Medical, professional footwear or athletic shoes.
         (a) Condition and care of shoes: no cracks; no rundown heels
         (b) Leather intact, and shoes and laces cleaned daily. No clogs or other similar type shoes. Open-toed shoes not allowed.
4. **Acceptable Jewelry**
   1) Wedding and engagement rings. *(Rings with large settings are not advised.)*
   2) Watch with a second hand. Band should be as simple as possible.
   3) Small earring posts may be worn in pierced ears only. Maximum of two posts per ear. **NO** loop earrings. **NO** other visible body pierced jewelry.
   4) No chains, bracelets, or ankle bracelets.

5. **Make-up**
   1) Should be **conservative** and natural looking.

6. **Fingernails**
   1) 1/4 inch in length beyond end of finger, clean and manicured.
   2) Natural color polish, clear or neutral in good repair/condition.
   3) Artificial nails or tips are not allowed.

7. **Lab & Classroom Attire**
   1) Nursing uniform OR street clothes with white lab coat (long or short sleeved) are required for all labs.
   2) You are expected to behave professionally and dress in appropriate street clothes for classroom and open lab practice.

**Dixie State University nursing program dress code will be in accordance with all clinical facilities.**
PROTECTING PATIENT HEALTH INFORMATION

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

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

PATIENT PROTECTIONS

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

- **Access to Medical Records.** Patients generally should be able to see and obtain copies of their medical records and request corrections if they identify errors and mistakes. Health plans, doctors, hospitals, clinics, nursing homes and other covered entities generally should provide access these records within 30 days and may charge patients for the cost of copying and sending the records.

- **Notice of Privacy Practices.** Covered health plans, doctors and other health care providers must provide a notice to their patients how they may use personal medical information and their rights under the new privacy regulation. Doctors, hospitals and other direct-care providers generally will provide the notice on the patient’s first visit following the April 14, 2003, compliance date and upon request. Patients generally will be asked to sign, initial or otherwise acknowledge that they received this notice. Health plans generally must mail the notice to their enrollees by April 14 and again if the notice changes significantly. Patients also may ask covered entities to restrict the use or disclosure of their information beyond the practices included in the notice, but the covered entities would not have to agree to the changes.
- **Limits on Use of Personal Medical Information.** The privacy rule sets a limit on how health plans and covered providers may use individually identifiable health information. To promote the best quality care for patients, the rule does not restrict the ability of doctors, nurses and other providers to share information needed to treat their patients. In other situations, though, personal health information generally may not be used for purposes not related to health care, and covered entities may use or share only the minimum amount of protected information needed for a particular purpose. In addition, patients would have to sign a specific authorization before a covered entity could release their medical information to a life insurer, a bank, a marketing firm or another outside business for purposes not related to their health care.

- **Prohibition on Marketing.** The final privacy rule sets new restrictions and limits on the use of patient information for marketing purposes. Pharmacies, health plans and other covered entities must first obtain an individual’s specific authorization before disclosing their patient information for marketing. At the same time, the rule permits doctors and other covered entities to communicate freely with patients about treatment options and other health-related information, including disease-management programs.

- **Stronger State Laws.** The new federal privacy standards do not affect state laws that provide additional privacy protections for patients. The confidentiality protections are cumulative; the privacy rule will set a national “floor” of privacy standards that protect all Americans, and any state law providing additional protections would continue to apply. When a state law requires a certain disclosure -- such as reporting an infectious disease outbreak to the public health authorities -- the federal privacy regulations would not preempt the state law.

- **Confidential communications.** Under the privacy rule, patients can request that their doctors, health plans and other covered entities take reasonable steps to ensure that their communications with the patient are confidential. For example, a patient could ask a doctor to call his or her office rather than home, and the doctor’s office should comply with that request if it can be reasonably accommodated.

- **Complaints.** Consumers may file a formal complaint regarding the privacy practices of a covered health plan or provider. Such complaints can be made directly to the covered provider or health plan or to HHS’ Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulation. Information about filing complaints should be included in each covered entity’s notice of privacy practices. Consumers can find out more information about filing a complaint online or by calling 866-627-7748.

**CONFIDENTIALITY & PRIVACY RULES**

The privacy rule requires health plans, pharmacies, doctors and other covered entities to establish policies and procedures to protect the confidentiality of protected health information about their patients. These requirements are flexible and scalable to allow different covered entities to implement them as appropriate for their businesses or practices. Covered entities must provide all the protections for patients cited above, such as providing a notice of their privacy practices and limiting the use and disclosure of information as required under the rule. In addition, covered entities must take some additional steps to protect patient privacy:

- **Written Privacy Procedures.** The rule requires covered entities to have written privacy procedures, including a description of staff that has access to protected information, how it will be
used and when it may be disclosed. Covered entities generally must take steps to ensure that any business associates who have access to protected information agree to the same limitations on the use and disclosure of that information.

- **Employee Training and Privacy Officer.** Covered entities must train their employees in their privacy procedures and must designate an individual to be responsible for ensuring the procedures are followed. If covered entities learn an employee failed to follow these procedures, they must take appropriate disciplinary action.

- **Public Responsibilities.** In limited circumstances, the final rule permits -- but does not require -- covered entities to continue certain existing disclosures of health information for specific public responsibilities. These permitted disclosures include: emergency circumstances; identification of the body of a deceased person, or the cause of death; public health needs; research that involves limited data or has been independently approved by an Institutional Review Board or privacy board; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security. The privacy rule generally establishes new safeguards and limits on these disclosures. Where no other law requires disclosures in these situations, covered entities may continue to use their professional judgment to decide whether to make such disclosures based on their own policies and ethical principles.

- **Equivalent Requirements for Government.** The provisions of the final rule generally apply equally to private sector and public sector covered entities. For example, private hospitals and government-run hospitals covered by the rule have to comply with the full range of requirements.

### OUTREACH & ENFORCEMENT

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

- **Guidance and technical assistance materials.** HHS has issued extensive guidance and technical assistance materials to explain the privacy rule, including an extensive, searchable collection of frequently asked questions that address major aspects of the rule. HHS will continue to expand and update these materials to further assist covered entities in complying.

- **Conferences and seminars.** HHS has participated in hundreds of conferences, trade association meetings and conference calls to explain and clarify the provisions of the privacy regulation. These included a series of regional conferences sponsored by HHS, as well as many held by professional associations and trade groups. HHS will continue these outreach efforts to encourage compliance with the privacy requirements.

- **Information line.** To help covered entities find out information about the privacy regulation and other administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996, OCR and HHS' Centers for Medicare & Medicaid Services have established a toll-free information line. The number is 866-627-7748.

- **Complaint investigations.** Enforcement will be primarily complaint-driven. OCR will investigate complaints and work to make sure that consumers receive the privacy rights and protections
required under the new regulations. When appropriate, OCR can impose civil monetary penalties for violations of the privacy rule provisions. Potential criminal violations of the law would be referred to the U.S. Department of Justice for further investigation and appropriate action.

- **Civil and Criminal Penalties.** Congress provided civil and criminal penalties for covered entities that misuse personal health information. For civil violations of the standards, OCR may impose monetary penalties up to $100 per violation, up to $25,000 per year, for each requirement or prohibition violated. Criminal penalties apply for certain actions such as knowingly obtaining protected health information in violation of the law. Criminal penalties can range up to $50,000 and one year in prison for certain offenses; up to $100,000 and up to five years in prison if the offenses are committed under "false pretenses"; and up to $250,000 and up to 10 years in prison if the offenses are committed with the intent to sell, transfer or use protected health information for commercial advantage, personal gain or malicious harm.

- **Confidentiality in Nursing Program.** “Confidential Information” includes but is not limited to:
  - Patient information whether personal, medical, financial, or statistical
  - Written or computerized patient records
  - Conversations about patients that may be overheard by others
  - Information relating to physicians and their office operations
  - Co-workers/students personal information, such as home phone numbers and addresses
  - Fellow student’s test scores, disciplinary or investigatory actions

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

Under no circumstances may confidential information be divulged to anyone except those authorized to receive information in the lines of duty. Openly discussed patient care issues in public areas outside the department and/or facility is not appropriate. Inappropriate release of confidential information is considered a breach of confidentiality and will result in disciplinary action including possible program termination and the filing of criminal charges. All students will read and familiarize themselves with university and clinical site confidentiality policies and may be required to sign confidentiality agreements.
Professional conduct is nursing behavior (acts, knowledge, and practices), which through professional experience, has become established by practicing nurses as conduct which is reasonably necessary for the protection of the public interest. Guidance in what constitutes professional conduct can be found in the Nurse Practice Act of Utah as well as the ANA Code for Nurses.

1. The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

2. The nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature.

3. The nurse acts to safeguard the client and the public when health care and safety are affected by the incompetent, unethical, or illegal practice of any person.

4. The nurse assumes responsibility and accountability for individual nursing judgments and actions.

5. The nurse maintains competence in nursing.

6. The nurse exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.

7. The nurse participates in activities that contribute to the ongoing development of the profession's body of knowledge.

8. The nurse participates in the profession's efforts to implement and improve standards of nursing.

9. The nurse participates in the profession's efforts to establish and maintain conditions of employment conducive to high quality nursing.

10. The nurse participates in the profession's effort to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing.

11. The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.
UNPROFESSIONAL CONDUCT

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

Unprofessional Conduct also includes but is not limited to:

1. Failing to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which the individual is licensed.
2. Failing to exercise technical competence in carrying out nursing care.
3. Failing to follow policies or procedures defined in the practice situation to safeguard client care.
4. Failing to safeguard the client’s dignity and right to privacy.
5. Violating the confidentiality of information or knowledge concerning the client.
6. Verbally or physically abusing clients.
7. Performing any nursing techniques or procedures without proper education and preparation.
8. Performing procedures beyond the authorized scope of the level of nursing and/or health care for which the individual is licensed as defined by Nursing Rules and Regulations.
9. Being unfit to perform because of physical or psychological impairment.
10. Using alcohol or other drugs, and/or sleep deprivation.
11. Intentional misuse or manipulation of drug supplies, narcotics, or clients’ records.
12. Falsifying client records or intentionally charting incorrectly.
13. Appropriating medications, supplies or other personal items of the client or agency.
14. Violating state or federal laws relative to drugs.
15. Falsifying records submitted to the Division.
16. Intentionally committing any act that adversely affects the physical or psychosocial welfare of the client.
17. Delegating nursing care, functions, tasks, and or responsibilities to others contrary to the Utah laws governing Nursing and/or to the detriment of client safety.
18. Failing to exercise appropriate supervision over persons who are authorized to practice only under the supervision of the licensed professional.
19. Leaving a nursing assignment without properly notifying appropriate personnel.
20. Resorting to fraud, misrepresentation or deceit in taking the licensing examination or in obtaining a license.
21. Practicing professional or practical nursing as a registered or licensed practical nurse in this state without a current active Utah license or permit shall be grounds for refusing to license that individual if application is made subsequent to such conduct.
22. Aiding, abetting, assisting, or hiring an individual person to violate or circumvent any law or duly promulgated rule or regulation intended to guide the conduct of a nurse or any other licensed healthcare provider.
23. Permitting or allowing another person to use his/her nursing license or permit for any purpose.
24. Failing to report, through the proper channels, facts known to the individual regarding the incompetent, unethical, or illegal practice of any licensed health care professional unless exempt under the laws related to client confidentiality.
25. Having a nursing licensed denied, revoked or suspended in another state for any one or more of the above.
26. Having a license or certificate in a related health care discipline in Utah or another state denied, revoked, or suspended for any one or more of the above.
PROGRAM DISMISSAL FOR UNPROFESSIONAL CONDUCT

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

Students who exhibit the following behaviors will receive a verbal warning and may be dismissed from the nursing program without the option to apply for readmission.

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

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

Students who exhibit the following as a consistent pattern of behavior may be dismissed from the nursing program.

1. Fails to maintain communication with faculty and staff about patient care
2. Cannot anticipate the consequences of his/her actions or lack of actions
3. Has a lack of understanding of his/her limitations
4. Cannot transfer theory into practice
5. Fails to exercise technical competence in carrying out nursing care
6. Is unfit to perform because of sleep deprivation
7. Comes to clinical unprepared with clinical assignments
8. Leaves a clinical assignment without properly notifying the clinical instructor
9. Students who are consistently late (2 clinical days per semester)

Students may be dismissed from the Nursing Program if they are unable to fulfill clinical expectations because of a criminal arrest or conviction. Refer to appendix E for more details.

The DSU Nursing Program also follows the DSU Student Rights and Responsibilities Code 552, Section 5: Student Professional Conduct in its entirety included but not limited to the professional misconduct process, standards of student professional conduct, administrative suspension, and appeals process that is available to students and complainants including faculty.
PROCEDURES RELATING TO STUDENTS

STUDENT RIGHTS & RESPONSIBILITIES

The Dixie State University Nursing Program subscribes to the policies and procedures of Dixie State University as outlined in the policies and procedures. Violations of the student rights and responsibilities are serious and will be handled quickly and judiciously by campus authorities. The nursing faculty feels strongly about the student rights and responsibilities, sexual harassment, discrimination, and ethical behavior. Not only are the nursing faculty supportive of these behavior guidelines as stated by the university, but they have adopted specific guidelines that deal with each of the above listed behaviors due to the exposure and participation with off campus institutions. Please see non-discrimination, ethical behavior, and the student rights and responsibilities disciplinary process listed below. Students found in violation of the Student Rights and responsibilities listed in the student section of the policy and procedures manual, may be subject to probation, suspension, dismissal, warning, or exoneration. Any violations to, or misconduct of the Dixie State University policies and procedures, or the additional nursing program rules and responsibilities can be immediately filed with the Vice President of Student Services or Vice President of Academics depending upon the nature of the infraction. This information can be found in the policies and procedures manual at DSU Student Rights and Responsibilities.

Other violations will be subject to, but not limited to, the following:
1. First offense will receive a verbal warning, which will be documented and placed in the student file.
2. Second offense will be in writing with one copy given to the student and one copy put in the student file.
3. Third offense will warrant a written contract** between the student and the necessary faculty/chairperson. The written contract signifies the beginning of a probationary period and terms thereof will be identified in the contract. Failure to keep the conditions outlined in the contract may lead to dismissal from the program and/or sanctions as allowed by DSU policy.

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

DRUG & ALCOHOL TESTING PROCEDURE

This procedure applies to all students enrolled in health science programs at Dixie State University.

Applicant Testing:
1. All applicants accepted into a health science program are required to submit to an initial 9-Panel urine drug screen upon acceptance into a program.
2. All costs associated with drug testing are the responsibility of the student.
3. Refusal to complete the testing process will prohibit the student from entering any health science program.
4. At a minimum, students must be tested using the 9-Panel Non-Rapid urine drug screen.
5. A copy of the test results must be sent directly from the testing agency to CastleBranch.
6. Positive tests will be confirmed by the testing laboratory if the urine creatinine is within normal limits. If the urine creatinine is not within normal limits, the student may submit
a second urine specimen. However, two separate dilute urine samples will be considered a positive drug test. Students should review the attached campus drug testing procedure to avoid a dilute sample.

7. A positive test will necessitate proof of a prescription written by a licensed health care provider. The student must submit documentation of a prescription filled prior to the date of urine drug screen testing date to designated program representative’s office within five business days of receiving the positive test results.

8. Students with a confirmed positive drug test that is not explained by a licensed healthcare provider’s prescription will be ineligible for admission to the program.

9. If the student seeks to challenge a positive drug screen the following test(s) are required:
   a. A Sample with normal creatinine: a second test will be run on the current sample.
   b. Sample creatinine out of normal range: a hair follicle sample must be submitted for testing at the student’s expense.

Reasonable Suspicion Testing:

1. Students may be required to submit to reasonable suspicion testing for drugs and alcohol while participating in class, lab, or clinical experiences. Testing must include one of the following: a 10-Panel drug and alcohol screen; or a 9-Panel drug screen with either breathalyzer test or blood alcohol level drawn. Reasonable suspicion may be based on but not limited to observable phenomena/direct observation of substance or alcohol abuse and/or the physical symptoms or manifestations of substance abuse such as:
   a. Speech— incoherent, confused, rapid slow, slurred, rambling, shouting, profanity, or change in speech.
   b. Coordination—swaying, staggering, lack of coordination, grasping for support, slowed reflexes.
   c. Demeanor—change in personality, excited, combative, agitated, aggressive, violent, argumentative, indifferent, threatening, antagonistic, mood swings, irritability, restlessness.
   d. Alertness—change in alertness, sleepiness, drowsiness, confused.
   e. Physical—bloodshot eyes, teeth grinding, nasal redness, dry mouth, flushed face, tremors, pupillary changes, odor of substance and/or alcohol.
   f. Appearance—dirty clothing, disheveled.
   g. Performance—unsafe practice, unsatisfactory work, excessive absenteeism, excessive tardiness, or a significant decline in performance.
   h. Evidence of involvement in the use, possession, sale, solicitation or transfer of drugs.

2. If a faculty member or clinical agency staff member observes behaviors listed above, the student will be removed from the educational setting and the department chair will be notified immediately.

3. The student must report to WorkMed or the DSU Health Center for drug and alcohol testing within 2 hours of the request, regardless of the student’s admission to substance use. If this occurs during an evening clinical, the student must report to Instacare, and WorkMed will be called in to perform the drug test. In the case of suspected alcohol abuse, a blood alcohol or breathalyzer test must be performed.
4. The student will be responsible for obtaining transportation to the designated testing facility; the student will **not** be allowed to drive to the facility if any of the criteria in *(a through f)* apply.

5. The student will be responsible for the cost of the testing.

6. If the results of the drug/alcohol test are positive, the student will be dismissed from the program.

7. If the student fails to report for a drug test within 2 hours after being notified of the requirement or refuses testing, it will be treated as a positive test and the student will be dismissed from the program.

**Post-Incident Testing:**

1. Any student involved in an on-campus or clinical site incident which injures the student, another student or a patient under circumstances that suggest possible use or influence of drugs and/or alcohol in the incident will be asked to submit to a drug test and alcohol test.

**Readmission:**

1. A student who has been dismissed from a program due to a positive drug/alcohol test or refusal of reasonable suspicion testing may or may not be eligible to apply for readmission to the program, depending on the program's established procedures. Contact the program director or chair for specific program information regarding eligibility for readmission.

2. To be considered for readmission after a positive drug/alcohol test the student must:
   a. Participate in a substance abuse treatment program.
   b. Sign a HIPAA release form authorizing the substance abuse program manager to release treatment information to the student's respective program's department chair. Have the substance abuse program manager submit a letter to the student's respective program's department chair verifying successful participation in a substance abuse treatment program.
   c. Submit to an unannounced urine drug/alcohol test at the student's expense prior to readmission. A positive test will result in ineligibility for readmission.

**Submit Urine Screen**

You MUST bring a valid state issued photo ID.

In the clinic testing area, the collector will have you:

1. Remove outer clothing (e.g. coveralls, jackets, coat, hat)
2. Empty your pockets
3. Wash and dry your hands

Next, you will be directed to the restroom and asked to provide a urine specimen. YOU MUST:

4. Provide at least 45 mL (this is the equivalent of 3 tablespoons)
5. Return the specimen to the collector ASAP
6. DO NOT flush the toilet
7. DO NOT wash your hands
Please be aware that two dilute samples will be considered a positive result. This can result from drinking too much water. Drink enough water to produce a 45 mL sample, but not so much that you have a dilute sample. If the result is dilute, you will need to provide another sample and pay the additional fee.

FITNESS FOR DUTY PROCEDURE

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

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

HANDHELD ELECTRONIC DEVICES

The following are considered handheld electronic devices: any mobile device (also known as a handheld device, handheld computer or simply handheld) that can be used as a pocket-sized computing device, typically having a display screen with touch input and/or a miniature keyboard. Handheld electronic devices include but are not limited to: iPads, iPod Touches, iPods, Smartphones, PDAs, tablet computers, calculators, handheld game consoles, portable media players, digital video recorders, digital still recorders, pagers, personal navigation devices.

Classroom and Lab Usage

No electronics are allowed during any exams. Students may not be able to see/hear/feel these devices during exams (devices are to be left in purses/backpacks, no devices on a person). If faculty allow a calculator on an exam, the calculator will be provided by the school. Students with special accommodations requiring a special device must have documented approval from the Disability Office.
The use of handheld electronic devices in the classroom is limited to teaching/learning activities only as directed by faculty. Texting, browsing the web, sending and receiving email, and similar activities that are not related to teaching/learning are not permitted in class and lab.

Clinical Usage

Handheld devices may be used in the clinical areas as directed by faculty. Use of portable electronic devices in clinical is regulated by clinical agencies and local, state, and federal regulations and laws. All students are fully responsible for following all regulations of the Health Insurance Portability and Accountability Act (HIPAA) guidelines and for following HIPAA guidelines when using their handhelds in the clinical or other settings.

Personal health identifiers must be removed from any patient data students collect on their handheld devices. Additionally, students will use a password to protect access to information on their handhelds. Infection control precautions must be maintained when using handhelds in patient care areas. Students must adhere to professional standards for all communication including maintaining confidentiality, conducting proper communication, and communicating appropriate material.

Hand telephone and camera functions must be turned off during clinical and lab sessions by placing devices in “Airplane” mode. The iPod Touch does not have an “Airplane” mode. Instead, students will turn off “WiFi” (see directions below). Students are fully responsible to ensure that they adhere to all regulations at all times whether at school, at clinical, on break, or anywhere else. This includes proper management of confidential client information.

With the exception of specified course required activities, sending or receiving text or other messages on the handheld during clinical is not permitted.

Using the internet for personal, non-school related functions is strictly prohibited. Inappropriate handheld use or violation of HIPAA guidelines is cause for termination from the nursing program.

Wi-Fi Controls on the iPod Touch

1. Go to “Settings”
2. Go to “Wi-Fi”
3. Move the slider to OFF
4. You will not be able to make or receive video calls/text messages online. You will be able to get online clinical applications.
5. If students need to give a number to family members for contact, give the facility number provided to you by your instructor and/or in the clinical syllabus.

Safeguarding of Data

The student will implement protective measures, such as encryption, for restricted data to safeguard the confidentiality or integrity of the data in the event of theft or loss.
INTEGRITY STATEMENT & HONOR CODE

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

Academic Integrity is expected of students and faculty at Dixie State University. Students are expected to abide by the DSU Student Rights and Responsibilities. Dixie State University takes a very serious view of violations of academic integrity. As members of the academic community, the University’s administration, faculty, staff, and students are dedicated to promoting integrity essential to the educational process. Inherent in this commitment is the belief that academic dishonesty in all forms violates the principles of integrity and impedes learning.

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

- Faculty may require the work to be redone, an exam retaken or an alternate assignment substituted.
- Faculty may reduce the grade or issue a failing grade for the exam, paper, project, activity, assignment, lab, clinical or other academic activity for which the misconduct occurred.
- Faculty may also issue a failing grade for the course.

Expectations and responsibilities for all nursing students include, but are not limited to the following:

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

Note: A failing grade in any course is grounds for dismissal from the Nursing Program.
EXPECTED BEHAVIOR

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

- Care of property
- Good work habits
- Cooperation with instructors
- Cooperation with other students
- Cooperation with affiliating agencies and staff
- Reliability
- Communication
- Classroom and clinical civility
- Receives constructive criticisms and makes appropriate changes
- Remains in assigned areas of clinical until end of shift

See the DSU policy library for the Student Rights and Responsibilities policy.

CIVILITY IN NURSING EDUCATION

Each individual in the nursing program—faculty, student, or staff member—is expected to contribute toward the creation and maintenance of a civil and collaborative learning environment. Teaching and learning happen best within such an environment.

Civility is defined as the authentic respect for others requiring time, presence, engagement, and an intention to seek common ground. Incivility is defined as disregard and insolence of others, causing an atmosphere of disrespect, conflict, and stress.

Standards and guidelines for nursing education and practice emphasize the importance of civility:

- The ANA Code of Ethics requires nurses to treat colleagues, students, and patients with dignity and respect and that any form of harassment, disrespect, or threatening action should not be tolerated.
- The Essentials of Baccalaureate Education for Professional Nursing Practice state that inherent in professionalism is accountability and responsibility for individual actions and behaviors, including civility. Civility must be present for professionalism to occur.
- The Quality and Safety Education for Nurses (QSEN) teamwork and collaboration competency addresses that open communication, mutual respect, and shared decision-making among nursing and inter-professional teams are necessary to achieve quality patient care.

As members of the Dixie State University Nursing Programs learning community, we value academic excellence, caring, service, fairness, respect, trustworthiness, and accountability. As such, we are expected to be civil to others. The following are examples of how we can demonstrate civility to others:

- Assume goodwill
- Be honest and non-judgmental
- Be inclusive and collaborative
- Use open communication
- Be humble and fair
- Stand for something good
- Let things go and show forgiveness
- Assume personal responsibility
- Assist in co-creating classroom, lab, and clinical norms
- Model respectful social discourse
- Discourage gossip
- Hold one another accountable
- Listen carefully
- Respect and celebrate diversity
- Take care of each other
Examples of **incivility** in student behavior include but are not limited to:

- Class disruptions
- Cell phone use in class, clinical, lab, post-conferences
- Sarcastic remarks
- Computer use for non-class reasons
- Not listening in class, clinical, lab, post-conferences
- Challenging/arguing with the professor
- Tardiness to class, clinical, lab, post-conferences
- Leaving class, clinical, lab, post-conferences early
- Disapproving groans, eye-rolling
- Sleeping in class/clinical
- Academic dishonesty
  - Cheating on examinations
  - Cheating on online work
  - Plagiarism
  - Group work for individual projects
  - Falsifying clinical information
  - Bullying
  - Badmouthing professors
  - Inappropriate, hostile, nasty, or rude behaviors
  - Cursing and swearing
  - Belittling or humiliating behaviors

Examples of **incivility** in faculty behavior are:

- Loss of patience
- Incompetence
- Tardiness to class, lab, clinical, post-conferences
- Rude, condescending remarks
- Poor teaching style
- Poor communication
- Being unprepared for class
- Showing disinterest in students
- Challenging other faculty's knowledge and credibility
- Not being available outside of class

The nursing program has adopted and will enforce a zero-tolerance procedure for incivility. Possible consequences for students who demonstrate uncivil behaviors whether in the classroom, lab, clinical, post-conferences, hallways, professor offices, etc., include but are not limited to being asked to leave the classroom, lab, office; academic sanctions; dismissal from the program; reporting and referral to the Program Coordinator, Nursing Department Chair, Dean of Health Sciences or the Dean of Students; and dismissal from the university.
NETIQUETTE FOR NURSING STUDENTS

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

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

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

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

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

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

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

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

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

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

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

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

In order to provide the safest and contaminant free educational environment, Dixie State University Department of Nursing subscribes to the many policies and procedures that govern these conditions. Policies on faculty, student, and other participant involvement where safety or exposure might be a concern have been written, and are provided in the administrative section of the policies and procedures manual. These Policies deal with but are not limited to fires, earthquakes, bomb threats, blood borne pathogens, chemicals, and hazard materials. These policies are specific to university property and activities. When students enroll in a Health Science Program and are participating with a contracted agency, clinic, or hospital, by contract they are in subject to the policies of that agency, clinic, or hospital as per contractual agreement. Some programs have developed addendum items to the above mentioned policies which may be more specific to areas where they have a greater need for control and protection, and have been developed with the “Guidelines for Compliance in Health Care Facilities and Interpretive Guidelines for the Blood-borne Pathogen Standard” required by the Occupational Safety and Health Administration, (OSHA). The College of Health Sciences further subscribes to Federal regulations code 29, (CFR) 1910.1030, April 2012, and is available for review by OSHA compliance officers.

NON-DISCRIMINATION

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

STUDENT COMPLAINTS / GRIEVANCES

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

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

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

1. The student should first discuss the issue with the other member involved. If a meeting is needed it should be requested by the student within 7 working days from the time the student identified the unfair or unjust treatment. This meeting should take place within 7 working days from the date of the occurrence that precipitated the complaint. Faculty/Staff Member

2. If the complaint is not resolved by the above step, the student may continue the process by discussing the issue with the ADN Program Coordinator. This discussion should take place within 10 working days from the meeting with the faculty member. ADN Program Coordinator

3. If the complaint is not resolved by the above step, the student may continue the process by filing a written complaint with the Nursing Department chair. The student should complete the nursing program Formal Complaint form shown as appendix D in the student handbook. Written complaint should be filed within 10 working days of the discussion with the program coordinator. Nursing Department chair

4. Upon receipt of a written complaint, the Nursing Department chair will work with the parties in an attempt to resolve the conflict. Every attempt will be made to maintain confidentiality during this process. The written complaint will be given to the faculty/staff member by the Nursing Department chair at least 5 working days before any official meeting. A faculty member will not be required to respond to any complaint which is not in writing and follows the appropriate documentation as outlined above. An official meeting should take place within 7 working days of the date of the written complaint to the Nursing Department chair. Nursing Department chair

5. If the grievance has not been resolved by the above process, the student may submit a written grievance to the Dean of Health Sciences. An official meeting should take place within 7 working days of the date of the written complaint to the Dean of Health Sciences. Dean of Health Sciences

6. If the grievance still has not been resolved by the above process, the student may enter DSU’s grievance procedure. See the campus policy

OMBUDS OFFICE

The DSU Ombuds Office provides assistance in resolving problems and conflicts. It is an independent, impartial, informal, and confidential resource available to all members of the Dixie State University (DSU) community including faculty, staff and students. The Office is staffed by one or more professionally trained Ombuds who act as the University’s designated
third-party neutral and who practice in accordance to accepted professional standards set by the International Ombudsman Association.

DSU Ombuds can assist you with the following:

- Colleague/faculty disagreements, concerns
- Policy and procedure questions
- Coaching for difficult, potentially hostile conversations
- Problems with supervisors
- Need objective perspective about a troubling situation
- Need advice about where to go for help/direction
- Request informal, mediation or shuttle diplomacy
- Desire on informal solution to a problem
- Need to know options for problems that have no other clear path for resolution
ABSENCES RELATED TO SCHOOL FUNCTIONS

Nursing students who are absent from class, lab, and/or clinical for university-sanctioned activities such as athletics or club functions should follow the procedures in the DSU Policy 533 Student Accommodations 4.2.1.2 Participation in an official University event.

ADA STATEMENT

Dixie State University adheres to the Americans with Disabilities Act (ADA). Students with medical, psychological, learning or other disabilities desiring academic adjustments, accommodations or auxiliary aids will need to contact the Dixie State University Disability Resource Center.

ADMISSIONS/READMISSIONS

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

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

ADVISEMENT

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

Nursing Advisors:  
Alice Clegg, Room 372 Taylor Health Sciences Building, 435-879-4813  
Kaylie Romney, Room 306 Taylor Health Sciences Building, 435-879-4803
ATTENDANCE

Students who miss the first day of class and/or clinical orientation may be immediately dropped from the course(s). Students who are unable to attend the first day of class or clinical must have prior approval from instructor.

General Attendance/Absence

Because of the concentrated curriculum and the essential nature of every contact hour, it is expected that all students will be present and on time for class. Dixie State University Department of Nursing students are expected to attend all meetings of classes, scheduled laboratory, and/or clinical sessions in which they have enrolled. The university has no policy allowing students to "cut" classes or miss clinical.

Students may be withdrawn from classes by the instructors for excessive absences or failure to complete assignments. It is the student’s responsibility to notify the instructor and the Nursing Department Chair if a situation requires extended absences from classes.

Students are expected to be present, on time and dressed appropriately for all clinical experiences including NURS 2005. If a student is unable to attend a clinical or lab experience:

- The instructor must be notified at least 30 minutes prior to the scheduled time.
- If the student is ill the instructor may ask the student to come to the clinical area in uniform for evaluation.
- The student and the instructor will assess the situation and make a decision as to whether the student is fit for duty.
- If not fit, the student will be sent home and given a written assignment that will be due not later than one week after the missed experience.
- Failure to attend clinical without communication to the instructor will result in dismissal from the program.

It is the student’s responsibility to notify the instructor and the Nursing Department Chair if a situation requires extended absences from classes.

CAREER INFORMATION

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

COMPUTER ACCESS

There is no computer lab in the Taylor Health Sciences Building. The building is wireless with several plug-in sites in classrooms and student gathering areas for student computer access. There is a printer for student use on the east end of the 3rd floor of the Taylor Building. You will need to use your BankMobile card to access it. There are two on-campus computer labs: Holland Centennial Commons & Smith Computer Center. For Canvas and other computer help, please call 435-879-HELP or student IT support.
EXPENSES RELATED to INJURY or ILLNESS

The student is responsible for any expenses she/he incurs while acting in the capacity of a student, except for exposure to a blood-borne pathogen.

GENERAL ANNOUNCEMENTS & PROGRAM INFORMATION

All DSU students are automatically assigned a Dmail email account. Important university announcements and updates from the nursing department will come to you through your Dmail including your DSU bill, financial aid/scholarship notices, and notification of dropped classes, reminders of important dates/events, and other information critical to your success at DSU. If you don’t know your user name and password, contact the IT Helpdesk for complete instructions. You will be held responsible for information sent to your Dmail, so please check it often.

GENERAL STATEMENT of RISKS

Students are expected to manage their own transportation and assume their own risks when traveling to and from class, labs, or clinical experiences and when performing duties in class, labs, or clinical experiences. There are inherent risks involved in travel and in lab and clinical experiences. The most obvious risks are accidents, contracting infections or other communicable diseases or workplace violence. Please take precautions to prevent accidents, infections and violence.

HEALTH REQUIREMENTS for ADMISSION

Students are required to adhere to specific immunization and health requirements in accordance with clinical site contracts and continued program accreditation requirements including but not limited to TDaP, MMR, Varicella, Hepatitis B, Tuberculosis, annual influenza, drug screen, background screen, BLS/CPR with AED certification. Some documents will need to be provided only once during the program while other items must be periodically renewed.

HEALTH & COUNSELING CENTER

The mission of the DSU Health and Counseling Center is to promote a climate where faculty/staff/students can become more engaged in healthy lifestyle behaviors through health and counseling resources, information and services. This program encourages the campus community to strengthen their health and well-being through educational opportunities, and self-improvement with a staff of nurse practitioners and therapists available for appointments as needed. Taking responsibility for one’s health and well-being is an essential part of a person's ability to contribute to the work and mission of DSU. They have resources full of the latest health information regarding sexual responsibility, alcohol and other drugs, tobacco cessation, nutrition, and other basic health issues. Condoms are also available for those choosing to be sexually active.

Address, Hours, and Appointments

- The Health and Counseling Center is located next to campus at 1037 East 100 South
- For appointments call 435-652-7756
Cost & Payment

Students: $20 per visit – this includes the cost of most basic testing
Faculty/Staff: $20 per visit – this includes the cost of most basic testing

In addition to treatment for acute and minor illnesses, the clinic does well-women exams, TB testing, Urine Drug Screen, Hepatitis B, MMR and Varicella immunizations, along with testing for immunity after receiving injections. Student health insurance is available to all students at Dixie State University. Application forms may be obtained from the cashier or the Vice President of Student Services. If students are not covered under a health and accident insurance plan with their parents, they are strongly encouraged to obtain coverage. Student health and accident coverage, however, is not mandatory. Student health insurance provided by United Healthcare is available if a student is a member of the DSNA. Further information can be found at www.nsna.org.

HELPDESK / IT

The Helpdesk is for your technological needs at Dixie State University including assistance for Canvas, Dmail, Student Services, Trailblazer wireless configuration, laptop assistance, and any other technical troubleshooting you may need help with. The Helpdesk can be reached at (435) 879-HELP (4357) and through email at: helpdesk@dixie.edu Email is the preferred method and is easier for techs to check regularly. Please include your full name, student ID number, and phone number when contacting the Helpdesk.

LAB EXPECTATIONS

Students are required to attend all scheduled labs and simulations. A letter grade is earned for the lab class. Lab preparation as required by the instructor must be complete prior to each lab. Refer to syllabus and/or Canvas course website. The student must attend all lab sessions and pass off skills in front of the instructor before skills may be performed at clinical sites. See lab requirements and expectations in each course syllabus.

LATE ASSIGNMENTS

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

LIBRARY

The DSU Library is located inside the Holland Centennial Commons but many of the same resources are also available on their website. Your BankMobile card will give you access to any academic library in the state. You will be expected to adhere to rules concerning book loans, reserve library, and periodicals. A hold will be placed on your transcripts and/or graduation degree if you have an unpaid fine or any unreturned books in any library at the time of graduation. Since these services are a courtesy extended
to all of us, it is expected that you will not mark books or remove pages. Copiers are available in the library for your use.

**Licensure**

Obtaining licensure is an individual student’s responsibility. The [Utah nursing licensure application](https://www.lds.org) is located online via Utah’s Division of Occupational and Professional Licensing. The Dixie State University ADN program code is 38-440.

**Nursing Organizations & Professional Activities**

Students are strongly encouraged to participate in their professional organizations. The faculty recommends and encourages student participation in DSU Nursing Student Association (DSNA) as a way to enhance professional growth and development. More information can be obtained from the [Utah Student Nurses Association](https://www.lds.org) website.

**Procedure Creation & Revision**

New procedures or revisions will be presented, discussed, and approved at faculty meeting. Discussions will include congruency with DSU policies. Procedures will be included in the minutes and dispersed to all faculty and staff for review prior to next faculty meeting. In faculty meeting, corrections and additions will be made to arrive at a consensus concerning the procedure. Once approved in faculty meeting, the new or revised procedure will be included in the Department of Nursing handbook by the department secretary and sent to students via Dmail if necessary.

**Readmissions**

See Admissions/Readmissions section of this handbook.

**Recording Lectures**

According to Department of Nursing procedure, students are required to ask their instructor for permission to record audio and/or video in the classroom. Nursing students must follow this procedure. **Audio or video capture must not be posted online or in any other format or shared with other students in any way without prior written permission from the instructor.**

**Remediation for Kaplan Testing**

At the completion of each Kaplan Integrated test the instructor who administered the exam will review each student’s results. If a student receives a score at or below the national norm for the exam they will be required to remediate and meet with the Nursing Program Student Success Coordinator.

**Scholarships & Grants**

Members of the community have graciously contributed money to Dixie State University with the request that it be used specifically for nursing education. This endowment money is used to award grants and scholarships to nursing students based on financial need and academic achievement. [Health Sciences student scholarship opportunities](https://www.lds.org) are available through the [DSU Financial Aid Office](https://www.lds.org). Service
scholarships such as AmeriCorps, student loans and loan repayment programs for nurses at all levels are also available.

**SOCIAL MEDIA**

**Benefits of Online Social Networking for University Students**

Online social networking sites like Facebook, Twitter, LinkedIn, and Classmates.com can be helpful to students by assisting them in making connections with classmates with similar interests and goals, formulating study groups, and providing a way to meet and get better acquainted with others. These sites also offer students the opportunity to create an image or a profile. Profiles often contain information about the user as well as photos, blog entries, and a section dedicated to communication exchanges with friends and other users. To a certain extent, profiles reveal what students care about and provide a window into a student's interests and lifestyle.

**Purpose and Issues to Consider**

The purpose of this protocol is to inform students about the appropriate use of online social networking sites as it relates to professional conduct expected of nursing students at Dixie State University (DSU). Online social networking postings in relation to students, faculty, administrators, and future employers must be evaluated in accordance with codes of conduct and standards of professional behavior expected of nursing students. Bear in mind that people have been denied employment because of information posted on social networking sites. In some cases, legal charges have been filed against a student for defamation of character and/or invasion of privacy.

While the DSU Department of Nursing cannot prevent reference to students, faculty, administrators, and other persons associated with the DSU nursing program on social networking sites, the Department of Nursing may however, provide guidance regarding postings associated in any way with the Department of Nursing and its constituents.

Students are asked to refrain from posting insulting, disrespectful, or disparaging comments about any member of the Dixie State University campus community. Nursing students are expected to adhere to:

- **DSU Student Rights and Responsibilities Code**
- American Nurses Association Code of Ethics includes:
  - “The principle of respect for all persons extends to all individuals with whom the nurse interacts. The nurse maintains compassionate and caring relationships with colleagues and others with a commitment to the fair treatment of individuals, to integrity-preserving compromise and to resolving conflict. The nurse treats colleagues, employees, assistants, and students with respect and compassion. This precludes any and all prejudicial actions, any form of harassment or threatening behavior, or disregard for the effect of one’s actions on others. The nurse values the distinct contribution of individuals or groups, and collaborates to meet shared goals.”
- **Utah Nurse Practice Act** outlines guidelines for professional conduct
- National Council State Boards of Nursing *White Paper: A Nurse’s Guide to the Use of Social Media*
- HIPAA regulations for the protection of patient confidentiality in that students are bound to comply with all privacy requirements when they are not at the clinical rotation, including in conversations with family, friends, and peers; in emails; and in postings on social media sites.*

*These codes and standards can be applied to classroom and hallway discussions, virtual learning environments, text messaging, emailing, and all other forms of communication among individuals as well as online social networking sites.*
In exchange for the educational opportunities provided by the clinical rotations, nursing students must comply with all state, local, and federal requirements governing the privacy of medical information. Nursing students are bound to comply with all privacy requirements when not at the clinical rotation, including in conversations with family, friends, and peers. Students are held accountable for maintaining the privacy of any information they obtain, see, or are given during clinical rotations. In addition, to uphold the privacy of such information, do not post or discuss any clinical experience or information regarding involvement with the clinical agency, its staff, or its clients/patients on any internet social media (Facebook, Twitter, emails, LinkedIn, and any others not mentioned). Nursing faculty periodically search the internet for breaches in privacy policies. Students are prohibited from returning to the clinical site for a violation of any privacy requirement in any regard. Such violation may also result in a delay in completing student requirements or in further disciplinary action against the offender by Dixie State University.

Remember, we all are representing the nursing profession, DSU Nursing Programs, and Dixie State University.

**STUDENT ILLNESS**

If a student is unable to attend a clinical experience due to illness:

1. The student must go to the clinical site in uniform.
2. The student and the instructor will assess the situation and make a decision as to whether the student is fit for duty.
3. If not fit, the student will be sent home and given a written assignment that will be due not later than one week after the missed experience.

With any illness (physical, emotional, mental) or condition (pregnancy), the nursing program may recommend/require that the student request documentation from a physician and/or a counselor certifying the student is able to perform all the duties expected of a student nurse. The student may not be able to continue in the program until such a statement is received. If the student becomes pregnant, the student must notify their clinical instructor immediately.

Hospitalization: Following any hospitalization, the student needs to submit to the nursing faculty a written letter from the relevant physician certifying that the student is able to return to school and to perform all the duties expected of a student nurse. This letter must be received before the student may resume participation in classroom and/or clinical activities.

More than 2 clinical absences may culminate in the student’s inability to meet the course objectives, resulting in a failure of the entire course.

**STUDENT RECORDS**

A digital file is kept for each student in the nursing program. This record contains original application, copies of grades, evaluations, clinical information, progress reports, and other pertinent information that reflects student performance. Students seeking access to the cumulative file may do so to inspect any and all entries (except for criminal records and letters of recommendation with waived rights).
According to Family Educational Rights and Privacy Act (FERPA) policy, student records are open only to the student, appropriate university personnel, and are not available to friends, parents, or others. In the event that a student wishes to open their records to others, they must present a signed FERPA Release Form to the DSU Registrar’s Office and/or the nursing department chair.

STUDENT REPRESENTATION

Nursing students have several opportunities for representation in program governance. For example, membership in the Dixie State University Student Nursing Association is strongly encouraged. Additionally, students elect class representatives at the beginning of the ADN and RN-BSN programs. For the ADN program, the course instructors for NURS 2000, NURS 2500, and NURS 2600 to ensure voting takes place. Instructors will then ensure the student names are given to the department secretary within 2 weeks of the beginning of the semester. The responsibilities of a class representative are as follows:

- Act as a liaison between faculty and his/her class for any general student concerns
- 1st, 2nd, and 3rd semester representatives are encouraged to attend monthly faculty meetings
- Coordinate planning for pinning/graduation ceremony
- Represent nursing students to DSUSA Academic Senate representative

STUDENT SERVICES

Nursing students at DSU have access to online support services whether they are living locally or at a distance with the exception of access to the Health and Counseling Center. All support services are administered by qualified individuals thus ensuring students have the most successful educational experience possible. Students are able to access services in-person, by telephone, email, and online. Student Services at DSU include but are not limited to:

- **Academic Advisement**
  o Skilled academic advisors assist students in a variety of ways including: selecting your course schedule; mapping out your educational plan; improving your study skills; referring you to helpful university services; and applying for graduation.
  o The nursing program has two designated advisors who assist nursing students.
    - Alice Clegg, MHEd BS, (435) 879-4813, clegg@dixie.edu
    - Kaylie Romney, BS, (435) 879-4803, romney@dixie.edu
- **Academic & Community Outreach**
  o Provides information and resources for students enrolled in online education courses.
- **Campus Bookstore**
  o Online and in-store provider of textbooks, course materials, computers, software, office supplies, apparel, and memorabilia.
- **Career Center**
  o Offers comprehensive career services to students, alumni, and the community when choosing a major, identifying a career and/or seeking employment. Specializes in career assessment, defining career goals, resume and cover letter review, interview skills, preparing for employment, and creating and implementing job search plans. The Center also provides students with graduate school information. Additionally, the Career Center works with employers to develop internships and job opportunities.
- **Disability Resource Center**
Designated office on the DSU campus to evaluate disability documentation and to determine eligibility and implement reasonable accommodations for students enrolled at DSU.

- **Financial Aid & Scholarships**
  - Administers comprehensive financial assistance programs that include scholarships, federal student grants and loan programs, as well as State of Utah grant and work programs.

- **Health & Counseling Center**
  - Offers medical services, mental health therapy, and alcohol and other drug programs to promote a climate where students/faculty/staff can become more engaged in healthy lifestyle behaviors through health and counseling resources, information, and services; provides resources full of the latest health information regarding sexual responsibility, alcohol and other drugs, tobacco cessation, nutrition, and other basic health issues. Distant students are not able to access this service because of the location of the center, near the DSU campus.

- **Library**
  - Offers a variety of learning and reference resources including off-campus access to library databases, E-books, interlibrary loan with an online request form, reference assistance, internet resources, online catalog, and Lib Guides which include research paper help, APA style, and online encyclopedias.

- **Registrar’s Office**
  - Responsible for transcripts, admissions, scheduling, registration, placements, VA benefits application, grade reports, transfer credit evaluations, adding and dropping classes.

- **Testing Center**
  - Comprised of 3 separate testing operations: a Classroom Testing Center, a Prometric Center, and an additional Professional Testing Center. Centrally located facility for course examinations.

- **Writing Center**
  - Free service to DSU students; staffed by peer tutors who offer suggestions, instruction, and tips to help students improve their individual skills. Face-to-face sessions and online tutoring services are available; includes an online writing lab (OWL).

Further information regarding specific services can be found on the individual service’s website.

**TARDINESS**

- Tardiness is an area of affective behavior that reflects a student’s commitment and time management. A tardy is when you are not ready for clinical, lecture, or lab at the stated time as assigned by your individual instructor. Lecture will begin at the specified time. After that time, you are considered tardy. If you do not show up, you will be considered absent. Roll will be taken as deemed necessary by the instructor. If you are tardy or miss a class, clinical, or lab, you are responsible to get the information from another student and/or the textbook which was covered during the time you were not present.

- The university has no policy allowing students to be tardy to classes, labs, or clinical. However, nursing students may be withdrawn from classes by the instructors for excessive tardiness or failure to complete assignments. It is the student’s responsibility to notify the instructor and the Nursing Department Chair if a situation requires special considerations.

- Clinical rotations have their own unique starting times and will be announced. The attendance and tardiness policy applies to these areas as well. (See current clinical schedule/syllabus for details.)
TESTING PROCEDURE

Exams must be taken on the specific day(s) and/or class period. Any exception to taking an exam on its scheduled date(s) will be at the discretion of the nursing faculty administering the test. It will be the responsibility of the student to contact the faculty member who is administering the exam about necessary exceptions prior to the exam. This exception may result in an automatic reduction of points. The Nursing Chair is the only person with authority to allow students to take a final exam at an alternate time.

Students who believe that a test item (question) has a correct answer that is different from the instructor's keyed correct answer may fill out the Test Item Inquiry Form (see appendices). The student will provide a rationale with documentation from a course textbook or other scholarly resource. Submit the form to the course instructor within 24 hours of the end of the exam review. The instructor will respond to you within 48 hours.

Final exams are scheduled according to university policy. Students with scheduling conflicts during finals must use the Early/Late Final Exam Permission Form and follow directions on the form.

First Semester – 50% Remembering/Understanding, 50% applying/analyzing
Second Semester – 25% Remembering/Understanding; 75% applying/analyzing
Third Semester – 100% applying/analyzing

- Students must pass a dosage calculations test at 100% for each semester by a date to be determined by the instructor. A simple, non-graphing calculator may be used; no cell phones are permitted.
- Students who arrive late for a test will be allowed to take the test but no additional time will be allotted.
- The students must give prior notice if they will miss a test. If a student is absent from any test, it will be the responsibility of the student to contact the faculty member who is administering the exam about an exception. The test must be taken in a time frame at the discretion of the instructor. Any exception may result in an automatic reduction of points. The Dean of Health Sciences is the only person with authority to allow students to take a final exam at an alternate time.
- Without acceptable cause for missing an exam, the late policy of a deduction of 10% per day from the total points of the exam. The 10% deduction will not be applied if the test is complete within the same school day that the exam is scheduled.
  - Acceptable causes for missing an exam will include documented illness, sanctioned school activity and/or family emergency. It is the student's responsibility to make arrangements with the instructor to take the exam.
- Tests may be given in the testing center or in the classroom.
- If tests are given in the testing center they should be open for no more than two days (ex. Sunday/Monday or Wednesday/Thursday).
- Take home tests – The educational rationale for the take home test should be clear. Expectations for taking and returning the test should be clearly stated. It should also be clearly identified, in writing if collaboration will be allowed or the test is to be taken independently. Students may be required to sign a statement that they have completed the test independently.
Tests in the ADN Program must comprise at least 50% of the entire course grade. Pre-tests, PrepU/PassPoint quizzes and Kaplan exams will not be included in calculating the 50%.

Collaborative Tests
- When time permits, students may work in groups to take a collaborative test. Group members will be randomly assigned. Collaborative tests may be administered in all courses of the program.
- Students earning “A” on the group test will have 3 percentage points added to their individual grade; those earning “B” on the group test will have 2 percentage points added to their individual grade; those earning “C” on the group test will earn 1 percentage point. A grade less than “C” (76%) on the group test will earn no points.
- Students who miss the original individual test date will be ineligible for group points.
- Students scoring less than 76% on the individual exam will not be awarded the extra points but may participate in the collaborative test.

All tests given in the ADN program will be reviewed with the class as a group. The manner in which the review is conducted will be at the faculty discretion. Test reviews in the BSN program will be conducted and administered at the instructor’s discretion.

All students earning less than 76% on an exam are to make an appointment with the instructor for an individual review of the test. All other individual reviews will be at the request of the faculty or student. The Success Coordinator may be consulted for assistance in remediating the information.

Each course will address each of the categories of the NCLEX to ensure all categories are tested throughout the program. Students will print the candidate version of the current NCLEX Detailed Test Plan for use throughout the program. Categories and subcategories include:
- Management of Care - 17-23% (1a)
- Safety and Infection Control - 9-15% (1b)
- Health Promotion and Maintenance - 6-12% (2)
- Psychosocial Integrity – 6-12% (3)
- Basic Care and Comfort – 6-12% (4a)
- Pharmacological and Parenteral Therapies – 12-18% (4b)
- Reduction of Risk Potential – 9-15% (4c)
- Physiological Adaptation – 11-17% (4d)

Test results (grades) will be provided to students no later than one week from the date the test closes.

TEXTBOOKS

Textbooks are available in the DSU bookstore for all classes and may be purchased in the bookstore or ordered online by the Textbook Search feature.

TITLE IX CLERY ACT

The DSU Office of Title IX Clery Act & Compliance exists to educate and prevent gender inequity, sexual discrimination, sexual harassment, sexual abuse, and sexual assault. If you feel your rights have been violated or you witness any of the aforementioned, please visit their website.
TRAVEL

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

TURNITIN

Turnitin detects unoriginal content in student written work. Turnitin improves the student writing cycle by preventing plagiarism and providing feedback to students. The results can be used to identify similarities to existing sources or can be used in formative assessment to help students learn how to avoid plagiarism and improve their writing. Assignments will be processed through Turnitin where a similarity index is checked as a deterrent to plagiarism. The similarity score must be less than 15% on the final Turnitin index including quotes unless otherwise identified by the instructor.

To submit assignments using Turnitin, refer to this Turnitin tutorial.

UNUSUAL OCCURENCE/BLOOD-BORNE PATHOGEN EXPOSURE

For possible exposure to blood or body fluids or other infectious materials, the student should follow the DSU Blood-borne Pathogen Policy (Immediately cleanse the needle stick/blood/body fluid exposure area thoroughly with soap and water. For exposure to the eyes, nose or mouth, the area should be flushed with copious amounts of tap water). All incidents should be reported to the instructor or preceptor immediately who will assist the student in completing the paperwork and identifying the appropriate treatment. Examples of incidents or injuries include, but are not limited to needle sticks, falls, or back strain. The expense of testing/treatment is through DSU Worker’s Compensation.
Grades for all courses are determined in accordance with the procedure of the Department of Nursing. Final percentages of validated activities may be calculated. The faculty follows a grading scale which takes into account the rounding rule. Grade reports are issued at the end of each semester and are recorded on the student’s permanent record. The following are examples of evaluation methods that will be used to grade your theory, lab, and/or clinical performance:

- Quizzes, unit, midterm, & final exams
- Self-evaluation
- Nursing care plans
- Concept maps
- Worksheets
- Classroom assignments
- Clinical evaluations
- Reflective journals
- Group assignments
- Kaplan exams
- Portfolios
- Written assignments
- Lab practicums
- Presentations

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<th>PERFORMANCE</th>
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<td>A</td>
<td>93.5-100</td>
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<tr>
<td>Excellent</td>
<td>A-</td>
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<tr>
<td>Above Average</td>
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<td>86.5-89.4</td>
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<tr>
<td>Above Average</td>
<td>B</td>
<td>82.5-86.4</td>
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<tr>
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<tr>
<td>Incomplete</td>
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A 76% or “C” grade or above in all required nursing courses is necessary to remain in the program. Failure of a nursing course may be grounds for dismissal from the nursing program and if dismissed, a student is eligible for one re-entry through the readmission process. Failure of a course alternatively may result in the student repeating the course. Consequences of course failure will be determined by the Dean of Health Sciences after consultation with the student and faculty.

Students are required to maintain at least a 76% exam average in a course in order to pass the course. This requirement is independent of other course grades. For example, a student may have an 80% average in a course taking into account exam and assignment grades. However, if the exam average score is below 76%, the student fails the course. Students are not allowed to repeat an exam in order to raise their score.

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

**Releasing Grades**

Grades or other information concerning academic progress or standing cannot be released to any party by anyone other than the faculty and/or department chair. Support staff cannot release grades or other information about your progress in the program.
# ESTIMATED COSTS

## ESTIMATED COSTS FOR THE ADN PROGRAM

<table>
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<td>Nursing Program Application Fee</td>
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<td>Mandatory Nursing Fees (nonrefundable, $750/semester)</td>
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<td><em>(Includes Lab Fees, Program Graduation Fees, Kaplan Review Package, etc.)</em></td>
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<tr>
<td>Textbooks (estimated)</td>
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</tr>
<tr>
<td>Health Requirements including: CPR, Immunizations, Background Check, Drug Screen, TB Testing</td>
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</tr>
<tr>
<td>Supplies including: Stethoscope, Uniforms, Lab Coat, Watch w/Second Hand, etc.</td>
<td>$250</td>
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<tr>
<td>Dixie Student Nurse Association Fees</td>
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<td><strong>APPROXIMATE TOTAL:</strong></td>
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<tr>
<td><strong>NCLEX-RN® Testing Fee and State Licensure</strong></td>
<td><strong>$300</strong></td>
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CONSENT FOR DRUG & ALCOHOL TESTING

I understand that as a requirement to entering a health science program with an associated clinical component at Dixie State University (DSU), I must submit to a urine drug test. The testing facility must provide results of the test to the Program Chair for the department the student is attempting to enter. I understand that if the substance test result is positive, the program chair will follow the guidelines listed in the College of Health Sciences (CHS) Drug and Alcohol Testing Procedure, which may include denial of entrance to the program.

I authorize DSU to conduct all related alcohol and drug tests that are subject to the policy. I further authorize and give full permission to have the University and/or its personnel to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the University and/or to any governmental entity involved in a legal proceeding or investigation connected with the test.

I also authorize the release of information concerning the results of such tests to designated University personnel, its clinical partners, to any assistance program to which I may be referred, and to the appropriate licensing boards, if applicable.

I will hold harmless DSU, its personnel and any testing laboratory the University might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of right to participating in the academic program, ineligibility to test for a certification exam, employment or any other kind of adverse action that might arise as a result of the drug or alcohol test, even if a DSU or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless DSU, its personnel and any testing laboratory the University might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug and/or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

I understand refusal to complete the drug and/or alcohol testing process will prohibit me from entering the desired program in the CHS at DSU as stated in the CHS Drug and Alcohol Testing Procedure.

I consent to urine drug and/or alcohol testing for the purpose of admission to a program with a clinical component in the College of Health Sciences at Dixie State University. I understand that this consent form remains in effect during my enrollment in a CHS program with a clinical component at DSU.

DSU COLLEGE OF HEALTH SCIENCES
NURSING
APPENDIX B

DISCLOSURE OF LEGAL CONVICTIONS & ARRESTS

Students who are enrolled in the Dixie State University College of Health Sciences programs must report any arrests or legal convictions including, but not limited to, misdemeanors, felonies, sexual offender convictions or governmental sanctions. The College of Health Sciences reserves the right to release relevant information regarding a student’s criminal history to appropriate clinical agency representatives. Failure to report arrests or legal convictions to the Dean of Health Sciences and program director/coordinator within 48 hours of the arrest or conviction will result in dismissal from the program.

Students enrolled in the College of Health Sciences programs are subject to background checks prior to placement in clinical agencies and/or before enrollment in the program. Certain arrests or convictions that could jeopardize the health and safety of patients and/or agency employees may render students ineligible for placement in a clinical agency. Ineligibility for placement in a clinical agency will result in course failure and dismissal from the health science program.

At such time a health science student is arrested, the student has 48 hours to report this arrest to the appropriate program director and the Dean of Health Sciences. Failure to report the arrest will result in automatic dismissal from the health science program. Students may not report to clinical or be present in clinical agencies until the issue is resolved and a determination has been made by the Dean of Health Sciences regarding the risk to patients and/or clinical agency employees as indicated by the nature and circumstances of the arrest. The Dean of Health Sciences will review the student’s status in the health science program. A possible outcome of the review may be the student’s inability to continue in the program. It may be necessary to release the student’s disclosure of a legal conviction and/or arrest to an appropriate representative of the clinical agency for the sole purpose of determining eligibility to participate in clinical activities within the agency.

Students in the College of Health Sciences programs must comply with the legal, moral, and legislative standards in accordance with the Utah State Division of Professional Licensing laws and rules as well as professional and ethical codes of conduct. A student may be denied eligibility for licensure or certification if convicted of a felony and/or certain misdemeanors.

By participating in a DSU College of Health Sciences Program, students agree to the following:

- I understand that I have 48 hours to report any arrest, criminal conviction, or governmental sanction while enrolled in a Dixie State University Health Sciences program to the appropriate program director and the Dean of Health Sciences.
- I understand that I will be unable to participate in clinical activities until the issue is resolved.
- I further agree to, and hereby authorize, the release of my disclosure of a legal conviction and/or arrest to an appropriate representative of the clinical agency for the sole purpose of determining eligibility to participate in clinical activities within the agency.
- I understand that failure to report any arrests, convictions, or governmental sanctions within 48 hours will result in my dismissal from the health science program.
- I do hereby swear or affirm that I have read and understand the requirements of this procedure. I will comply with the requirements of this procedure.
APPENDIX C

TEST ITEM INQUIRY FORM

Complete this form when you believe a test item (question) has a correct answer that is different from the instructor's keyed correct answer. Provide a rationale with documentation from a course textbook or other scholarly resource. Identify the textbook with a page number, or provide the citation of alternate resources, where you found the rationale. When complete, submit the form to the course instructor within 24 hours of the end of the exam review. The instructor will respond to you within 48 hours.

Class______________________________  Professor ________________________________

Student____________________________  Date____________________________

Test #______________________________  Item #______________________________

Rationale_________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Scholarly Source _____________________________________________________________
APPENDIX D

FORMAL COMPLAINT FORM

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

<table>
<thead>
<tr>
<th>Name of Person Filing Complaint:</th>
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<tr>
<td>Status: □ Student □ Staff □ Faculty □ Other</td>
</tr>
<tr>
<td>Contact Telephone Number:</td>
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<tr>
<td>Organization: (School or Institution)</td>
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<tr>
<td>Nature of complaint: (Background, activity, events leading up to, names, and actual issue; including significant dates and times) Use back of form for more documentation.</td>
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</table>

Requested/Suggested Remedy:

Signature of Person Filing Complaint:

Date Complaint Form was Received:

Chair's Signature:
ADN STUDENT HANDBOOK QUIZ

Directions: Circle the correct answer.

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

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

3. The nursing program conceptual framework includes 5 outcomes that students are expected to achieve. They are leadership, critical thinking, communication, caring, and:
   A. Lifelong learning
   B. Professional Behavior
   C. Patient advocacy
   D. Scientific reasoning

4. Nursing students' assumption of responsibility for their own learning is a component of which program outcome?
   A. Communication
   B. Professional behavior
   C. Caring
   D. Critical thinking

   A. True
   B. False

6. A student who arrives for clinical unprepared with clinical assignments will be:
   A. Given detention
   B. Receive a failing grade
   C. Sent home
   D. Closely supervised
7. A student who arrives for a morning clinical impaired because he/she has worked the previous night will be:
   A. Given detention
   B. Receive a failing grade
   C. Sent home
   D. Allowed to take a nap

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

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

10. Actions that are examples of academic incivility and/or disrespect by students include:
    A. Text messaging during class
    B. Cheating on exams
    C. Belittling the instructor or other students
    D. Arriving late to class
    E. All of the above

11. Faculty and students can contribute to a civil teaching-learning environment by:
    A. Being honest
    B. Assuming goodwill
    C. Assuming personal responsibility
    D. Listening carefully
    E. All of the above

12. Students who wish to make a formal complaint against the nursing program must submit in writing the Formal Complaint Form (found in the Nursing Student Handbook Appendices) to the Nursing Department Chair.
   A. True
   B. False

13. Which of the following is NOT acceptable appearance for clinical?
    A. Offensive tattoos
    B. Loop earrings
    C. Artificial nails
    D. Athletic shoes
    E. A, B, and C
14. ADN students are required to achieve a 76% or better exam average in the ADN nursing program courses in order to progress in the nursing program. Less than a 76% exam average in an ADN program course results in failure of the course.
   A. True
   B. False

15. A student attends a nursing class dressed in halter top and tight jeans. According to the Nursing Student Handbook, this is:
   A. Not a problem
   B. Unprofessional behavior
   C. Up to the instructor to decide if acceptable
   D. None of the above

16. All the ADN courses are hybrid courses that involve classroom learning and use of Canvas. Instructors often use Canvas for announcements of important information. Therefore, students should log on to each of their courses at least every:
   A. Month
   B. 7 days
   C. 5 days
   D. 3 days

17. If a student formal complaint has been addressed by the Dean of Health Sciences and it cannot be resolved at that level, it may enter the grievance process where other university administration is involved such as the Vice President of Academics and/or Dean of Students.
   A. True
   B. False

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

19. Student nursing uniform/scrubs or street clothes with approved lab coat are required for all labs.
   A. True
   B. False

   A. True
   B. False

21. In the nursing program, late assignments will receive a 10% deduction in points for each business day beyond the due date and will be not accepted after 4 business days beyond the due date unless students have negotiated with the instructor at least 24 hours before the assignment due date.
   A. True
   B. False
22. Teaching strategies in the concept-based courses are intended to enhance active student learning and critical thinking skills.
   A. True
   B. False

23. An example of a concept in the cognition and behavior category is:
   A. Stress and Coping
   B. Infection
   C. Comfort
   D. Sexuality

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

25. “Fitness for duty” procedure as it applies to DSU nursing students:
   A. Is the ability to perform nursing care in a safe and effective manner.
   B. Includes recommendations for a minimal amount of sleep prior to attendance in class, lab, and clinical
   C. Allows for random urine drug screen at a student’s expense before being allowed in clinical.
   D. All of the above.
## STUDENT RESOURCES

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<tr>
<th>WHAT</th>
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<th>WHERE</th>
<th>PHONE area code 435</th>
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<tbody>
<tr>
<td>Dean of Health Sciences</td>
<td>Eliezer Bermudez</td>
<td>Taylor 308</td>
<td>879-4817</td>
<td>eliezer.bermudez</td>
</tr>
<tr>
<td>Nursing Dept Chair</td>
<td>Vicky O'Neil</td>
<td>Taylor 304</td>
<td>879-4808</td>
<td>oneil</td>
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<tr>
<td>Admin Specialist to the Dean of Health Sciences</td>
<td>Merilee Gustafson</td>
<td>Taylor 303</td>
<td>879-4800</td>
<td>merilee.gustafson</td>
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<tr>
<td>Nursing Department Program Coordinators</td>
<td>ADN Program: Julie Chew</td>
<td>Taylor 363</td>
<td>879-4851</td>
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<td>RN-BSN Program: Michelle McDermott</td>
<td>Taylor 305</td>
<td>879-4815</td>
<td>mcdermott</td>
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<tr>
<td>Nursing Secretary</td>
<td>Rachel Christ</td>
<td>Taylor 302</td>
<td>879-4810</td>
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<td>Alice Clegg</td>
<td>Taylor 372</td>
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<tr>
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<td>Kaylie Romney</td>
<td>Taylor 306</td>
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<tr>
<td>Library</td>
<td>Dianne Aldrich</td>
<td>Holland 245</td>
<td>652-7723</td>
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<td>DSU Public Safety</td>
<td>Interim Chief of Police: Ron Isaacson</td>
<td>Burns North</td>
<td>652-7515</td>
<td>isaacson</td>
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<tr>
<td>Health &amp; Counseling Center</td>
<td>Dylan Matsumori</td>
<td>1037 E 100 S</td>
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<tr>
<td>Bookstore</td>
<td>Staff</td>
<td>Gardner 2nd Floor</td>
<td>652-7644</td>
<td>Use Contact Form on website</td>
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