Competence…Caring…Compassion
Practical Nursing Program

STUDENT HANDBOOK

2024

Reviewed October 2023

Dr. Michele Dickens, Ph.D., MSN, RN, FAADN
Dean of the School of Nursing

Practical Nursing

Accreditation Commission for Education in Nursing (ACEN) Disclosure
Effective March 8, 2023, this nursing program is a candidate for initial accreditation by the Accreditation Commission for Education in Nursing. This candidacy status expires on March 8, 2025.

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

CAMPBELLSVILLE MAILING ADDRESS & CONTACT INFORMATION

1 University Drive UPO 800
Campbellsville, KY 42718

Office: 270-789-5136
Fax: 270-789-5329
Welcome from the Dean!

Welcome to Campbellsville University School of Nursing! What a tremendous accomplishment to have gained acceptance into this program! You should feel very proud of yourself. You will find your experience here to be challenging, exciting, and highly rewarding. This program will provide the balance of rigor and support needed for success in the healthcare environment by not only providing preparation in content needed for licensure examinations that you will need to pass, we do it in a supportive and relationship-centered space.

Our strong program is guided by our excellent professors. Our faculty is comprised of highly qualified professionals who bring decades of experience as practitioners in their various areas. With their knowledge, they help students make the connection from classroom learning to real-world experiences.

In addition:

**CARING** Your faculty cares for you and wants you to be the best nurse that you can be. To that end, we will work with you, teaching you the knowledge base and skills that are needed to be top-notch in your field. We hope that through our demonstrated caring, you will come to understand caring as an action to be extended to your fellow classmates, to your clients, to your coworkers, and to all those around you.

**COMPETENCE** You are being taught by nurses who are competent in both their skills as nurses and as nurse educators. You will leave Campbellsville University with the knowledge, skills, and capacity needed to make you a competent nurse who provides excellent nursing care.

**COMPASSION** is the act of caring enough about another’s distress be compelled to take action to alleviate that distress. It is not enough just to care. As Christ took action when He saw need, we must take action to help those in need. This is the heart of nursing and the base component of servant leadership.

As a student in the program there are expectations in place to guide you to successful completion of the End of Program Student Learning Outcomes (EPSLOs). Expectations such as coming to class prepared, critically thinking about what you have read, applying the knowledge to coursework and the clinical environment, and interacting with your instructors in the classroom. Visit with the instructor in their offices. Take advantage of practice labs, so you can ask questions before you must demonstrate your learning. Ask questions when expectations are not clear. Develop learning communities and get to know one another.

As a Campbellsville University student, you will establish friendships with classmates and faculty that will continue through your life. After graduation, as alumni, you become a member of a much larger Campbellsville University community with networks all over the world.

Congratulations on this milestone. Please don’t hesitate to reach out to me should you have any questions. My door is always open to you!

Sincerely,

Michele Dickens, Dean
<table>
<thead>
<tr>
<th>Faculty/Staff</th>
<th>Title</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>
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SECTION I: GENERAL INFORMATION

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<td>Vision/Mission Statement, Core Values and Student Learning Outcomes, Baptist Higher Education Values</td>
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POLICY HISTORY

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<th>January 2020, April 2020, August 2020, December 2020, October 2021, October 2022, October 2023</th>
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PURPOSE

A description of Vision/Mission Statement, Core Values and Student Learning Outcomes, Baptist Higher Education Values

PROCEDURE:

CAMPBELLSVILLE UNIVERSITY MISSION STATEMENT:
Campbellsville University is a comprehensive, Christian institution that offers non-credit technical programs, along with certificates, associates, undergraduate and graduate programs. The university is dedicated to academic excellence solidly grounded in the liberal arts that fosters personal growth, integrity, and professional preparation within a caring environment. The university prepares students as Christian servant leaders for life-long learning, continued scholarship by linking discovery research to knowledge at the doctoral level, and active participation in a diverse, global society.

Core Values:
- To foster academic excellence through pre-professional certificates, associates, baccalaureate, and graduate programs through traditional, technical, and online systems
- To achieve academic excellence through rigor and relevancy in undergraduate, master’s and doctoral level programs
- To provide an environment conducive for student success
- To value diverse perspectives within a Christ-centered community
- To model servant leadership and effective stewardship

PRACTICAL NURSING MISSION STATEMENT:
The mission of the Practical Nursing Program at Campbellsville University is to motivate students to think critically through knowledge and experience. Our nursing students and graduates will value diverse perspectives, lead, and empower others through Christian service, and promote health through innovative holistic care.

PRACTICAL NURSING VISION STATEMENT:
In congruence with the mission of Campbellsville University (CU) to foster academic excellence through pre-professional certificates, associates, baccalaureate, and graduate programs through traditional, technical, and online systems, the School of Nursing plans to develop a diploma program for licensed Practical Nursing. The program will serve students who wish to enter the
nursing profession at the Practical Nursing level. This enables the School of Nursing to meet the needs of the community stakeholder for a professional program to develop future nurses. This is consistent with the mission of the CU School of Nursing.

**PRACTICAL NURSING END OF PROGRAM STUDENT LEARNING OUTCOMES (EPSLOs):**

1. Engage in holistic practice that respects the dignity, diversity, and self-determination of patients and their families.
2. Provide safe, competent, quality care that is evidence-based and promotes the health of patients within the context of the family and community.
3. Model accountability and integrity according to the scope and standards of practice for a practical nurse.
4. Provide culturally, ethnically, and socially appropriate care to patients and their family members.
5. Use the nursing process, clinical reasoning, and caring and compassionate behaviors to make best practice decisions.
6. Communicate effectively with patients, families, and members of the interprofessional team to coordinate holistic care.
7. Engage in practices that will promote a professional journey toward scholarship, fellowship, effective stewardship, and Christian Servant Leadership.
A STATEMENT OF BAPTIST HIGHER EDUCATION VALUES

Campbellsville University is committed to providing a quality educational experience within the Baptist tradition and in keeping with a strong Christian emphasis. Under the Lordship of Christ, the institution affirms historic Baptist principles including the priesthood of the believer, the authority of Scripture, freedom of conscience, integration of faith and learning, pursuit of truth in an academically challenging environment, student involvement in servant ministry, and affirmation of others in a spirit of grace and love. While the University continues to maintain very close ties to Baptist Churches and bodies, the institution exists to provide Christ-centered higher educational opportunities to a diverse student population. Campbellsville University, while Baptist in affiliation and Christ-based in practice, is neither a church nor an ecclesiastical authority. Since 1906, the institution has existed to provide higher educational opportunities to men and women in a positive and academically challenging Christian environment. In that same spirit, we affirm the challenges and opportunities of Baptist higher education in the 21st Century. (Approved by Campbellsville University Board of Trustees on October 23, 2001)

In compliance with A Statement on Baptist Higher Education Values as noted above, Campbellsville University affirms the historical religious exemption granted under the Civil Rights Act of 1964, and other applicable federal and state statutes and regulations, as a Christian university in the Baptist tradition, and to develop and implement all policies and procedures relative to employment practices and student and employee behavior to conform with this historical relationship to the Baptist church and the larger Christian community. These policies and procedures will be the basis for the mission and activities of all campus organizations and use of all Campbellsville University facilities.

As God extended His love for all human beings through his Son Jesus Christ and as an institution that affirms the “whosoever will gospel of Jesus Christ” (John 3:16), Campbellsville University extends love for mankind through a commitment to the Great Commission (Matthew 28:16-20; Acts 1:8) and in the spirit of the Great Commandment (Matthew 22:36-40). Therefore, Campbellsville University will implement the development and administration of all policies and procedures in the recognition of the diversity of God's creation and His infinite grace toward all.
## Practical Nursing Program Curriculum Plan of Study

### FIRST SEMESTER
- PN 100 Foundations of Practical Nursing 5 Credit Hours
- PSY 111 General Psychology 3 Credit Hours
- PN 120 Human Sciences for Nursing 5 Credit Hours
- PN 101 Adult Health Nursing I 3 Credit Hours

### SECOND SEMESTER
- PN 200 Pharmacology 3 Credit Hours
- PN 201 Adult Health Nursing II 6 Credit Hours
- PN 203 Maternity and Pediatric Nursing 4 Credit Hours
- PN 303 Psychiatric Nursing 3 Credit Hours

### THIRD SEMESTER
- ENG 111 Freshman Composition I 3 Credit Hours
- PN 301 Adult Health Nursing III 6 Credit Hours
- PN 304 Professional Nursing Capstone 6 Credit Hours

**Total Program Hours**

47 Hours
# Campbellsville University School of Nursing
## Curriculum Plan for Practical Nursing Program Spring-Summer-Fall 2022

<table>
<thead>
<tr>
<th>Course</th>
<th>Total Credit Hours</th>
<th>Didactic Credit Hours</th>
<th>Subtotal Clock Hours for Didactic</th>
<th>Lab/Clinical Credit Hours</th>
<th>Total Lab Hours for Course</th>
<th>Total Clinical Hours for Course</th>
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<td>5</td>
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<td>548</td>
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<td>219</td>
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</table>

**Carnegie Unit Calculations for Credit Hours (Units):**
- Didactic Units: Calculated at a ratio of 16:1 (1 unit X 16 weeks semester = 16 clock hours; 5 units = 80 hours or 10 hrs./week in an 8-wk. course)
- Clinical/Lab Units: Calculated at a ratio of 96:1 ("By Arrangement") (1 unit X 6 X 16 weeks = 96 clock hours; 96 hours or 12 hours/week in 8-wk. course)
PROCEDURE:

The Practical Nursing program will strive to follow the same academic calendar published in the Campbellsville University website. There may be some slight variations based upon the overall curriculum requirements of the Practical Nursing program. Courses in nursing are sequential and taught on a semester basis. Although some general education courses are available in the summer term, nursing classes are not.
PROCEDURE:
All exams and quizzes will be proctored.

On-Site
If a student is testing in a computer lab setting:

- Students may only bring an electronic device the size of a cell phone or smaller and keys to the testing area. There will be a storage space available for phones, keys and watches. (Smart watches are not to be worn while testing). No other items will be allowed in the testing area, this includes extra paper, sticky notes, and writing utensils.

- If a student is late for the exam, no additional time will be given to them unless there has been an emergency. This will be determined by the faculty member.

- Students are not permitted to wear jackets or coats, hats, caps, sun visors, hoodies, scarves, gloves, sunglasses and/or non-corrective eyeglasses into the testing area or during testing.

- Students should not bring drinks, gum, candies, or other food items into the testing area.

- When a student asks a question, they should raise their hand and faculty will go to the student to ascertain his question.

- If there is an omission or typographical error on the test and the faculty member discovers it or a student inquiry about such instances, the faculty member may stop the test, and bring it to the attention of all students.

- Faculty will decide if students can leave when they complete the test or should leave at prescribed times.

- Any student who is discovered cheating on the test will be asked to stop the exam and leave the testing area. Additionally, the student will be counselled by the faculty member and actions will be taken in accordance with applicable University and Program of Nursing policies.

Off-Site
ExamSoft™ will be used for all exams and real time remote proctoring of exams will be provided by faculty. This will be used with online examinations as instructed by faculty to ensure student identification and to promote integrity with examinations.

- Students are required to establish identity following the procedures outlined by the instructor.
Students are responsible for self-testing the functionality of the system well in advance of all remote proctored exams in their courses, so that any troubleshooting that is required can be accomplished.

Testing Area:

- Be prepared that all activities will be monitored and recorded, such as computer activities, and any information accessible via the computers microphone and camera (which must remain active and accessible to the testing application at all times).
- Sit at a clean desk or clean table (not on a bed or couch).
- Lighting in the room must be bright enough to be considered "daylight" quality. Overhead lighting is preferred; however, if overhead is not possible, the source of light should not be behind the student causing shadows or glares in the webcam.
- Be sure the desk or table is cleared of all other materials. This means the removal of all books, papers, notebooks, calculators, etc. Only your electronic device and white board and marker are appropriate items to have on your workspace unless specifically permitted in posted guidelines for that particular examination.
- No writing visible on desk or on walls.
- The following should not be used during your exam unless specifically allowed for that examination:
  - Excel
  - Word
  - PowerPoint
  - Textbooks
  - Websites
  - Calculators
  - Pen and/or Paper
- Close all other programs and/or windows on the testing computer prior to logging into the proctored test environment.
- Do not have a radio or television playing in the background.
- Do not talk to anyone else-No communicating with others by any means.
- The testing environment should be a private area in which you are alone in a room, no individuals should be permitted in your testing area.

Behavior:

- Dress as if in a public setting and conforming to stipulations that would be imposed for the on-site testing.
- You must not leave the room during the testing period at any time, unless specifically permitted in posted guidelines for that particular examination. You must not take the computer into another room to finish testing (exam must be completed in the same room the exam is started in).
- Do not use a phone for any reason. The only exception is to contact support or your instructor in the event of a technical issue.

Policy Violation Consequences:

- If you cheating is discovered, you will be contacted directly by Campbellsville University faculty and subject to penalties to the fullest extent as articulated in the School Conduct Policy and/or Program of Nursing policies.
- The intent of these warnings is to allow you the chance to modify your behavior to comply with this policy before punitive action is required. As outlined in Campbellsville University’s policy, repeated offenses will be subject to review and may result in a failing grade or expulsion.

For support with ExamSoft™
Phone: 1-866-429-8889, ext. 1 for US & Canada (available 24 hours a day seven days a week)
Email: Examsoft-admins@turnitin.com
PROCEDURE:

Students may not record classroom lectures. Students may download talking power points, podcast, and any other data from the Learning Management System (LMS) as provided by the Instructor.
PROCEDURE: Nursing requires a demanding curriculum. It is the beginning of a professional career. Students are expected to be on time and prepared at the beginning of class or clinical. Students have an obligation to attend class and clinical for the entire time. All other appointments should be scheduled outside of class or clinical time. No special considerations or release from responsibilities will be allowed to fulfill outside duties.

Students are required to attend all class meetings of courses for which they are registered. Students are responsible for meeting all the course requirements and properly addressing the content of courses for which they are registered. If a student finds it necessary to miss a class, it is the student’s responsibility to:

1. Contact the course instructor before the absence, if possible;
2. To make arrangements with the course instructor for missed work; and
3. To provide the course instructor with appropriate documentation and verification of the need or reason(s) for the absence.

If a student must be absent due to illness or for other reasons, the student is required to notify their instructor of the absence at least 30 minutes prior to class time or scheduled clinical rotation. Please follow guidelines provided in Course/Clinical Syllabus.

Clinical/lab experiences are an essential part of the nursing program. The clinical setting anticipates that the student will be present as assigned. The student is expected to be on time and prepared at the beginning of the clinical day. Should a student be dismissed from clinical due to lack of preparation, the entire clinical day will be counted as an absence.

Tardiness on two occasions will be the equivalent of one clinical absence, resulting in Clinical Warning. The third tardiness automatically results in Clinical Failure.

Tardiness is defined as arriving to the clinical session 1-15 minutes late. Clinical absence will be assigned for arriving to clinical session greater than 15 minutes late.

- 1 Absence = Clinical Warning: Conference with instructor and correction plan
- 2 Absence = Clinical Failure

If a student becomes ill and is unable to attend a clinical assignment, it is anticipated that the student will notify their clinical as soon as possible.
A student cannot miss more than one (1) day of clinical/lab time per course.

Any missed clinical/lab experiences will have to be completed prior to the end date of the course regardless of the reason the experience was missed.

Students must notify faculty prior to class time if they will be absent for a quiz or exam. Faculty must approve the absence from any exam. An unexcused absence will result in a zero score on the exam. Official documentation supporting the absence is required (i.e.: provider note, police report, funeral home note, etc.). Students must take an alternate make-up exam at a date and time determined by the instructor. The alternate exam may not be in the same format as the original exam at the instructor’s discretion. Students arriving to class tardy are expected to wait until the next break before entering the classroom so as not to disrupt the class.

A statement from a healthcare provider stating the nature of illness will be required for any additional absence due to illness from a quiz or exam. Students must take a make-up exam at a date and time determined by the instructor. The alternate exam may not be in the same format as the original exam at the instructor’s discretion.

The nursing faculty reserves the right to make exceptions to the above policy based on extreme extenuating circumstances. Documentation regarding the extreme extenuating circumstance may be required. Circumstances which may result in dismissal of a student from the nursing program will be reviewed by the Dean, program coordinator, the lead course faculty and the lead clinical faculty.

The needs or reasons for absences may include only the following:

1. Illness: A specific debilitating ailment that significantly impairs the student’s ability to carry on any activities other than those of recuperation.
2. Unavoidable Personal Emergency: A situation that presents an unresolvable conflict with class attendance due to severe and unusual demands placed upon the student by circumstances beyond their control.
3. Participation in a University-Sponsored Event: A situation that presents an unresolvable conflict with class attendance due to the student’s required participation in a University-sponsored event as approved by the Vice President for Academic Affairs (VPAA). Arrangements for missed work due to absences of this type must be made prior to the absence.

REPORTING ABSENCES

Should the student miss classes, FOR THE ABOVE STATED REASONS ONLY, and proper prior arrangements have been made, the instructors will follow (for make-up work) their policy as stated in the course syllabi. HOWEVER, course instructors are not required to repeat lectures, lab experiments, music rehearsals, or other classes or components of classes for which making up missed work may be impractical or infeasible.

If, for any reason, a student is absent from class the number of times that the class meets in two weeks during a semester, or an equivalent amount of time during term courses and other academic sessions the course instructor must notify the Director of Academic Support who will send a written warning of attendance deficiency to the student, the student’s advisor, and to each coach, director or other person responsible for any school organization providing the
student with a performance grant, or for which the student must maintain intercollegiate competitive eligibility.

**WARNING**

1. class meeting per week 2 absences per semester
2. class meetings per week 4 absences per semester
3. class meetings per week 6 absences per semester

12.5% of the total number of class meetings per semester or an equivalent amount of time during term courses and other academic sessions.

If, for any reason, a student is absent from class the number of times that the class meets in four weeks during a semester, or an equivalent amount of time during term courses and other academic sessions, the course instructor must notify the Assistant Dean of Academic Support who will initiate the withdrawal of the student from the class with a grade of WA (Withdrawn-Absenteeism). A grade of WA will earn zero quality points as calculated for GPA purposes.

Students for whom withdrawal from a course is initiated by the Director of Academic Support will be allowed to withdraw from said course with a grade of W if the action is taken by both parties within the normal withdrawal time period.
Attendance for Clinical Experience

Student Name: ____________________________ Date: _________________

Program:  O  PN   O  RN

Course: ____________________________

Term: ____________________________

Student is required to complete a make-up clinical experience by or before __________ / __________ / _____________________ (Date due)

Student is required ______ hour(s) of clinical experience related to the course clinical objectives.

Assignment description: ____________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Start Time: _____________
End Time: _____________

Course Faculty issuing makeup assignment: ____________________________

Course Faculty Supervising makeup assignment:

Printed Name: ____________________________

Title with Credentials: ____________________________

Signature: ____________________________

Contact Phone Number: ____________________________
<table>
<thead>
<tr>
<th>POLICY NAME:</th>
<th>Bad Weather Closing and Scheduling Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBJECT:</td>
<td>Bad Weather Closing and Scheduling Procedures</td>
</tr>
<tr>
<td>EFFECTIVE DATE:</td>
<td>January 2020</td>
</tr>
<tr>
<td>POLICY HISTORY</td>
<td></td>
</tr>
<tr>
<td>REVIEWED DATE</td>
<td>January 2020, April 2020, August 2020, December 2020, October 2021, October 2022, October 2023</td>
</tr>
<tr>
<td>REVISED DATE</td>
<td>October 2023</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>Guidelines for Bad Weather Procedures</td>
</tr>
</tbody>
</table>

**PROCEDURE:**

In the event Campbellsville University moves to virtual learning due to inclement weather, students must check emails for updates or changes to scheduled activities. Students are expected to attend didactic (classroom) settings as scheduled using virtual technology. Lab/clinical activities will be moved to virtual learning or rescheduled for another day. All Campbellsville University regional sites will follow the University decision for that site.
PROCEDURE:

Student’s final grades in each course of the nursing program at Campbellsville University are calculated based on one thousand possible points. All points' calculations require approval by the Dean of Nursing before publishing in course syllabi.

### Methods of Evaluation (Hypothetical Example)

<table>
<thead>
<tr>
<th>Method of Evaluation</th>
<th>Materials Covered</th>
<th>Points Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam I (60 questions)</td>
<td>See Syllabus</td>
<td>180 points</td>
</tr>
<tr>
<td>Exam II (60 questions)</td>
<td>See Syllabus</td>
<td>180 points</td>
</tr>
<tr>
<td>Exam III (60 questions)</td>
<td>See Syllabus</td>
<td>180 points</td>
</tr>
<tr>
<td>Exam IV (60 questions)</td>
<td>See Syllabus</td>
<td>180 points</td>
</tr>
<tr>
<td>Quizzes (20 points each)</td>
<td>See Syllabus</td>
<td>80 points</td>
</tr>
<tr>
<td>HESI Comprehensive Exam</td>
<td>See Syllabus</td>
<td>100 points</td>
</tr>
<tr>
<td>Homework/Alternative Assignment</td>
<td>See Syllabus</td>
<td>100 points</td>
</tr>
<tr>
<td>Total Course Points include Next Gen</td>
<td></td>
<td>1000 points</td>
</tr>
</tbody>
</table>

*PN 120 and PN 304 methods of evaluation are located in syllabi*

A minimum grade of “C” is required in all nursing classes. Total course points will be tallied. The points will then be converted into a percentage score and the one-time rounding is applied at this point in the calculation of the final grade. When rounding, a percentage point of 0.5 or higher will round to the next whole number. A percentage point of 0.4 will not round and the whole grade will stand as is.

**Example:** In order for this to be rounded up to 70%, the fraction (or decimal value) would need to be .50 or greater—for example, 695 points would become 695/1000 or 69.5% and would be rounded up to 70%. The same mechanism applies to the scale as noted below in determining letter grades.
The same mechanism applies to the scale as noted below in determining letter grades.

**Grade Conversion**

- Letter grade A: 90% to 100% (900-1000 points)
- Letter grade B: 80% to 89% (800-899 points)
- Letter grade C: 70% to 79% (700-799 points)
- Letter grade D: 60% to 69% (600-699 points)
- Letter grade F: ≤ 59% (599 points or less)

Instructors will post students’ grades in Moodle within two weeks. *Students have 5 business days beyond posting* to make an appointment with faculty for any questions or concerns regarding the grade. All earned points including Community Service extra credit must be posted a *minimum of forty-eight hours (48) hours prior to final exam*. 
**POLICY NAME:** Course Substitutions for Transferred Credits  
**SUBJECT:** Course Substitutions for Transferred Credits  
**EFFECTIVE DATE:** January 2020, January 2022  

**PURPOSE**  
Guidelines for course substitutions for Transferred credits

**PROCEDURE:**

Campbellsville University accepts courses from other accredited colleges and universities based on course equivalency determined by the Office of Student Records. When transferring credits from other schools, the student must request an official transcript from the school(s) to be sent to the Admissions Office. Admissions will then assemble information needed from these records to determine admission to the University. The School of Nursing will use these records for course information applicable to determine placement in the nursing program. The transcripts will be forwarded to the Office of Student Records to be placed in the student’s permanent file.

In order for the appropriate substitution to be made for required subjects for the nursing program, a **Course Substitution Request** must be completed by the student and the Dean. This form will be sent to the appropriate Dean/Chair of the department which offers that course for final approval if needed. Approval will be determined based on a satisfactory comparison of the course with the equivalent course offered at Campbellsville University. Courses must meet the scholastic standards required at Campbellsville University. All credits applicable to the completion of requirements for the nursing program must have a minimum of a “C” grade.

The following courses will be accepted for course substitution/transfer: the equivalent for General Psychology, Freshman Composition I.

It is highly recommended that the student meets with their advisor early in the program to review needed substitutions and comply with this procedure to ensure that requirements are being met timely for graduation.
PROCEDURE:

The program of nursing utilizes HESI® examinations, and practice materials such as case studies and practice tests offered by Elsevier. These solutions are implemented to facilitate additional assessment and correlated remediation activities in further preparation for the NCLEX®. Each semester students will complete a HESI® examination based on the content area of the respective course and during their final semester a comprehensive exit examination. Based upon the students’ examination score, a predetermined number of hours of remediation and remediation activities will be mandated by the course faculty. The HESI® exam results will provide the students with meaningful information regarding areas of strengths and weaknesses. HESI® is similar to the NCLEX® in that it utilizes the NCLEX® PN test plan. The HESI® exam provides students with a variety of cognitive questions using Blooms taxonomy. HESI® exams test students understanding of the content addressing NCLEX® client need categories. The following documents are included in this packet:

- HESI® Overview Policy
- HESI® Policy
- HESI® Explanation sheet
- HESI® Portfolio Policy
- HESI® Inventory/Remediation Plan
- HESI® Flow Sheet
- HESI® Remediation Documentation
- Resources (Includes the list of Remedial Options, Distribution of Content Chart, and PIE chart with content breakdown.)
POLICY NAME: Health Education Systems, Inc. (HESI®) Testing Policy

SUBJECT: Health Education Systems, Inc. (HESI®) Testing Policy

EFFECTIVE DATE: January 2020, January 2023

PURPOSE
The School of Nursing seeks to prepare students for NCLEX-PN® testing through the use of HESI® testing and educational materials package.

PROCEDURE:
The Campbellsville University School of Nursing has adopted the HESI® testing package that includes multiple resources for student use. Faculty may determine how they will apply these resources in each individual course after receiving training from HESI® to identify practical uses of these materials. These resources can be used as an in-class activity to enhance critical thinking related to specific topics, assigned as homework, or utilized in whatever manner the faculty chooses to incorporate the materials.

Students are encouraged to utilize these tools to enhance learning throughout the program and to prepare them for HESI® testing in each course and ultimately for the NCLEX-PN® after completion of the program. These materials are designed to promote student learning and to ensure success in the nursing program.

Evaluation of Exams
Standardized exams and custom exams have been selected as another element to identify areas that students may need remediation within specific courses. HESI® exam results will provide the student with meaningful information regarding area of strength and weakness. Students will be required to take one HESI® exam within each course.

The following guidelines will be utilized for remediation:

<table>
<thead>
<tr>
<th>For a HESI® score of</th>
<th>Mandated hours of remediation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,500 or below</td>
<td>Students will complete HESI® remediation packet that includes essential packets, case studies, and clinical judgement skills</td>
</tr>
<tr>
<td>800-849</td>
<td>Minimum 1 hour of remediation</td>
</tr>
<tr>
<td>750-799</td>
<td>Minimum 2 hours of remediation</td>
</tr>
<tr>
<td>700-749</td>
<td>Minimum 3 hours of remediation</td>
</tr>
<tr>
<td>&lt;700</td>
<td>Minimum 4 hours of remediation</td>
</tr>
</tbody>
</table>
Testing Schedule

The faculty has adopted the following schedule for testing in the Practical Nursing Diploma Program: Table: Testing Schedule for HESI® Exam, the HESI® A2 Exam will be offered as an entrance exam, students will print this report and keep in their testing binders.

<table>
<thead>
<tr>
<th>Program Table: Testing Schedule for HESI® Exams</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st semester</td>
</tr>
<tr>
<td>Foundations (Fundamentals)</td>
</tr>
<tr>
<td>Geriatrics</td>
</tr>
<tr>
<td>Anatomy &amp; Physiology</td>
</tr>
<tr>
<td>Dosage Calculations (at end of Foundations course for remediation purposes only)</td>
</tr>
</tbody>
</table>

References:


Review of policies from schools of nursing across the nation supplied by Rosemary Stendebeck, Elsevier in email communication of 02/23/2015. Review of policies from state and regional schools of nursing to identify current practices within the area; conducted by Lisa Drury, MSN student as part of her practicum experience.
Your HESI® scores range from 0 to over 1,000, and can be as high as 1,500 (depending on the difficulty level of the exam). An acceptable level of performance is 850. However, the recommended level of performance is 900 and above for all scores provided.

Each school is responsible for establishing their specific standards related to outcome measures of acceptable scores. Many schools choose a certain overall score as a benchmark for progression, and such benchmarks are set at the discretion of the school’s faculty and administrators. However, when preparing for the NCLEX®, it is recommended that students seriously remediate any subject area category in which they obtained a score of less than 850.

All test items are weighted according to their difficulty level. If you answer more difficult items correctly, you will get more credit than if you answer less difficult test items correctly. Because of this scoring method, it is highly probable that two students answering the same number of test items correctly will receive different scores because such scores depend not only on how many test items the student answered correctly, but also on which test items the student answered correctly.

Your score reflects application of the HESI® Predictability Model (HPM) to your overall score and each subject area score. Research studies have found the HPM to be highly accurate in predicting NCLEX® success.

Your conversion score is a weighted percentage score that considers the average difficulty of the exam and the average difficulty of the test items you answered. Based on your faculty’s use of this exam, the conversion score may be used as a portion of your course grade.

The HESI® score is a better predictor of NCLEX® success than the conversion score because it reflects application of the HPM in its calculation, whereas the conversion score does not. Colored graphs depicting your scores on various subject area categories are provided throughout this report. The horizontal lines within these graphs are set at the Acceptable Level (850) and the Recommended Level (900).

Reference: https://evolve.elsevier.com/education/HESI®/resources-hub/
PROCEDURE:

All students within Campbellsville University School of Nursing will maintain and complete a HESI® portfolio. The HESI® portfolio will serve as a method to identify areas of weakness in order to promote student success upcoming standardized exams and the NCLEX® PN. In addition, this tool in collaboration with faculty will help students address trends of weakness within each nursing course.

Faculty will guide students to complete a portion of the HESI® portfolio each semester. The lead course instructor will review student comments and advise appropriate remediation. Remediation, which may include or be in addition to the mandated hours outlined in the HESI® testing policy.

Students are required to keep a HESI® binder for use throughout the nursing program. Student will print a HESI® report after each exam and store it in the HESI® binder. Students are required to meet with faculty to discuss HESI® Inventory/Remediation Plan. Remediation cannot be started until after meeting with Lead Course Instructor. The student portion of the plan is to be completed before meeting with the faculty. Students will submit copies of the HESI® Inventory/Remediation Plan, HESI® remediation documentation, and the HESI® Flow sheet via Moodle upload in each nursing course.
HESI® INVENTORY/REMEDIATION PLAN

Student Name ______________________________
Course Name ___________________________ Term _____________ Year ________________
HESI® Score _______________ Conversion Score _____________________

The section below to be completed PRIOR to meeting with faculty

* Scores in each of the NCLEX-PN® Client Needs Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
<th>Category</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Effective Care</td>
<td></td>
<td>Physiological Integrity</td>
<td></td>
</tr>
<tr>
<td>Environment</td>
<td></td>
<td>• Coordinated Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Basic Care &amp; Comfort</td>
<td></td>
</tr>
<tr>
<td>• Safety and Infection Control</td>
<td></td>
<td>• Pharm and Parental Therapy</td>
<td></td>
</tr>
<tr>
<td>Health Promotion &amp; Maintenance</td>
<td></td>
<td>• Reduce Risk Potential</td>
<td></td>
</tr>
<tr>
<td>Psychosocial Integrity</td>
<td></td>
<td>• Physiological Adaptation</td>
<td></td>
</tr>
</tbody>
</table>

Highlight the three (3) lowest scores from the categories above. Remediation emphasis given to areas below 850 benchmarks.

Student Remediation Plan completed before meeting with the instructor
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

The section below to be completed DURING meeting with faculty

Faculty Advising Comments/Remediation Requirements completed during meeting with the instructor
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Student Signature_________________________ Date__________________
Faculty Signature_________________________ Date__________________
When reviewing lowest category scores, do not include client needs areas that have less 5 questions in that category.

<table>
<thead>
<tr>
<th>PN 100: Foundations</th>
<th>PN 120: Human Science</th>
<th>PN 101: Adult Health I</th>
<th>PN 200: Pharmacology</th>
<th>PN 201: Adult Health II</th>
</tr>
</thead>
<tbody>
<tr>
<td>HESI® Score</td>
<td>HESI® Score</td>
<td>HESI® Score</td>
<td>HESI® Score</td>
<td>HESI® Score</td>
</tr>
<tr>
<td>Conversion Score</td>
<td>Conversion Score</td>
<td>Conversion Score</td>
<td>Conversion Score</td>
<td>Conversion Score</td>
</tr>
<tr>
<td>Completed Hours of Remediation</td>
<td>Completed Hours of Remediation</td>
<td>Completed Hours of Remediation</td>
<td>Completed Hours of Remediation</td>
<td></td>
</tr>
<tr>
<td>Client Needs Areas of Weakness (list 3 lowest)</td>
<td>Client Needs Areas of Weakness (list 3 lowest)</td>
<td>Client Needs Areas of Weakness (list 3 lowest)</td>
<td>Client Needs Areas of Weakness (list 3 lowest)</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>1.</td>
<td>1.</td>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
<td>2.</td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
<td>3.</td>
<td>3.</td>
<td>3.</td>
</tr>
</tbody>
</table>

Priority Focus
*Do you have any continued areas of weakness from previous exams?*

| 1.                   | 1.                     | 1.                     | 1.                   |
| 2.                   | 2.                     | 2.                     | 2.                   |
| 3.                   | 3.                     | 3.                     | 3.                   |

Faculty Signature ______________________________________ Date ______________________
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>HESI® Score</th>
<th>Conversion Score</th>
<th>Completed Hours of Remediation</th>
<th>Client Needs Areas of Weakness (list 3 lowest)</th>
<th>Priority Focus *Do you have any continued areas of weakness from previous exams?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PN 203: Maternity/Peds</td>
<td>PN 303: Psychiatric Nursing</td>
<td>HESI® Score</td>
<td>Conversion Score</td>
<td>Completed Hours of Remediation</td>
<td>Client Needs Areas of Weakness (list 3 lowest)</td>
<td>Priority Focus *Do you have any continued areas of weakness from previous exams?</td>
</tr>
<tr>
<td>PN 304: Professional Capstone Exit #1</td>
<td>PN 304: Professional Capstone Exit #2</td>
<td>HESI® Score</td>
<td>Conversion Score</td>
<td>Completed Hours of Remediation</td>
<td>Client Needs Areas of Weakness (list 3 lowest)</td>
<td>Priority Focus *Do you have any continued areas of weakness from previous exams?</td>
</tr>
</tbody>
</table>

Faculty Signature: ____________________________ Date: ____________________________
Potential Remedial and Preparatory Work for HESI® PN Standardized Exams

HESI® PN Patient Reviews
An ideal way to reinforce and assess students’ retention of core content, these didactic, knowledge-based scenarios give students an important first look at providing safe and effective patient care — all in a visually stimulating and interactive environment.

HESI® PN Practice Test
This pre-built, non-proctored test will help you to assess knowledge and concepts learned while also introducing students to standardized testing with NCLEX® examination-style practice questions written at the application level.

HESI® PN Case Studies
Challenge students to use their knowledge and apply key concepts to realistic patient scenarios. By answering questions and viewing rationales, students learn to manage complex patient conditions and make sound clinical decisions.

Elsevier Adaptive Quizzing
This mobile-optimized, formative assessment tool serves up personalized questions to help students succeed in their courses and study more effectively for high-stakes exams. It’s ideal for use throughout your curriculum to prepare students for everything from mid-terms to the NCLEX® exam — all in an individualized, interactive way. Use HESI® and EAQ together in your classroom to create a customized formative and summative assessment solution.

HESI® Remediation Packet
This packet is emailed to you upon completion of your HESI® exam and is individualized based upon your performance.

Any of the above assignments may be given within a course to: reinforce student retention of core content, assess student understanding of key concepts, introduce students to standardized testing and challenge students to apply knowledge and develop clinical reasoning skills.

Reference: https://evolve.elsevier.com/education/hesi/nursing/ March 2023
https://evolve.elsevier.com/education/eaq/ March 2023
**NCLEX-PN® - Distribution of Content**

<table>
<thead>
<tr>
<th>Client Needs Categories</th>
<th>% Questions in each category</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safe and Effective Care Environment</strong></td>
<td></td>
</tr>
<tr>
<td>Coordinated Care</td>
<td>18-24%</td>
</tr>
<tr>
<td>Safety and Infection Control</td>
<td>10-16%</td>
</tr>
<tr>
<td><strong>Health Promotion and Maintenance</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6-12%</td>
</tr>
<tr>
<td><strong>Psychosocial Integrity</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9-15%</td>
</tr>
<tr>
<td><strong>Physiological Integrity</strong></td>
<td></td>
</tr>
<tr>
<td>Basic Care and Comfort</td>
<td>7-13%</td>
</tr>
<tr>
<td>Pharmacological and Parenteral Therapies</td>
<td>10-16%</td>
</tr>
<tr>
<td>Reduction of Risk Potential</td>
<td>9-15%</td>
</tr>
<tr>
<td>Physiological Adaptation</td>
<td>7-13%</td>
</tr>
</tbody>
</table>

*Content area distributions of the individual examinations may differ up to ±3% in each category.

PROCEDURE:

Instructors will monitor the progress of students through each class, using formative and summative means to identify learning issues. When students are unsuccessful in their clinical performance and/or on tests used to assess learning in the classroom, instructors will counsel these individuals to determine factors that may impact learning. These factors may include study habits, work schedules, family obligations, and any issues with testing. The nursing instructor will help the student to identify potential barriers to learning and will advise that student accordingly. Students who are unsuccessful in a PN core nursing course may be required to attend a Strategies and Opportunities for Success class.

Campbellsville University provides counseling services that can assist the student with such issues and with striking a balance between school work and issues as those noted above. As deemed appropriate by the instructor, the student may be referred to the Office of Counseling Services by completing a referral form and contacting that office for an appointment.

Students also have access to Office of Disability Services. This office provides services for students with disabilities. To be eligible for services, students must identify themselves to the Disability services staff located in the BASC (Badgett Academic Support Center) or through Regional Sites as arranged. Further information on eligibility can be obtained from their staff.

Additionally, the School of Nursing will utilize HESI® examinations offered through Elsevier as an additional means to identify students who are at potential risk for academic failure. The HESI® exam will be given prior to the end of each course/semester. Students will be advised/required to remediate based on their individual HESI® performance and guidance provided by the faculty member responsible for the respective course associated with the particular HESI® examination.
PROCEDURE:

Students may turn in assignments that earn credit up to 48 hours late. After 48 hours assignments shall not be accepted, resulting in zero points. The following percentage reduction will occur with all late assignments:

Up to 24 hours late = 20% reduction off possible grade
24-48 hours late = 30% reduction off possible grade

Example:

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Worth 25 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turned in 24 hours late</td>
<td>Deduct 5 points</td>
</tr>
<tr>
<td>New possible score</td>
<td>20 points</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Worth 25 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turned in 48 hours late</td>
<td>Deduct 7.5</td>
</tr>
<tr>
<td>New possible score</td>
<td>17.5 points</td>
</tr>
</tbody>
</table>
PROCEDURE:

Faculty will have posted office hours; however, it is advisable for individual students to make appointments to ensure adequate time to meet the student’s needs. If unable to attend class or a test, students must notify their instructor as soon as possible. Instructions for notifying instructors are clearly outlined in each course and clinical syllabi.
PROCEDURE:

Students must have at least a grade of “C” in each course. A student who receives a “W” “D” or “F” in a core nursing course must reapply to the program. Students can reapply to the program only once and will be considered for readmission.

Nursing courses with a clinical component will have a Clinical Evaluation that is assessed on a pass-fail basis. The student must pass both the clinical and the didactic portion of the class to pass the nursing course.

In order to graduate from the Practical Nursing program, students must have a minimum grade of “C” or better in all courses in the curriculum. Some of the courses of the curriculum have defined prerequisites. Students must have at least a grade of “C” in each course. A student who receives a “W” (Failing) “D” or “F” in a core nursing course must reapply to the program. Students can reapply to the program only once and will be considered for readmission.

The core nursing classes have a clinical component with the exception of PSY 111 General Psychology, PN 120 Human Sciences for Nursing, ENG 111 Freshman Comp I, and PN 200 Pharmacology.

Circumstances may interfere with successful learning. If circumstances result in the student being unsuccessful in multiple courses in one semester that student will require readmission to the program. A quorum of the readmission committee must meet and be unanimous.

In order to graduate from the Practical Nursing program, students must have a minimum grade of “C” or better in all courses in the curriculum.

Some of the courses of the curriculum have defined prerequisites. These requirements must be completed prior to admission into that specified nursing course; failure to do so will necessitate readmission according to School of Nursing policy.
<table>
<thead>
<tr>
<th>Course</th>
<th>Must be completed prior to:</th>
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<tbody>
<tr>
<td>PN 100 Foundations of Practical Nursing</td>
<td>PN 101, PN 200, PN 201, PN 203,</td>
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<td>PN 303, PN 301, PN 304</td>
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<td>PSY 111 General Psychology</td>
<td>PN 303, PN 304</td>
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<tr>
<td>PN 120 Human Sciences for Nursing</td>
<td>PN 200, PN 201, PN 203, PN 303, PN 301,</td>
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<td>PN 304</td>
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<tr>
<td>PN 101 Adult Health I Nursing</td>
<td>PN 200, PN 201, PN 203, PN 303, PN 301,</td>
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<td></td>
<td>PN 304</td>
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<tr>
<td>PN 200 Pharmacology</td>
<td>PN 203, PN 303, PN 301, PN 304</td>
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<tr>
<td>PN 201 Adult Health II Nursing</td>
<td>PN 203, PN 303, PN 301, PN 304</td>
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<tr>
<td>PN 203 Maternity and Pediatric Nursing</td>
<td>PN 301, PN 304</td>
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<tr>
<td>PN 303 Psychiatric Nursing</td>
<td>PN 301, PN 304</td>
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<tr>
<td>PN 301 Adult Health Nursing III</td>
<td>Complete with PN 304</td>
</tr>
<tr>
<td>ENG 111 Freshman Composition I</td>
<td>Complete with PN 304</td>
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</tbody>
</table>

** Students are advised that the Clinical Preceptorship in PN 304 Professional Nursing Capstone must be completed during the **final seven weeks prior to graduation**. Therefore, all required course work must be successfully completed prior to this course.

“Remediation” means the process by which a student improves or corrects a knowledge deficit through external examinations, other assignment, or activities.

**Integrated practicum:**

- The curriculum shall include and integrated practicum. The integrated practicum shall consist of a minimum of 120 clock hours of concentrated clinical experience of direct patient care in a health care facility or health care organization.

- The integrated practicum shall be completed within a period not to exceed seven (7) consecutive weeks while the governing institution is in session and within seven (7) months of graduation.

Title 201-Chapter 020-Regulation 320
PROCEDURE:

A student may request a leave of absence from the nursing program due to a medical or mental health issue which impacts the student’s ability to participate in the nursing program. The request for the leave of absence must be submitted in writing by the student to the Dean of the School of Nursing and shall include a written certification from an appropriate and qualified health care provider stating (1) the basis for the leave of absence; and (2) the time period during which the student will be unable to participate in the program due to the medical or mental health issue. Students must cooperate fully with the University and provide all requested documentation and information so that the University can make a timely and informed decision regarding whether to grant the student’s request for a leave of absence from the program.

The Academic Standards Committee is responsible for reviewing student requests for leaves of absence and determining whether such requests shall be granted or denied.

If a student’s request for a leave of absence is granted, the student will be eligible for readmission to the program under the following conditions:

- The student must request readmission into the program in writing to the Academic Standards Committee.

- The student must provide written documentation from an appropriate and qualified health care provider stating that the student is cleared to return to the nursing program.

- A determination is made by the University that there is space availability for the student to re-enter the program in the requested semester. If space for students is limited, preference will be given to the student with the highest course average and demonstrated satisfactory clinical performance at the time of the leave of absence.

The Academic Standards Committee, with input from faculty members, may establish conditions for readmission to the nursing program, including, but not limited to, any of the following:

- Mandatory study hours

- Enrolment in NUR 099 Strategies and Opportunities for Success
• Restrictions on participation in extracurricular activities
• Mandatory plan for success (P4S)
• Compliance with initial admission requirements

Students will be required to sign a written agreement acknowledging their express agreement to the conditions of readmission. Failure to comply with these conditions will result in the student’s forfeiture of readmission to the nursing program.

All students are subject to the Nursing Program’s Progression Guidelines (Student Policy No. 200-18) which allow readmission to the nursing program a single time during the student’s participation in the nursing program.
After an academic failure in a nursing course or other factors, which necessitate a lapse in the program, students may wish to be considered for readmission to the Program. This policy outlines the process for potential readmission to the program. Readmission to the program is not guaranteed.

**PROCEDURE:**

Students may be considered for readmission to the School of Nursing at Campbellsville University after the failure of one course.

- If students fail more than one nursing course within the program, they must follow the Judicial Process.

- If students fail more than one nursing course within one semester due to extraordinary circumstances beyond the realm of academics, they must note in their request for re-admission the circumstances that contributed to the failure. These factors will be considered when reviewing the request for re-admission.

- If a student who fails a nursing course was initially admitted to CU as a transfer student from another nursing program after failure of a course in that program, the student will not be considered for re-admission to this program.

- If a past CU nursing student has withdrawn from the CU nursing program in the last year and not follow any of the listed policies related to readmissions, the student will be required to follow policy 100-04.

- If a past CU nursing student is denied readmission or is dismissed without eligibility for initial readmission to the nursing program, the student is not eligible for a future admission/readmission.

Consideration for Re-Admission occurs on a case-by-case basis. Available space within the semester required- Priority will be given to those students who are maintaining passing rates in the program or have met requirements for admission to the Fundamentals course, and so remain in good academic standing. In the event that more students request readmission than space allows, preference will be given to students who demonstrated satisfactory clinical performance, had the highest course average at time of withdrawal or failure, and have resolved issues that contributed to failure to progress in the program. (See attached Readmission Standardized Objective Operating Procedure Policy.)
PROCEDURE:

Once a student becomes aware of their unsuccessful completion of a Core Nursing Course, the student candidate seeking Re-Admission will review and follow instructions below related to readmission. Students can find this information in the student handbook in policy number 200-19. The student will also notify the Dean’s Office of their intent to reapply. The Dean’s office will notify the Program and Clinical Coordinators and notify the student of the deadline for return of the readmission application packet. Students will be required to turn in re-admission packet to the Deans Office by the previously specified date.

After all applications have been reviewed by the Academic Standards Committee, students will be notified of their readmission status. Student will make an individual appointment to meet with the committee, and review status and readmission contract expectations. In the event of a curriculum change, the readmitted student must meet all requirements of the specified semester.
Re-Admission Terminology and Description

**Note:** Candidates applying for Re-Admission to the Campbellsville University School of Nursing should become familiar with and understand the following terminology.

**Letter for Re-Admission:** Submission of a typed letter addressed to the Academics Standards committee. Letters requesting re-admission should contain:

- Course and semester to which the student is requesting re-admission.
- The letter must identify objective factors contributing to the academic failure.
- The letter must identify subjective factors contributing to the academic failure.
- The letter should demonstrate accountability, responsibility, ownership and should include proposed solutions.
- The letter must be type written in a professional manner with a spell check performed and errors corrected.

**First Draft of Plan for Success (P4S):**
This first draft should have a bulleted list of learning strategies for the upcoming semester. This plan is due with the Re-Admission Packet. Students should ensure that strategies are appropriate, clearly stated, and well defined. Further, be sure that the strategies promote critical thinking and include any relevant obstacles or challenges that may have contributed to academic failure.

**Strategies & Opportunities for Success:**
Each Student re-admitted to the program may be required to attend and successfully complete all components of the Strategies & Opportunities for Success Class in the returning semester. Failure to attend or successfully complete Strategies & Opportunities for Success Class may stop the student’s progression in the nursing program. This course is designed for the student identified to be at risk for unsuccessful progression in the nursing program. The student will be guided in a self-inventory process to identify learning styles and individual traits to overcome barriers to success. The student will explore time management strategies, utilize a variety of study methods, incorporate test-taking techniques, and identify relevant resources.

**Counselling Services:**
If a student identifies a potential need, or if faculty determine the student may benefit from counselling services, the student is responsible to schedule an appointment with the Office of Counselling. Phone- 270-789-5070. If applicable, proof of scheduled appointment must be presented on Orientation Day of returning semester.

**Disability Services:**
If a student identifies a potential need, or if faculty determine the student may benefit from disability services for room or testing accommodations, the student is responsible to schedule an appointment with the Office of Disabilities. Phone- 270-789-5450. If applicable, proof of this appointment must be presented on Orientation Day of returning semester.
**Castle Branch:**
Another important aspect of readmission is ensuring that your Castle Branch and Castle Branch Bridges requirements remain current at all times (including summer, winter, fall, and spring breaks). It is not appropriate to allow any lapse in your immunizations, certifications, or required documents for Castle Branch. Violations in this policy can include dismissal from the program.

**Study Hours:**
Study hours are mandatory and assigned on an individual basis. Students are required to complete study hours as part of their Re-Admission. Students will receive instructions for completing these hours. All required study hours are reduced by 50% during Fall Break Week, Thanksgiving Holiday Week, and HURST® Live Review and Easter Holiday Weekend. Spring Break is exempt 100%.

This amendment applies to 3rd semester students in their second 8 weeks of the PN program. Students enrolled in NUR 099 with mandated study hours shall be allowed to incorporate their NCLEX® prep study hours into their required hours if the following requirements are met:

- Student must email NUR 099 faculty requesting to incorporate NCLEX® prep hours into mandatory study hours with rationale for request
- Student must email NCLEX® prep faculty and request faculty sign study hours form for the time designated as NCLEX® prep
- Student must upload NCLEX® prep study hours forms with faculty signature following all rules/deadlines mandated in the NUR 099 course
- Once approval has been granted from all involved parties, students are still required to obtain their remaining study hours as outlined in the student handbook-PN Student Policy 200-18 Readmission Standardized- Objective Operating Procedure

**May Not hold Class Office or HOSA office:**
The student will not serve as a class officer or a on the HOSA (Health Occupation Students of America organization during their returning semester. Please review the policy in the Student handbook regarding holding a HOSA or class officer position in the future.

**Statement of Understanding:**
Students will sign the Readmission Contract with members of the Academic Standards Committee. Failure to sign and submit the readmission contract by the specified date will be assumed as a forfeit of the readmission. A violation of any item of the Readmission contract can result in dismissal from the nursing program. Please note that readmittance to the nursing program will be dependent on seat availability within the specified course.

The School of Nursing faculty is excited for your return and wish you much success. If you have questions or concerns related to the readmission process, contact any member of the Academics Standards Committee.

Best Regards,
Academics Standards Committee
<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date: <em><strong><strong>/</strong></strong></em>/______</th>
<th>Faculty Member</th>
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</thead>
<tbody>
<tr>
<td><strong>3 Elements with Criteria</strong></td>
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<td><strong>Letter</strong></td>
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<td>1-Contains all requirements (P &amp; P).</td>
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<td>2-Reflects critical thinking</td>
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<td>3. Identifies objective factors contributing to academic failure (external).</td>
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<tr>
<td>4. Identifies subjective factors contributing to academic failure (internal).</td>
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<td>5-Demonstrates accountability, responsibility, ownership.</td>
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<td>6-Grammatically correct (spelling, logical flow, etc.).</td>
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<td>7-Contains Level and Semester to which the student is requesting readmission.</td>
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<td>8. Exhibits pro-active behaviors related to readmission procedure.</td>
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<tr>
<td><strong>Student meets how many of the listed elements?</strong></td>
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<td>out of 8</td>
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<tr>
<td><strong>Plan for Success (P4S)</strong></td>
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<td>1-Strategies are appropriate.</td>
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<td>2-Strategies clearly stated and well defined.</td>
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<td>3-Strategies demonstrate critical thinking/insight.</td>
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<td>4-Addresses identified factors contributing to academic failure.</td>
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<td>5-Implementation of P4S (appropriate timeframe identified)</td>
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<td>6. Bulleted list of learning strategies</td>
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<tr>
<td><strong>Student meets how many of the listed elements?</strong></td>
<td></td>
<td>out of 6</td>
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<tr>
<td><strong>CUSON Performance History</strong></td>
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<tr>
<td>1-Clinical performance and evaluation.</td>
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<td>2.Classroom performance preparedness and participation</td>
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<tr>
<td>3-Organization, time management, study habits.</td>
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<tr>
<td>4-Attendance, punctuality, work ethic.</td>
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<tr>
<td>5-Attention to details and planning.</td>
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<tr>
<td>6-Castle Branch Criterion is current (P &amp; P- CPR, SRNA/PCT, immunizations, etc.)</td>
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<tr>
<td><strong>Student meets how many of the listed elements?</strong></td>
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<td>out of 6</td>
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<td><strong>Recommendations:</strong></td>
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<tr>
<td>*Re-Admit according to score: Yes No</td>
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<tr>
<td>*Rubric Scored: ______ % <strong>Student must meet 70% minimum (14/20 total)</strong></td>
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<td>*Counseling Referral: Yes No</td>
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<tr>
<td>*Required Study: Yes/No</td>
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<tr>
<td>GPA: ______</td>
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<tr>
<td>*Hours Assigned: 10 15 20</td>
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</tbody>
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Academic Standards Committee Members
Campbellsville Campus 1-(270) 789-5136
<table>
<thead>
<tr>
<th></th>
<th>Comments:</th>
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<tbody>
<tr>
<td>Student Name:</td>
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<td>Email Address:</td>
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<td>@students.campbellsville.edu</td>
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<td>Circle course(s)</td>
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<td>PN 100</td>
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<td>PN 303</td>
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<td>PN 304</td>
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<td>座席可用性</td>
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<td>临床课程成绩</td>
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<td>临床评估（通过）或（未通过）</td>
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<tr>
<td>重新入院（评分）</td>
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<td>所需学习小时数</td>
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<td>咨询转介</td>
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<td>残疾转介</td>
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<td>课程变更</td>
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<tr>
<td>合成再入院状态（接受）或（拒绝）</td>
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</tbody>
</table>
Student Name: __________________________________________ Date: ___/___/_____

Arrival Time: ____________ Departure Time: ____________ Phone number or ext. ___________

Location/Facility Used:

☐ Badgett Academic Support Center (BASC)
☐ Montgomery Library
☐ Nursing Building
☐ Other Location:

________________________________________________________________________________________ (Must be Pre-Approved by Academic Standards Committee)

Employee Signature: ________________________________

Date & Time: ______________________
The above student is to attend the following:

- Campbellsville University Counseling Services

<table>
<thead>
<tr>
<th>Week</th>
<th>Exact Date of Counseling Appointment</th>
<th>Counselor Signature</th>
<th>PN Coordinator Signature</th>
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</table>
Campbellsville University Disability Services Sign-In Sheet

Student Name_________________________________________    ID#_________________

The above student is to attend the following:

• Campbellsville University Disability Services

To be eligible for services, students must make an appointment with the Disability Services Coordinator located in room 212 of the BASC (Badgett Academic Support Center). Students are also required to provide recent documentation of their disability. Until the appropriate documentation is provided, the department cannot support a student’s request for services allowed. Regional students should call 270-789-5450 to schedule an assessment appointment.

The following is to be completed by Disability Services

Date of Appointment _____________________
Appointment Completed by ___________________________

This student

_ Qualifies for disability services
   o Student will be given a CONFIDENTIAL NOTIFICATION TO INSTRUCTOR that will outline the student rights to academic support services and/or accommodations.

_ Does NOT qualify for disability services

This completed form is to be returned to the PN Coordinator by the second week of classes.
Conditional Readmission Contract

Student Name: ___________________________  ID # __________________Date: ____/____/_____

☐ Study Hours: # _____ study hours per week outside of class. The committee requires reserving the BASC, Montgomery Library, or Nursing building on location as designated study areas. Allow up to 50% of required hours to be obtained at a local public library for all campuses. Study hours will be submitted to your NUR 099 instructor as they deem necessary each week.

☐ Strategies & Opportunities for Success: Enrollment and successful completion of Strategies and Opportunities for Success in the returning semester.

☐ CU Office of Counseling: If a student identifies a potential need, or if faculty determine the student may benefit from counseling services, the student is responsible to schedule an appointment with the Office of Counseling for an assessment. Phone- 270-789-5070. If applicable, proof of this appointment must be presented on the first day of Orientation Day of returning semester.

☐ CU Office of Disabilities: If a student identifies a potential need, or if faculty determine the student may benefit from disability services for room or testing accommodations, the student is responsible to schedule an appointment with the Office of Disability services. Phone- 270-789-5450. If applicable, proof of this appointment must be presented on the first day of Orientation Day of returning semester.

☐ Officers: Student will not serve as a class officer or hold any officer position within the HOSA (Health Occupation Students of America) organization. Students can be a member, just not an officer.

☐ Castle Branch/CB Bridges: All requirements will remain current throughout the year (Including Spring, Summer, Fall, and Christmas Breaks).

☐ Re-Admission Policy - Readmission will be considered on a case-by-case basis. Criteria for consideration include the following:

☐ Available space within the semester required
☐ Priority will be given to those students who are maintaining passing rates in the program or have met requirements for admission to the Fundamentals course, and so remain in good academic standing.
☐ In the event that more students request readmission than space allows, preference will be given to students who demonstrated satisfactory clinical performance, had the highest course average at time of withdrawal or failure, and have resolved issues that contributed to failure to progress in the program.
By initialing and signing this contract, I understand and agree with the requirements of my conditional readmission to the Practical Nursing Diploma Program within the Campbellsville University School of Nursing. I received the opportunity to ask questions of the Academics Standards Committee for clarification. I understand and consent to adhere to all the requirements of this Conditional Readmission Contract. Missed appointments or not fulfilling any part of the requirements within this contract will result in disciplinary action up to and including dismissal from the program.

Student Signature: ______________________________ Date: _____/_____/______

ASC Member Signature: ___________________________ Date: _____/_____/______

PN Coordinator Signature: _________________________ Date: _____/_____/______

Strategies & Opportunities Instructor Signature: ___________________ Date: _____/_____/______
POLICY NAME: Practical Nursing Program Admission Criteria

SUBJECT: Practical Nursing Program Admission Criteria Guidelines

EFFECTIVE DATE: January 2020

PURPOSE
To establish criteria for admission to the Practical Nursing Program

PROCEDURE:

Admission to the Practical Nursing Program offered through the School of Nursing at Campbellsville University is a selective process based on objective data determined from the student’s academic records. Admissions will occur annually.

The Academic Standards Committee meets at least twice annually and more frequently as deemed necessary to evaluate prospective student data and to review evidence-based practice issues related to the Admissions process.

The Practical Nursing Program currently admits up to 25 qualified students. Acceptance is dependent upon the Practical Nursing Program and School of Nursing resources, faculty, and seat availability.

All Practical Nursing applications are due by October 15th at 5:00 p.m. EST for Spring admission consideration and priority placement. Incomplete applications will be given until November 15th to provide the remainder of required application items and will be given admission consideration based upon student seat availability. Any remaining incomplete applications as of November 15th will be denied program admission and the applicant is encouraged to apply for Spring admission for the next year.

Current Campbellsville University students who do not meet ADN program requirements will be given an extension to complete an application for the Practical Nursing Diploma Program and be considered for spring admission based upon student seat availability.

Acceptance is not official until results of drug/alcohol screening, Criminal Background and applicable screenings are complete and reviewed by the Program Coordinator and/or Dean of the School of Nursing. When this is completed and reviewed, an official statement of acceptance will be sent via email to the student. If issues are noted, the Program Coordinator and/or Dean of the School of Nursing will counsel any student who is denied official acceptance based on Criminal Background or applicable screening results.
Practical Nursing Diploma Program Admission Criteria

- Admission to Campbellsville University with all required documents must be provided.

- HESI® Admission Assessment (A2) Pre-Licensure Examination (cumulative score of 70%)
  - The HESI® Admission Assessment (A2) exam may be taken up to 2 times per admission period. Results are valid for 2 calendar years from the time of the exam.
  - Students applying for admission should take the HESI® Admission Assessment (A2) Exam from May 15th to November 16th.

- SRNA (State Registered Nurse Aid) or PCT (Patient Care Technician):
  - **Initial Admission:** Proof of current SRNA or PCT license, with no restrictions or disciplinary actions.
  - **After Admission:** Renewals for SRNA or PCT certification will be set by the online clinical database repository based on the existing expiration date documented on the current license uploaded. A lapse will occur for any SRNA/PCT renewal not uploaded by the assigned renewal date.

- CPR Certification:
  - **Initial Admission:** Proof of current BLS Healthcare CPR Certification from the American Heart Association.
  - **After Admission:** Renewals for CPR certification will be set by the online clinical database repository based on the existing expiration date documented on the current CPR certification uploaded. A lapse will occur for any CPR certification renewal not uploaded by the assigned renewal date.

- Required immunizations are up-to-date
  - **a) MMR's** (documented after age of 12 months) Proof of two vaccinations are required. If shot records are unavailable and vaccination is not recommended by Healthcare Provider, then proof of immunity by laboratory results (titer) is acceptable.
    - If you were born before 1950, no proof is necessary.
    - If you were born between 1951-1956, you will need to show proof of one vaccination.
    - If you were born 1957 and after, you will need to show proof of two vaccinations.
    - MMR vaccinations can be given to adults.
  - **b) Varicella: (Chicken Pox)** Proof of two vaccinations are required. If shot records are unavailable and vaccination is not recommended by Healthcare Provider, then proof of immunity by laboratory results (titer) is acceptable.
  - **c) Hepatitis B Vaccine:** Initial Series and Hepatitis B Surface Antibody titer (anti-HBs lab report required).
    - If anti-HBs is at least 10 mIU/mL (positive), the person is immune. No further serologic testing or vaccination is recommended.
    - If anti-HBs is less than 10 mIU/mL (negative), the person is not protected from hepatitis B virus (HBV) infection, and should receive another 2-dose or 3-dose series of HepB vaccine on the routine schedule, followed by anti-HBs testing 1–2 months later.
    - A person whose anti-HBs remains less than 10 mIU/mL after 2 complete series is considered a “non-responder.” [www.vaccineinformation.org](http://www.vaccineinformation.org)
  - **d) Tuberculosis Screening:** (NOTE: Tuberculin Skin Tests are no longer acceptable and only Blood
Assay results will be permitted.

**Initial admission:** Applicant must provide proof of blood testing on school form provided, along with a copy of the blood lab report (follows policy). Screening is to be completed as part of the initial application process and is to be renewed annually without expiring.

e) **Tetanus, Diphtheria, and Pertussis - (Tdap):** Proof of primary series with adequate schedule of boosters with the most recent within 10 years. Booster status must be kept current.

f) **Influenza Vaccine:** Proof of current immunization must be obtained no earlier than September 1st and no later than November 15th.

g) **Polio:** Proof of primary series with adequate boosters using licensed vaccine or titer result.

h) **COVID-19:**
   - **Initial Admission:** Proof of complete COVID-19 vaccination card, CU School of Nursing Medical Exemption Request, or CU School of Nursing Religious Exemption Request (please review the additional information/guidelines regarding exemptions on page).
   - **After Admission:** Although CU School of Nursing does not mandate COVID-19 vaccination, or any additional booster, some clinical facilities may require the COVID-19 vaccine and/or additional COVID-19 boosters which may be a requirement for student clinical placement with those facilities.

- **Fitness for Duty (Physical):** Yearly during program.

- **Health Care Coverage:**
  - **Initial Admission:** Current Certificate of Coverage letter indicating active coverage from the health insurance company which must list the initial enrollment date and that you are currently covered. The certificate must not list any other dependent or policy holders name, DOB or personal information. Black this out if listed. Copies of insurance cards will not be accepted.
  - **After Admission:** Renewals will be set to any expiration date documented on the current uploaded Certificate of Coverage letter, or 1 year from the date the letter was uploaded into the online clinical database repository. A lapse will occur for any proof of active coverage not uploaded by the assigned due date.

- **Drug Testing:**
  - **Initial Admission:** Drug screening results will be uploaded after initial admission, and after the beginning of each semester throughout the entirety of the nursing program.

  - Castle Branch™ criminal background check and applicable screenings with receipt to submit as proof of completion.
  - CANS (Central Registry Check through MyKentucky.gov) submitted with verifiable proof.
  - NurseTim® Student Success 6 pack. Accessible through School of Nursing website.

In order to be considered for admission or to be retained in the program after admission all applicants should possess:

- Sufficient visual acuity, such as needed in the accurate preparation and administration of medications, and for the observation necessary for patient assessment and nursing care.

- Sufficient auditory perception to receive verbal communication from patients and members of the health team and to assess health needs of people through the use of monitoring devices such as cardiac monitor, stethoscope, IV infusion pumps, etc.

- Sufficient gross and fine motor coordination to respond promptly and to implement the skills, including the manipulation of equipment, required in meeting health needs.
• Sufficient communication skills (speech, reading, writing) to interact with individuals and to communicate their needs promptly and effectively, as may be necessary in the individual's interest.

• Sufficient intellectual and emotional functions to plan and implement care for individuals.
Sample Acceptance Letter

Date
Student Name
Dear Student,

The Admissions Committee met on (Date). You have been accepted into the Practical Nursing Program at Campbellsville University (Campbellsville Location). Congratulations on meeting this initial milestone in your nursing career!

In order to complete the admissions process, you must comply with the following:

Please return the enclosed statement of acceptance to the School of Nursing by Month/Date/Year 5:00 p.m. to indicate your acceptance of this offer. Failure to submit your acceptance by this date will automatically decline your admission to the nursing program, since the faculty must begin planning for the spring semester. Please be sure to contact your Advisor if you have not scheduled spring courses.

In preparation for orientation day to the School of Nursing and program, please view the weblinks below to become oriented to Campbellsville University’s Montgomery Library’s resources, which each will be important resources for you as you enter the School of Nursing as a nursing student. During orientation you will be given an opportunity to ask questions regarding anything that is not understood, so please make notes during your review of these resources as to anything that you need additional clarification.

(1) https://www.campbellsville.edu/academics/academic-affairs/montgomery-library/
(2) http://campbellsville.libguides.com/libraryservices
(3) http://campbellsville.libguides.com/nursing

This admission is not official until you have completed the required Criminal Background Check, applicable screenings, Drug Screening, Immunizations, certifications and Statement of Acceptance. You will receive directions on completing these requirements at a later date.

On behalf of the Faculty and Staff, welcome to Campbellsville University School of Nursing! Our mission is to prepare nurses who are competent, caring and compassionate. We look forward to working with you. Should you have any questions or concerns, please do not hesitate calling the School of Nursing.

Sincerely,

Dr. Michele Dickens, Ph.D., MSN, RN
Dean of School of Nursing

CC: Applicant File
Enc: Statement of Acceptance
I have received my letter of acceptance for admission to the School of Nursing at Campbellsville University. I recognize that this admission is contingent on completing specified requirements to ensure success in my clinical and didactic coursework.

☐ I accept the offer of admission to the School of Nursing at Campbellsville University and agree to comply with the requirements of admission.

☐ I decline the offer of admission to Campbellsville University School of Nursing. Reason for declination: ________________________________.

☐ I am returning this statement of acceptance by (date).

___________________________________________
Student Signature

___________________________________________
Date

Please scan, mail or fax to:

Campbellsville
School of Nursing PN Secretary
Campbellsville University School of Nursing
1 University Dr.
UPO 800
Campbellsville, KY 42718
Fax - 270-789-5329
APPLICATION FOR ADMISSION TO THE SCHOOL OF NURSING (Practical Nursing Program)

- All Practical Nursing applications are due by October 15th at 5:00 p.m. EST for Spring admission consideration and priority placement. Incomplete applications will be given until November 15th to provide the remainder of required application items and will be given admission consideration based upon student seat availability. Any remaining incomplete applications as of November 15th can be denied program admission. If denied, the applicant will be encouraged to apply for Spring admission for the next year.

- Current Campbellsville University students who do not meet ADN program requirements will be given an extension to complete an application for the Practical Nursing Diploma Program and be considered for spring admission based upon student seat availability.

- Applicants are responsible for making sure that all required information listed on the checklist is attached to the following application.

- A non-refundable application fee of $10.00 is due at the time of application submission. Application fee is payable through the following website: https://commerce.cashnet.com/cashnetg/selfserve/storehome.asp

- Please ensure that all items listed on the checklist are complete and attached to the application prior to submission. Incomplete applications can be denied.

- In addition to applying for admission consideration to the School of Nursing, an application must also be submitted to apply for admission to Campbellsville University with either a high school diploma or G.E.D.
Practical Nursing (PN) Program

APPLICATION FOR ADMISSION TO THE SCHOOL OF NURSING

CU Student Identification Number (if applicable) ________________ Birth Date ________________

Social Security Number ________________ Driver’s License State & Number ________________

Name ________________________________ ________________________________ ________________________________

(First) (Middle) (Maiden) (Last)

Address ________________________________ ________________________________ ________________________________

(Street) (City) (State) (Zip)

Telephone ( ) ( ) ________________________________ ________________________________ (Home or alternate)

(Cell) (Cell) (Home or alternate)

Personal E-mail ____________________________________________________

CU student E-mail (if applicable)

HESI® A2 score ______
A minimum composite score of 70% on the HESI® A2 Prelicensure Examination

CPR - American Heart BLS Provider
Recommended renewal date: ______________

SRNA/PCT # ________________
Expires _____/_______

List all schools you have attended including Campbellsville University:

_________________________________________________________________________________

_________________________________________________________________________________

Have you ever been charged or convicted of a misdemeanor? □ NO □ YES
If yes, please explain in an attached letter.

Have you ever been charged or convicted of a felony? □ NO □ YES
If yes, please explain in an attached letter.

I have been informed of the KY Board of Nursing policy regarding convictions. ______

(Initial)
In order to be considered for admission or to be retained in the program after admission all applicants should possess:

- Sufficient visual acuity, such as needed in the accurate preparation and administration of medications, and for the observation necessary for patient assessment and nursing care.
- Sufficient auditory perception to receive verbal communication from patients and members of the health team and to assess health needs of people through the use of monitoring devices such as cardiac monitor, stethoscope, IV infusion pumps, etc.
- Sufficient gross and fine motor coordination to respond promptly and to implement the skills, including the manipulation of equipment, required in meeting health needs.
- Sufficient communication skills (speech, reading, writing) to interact with individuals and to communicate their needs promptly and effectively, as may be necessary in the individual’s interest.
- Sufficient intellectual and emotional functions to plan and implement care for individuals.

I CERTIFY THAT THE INFORMATION HEREIN IS COMPLETE AND FACTUALLY ACCURATE. I UNDERSTAND THAT MY ADMISSION MAY BE CANCELLED IF ANY INFORMATION IS FOUND TO BE FALSE OR INTENTIONALLY OMITTED.

APPLICANT SIGNATURE ____________________________ DATE ______________
Practical Nursing Program
APPLICANT CHECKLIST

The following requirements must be completed and/or submitted in order to be considered for admission into the School of Nursing. It is the applicants’ responsibility to ensure that all documents are completed and/or submitted by the deadlines provided. Failure to comply with the following requirements will jeopardize your admission opportunity into the program. All Practical Nursing Program Applications are due by October 15th for Spring admission consideration.

Please submit ALL of the following items to the Practical Nursing Program Secretary in the following order with this completed checklist:

☐ Copy of current Driver’s License
☐ Copy of Social Security Card
☐ Transcripts from High School or any Colleges
☐ Copy of Certificate of Coverage from Medical Insurance Company

This form must list the initial enrollment date and must list that you are currently covered. The certificate must not list any other dependent or policy holders name, DOB, or personal information, (please black out this information if listed.) This cannot be the Insurance card it must be a certificate of coverage or proof of enrollment. Copies of Insurance cards will NOT be accepted.

☐ Copy of Current American Heart Association BLS Healthcare Provider CPR Certification
☐ Proof of SRNA or PCT (validation print out from KBN website)

Successful completion of an SRNA or PCT course with certification; Students must be listed on the Kentucky Nurse Aid Registry prior to admission into the program; Certification must be active, in good standing, without restrictions.

☐ Completed Fitness for Duty forms from healthcare provider AND student (pages 20-22)

☐ Complete up to date Immunizations recorded by healthcare provider on School form

(See page 19 for required Immunization Report Form)

Following are the Required immunizations that need to be up-to-date

a) MMR-Measles, Mumps, & Rubella- proof of 2 vaccine
   i. Proof of two vaccinations are required. If shot records are unavailable and vaccination is not recommended by Healthcare Provider, then proof of immunity by lab results (titer) is acceptable.

b) Varicella-proof of 2 vaccines
   i. Proof of two vaccinations are required. If shot records are unavailable and vaccination is not recommended by Healthcare Provider, then proof of immunity by lab results (titer) is acceptable.

c) Polio- proof of vaccines
   i. Proof of vaccination is required. If shot records are unavailable and vaccination is not recommended by Healthcare Provider, then proof of immunity by lab results (titer) is acceptable.

d) Hepatitis B- Initial Series AND Positive Hepatitis B Surface Antibody Titer (anti-HBs lab report required).
   i. If anti-HBs is at least 10 mIU/mL (positive,) the person is immune. No further serologic testing or vaccination is recommended.
   ii. If anti-HBs is less than 10 mIU/mL (negative,) the person is not protected from hepatitis B virus (HBV) infection, and should receive another 2-dose or 3-dose series of HepB vaccine on the routine schedule, followed by anti-HBs testing 1-2 months later.
   iii. A person whose anti-HBs remains less than 10 mIU/mL after 2 complete series is considered a “non-responder.” www.vaccineinformation.org
e) Tetanus, Diphtheria & Pertussis (Tdap)-proof of vaccine administered within the past 10 years
f) Influenza-proof of vaccine must be obtained no earlier than September 1st and no later than November 12th.

☐ Copy of COVID-19 Vaccination Report Status-Must include copy of one of the following:
  ☐ Copy of COVID-19 Vaccination Cards
  ☐ Copy of Religious Exemption Form and CU Waiver & Release Form
  ☐ Copy of Medical Exemption Form and CU Waiver & Release Form

☐ Copy of Tuberculosis Screening: Documentation of current Blood Assay (BAMT)
  Copy of TB Blood Assay lab report and School TB form included in packet. Please note, students may be required to obtain an updated test prior to clinical placements

☐ Copy of the HESI® Admission Assessment (A2) Pre-Licensure Examination
  Cumulative score of 70%. Prior to admission, all applicants complete the HESI® Admission Assessment Exam offered at various times throughout the academic year. Students may access information about the exam on the Campbellsville University School of Nursing website or by contacting the School of Nursing.

☐ Reviewed and signed the Drug and Alcohol Screening Requirements (Form Attached)

☐ Official Letter of Acceptance to Campbellsville University

☐ Receipt for submission of CAN-Central Registry Check Report (Non-Refundable)
  Please refer to Campbellsville University School of Nursing Website under Applying to the School of Nursing, for the direct link to CANS website and instructions on completing.
  P.N. Program: https://www.campbellsville.edu/academics/programs/nursing/practical-nursing/

☐ Completion of NurseTim Student Success 6-Pack.
  Please refer to Campbellsville University School of Nursing Website under Applying to the School of Nursing for direct link to NurseTim and instructions on completing. You will need to attach proof of all 6 course completion certifications.

☐ Receipt for submission of a Pre-Admissions Background Check (Non-Refundable)
  Please refer to Campbellsville University School of Nursing Website under Applying to the School of Nursing for the direct link to background check website and instructions on completing.

☐ I have signed and completed the School of Nursing Application.

☐ I have paid the $10.00 non-refundable application fee and attached copy of receipt.

☐ I understand that orientation at the beginning of each semester is mandatory and I agree to attend as part of my admission and continued enrollment into the program.

By signing below, I agree that I have provided the above requirements by the required deadline and agree to submit any remaining final unofficial transcripts by the deadlines specified above. I understand that if I fail to complete or submit any of the above-mentioned requirements that my application will not be accepted.

Applicant Signature ____________________________ Date ____________________________
Immunization Report for Campbellsville University School of Nursing
Required for entrance into School of Nursing and placement at Clinical Sites

Student Name: ____________________________________________
                      (Last)          (First)          (Middle Initial)          (Maiden)
Address: __________________________________________________
                      (Street)                                   (City)                                   (State)                          (Zip )
Date of Birth: ________________________________

DATES IMMUNIZATIONS WERE ADMINISTERED (Month/Day/Year)

POLIO #1___/___/____   #2___/___/___ #3___/___/___ #4___/___/____
ONLY if applicable:
                        Date of Titer:       ____ Proof of Immunity: Yes or NO – Lab report must be attached

HEPATITIS B #1___/___/____ #2___/___/___ #3___/___/____
Or adult dose #1___/___/____ #2___/___/____
AND Hepatitis B Surface Antibody (anti-HBs) titer (MANDATORY)
                        Date of Titer:       ____ Proof of Immunity: Yes or NO – Lab report must be attached

MMR (Measles, Mumps, Rubella) #1___/___/____ #2___/___/____
ONLY if applicable:
                        Date of Titer:       ____ Proof of Immunity: Yes or NO – Lab report must be attached

VARICELLA     #1___/___/____      #2___/___/____
ONLY if applicable:
                        Date of Titer:       ____ Proof of Immunity: Yes or NO – Lab report must be attached

Td ap #1___/___/____
Flu ___/___/____
                        Date____________

Signature of Provider Verifying dates of Immunizations from Official Health Records

__________________________________________________________________
Provider's Printed Name & Title

__________________________________________________________________
Provider’s Phone Number

Name and Address of Provider’s Practice Location
FITNESS FOR DUTY
CLASSROOM & CLINICAL CLEARANCE

To participate in lab, simulation, and clinical activities, all students must be capable of meeting the physical and mental duties that are essential components to maintaining a safe environment. Prior to participating in any lab, simulation, or clinical activities, students who develop or present an illness or condition that may limit or change activity while enrolled in a nursing program must provide written clearance from their licensed healthcare provider using the following Fitness for Duty Classroom & Clinical Clearance form.

SECTION 1: TO BE COMPLETED BY THE STUDENT

Student Name: ___________________________ Student ID: _______________________

Nursing Program/Campus: □ ADN Campbellsville  □ ADN Harrodsburg  □ PN Campbellsville

Student, please review the Fitness for Duty requirements outlined on the following page in Section 2 before signing that you agree to the following:

• By signing this agreement, I understand that the information on this form or the form itself may be provided to clinical affiliate sites as required for institutional approval.

• By signing this agreement, I affirm that I meet the physical and mental duties listed on this form that is required to participate in any lab, simulation, or clinical activities, and maintain a safe environment.

• By signing this agreement, I confirm that my healthcare provider has been provided the physical and mental duties listed on this form in order to provide a complete and accurate Fitness for Duty examination, in order to identify any physical or mental limitations that could prevent me from performing the listed required duties.

_________________________________________   ____________________________
Student Signature                Date of Student Signature
Classroom and clinical involvement for nursing students can require up to 8-10 hours of daily participation in the classroom setting or clinical facility setting. Students are expected to complete nursing care activities comparable to that of a staff nurse with the supervision of their clinical instructor.

Therefore, the following requirements must be met to ensure Fitness for Duty for student participation in lab, simulation, and clinical activities in all nursing program settings:

<table>
<thead>
<tr>
<th>Functional/Ability Category</th>
<th>Requirement</th>
<th>Examples of Necessary Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical/Motor Abilities</td>
<td>Demonstrate physical abilities to execute gross motor skills, physical endurance, and strength to safe patient care.</td>
<td>Assisting with patient care procedures such as ambulation of patients, administering CPR, turning and lifting patients, and providing care in confined spaces, such as treatment room or operating suite. Use fine motor skills and dexterity for activities such as keyboard data entry, setting physiologic monitors, and measuring medication dosages in syringes. Use gross body movements such as bending, stooping, reaching, balancing, crawling, crouching, kneeling, climbing, standing, sitting, running, walking, and repetitive movements. Ability to lift, carry, push, or pull objects up to 25 pounds.</td>
</tr>
<tr>
<td>Sensory Abilities</td>
<td>Demonstrates sensory abilities to understand speech, hearing, reading, and writing to monitor and assess patients.</td>
<td>Sensory abilities are sufficient to hear alarms, auscultate sounds, and communications with others. Visual acuity to read calibrations on 1 cc syringe, assess color (e.g., cyanosis, pallor, identify color of body fluids, etc.). Tactile ability to palpate pulses, feel skin temperature, palpation veins, etc.</td>
</tr>
</tbody>
</table>
SECTION 3: TO BE COMPLETED BY THE HEALTHCARE PROVIDER

Section A:
Provider evaluation of Fitness for Duty physical and mental requirements for classroom and clinical clearance in Section 2.

<table>
<thead>
<tr>
<th>Functional/Ability Category</th>
<th>Student DOES demonstrate or possess the listed requirements and examples of necessary activities</th>
<th>Student DOES NOT demonstrate or possess the listed requirements and examples of necessary activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical/Motor Abilities</td>
<td>HCP Initials _____________________</td>
<td>HCP Initials _________________</td>
</tr>
<tr>
<td>Sensory Abilities</td>
<td>HCP Initials _____________________</td>
<td>HCP Initials _________________</td>
</tr>
<tr>
<td>Cognitive/Mental Abilities</td>
<td>HCP Initials _____________________</td>
<td>HCP Initials _________________</td>
</tr>
</tbody>
</table>

Section B:
Please indicate your recommendations regarding this student’s ability to perform the Fitness for Duty physical and mental duties required for classroom and clinical settings. The student must be free of any restrictions or limitations that could result in the potential safety of the student’s health and the client’s safety in the clinical setting.

_______ I find the above-named student Fit for Duty with NO restrictions or limitations in the classroom or clinical setting.

_______ I find the above-named student Fit for Duty WITH the following restrictions or limitations:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

_______ I find the above-named student NOT Fit for Duty; may reconsider after:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Provider Printed Name/Credentials: ____________________________________________ (MD, DO, APRN, PA)

Provider Specialty & Office: __________________________________________________

Provider Address & Contact Number: ____________________________________________

Provider Signature: _____________________________ Signature Date: ________________
PROCEDURE:

According to the Kentucky Mandatory Nurse Practice Act, it is unlawful for any person to call or hold themselves as or use the title of nurse or to practice or offer to practice as a nurse unless licensed or privileged under the provisions of this chapter (KRS 314.031.01). Students are exempt under the provision of the act only when they are under the supervision of their nursing instructors. Student identification badges are not to be worn by employed students within their individual work setting, only during appointed clinical assignments. The student may not use the initials N.S. (nursing student) when charting within their individual work setting.

Students must exercise judgment in the number of hours they work during the school year as their education may be jeopardized by excessive hours of employment. Work schedule must not conflict with nursing education schedule. Due to clinical safety issues, if an instructor determines that a student has worked the night shift prior to a morning clinical assignment; the student will be sent home and will receive an unsatisfactory performance rating for that clinical day.

Reference:

KRS 314.031 Unlawful acts relating to nursing
Effective: July 14, 2018
POLICY NAME: Withdrawal
SUBJECT: Withdrawal
EFFECTIVE DATE: January 2020

PURPOSE
Students in the School of Nursing may have to withdraw from the School for personal reasons, academic reasons, health issues, and other factors.

PROCEDURE:
The student is encouraged to meet with their faculty advisor to discuss possible alternatives to withdrawal. When no other alternative seems viable to the student, the School of Nursing follows the same policy outlined in the Campbellsville University Student Handbook under “Refund and Withdrawal Policy.”

The student is advised that if they choose to leave unofficially—that is, without approval of the Vice President of Academic Affairs and the completion of withdrawal forms, they forfeit all rights to any reduction in their account and will receive an “F” in all courses. To alleviate this situation, the student must follow the guidelines as stated in the Campbellsville University Student Handbook. Students who have financial aid should refer to the Federal Student Financial Aid Handbook to identify policy guidelines regarding this aid.

When a student withdraws from the Program of Nursing, they may seek readmission to the program according to the policy on readmission.
POLICY NAME: Academic Honesty

SUBJECT: Academic Honesty

EFFECTIVE DATE: January 2020

PURPOSE

Campbellsville University is a community of shared academic values, foremost of which is a strong commitment to intellectual honesty, honorable conduct, and respect for others. In order to meet these values, students at Campbellsville University are expected to adhere to the highest standards of academic integrity.

PROCEDURE:

By honouring and enforcing this Academic Integrity Policy, the university community affirms that it DOES NOT tolerate academic dishonesty.

The School of Nursing strives to preserve for all its students an environment that is conducive to academic honesty. Pursuant to this is the belief that all members of the academic community will be individually responsible for promoting academic honesty. In addition, because the public has a high degree of trust in health care providers, and because the School of Nursing educates future health care providers, students are expected to behave in an ethical manner in all activities and phases of the educational process. Both faculty and students are expected to uphold the code of ethics specific to their professional discipline.

Academic dishonesty falls into one of the two categories: Cheating and Plagiarism

- Cheating-
  - Cheating is the violation of classroom rules of honesty with the respect to examinations and assignments. Any student helping another student cheat is as guilty as the student assisted. If you cheat, lead course faculty reserves the right to grant you a failure for the assignment or the course without possibility of withdrawal, and your case reported to the Dean of the Campbellsville University School of Nursing (CUSON).

- Plagiarism-
  - According to the CUSON, plagiarism is representing or repeating the words of ideas of someone else as one's own in any academic exercise. Self-plagiarism (use of one’s own paperwork as new material) is also included. Therefore, all writing you do for a course must be your own and must be exclusively for this course, unless the lead course faculty member stipulates differently. Pay special...
attention to the accuracy of the quotations, paraphrases, summaries, and documentation practices you use in your assignment.

If you have any questions about plagiarism, please ask your lead course faculty member. If you plagiarize, your lead course faculty member reserves the right to grant you a failure for the assignment or the course, and your case reported to the Dean of the CUSON.

Knowledge of violations of academic honesty is to be reported to faculty. In all cases where a question of an academic dishonesty exists, the faculty is responsible for reviewing the circumstances surrounding the questionable behaviour. Subsequent action, if any, shall be in accordance with established policies and procedures.

Examples of academic dishonesty include, but are not limited to, sharing your work with others, failing to appropriately cite references, use of test banks, self-plagiarism, not reporting cases of academic dishonesty. Upon acceptance into the nursing program students will be asked to sign a form indicating acknowledgement of this policy and the importance of academic honesty. This form will be placed in their permanent record and serve as a reminder of the gravity of violation of the policy.
SECTION III- STUDENT COMMUNICATIONS

<table>
<thead>
<tr>
<th>POLICY NAME:</th>
<th>Student Representation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBJECT:</td>
<td>Student Representation /Class Officers</td>
</tr>
<tr>
<td>EFFECTIVE DATE:</td>
<td>January 2020</td>
</tr>
</tbody>
</table>

**POLICY HISTORY**

<table>
<thead>
<tr>
<th>REVIEWED DATE</th>
<th>January 2020, April 2020, August 2020, December 2020, October 2021, October 2022, October 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>REVISED DATE</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**PURPOSE**

The official activities of each nursing cohort will be organized and led by Class Officers.

**PROCEDURE:**

Officers will be elected in 2nd Bi-term Spring semester. The goal of Class Officers is to organize and facilitate activities for the enjoyment of their classmates and to help coordinate the pinning ceremony for their cohort.

The class officers will consist of:

- **Class President** - Responsible for all class activities; coordinator of Pinning Ceremony, creates agenda and presides over class meetings; delegates duties and acts as a representative for the class, speaks on behalf of class. Keeps faculty leaders informed of upcoming events, ideas, concerns.

- **Vice-President** - fulfils the duties of the President when the President is absent; performs duties assigned by the President. Can act as representative for the class.

- **Secretary** - Takes meeting minutes; distributes meeting minutes to all classmates within 1 week of meeting; maintains correspondence & attendance records; works with Webmaster to keep class activity calendar/webpage updated; responsible for all sign-up sheets. Can act as a representative for the class.

- **Treasurer** - establishes budget; records all financial transactions; gives status report at class meetings; authorizes expenditures; inventories fundraising items; and collects/deposits fundraising money earned

At least one class officer is welcomed and encouraged to attend monthly scheduled faculty, Curriculum, and Academic Standards meetings as a student government representative.
POLICY NAME: Complaint Procedures
SUBJECT: Complaint Procedures
EFFECTIVE DATE: January 2020

PURPOSE
Expression of dissatisfaction related to a policy, procedure, consequence, action, statement or other inequality in treatment or discriminatory acts.

PROCEDURE: Definition of a complaint:

The following steps will be initiated in processing a complaint:

A. All complaints must be completed on the appropriate form, signed and dated by the individual making the complaint. The complaint forms are available in the Nursing Office and student handbook.

B. If a parent or other concerned person wishes to address concerns related to a student, the student must give written consent or accompany them in person. Federal law prohibits faculty and administration from speaking with a parent or concerned person without student consent.

C. All complaints involving faculty or staff will be addressed by the complainant at the School of Nursing where the concerns lie before moving up the chain of command.

D. All complaints will be routed through the Nursing Dean’s office.

E. The Nursing Dean or their designee will give written acknowledgement of the complaint, within ten (10) working days.

F. The complaint will be processed in the following manner:
   • All written complaints will be kept on file in the Nursing Office.
   • If the complaint is of any department other than Nursing, it will be referred to the appropriate supervisor, and will not be addressed by the Nursing department other than providing documentation or consultation as requested.
   • Complaints will normally be processed within two weeks. If additional time is needed to process the complaint, the complainant will be notified.

G. If the complainant is not satisfied with results obtained through the process outlined above, the individual may ask for a review by the Vice President for Academic Affairs.

Note:
At any point in the complaint process, resolution of the complaint will terminate the process. A written record of the actions taken will be maintained.
It is understood that all supportive information and the release of information must be submitted with a complaint.
Campbellsville University Practical Nursing Program
Complaint Form

Name: _____________________________  ID# ___________
Phone: _____________________________
CU Email: ____________________________

Does this complaint directly involve another person (student, faculty, staff, or administrator)?
__________________________________________________________________________________________
__________________________________________________________________________________________

Nature of Complaint:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Have you attempted to resolve this matter with the person directly involved?
__________________________________________________________________________________________
__________________________________________________________________________________________

If an attempt to resolve occurred, please explain:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Outcomes (if any) that you would hope to see regarding this complaint:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Signature_____________________________________________ Date______________________________

Note: The Complaint Form must be completed entirely in order for the complaint to be processed.
POLICY NAME: Dismissal
SUBJECT: Dismissal
EFFECTIVE DATE: January 2020

PURPOSE
Students may be dismissed from the nursing program when they are not successful in achieving clinical and/or academic standards that are established and in place for each core class.

PROCEDURE:
The syllabus for each course defines the objectives for that course and specific criteria that must be met to remain in good academic standing. The students will be counselled by their instructors about their individual progress throughout the semester and will be advised accordingly.

Students may also be dismissed from the nursing program for violations of the University Philosophy of Behaviour in accordance with the Campbellsville University Student Handbook.

Students may be dismissed with or without eligibility for readmission.
When a student has a concern or a grievance against one of the policies or actions of the School of Nursing, one of its staff, faculty members, or administrators, or against another student. It is encouraged that the following procedure be implemented.

PROCEDURE:

i. The aggrieved student should meet with the staff, faculty member, administrator, or other student involved and discuss the concern.

ii. If this matter is not satisfactorily resolved by a conference of those involved in the situation, the aggrieved student should submit a written summary of the matter to the Dean of the School of Nursing. This will serve as a request for an inquiry into the circumstances involved. The Dean will then convene a meeting with the involved persons and attempt to resolve the concern or grievance.

iii. If the matter is not resolved in this manner, the concern or grievance should be forwarded to the Vice President of Academic Affairs for further consideration.

All students have a right to due process which is managed through the Judicial Process as outlined in the Campbellsville University Student Handbook. Please refer to this document for further information.
PROCEDURE:

Social media sites can and do have education and marketing purposes. However, some students lose their inhibitions and have a false sense of security and privacy regarding various media when applied to their personal sites. Any documents or postings are discoverable in a court of law regardless of the privacy settings. Privacy settings are not sufficient to ensure total privacy and will not remove any responsibility from students. Numerous employers use social media sites as a tool during the interview process and are making employment decisions based on what is viewed on one’s personal social media site.

Campbellsville University is Christian based university and the profession of Nursing is seen as a caring and professional career. Therefore, unprofessional behavior and breaches of client confidentiality can be disastrous for the student, the university, and the profession of Nursing.

In accordance with Campbellsville University’s Mission and Vision statements and the American Nurses Association (ANA) Code of Ethics for Nurses, any student found to be acting in an unprofessional manner or breaching the Health Insurance Portability and Accountability Act (HIPAA) on social media sites may be subject to disciplinary action up to and including dismissal from Campbellsville University School of Nursing.

HIPAA Guidelines to Prevent Infractions include but are not limited to:

- Students must recognize that they have an ethical, legal and moral obligation to maintain patient confidentiality and privacy at all times.

- Students must not divulge any information obtained about a patient (including lab work, diagnostic studies) unless there is a care-related need for the student to do so.

- Students must not post or publish patient’s name, date of birth, or any other identifying information that could possibly lead to the patient being identified on social media.
• Students must not refer to patients in any disparaging manner.

• It is the duty of each student to promptly report any breach of confidentiality or infraction of policy.

• Students must not remove any patient information from the facility (i.e. patient’s name, date of birth, etc.)

**Social Media Guidelines to Prevent Infractions** include but are not limited to the following:

• Students must maintain professional boundaries when using any type of electronic media. This includes communication between faculty and staff via electronic format.

• No transmission of any electronic media, and patient related information or image that may violate the patient, faculty, or students’ rights.

• Students will not take any photos or videos of patients on their personal devices regardless of patient consent.

• Students must not transmit any electronic media, messages or images that could be used to degrade or embarrass a patient, fellow students, faculty member, Campbellsville University as an institution or any affiliated clinical facilities.

• Students must seek guidance if ever a question arises about an individual posting related to school or the workplace from the Dean of the School of Nursing.

Examples of unprofessional behavior include written languages of profanity, degrading/negative comments regarding clients or others, posting of sexual activities, nude/semi-nude provocative photos, and postings regarding abuse of alcohol and/or drugs and agencies associated with the University.

**References:**

Kentucky Board of Nursing Advisory Opinion Statements #34, #40

Campbellsville University Student Handbook-Campus Values & Behavior, page 55, Violations/Sanctions, Harassment
PRACTICAL NURSING PROGRAM
Social Media Contract for STUDENTS

In exchange for the educational opportunities provided to me by the clinical rotations at various facilities, I agree to comply with all state, local, and federal requirements. I agree to uphold all HIPAA and other privacy requirements during my clinical rotations.

I understand that I am bound to comply with all privacy requirements when I am not at the clinical rotation, including in my conversations with family, friends, and peers. I will be held accountable for maintaining the privacy of any information I obtain, see, or am given during my clinical rotations. To uphold the privacy of such information, I agree to not post or discuss any clinical experience or information regarding my experience with the clinical agency, its staff, or its clients on any internet social media. I understand that administration periodically searches the Internet for breaches in its privacy policies; I will be prohibited from returning to the clinical site if I violate any privacy requirement in any regard. Such violation may also result in delay in completing my degree requirements or in further disciplinary action against me by Campbellsville University.

By signing below, I affirm that I have received all attached documents including AOS#34 and AOS#40, and A Nurses Guide to the use of Social Media distributed by the National Council of State Boards of Nursing. I have been given an opportunity to ask questions and those have been answered to my satisfaction.

Date: ________________________________

Student Name (print): ________________________________

Student Signature: ________________________________

References:

Kentucky Board of Nursing Advisory Opinion Statements #34, #40

Campbellsville University Student Handbook- Campus Values & Behavior, page 55, Violations/Sanctions, Harassment

Used with permission, Donna Meyer, April 15, 2014
**Policy Name:** Smoking Regulations  
**Subject:** Guidelines for the Use of Tobacco and or Electronic/Vapor Devices  
**Effective Date:** January 2020  

<table>
<thead>
<tr>
<th>Policy History</th>
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<tbody>
<tr>
<td>Reviewed Date</td>
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<tr>
<td>Revised Date</td>
</tr>
</tbody>
</table>

**Purpose:**  
Guidelines for the use of tobacco and or electronic/vapor devices

**Procedure:**  
As of January 1, 2010, Campbellsville University became a **smoke-free** campus. Smoking or use of any tobacco or electronic/vapor devices are not permitted during clinicals, classrooms, or in the Central Kentucky Career Academy; furthermore, a student may be denied the opportunity to participate in clinical assignment if they smell of smoke on person, hair, or clothing and will be counted as an absence. Violations of this policy may result in the student being dismissed from learning experiences.
**POLICY NAME:** Unauthorized Solicitation  
**SUBJECT:** Unauthorized Solicitation  
**EFFECTIVE DATE:** January 2020  

### POLICY HISTORY

<table>
<thead>
<tr>
<th>REVIEWED DATE</th>
<th>REvised DATE</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2020, April 2020, August 2020, December 2020, October 2021, October 2022, October 2023</td>
<td>N/A</td>
<td>Unauthorized Solicitation</td>
</tr>
</tbody>
</table>

**PROCEDURE:**

The School of Nursing follows the same policy stated in the Campbellsville University Student Handbook.
<table>
<thead>
<tr>
<th>POLICY NAME:</th>
<th>Visitors in the School of Nursing</th>
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</thead>
<tbody>
<tr>
<td>SUBJECT:</td>
<td>Visitors in the School of Nursing</td>
</tr>
<tr>
<td>EFFECTIVE DATE:</td>
<td>August 2020</td>
</tr>
</tbody>
</table>

**POLICY HISTORY**

<table>
<thead>
<tr>
<th>REVIEWED DATE</th>
<th>April 2020, August 2020, December 2020, October 2021, October 2022, October 2023</th>
</tr>
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<tbody>
<tr>
<td>REVISED DATE</td>
<td>N/A</td>
</tr>
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</table>

**PURPOSE**

- Visitors in the School of Nursing

**PROCEDURE:**

Visitors are not allowed in the classrooms/laboratories/learning environments. Given the academic nature, students may not bring children, significant others, and/or friends to educational experiences, regardless of their age. It is not appropriate for these individuals to be in the classrooms, laboratories or attend other educational experiences. Students are not to leave children waiting in receiving area, reception area, break area, parking lot, or other areas of campus/learning center while in class, lab, and/or while attending any other educational experience on or off the campus/learning site. The campus/learning center may at times have events or activities when students' families/significant others/friends will be invited and welcomed to participate.
SECTION V - RESOURCES
1. STUDENT RESOURCES

<table>
<thead>
<tr>
<th>POLICY NAME:</th>
<th>Approximate Cost of the PN Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBJECT:</td>
<td>Approximate Cost of the PN Program</td>
</tr>
<tr>
<td>EFFECTIVE DATE:</td>
<td>January 2020, January 2022, January 2023</td>
</tr>
<tr>
<td>POLICY HISTORY</td>
<td></td>
</tr>
<tr>
<td>REVIEWED DATE</td>
<td>January 2020, April 2020, August 2020, December 2020, October 2021, October 2022, October 2023</td>
</tr>
<tr>
<td>REVISED DATE</td>
<td>October 2021, October 2022, October 2023</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>Guidelines for Cost of the PN Program</td>
</tr>
</tbody>
</table>

PROCEDURE:

Aside from the costs of tuition and books, there are certain costs inherent in nursing that are not usual and expected costs associated with other programs on campus. The School of Nursing tries to anticipate these costs and to alert the nursing student of changes as they occur.

Tuition and room/board refunds are calculated on the basis of the student’s official withdrawal date. Fees are not refundable. Room & Board is refunded 100% the first week only; thereafter, refunds are prorated based on the number of days/weeks the dorm is occupied by the student. No refund will be given after the 5th week. Once the withdrawal period is over, any student who withdraws from the University will be held responsible for tuition, fees and room/board charges in full. Please investigate the financial effects of withdrawal before you make a decision. Please see full details regarding refunds in the Campbellsville University Catalogue. Each student is responsible for their own supplies and transportation to and from clinical sites.
<table>
<thead>
<tr>
<th>Cost Item</th>
<th>1st Semester</th>
<th>2nd Semester</th>
<th>3rd Semester</th>
<th>Refund Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$424.00 charged per Credit Hour for Tuition Includes:</strong></td>
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<tr>
<td><strong>ExamSoft™, CJ Sim Next Gen Quizzing™</strong></td>
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<tr>
<td><strong>Evolve/Elsevier HESI® Package includes:</strong></td>
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<tr>
<td>HESI®/Saunders Online Review for the NCLEX-PN® Exam, Elsevier Adaptive Quizzing for the NCLEX-PN® Exam, HESI® Patient Reviews with PN Case Studies and Practice Tests, Standardized HESI® exams for each course, Standardized PN Exit HESI® Exams.</td>
<td></td>
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<tr>
<td><strong>Background Checks</strong> - One background check prior to each semester.</td>
<td>$ 6,784.00</td>
<td>$ 6,784.00</td>
<td>$ 6,360.00</td>
<td>See Handbook</td>
</tr>
<tr>
<td><strong>CastleBranch™ and CB Bridges™</strong> - Track immunizations; CPR Certification; TB Blood Assay, etc. for clinical facilities.</td>
<td></td>
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<tr>
<td><strong>Uniforms</strong> - Two Uniforms/two scrub jackets/Nametag.</td>
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<tr>
<td><strong>Nursing Skills Pack</strong> - All items needed to perform nursing skills throughout the program.</td>
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<tr>
<td><strong>Textbooks</strong> - All required textbooks/Nursing Central™.</td>
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<tr>
<td><strong>Drug Screens</strong> - One per semester; random screening, as requested, or as needed.</td>
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<tr>
<td><strong>Professional Liability Insurance</strong> - Coverage for each semester.</td>
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<tr>
<td><strong>NCLEX-PN® Review Course (HURST®)</strong></td>
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<tr>
<td><strong>Shoes</strong></td>
<td>Cost Varies</td>
<td>N/A</td>
<td>N/A</td>
<td>Student Purchase</td>
</tr>
<tr>
<td><strong>Watch with Second Hand</strong></td>
<td>Cost Varies</td>
<td>N/A</td>
<td>N/A</td>
<td>Student Purchase</td>
</tr>
<tr>
<td><strong>Immunizations/TB Blood Assay - Testing/ Annual Physical Examination/CPR</strong></td>
<td>Cost Varies Depending on Vendor</td>
<td>Renewal Fees Vary</td>
<td>Renewal Fees Vary</td>
<td>Student Purchase</td>
</tr>
<tr>
<td><strong>Laptop</strong></td>
<td>Cost Varies</td>
<td>N/A</td>
<td>N/A</td>
<td>Student Purchase</td>
</tr>
<tr>
<td><strong>Personal Health Insurance</strong></td>
<td>Cost Varies</td>
<td>Renewal Fees Vary</td>
<td>Renewal Fees Vary</td>
<td>Student Purchase</td>
</tr>
<tr>
<td><strong>Approximate Pinning Costs (Hat, Lamp and Pin)</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>$72 and up (depending on pin design)</td>
<td>Student Purchase/ Non-Refundable</td>
</tr>
<tr>
<td><strong>Clinical Parking Fees/ Clinical Agency Name Badge Fees</strong></td>
<td>Varies by Site</td>
<td>Varies by Site</td>
<td>Varies by Site</td>
<td>Student Purchase</td>
</tr>
<tr>
<td><strong>Licensure/ NCLEX-PN® Fees</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>$398.25</td>
<td>Student Purchase</td>
</tr>
</tbody>
</table>
POLICY NAME: Care and Use of Kitchenette Facilities in the School of Nursing

SUBJECT: Care and Use of Kitchenette Facilities in the School of Nursing

EFFECTIVE DATE: January 2020

PURPOSE

The School of Nursing has kitchenette facilities provided for faculty, staff, and students. The Central Kentucky Career Academy has a modified kitchenette and a student lounge to create adequate space for students or faculty who choose to bring their lunch on a daily basis. These facilities must be maintained adequately to continue the privilege of use by faculty, staff, and students.

PROCEDURE:

A refrigerator and a microwave oven are supplied in each of the above-mentioned locations for daily use by faculty, staff, and students. A limited space is provided for storage of disposable paper products such as paper towels, napkins, paper plates, and utensils. No food and drink products are to be stored at any time in these locations beyond daily use. All parties using these facilities are expected to remove any leftover food items on the day of use and to clean the area of use to eliminate any traces of food immediately after use. No two-litter drink products are to be left open in these areas. This is necessary to eliminate the potential for pests (roaches, ants, rodents) in these areas and to avoid bacterial growth which might harbor disease.

Each location will establish a schedule of weekly cleaning processes to be shared by all faculty, staff and students within that location. All surfaces are to be kept clean at all times, with any food items or associated paper products/packaging placed in an appropriate trash receptacle and tied securely for pick-up by the plant operations staff. The plant staff is not responsible for cleaning up the messes; only for removal of the trash.

Failure to comply to this policy will result in suspension of the privileges of use of said kitchenette facilities. The faculty and staff of the School of Nursing wish to promote an atmosphere that is collegial and meets the needs of students, but at the same time, it is imperative that a healthy environment is maintained for all.
PROCEDURE:

Students may use the copy/printer/scanner machine located in the Student Lounge for educational purposes only. The use of the copier/printer is of no charge to the student. The only cost associated with the use of the machine is that the students must provide his/her own copy paper (Other types of paper cannot be used). The copier, printer, scanner machine located in the Faculty/Staff workroom is not permitted for student use.

Violation of this policy will result in printing/copying privileges being revoked in the School of Nursing.
PROCEDURE:

Nursing faculty will advise students when it is perceived that the student may benefit from counseling and can make a referral to the Office of Counseling Services. Students may determine that they wish to see the counselor and can make their own appointments by calling (270) 789-5070.

What kinds of services are offered?

- Free, confidential, professional counseling for students
- Help with adjusting to college life
- General Anxiety/Depression
- Grief/Loss
- Mental health screenings and assessments
- Substance abuse screenings and assessments
- Seminars for mental health and substance abuse awareness and coping skills
- Group counseling
- Educational information and resources regarding mental health and substance abuse disorders
- Referral services

Counselors at the Office of Counseling Services maintain client confidentiality to the fullest extent allowed by law, professional ethics, and institutional rules. Students will be informed about the counselor’s commitment to confidentiality and its limits before engaging in counseling. In the event that the counselors want to obtain or request another professional staff, the student will be asked to give written permission in order for the information to be shared. The only exception to the written permission would be in the case of life-threatening events and/or the student’s safety.

Students may be seen in the Office of Counseling Services for issues regarding study habits, test taking, anxiety, time management, procrastination, or for personal counseling.
POLICY NAME: Disability Services

SUBJECT: Disability Services

EFFECTIVE DATE: January 2020

PURPOSE
Campbellsville University is committed to reasonable accommodations for students who have documented physical and learning disabilities, as well as medical and emotional conditions.

PROCEDURE:

The School of Nursing abides by the University policy and follows the same procedure as outlined in the Campbellsville University Student Handbook which follows the Rehabilitation and Americans with Disabilities Act.

Each semester students must obtain documentation of the disability or condition to establish eligibility for disability services. Documentation must be from a licensed professional and current in terms of assessment (within the last 3 years). This documentation should be taken to the Coordinator of Disability Services. Until the appropriate documentation is provided, the department cannot support a student’s request for services. The Coordinator will then send verification of needed accommodations to the Dean of the School of Nursing/Program Coordinator and semester course instructors. Information regarding a student’s disability is considered confidential and will not be released to anyone without written permission of the student.

However, if the student does not give permission to notify faculty, the University will not be able to provide accommodations.

Student may contact the Coordinator of Disability Services at (270)789-5450.
POLICY NAME: Eligibility for Certified List/Licensure
SUBJECT: Eligibility for Certified List/Licensure
EFFECTIVE DATE: January 2020

PURPOSE
The student is eligible to apply for licensure after completion of all the requirements of the School of Nursing Program. In order to be placed on the “Certified List of Kentucky Program of Nursing Graduates” by the Dean, the student must fulfill all the requirements for graduation.

PROCEDURE:
All graduates of the program of nursing, regardless of the state in which the graduate intends to seek licensure, must apply for licensure through the state board of nursing of their residence. The authorized designee (Dean, Associate Dean, or Program Coordinator of the School of Nursing) will verify the completed requirements.

Requirements for graduation:
- Completion of all Practical Nursing Diploma Program curriculum requirements with a minimum grade of “C” and 700/1000 points in each course.
- Completion of general education requirements with a minimum grade of “C”.
- Completion of all requirements for Campbellsville University.
- Attendance to the Hurst® Review and completion of the School of Nursing required coursework in Elevate.
- Completion of the HESI® Exit Exam and required remediation (due before final grades are posted) as outlined in the HESI® Policy.

Student’s names will not be released for licensure by examination until all requirements have been completed and the University confers the diploma. Once completed, the authorized designee will release the student’s name to the state board of nursing.

Kentucky Residents
Graduates seeking licensure in Kentucky should visit the Kentucky Board of Nursing (KBN) website https://kbn.ky.gov/licensed-practical-nurse/Pages/lpn-examination.aspx and follow the instructions for Licensure by Examination. The graduate from the program must submit a properly executed application for licensure, as required by 201 KAR 20:370, Section 1, along with the licensure fee. Once an application is completed, the student’s name will be listed in the Affidavit of Graduation (AOG) Portal. The authorized designee will review the graduate’s submission (within the AOG portal) for completeness and check for conferral of the diploma by the University. Once reviewed, the authorized designee will reject or approve the
submission. If approved, the student will receive communication from the board of nursing regarding instructions on registering for the National Council Licensure Examination (NCLEX®).

The graduate should visit https://kbn.ky.gov/Licensure/Pages/nursing-portal.aspx for more information on beginning the KBN Nurse Portal application process. This system is part of the Optimal Regulatory Board System (ORBS), a license management system implemented by the National Council for State Boards of Nursing (NCSBN).

The applicant must submit a report from the Kentucky Administrative Office of the Courts, CourtNet Disposition System that is within (6) six months of the date of the application. Any misdemeanors or felonies on that record must be dealt with as required by 201 KAR 20:370, Section 1(3) the applicant must notify the board as soon as a new address is established after submitting the application.

The applicant must submit a copy of a marriage license, divorce decree, Social Security care, or court order to change the applicant’s name, if the applicant’s name is changed after submission of the application. The applicant must apply and take the National Council Licensure Examination (NCLEX-PN®). When taking the examination, the applicant must comply with all security procedures. The applicant must meet the requirement for completion of educational courses as required by 201 KAR 20:070 and 201 KAR 20:110

**Out-of-State Residents**
Graduates living out of Kentucky must follow the eligibility, application, and licensure requirements by examination for the state of residence. It is the graduate's responsibility to notify the Dean of the School of Nursing, Associate Dean of the School of Nursing, or Program Coordinator of the state of application and status of the application. The authorized designee will then follow the process for out-of-state residents with the Kentucky Board of Nursing and the specified state board of nursing procedure to approve the graduate for licensure by examination.
POLICY NAME: Emergency Care during School Hours

SUBJECT: Emergency Care during School Hours

EFFECTIVE DATE: January 2020

PROCEDURE:

Students must submit two emergency names and numbers to be kept on file at the School of Nursing. Clinical Instructors are to collect emergency contact numbers on the “Clinical Group Emergency Contact Roster” form on orientation day of a clinical rotation and are to email those numbers to the relevant Lead Course Faculty prior to beginning hands on activities, must be submitted to both the Secretary and Clinical Instructor prior to the beginning of clinical. Should a medical emergency such as illness or injury develop while the student is in class or clinical, faculty/staff will respond to the student’s needs appropriately and notify the Dean of the School of Nursing as soon as possible, but not to exceed 24 hours of the incident. Provision of emergency numbers gives the School of Nursing permission to contact the individuals listed as School of Nursing faculty/staff and/or Administration deem necessary. All students must obtain and maintain Personal Medical Health Insurance during their time as a student at Campbellsville University School of Nursing.

At the School of Nursing:

Depending on the nature of the emergency, faculty and/or staff will attempt to notify the student’s emergency contact person(s). At the discretion of the faculty member involved, it may be determined that more immediate care is needed. In this case, the emergency response system will be activated and appropriate care will be summoned to the School of Nursing or relevant location. In the event that an ambulance or other emergency crews should be summoned on behalf of the student, the student will be responsible for any costs associated with that care.

In the Clinical Setting:

When an illness or injury occurs in the clinical setting, faculty will respond according to the situation presented. The student will be assisted to the emergency room outpatient clinic or home as indicated. The faculty member will notify the School of Nursing Secretary in order that the emergency contact, lead course faculty, and Clinical Coordinator are notified as appropriate. The student will be responsible for any cost of care that may be incurred. The clinical agency’s policies on any specific injuries (i.e. needle stick) will be adhered to as appropriate. The faculty member present will submit documentation of the event via CU
email to the Lead Course Faculty with a copy to the Dean and Clinical Coordinator within 24 hours of the event. The School of Nursing has a specific Bloodborne Pathogens policy and Exposure Report Form that is to be utilized if an actual or potential exposure has occurred. A copy of the Exposure Report form is to be completed by faculty member involved with student at the time of the event. Faculty completing an Exposure Report form will email the Exposure Report to Lead Course Faculty with copy to Clinical Coordinator and Dean/Associate Dean of School of Nursing. Lead Course faculty review and place a copy of Exposure Report Form within the student’s permanent file. If Exposure occurs in Clinical Lab setting, copy to Simulation Instructor.
Clinical Group Emergency Contact Roster

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Emergency Contact Name #1</th>
<th>Emergency Contact Phone#1</th>
<th>Emergency Contact Name #2</th>
<th>Emergency Contact Phone#2</th>
</tr>
</thead>
<tbody>
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Instructor Name: __________________________     Instructor Contact Number: _________________
Clinical Site: ____________________________       Unit/Area/Location: _______________________
Days of Clinical Rotation: ___________________       Unit Phone Number: _______________________
Lead Course Faculty:
Course:
Program:
Semester:

This roster to be emailed to Lead Course Faculty
with copy to

Program Secretary and Clinical Coordinator
P O L I C Y  N A M E:  Financial Aid
S U B J E C T:  Financial Aid
E F F E C T I V E  D A T E:  January 2020

P O L I C Y  H I S T O R Y
R E V I S E D  D A T E  N/A

P U R P O S E
The Office of Financial Aid manages the awarding of all scholarships, grants, loans, and student work.

P R O C E D U R E:

Financial aid awards are determined primarily by student’s financial need. Students must apply for Admission and a Free Application for Federal Student Aid (FAFSA).

Students must maintain satisfactory academic progress to maintain financial aid eligibility. In most cases, students must also maintain full-time status to be eligible for financial aid. If students must withdraw from a class, they must do as officially as stated in the Campbellsville University Student Handbook in order to meet specific program guidelines and regulations. The student can consult the handbook for rules concerning refund of tuition, room, and meals according to withdrawal date/status. All students receiving financial aid are advised to seek academic counseling and financial aid advisement before deciding to change their enrollment status. Students may call the Department of Financial Aid at 270-789-5013.
P O L I C Y  N A M E: Laptop Requirements

S U B J E C T: Laptop Requirements

E F F E C T I V E  D A T E: March 2020

P O L I C Y  H I S T O R Y


R E V I S E D  D A T E: March 2020

P U R P O S E

Exams and quizzes given in the School of Nursing will be computerized. Computerized clinical documentation may also be required in various courses.

P R O C E D U R E:

All students are to have a properly functioning laptop (Windows or Macintosh) that can be brought to campus for computerized testing purposes. Chromebooks and iPads may not be compatible with some programs/applications utilized in the program of nursing; therefore, such devices should not be purchased in lieu of a Windows or Macintosh laptop computer. The full functionality of this laptop on the testing date(s) will be the student’s responsibility and includes but is not limited to: fully charged battery, back up battery, virus protection, and audio/video capabilities.

Additional requirements may be added per the instructor and/or proctors request prior to testing. Instructors will not be responsible for technical support and/or maintenance issues with the student’s electronic device. The minimum laptop/equipment required include:

- 2 GB Free HDD Space
- 4GB RAM required and 8 GB recommended
- CPU equivalent to Intel i3 2+ GHZ
- MAC OS (10.13, 10.14, 10.15)
- Windows 10 (Version 1809 or 1903 only)
- 2 Mbps upload internet speed (for home use)
- Wi-Fi access (wireless)
- Webcam
- Microphone
- Personal audio capabilities (Earbuds/earphones)
Microsoft Office 365

Adobe Acrobat Reader

Current version of Adobe Flash player

Current Versions of Microsoft Internet Explorer, Firefox, and Google Chrome (different programs/assignments may require the use of different browsers)

Jump Drive/Flash Drive

USB Port

Laptop Resources

Connecting to Wi-Fi- TigerWifi
Campbellsville University has wireless internet access available. Students will need a wireless capable device and abide by the Acceptable Use Policy. All students, faculty and staff must register their device through the registration portal before they can connect to TigerWifi. Please note, TigerWifi is for students, faculty, and staff; you will only have access to Tiger Net using TigerWifi. You will experience optimal Wi-Fi access using TigerWifi.

Connecting to Wi-Fi- TigerWifi is to be used by students, faculty and staff for optimal WIFI access and for access to TigerNet. CUGUEST is for guest of CU and has limited access (you cannot connect to TigerNet through CUGUEST). TigerSecure is for CU owned equipment.

Passwords could be different at the learning center. Please check with the faculty member for the specific password for your site.

Register your device (each semester you must register your device)

1. Select TigerWifi under your Wi-Fi options.
2. Open your web browser.
3. A Campbellsville University Web access page will appear.
4. Accept the Terms by selecting the box at the bottom.
5. Enter your Id# and TigerNet pin to log in, which will then register your device so that you are able to utilize TigerWifi and permit you to then be connected.

Microsoft Office 365

As a student, faculty or staff you have access to Microsoft Office 365.

1. Go to www.office.com/getOffice365
2. Type in your Campbellsville University email and click “Get Started”
3. Sign into your Campbellsville University email
4. Click the red text box “Install Now”
5. Save the executable file
6. After the download is complete, run the executable file
7. Type in your Campbellsville University email and then type in your password to activate Microsoft Office 365

Contact the IT department at cuithelpdesk@campbellsville.edu if assistance is required.
PROCEDURE:

Students are expected to wear their Campbellsville University School of Nursing name tags when they are in the clinical setting or are on any trips representing the University. Wearing the name tag is a matter of professionalism and is required in health care facilities to identify the student as such. Student name tags are considered a part of the student’s professional uniform.

Upon admission to the School of Nursing, the student will be asked to supply the preferred name to be placed on the name tag and the Secretary will order name tags for all students. Replacements for lost name tags or for name changes will be ordered at additional cost to the student. The Secretary should be contacted in the event of a lost name tag.
POLICY NAME: License Application and NCLEX® Registration

SUBJECT: License Application and NCLEX® Registration

EFFECTIVE DATE: January 2020

PURPOSE
Students will be advised about application for licensure as they near completion of the nursing program including licensure and testing information.

PROCEDURE:

The Kentucky Board of Nursing no longer distributes the NCLEX® Candidate Bulletin through the mail, but encourages students to go on-line to https://www.nclex.com/ to register for the NCLEX-PN® exam. Students will be given information about this procedure in their PN 304 Professional Nursing Capstone course in the 3rd semester of the program.

Students must apply for licensure in the state in which they wish to be licensed. If applying for licensure in Kentucky, all felony and misdemeanor convictions must be reported at the time of application. If the graduate has had a felony or misdemeanor conviction, no matter how old, it must be reported with a letter of explanation and a certified copy of the court record. If the court record is no longer available, a certified letter from the court attesting to the destruction or non-availability of the record must be submitted.

Please refer to your state board of nursing for licensure requirements.

For KBN Licensure by examination:
https://kbn.ky.gov/licensed-practical-nurse/Pages/lpn-examination.aspx
POLICY NAME: Servant Leadership

SUBJECT: Servant Leadership and Community Service Points

EFFECTIVE DATE: January 2020, January 2022

PURPOSE
The purpose of servant leadership is to provide students with an opportunity to serve others and earn extra course points. These experiences allow students to gain an understanding of the call to service through the model of Christian principles that lead to a lifelong integration of “servant leadership.” By serving others, students will become more aware of the needs of our local communities and the world around them. Ultimately this may lead to a lifetime passion for connecting to the world through acts of service.

PROCEDURE: Campbellsville University Mission Statement

Campbellsville University is a comprehensive, Christian institution that offers non-credit technical programs, along with certificates, associates, undergraduate and graduate programs. The university is dedicated to academic excellence solidly grounded in the liberal arts that fosters personal growth, integrity, and professional preparation within a caring environment. The university prepares students as Christian servant leaders for life-long learning, continued scholarship by using advanced research to practice at the doctoral level, and active participation in a diverse, global society.

Servant acts are designed to expose/encourage students to “learn to serve others”, “connect to giving”, “engage in community activities”

A maximum total of 2 points per course per semester can be earned if students choose to participate. One point will be assigned for each community service event completed. All community service events must be preapproved by the Academics Standards Committee prior to the beginning of each semester. Requests for additional student participation in University service events will be announced upon approval by the Academic Standards Committee. Students will have three (3) business days prior to the event to cancel their participation at a community service event, with the exception of emergency circumstances. Any student who signs up to participate in a community service project, and fails to fulfill their obligation, will not be eligible to participate in any additional events for the remainder of the academic semester. All earned community service points must be submitted to the course instructor forty-eight (48) hours prior to the final exam. Once points have been redeemed in a course, they cannot be transferred to a different course.

For Example: If a student ends a course with a total of 692 points, and has earned two community service points, this student would earn 694/1000 points. This would equal a percentage grade of 69.4%.
PROCEDURE:

Be aware that any misconduct such as cheating, plagiarism or other acts requiring disciplinary action are addressed in the Campbellsville University Student Handbook. Due to the dire consequences that dishonesty may have in the nursing profession, each student will assume accountability for professional conduct and appropriate moral and ethical behaviours, which include truthfulness, confidentiality and awareness of clients’ rights. A breach of this professional conduct will result in the student facing disciplinary sanctions as outlined in the Campbellsville University Student Handbook.

The faculty reminds students that this is an educational program which prepares you to be a liberally-educated professional nurse. The same responsible and accountable behaviours that are expected of students will be expected upon completion of the nursing program and employment in health care agencies. It is the expectation of the School of Nursing that students will be responsible adults and display appropriate professional conduct among faculty, students, and the healthcare community. Finally, as members of the Campbellsville University community, students are expected to uphold the mission and objectives of the University.

Attendance:
Attends lectures, clinical rotation, clinical/lab, appointments, and meetings as scheduled.
- Student attends all scheduled events

Punctuality:
Punctual and present for all scheduled events.
- Student is punctual for all scheduled events.

Communication:
Manages contacts and communications
- Student contacts instructor prior to a scheduled event to report/inform of an anticipated tardiness/absence except in a true emergency; then, contact made.
Respect/ Dignity:
Demonstrates respect, appreciation of, dignity toward and support of all others to include: peers, staff, faculty, preceptors, hospital personnel, their clients, all populations encountered, as well as diverse opinion, beliefs, thoughts, and/ or their experiences throughout curriculum.
- Student routinely displays respect, dignity, support and appreciation of the diverse opinions, beliefs, thoughts, and/ or experiences of their peers, staff, faculty, preceptor, hospital personnel their clients, and all populations consistently.

Self-Awareness
Demonstrates Self-Awareness
- Student maintains a high level of self-awareness related to the impact their communications have on others and their surroundings, both verbally and non-verbally.

Diversity, Equity, and Inclusion Awareness:
Demonstrates an awareness of and a responsiveness to diversity
- Student displays competency and respect during interactions that express opinions, beliefs, and/ or experiences that differ from their own.

Collegiality/Civility in the Classroom:
Demonstrates collegial and collaborative interactions.
- Student displays the ability to work with a high level of efficiency during collaborative work and on teams.

Oral Expression:
Strives for a high level of oral expression.
- Student displays a consistently high communication level that is appropriate and professional. Uses SBAR to convey thoughts and repeats feedback to verify maximum understanding.

Written Expression:
Strives for a high level of written expression
- Student expresses ideas and concepts clearly, with an absence of errors and produces paperwork with minimal correction on a consistent basis.

Initiative & Reliability:
Demonstrates initiative, reliability and dependability
- Student takes initiative to plan and complete work in a timely manner; all assignments are submitted timely on a consistent basis.

Responsiveness to Feedback:
Displays motivation to improve oneself with use of instructor feedback.
- Student is consistently receptive to the recommendations and suggestions of others; adjusts performance accordingly as is appropriate.
Compliance with Professional Requirements
Displays compliance with the professional conduct policy of CUSON and those of all Governing Entities/Agencies and Nursing Regulatory Standards
- Student consistently demonstrates compliance with all Professional Nursing Mandates and Requirements.

Compliance with the ANA Code of Ethics:
Demonstrates compliance with Code of Ethics in its entirety.
- Student complies with ANA Code of Ethics consistently.

Responsiveness to Communication:
Uses departmental communications as instructed/required.
- Student checks email consistently, seeks correspondence from peers and/or instructors and is prompt to respond.

Professional Appearance:
Displays professional appearance according to CUSON dress code policy. Further, attire does not interfere with professional relationships, distract attention, impede task performance or completion of tasks and responsibilities.
- Student’s appearance is consistently appropriate for classroom and all professional settings outlined in the CUSON Student Handbook.
PROCEDURE:

The nursing profession requires intensive training and preparation, as well as life-long learning. Students will be responsible for maintaining their assignments and for preparation for all didactic and clinical learning experiences.

It is the responsibility of the student to keep up with the required hours of the 120-hour internship and to submit documentation as indicated by the Clinical Instructor.

Students are also responsible for upholding their financial responsibilities to the University. This includes compliance with any regulations or requirements associated with financial aid. Students can refer to that section in the Campbellsville University Student Handbook for more information related to this subject.

Students are responsible to ensure that their learning environment is free from distractions. This includes being accountable for all outside tasks that may interfere with the school day: financial responsibilities, child care or elder care (if applicable), work obligations, etc. The student should ensure that these duties are met, so that s/he can focus all efforts on study.

As students of Campbellsville University, individuals are responsible to conduct themselves in a manner that is consistent with the Christian values upheld by this institution. Whether on campus or on field trips with University groups, students are expected to maintain the Campbellsville Philosophy of Behaviour as outlined in the Campbellsville University Student Handbook.

According to the Campbellsville University Student Handbook, the students at Campbellsville University are expected to display maturity in selecting a style of dress consistent with the purpose and mission of the institution.

- In the Chapel, students are expected to dress in a manner reflecting the unique atmosphere of the chapel service they are attending. Hats are prohibited from being worn in Chapel services.
• In the classroom, students should dress in a manner that reflects an attitude toward learning and scholarly pursuit on a Christ-Centered university campus.

• Examples of **appropriate classroom attire** include:
  o Sweat shirts or jogging suits
  o T-shirts
  o Jeans or denim attire
  o Capris, shorts that are at least mid-thigh in length
  o Dresses, skirts that are at least mid-thigh in length
  o Personal undergarments should be white or flesh tone and worn at all times
  o Open or closed shoes, sandals, boots

• Examples of **inappropriate classroom attire**:  
  o Clothing with tobacco, alcohol, harassing, or discriminatory advertisement
  o Low-cut tops, strapless, spaghetti straps, or clothing that exposes the midriff
  o Shorts that are shorter than mid-thigh length
  o Dresses, skirts that are shorter than mid-thigh length
  o Personal undergarments that are not white or flesh tone and can be seen through clothing

Faculty has the right to determine that a student’s dress is inappropriate for the classroom and can dismiss the student for the day. If a student has questions about whether a particular item of clothing is appropriate, they should ask the instructor prior to class.

Upon graduation, students must comply with licensure requirements as noted in the policy on Eligibility for Licensure.
POLICY NAME: Use of Email as Official Correspondence with Students

SUBJECT: Use of Email as Official Correspondence with Students

EFFECTIVE DATE: January 2020

PURPOSE

Campbellsville University provides each student with their own email account at the time of enrollment. This email serves as the official correspondence between Faculty and Students.

PROCEDURE:

It is the responsibility of the student to check their account twice daily and to utilize the account for correspondence with Faculty and Staff. The Faculty and Staff will neither recognize nor respond to any email received from any other account. Students will be expected to use professional email etiquette when using email communication with faculty and staff. Faculty and staff will typically respond to email correspondence within 24 hours of receiving an email.
SECTION VI- CLINICAL/LAB

<table>
<thead>
<tr>
<th>POLICY NAME:</th>
<th>Bloodborne Pathogens</th>
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<tr>
<td>SUBJECT:</td>
<td>Bloodborne Pathogens Policy</td>
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<tr>
<td>EFFECTIVE DATE:</td>
<td>January 2020</td>
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**POLICY HISTORY**

<table>
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<tr>
<th>REVIEWED DATE</th>
<th>January 2020, April 2020, August 2020, December 2020, October 2021, October 2022, October 2023</th>
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<td>REVISED DATE</td>
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**PURPOSE**

The Bloodborne Pathogens Policy is designed to establish a mechanism for appropriate treatment, follow-up and counseling after exposure to blood or body fluids while in the clinical setting. Documentation of the incident is required to track data related to injuries in clinical settings.

**PROCEDURE:**

Faculty and students of the School of Nursing at Campbellsville University must seek appropriate treatment, follow-up, and counseling after exposure to blood or body fluids.

An exposure is defined as:

- A needle or other puncture wound from a source presumed to be contaminated with blood and/or body fluids.
- Direct contact of non-intact skin (open lesion, chapped, or abraded skin) with blood or body fluids
- Mucous membrane contacts from a known source of blood or body fluids (a splash in the eye, mouth, or any other mucous membrane lining).

1. In the event that a student or faculty member is exposed to a bloodborne pathogen during a scheduled clinical experience the agency’s exposure policy shall be followed. The student/faculty will, at a minimum:

   - Initiate immediate treatment by:
     - Cleaning the wound/skin area with soap and water.
     - Flushing mucous membranes with tap water or saline.
     - Serious injuries requiring suturing or physician intervention should be promptly evaluated according to agency’s direction or according to insurance requirement of the faculty/student.
   - Notify the appropriate agency representative.
   - Faculty will report the exposure to the appropriate supervisors and assist the student in completing any required agency documentation.
   - **The exposed individual is responsible for any costs related to testing and treatment of self and testing of the source.**
2. In the event that a student or faculty member is exposed to a bloodborne pathogen during a scheduled clinical experience while **NOT** in a traditional clinical setting (i.e. community-based experiences such as school health or community screening) the following procedure should be followed:
   - Provide immediate first aid treatment as described above.
   - Proceed to closest emergency facility to initiate post-exposure screening, treatment and counselling.
   - The faculty/student is encouraged to seek post-exposure treatment per the Centers for Disease Control (CDC) Guidelines.
   - The exposed individual is responsible for costs related to testing and treatment of self and testing of the source.

3. Following exposure, nursing faculty should complete the Exposure Incident Report and submit copies to the School of Nursing Dean and Clinical Coordinator for review or follow-up.

4. While it is an individual decision whether to comply with the recommended post-exposure screening, treatment, counseling, or follow-up, the student/faculty should be offered available resources such as the Local Health Department.

5. Additional information on “Occupational Exposure to Bloodborne Pathogens” is available from the OSHA website, [www.osha.gov](http://www.osha.gov)
Exposure Report Form

Instructions
Please provide all requested information. Submit copies of this form to the Dean copied to the Clinical Coordinator within 24 hours of the incident.

Part I • General Information

______________________________________________   ______________________________
Name of Exposed Individual (print)               Date of Birth

Address

________________________________  _____________________  __________________
City       State               Zip

Part II • Description of Incident

___________________________________         ________________  o am  o pm
Date of Incident            Time

Clinical Location (i.e., name of agency/facility as well as department or area where incident happened)

Location of body affected

Route of Exposure (puncture, needle stick, splash, etc.)

Substance or Type of Body Fluid Exposure
Provide a detailed description of exposure incident as follows:
Explain how the exposure occurred and what part of the body was affected. Include specific location of injury on body, type and amount of fluid, depth of injury if percutaneous, volume of fluid if skin or mucous membrane, and condition of injured skin (chapped, abraded, intact.)
Part III * Post-Exposure and Follow-Up Examination

I, _________________________________, was involved in an exposure incident as defined by OSHA. A copy of the Incident Report is attached.

**Please place your initials in spaces provided below to acknowledge your understanding.**

_____ I understand that the purpose of post-exposure is to assure my full understanding of whether or not I have been exposed to or been infected with an infectious disease as a result of this incident.

_____ I understand it is my responsibility to seek emergency medical attention according to CDC guidelines. I elect to implement the following process below for treatment:

A. My own personal physician, ______________________________________________________
   Name – Address – Phone Number

B. Emergency Department: ___________________________________________________________
   Name of Facility

C. Other (Specify): ____________________________________________________________________

D. I, of my own free will and volition, have elected not to have a medical evaluation
   (Must be signed by a witness).

________________________________________________________________________________________
Name (print)

______________________________________________________                      _______________________
Signature          Date

________________________________________________________________________________________
Street Address with City, State, and Zip Code

________________________________________________________________________________________
Witness Name (print)

_______________________________________________________   ________________________
Witness Signature         Date
POLICY NAME: Clinical Evaluations
SUBJECT: Clinical Evaluations
EFFECTIVE DATE: January 2020

PURPOSE
Nursing classes at the School of Nursing have clinical components that must be taken concurrently with the theory class. These clinical components must be passed in order to complete the requirements for the class. The clinical component is assessed on a pass-fail basis.

PROCEDURE:

In order to pass the clinical portion of any given class, the student must meet specified clinical indicators. The clinical indicators are made specific for each course and incorporated into the course clinical evaluation tool:

- Maintains safety of client, self, and environment.
- Performs essential skills safely and satisfactorily.
- Exhibits caring behaviors, showing no disrespect to the client.
- Administers medications safely.
- Displays professional behaviors in the lab/clinical setting focusing on punctuality, preparation, attitude, appearance, communication, confidentiality, and accountability.

Students will be evaluated using clinical indicators and other course specific evaluation criteria. Specific scoring will be used to identify any weaknesses in performance and formative evaluations will be given. If any clinical indicators or other designated criteria are found to be unsatisfactory according to the evaluation tool grading criteria, the student will be placed in Clinical Warning and a plan will be determined by student, the clinical instructor and lead course faculty to correct any deficiencies. Failure to achieve any of the critical indicators mentioned above throughout the clinical component of the course can result in immediate clinical failure. Clinical Failure will result in course failure as well.

Performance in an unsafe manner may result in dismissal from the program at any point. Preventable injury of client or other person may also result in dismissal.

Students are expected to be self-motivated and responsible for preparation for the clinical experience. The student is expected to be prepared to provide patient care as assigned. Lack of preparation for the clinical day will result in dismissal from the clinical experience with a Clinical Absence for that day, and be placed on Clinical Warning. The student may be referred to the Clinical Laboratory for additional practice if not adequately prepared to provide client care. This lack of preparation will be noted in the clinical evaluation.
PROCEDURE:

The assigned faculty member overseeing the practicum program within the School of Nursing will use the following determinates when approving a preceptor for an individual student.

Approval of Clinical Preceptors

Clinical Preceptors will be approved and appointed based on the following criteria reflecting the Kentucky Board of Nursing 201 KAR 20:310 and ACEN Accreditation Requirements. Students will not seek out their own preceptor, as this is done as a collaborative effort between lead clinical faculty and clinical coordinator at the School of Nursing.

- Clinical Preceptors must have a minimum of one year of full-time clinical experience as a licensed practical nurse, two years is preferred.
- The Clinical Preceptor shall submit a completed copy of the Clinical Preceptor Form.
- The Clinical Preceptor shall have evidence of clinical competencies related to the area of assigned clinical teaching responsibilities.

The Kentucky Board of Nursing further defines the role and responsibility of a preceptor as follows:

1) A preceptor may be used to enhance clinical learning experiences. If a preceptor is used, it shall be done after a student has received clinical and didactic instruction from the program faculty in all basic areas for the course or specific earning experience.
2) A preceptor shall hold a current unencumbered license, privilege, or temporary work permit to practice as a registered nurse in the state of the student’s clinical site. In a practical nursing program, a preceptor may hold a current unencumbered license, privilege or temporary work permit to practice as a licensed practical nurse in the state of the student’s clinical site.

3) A preceptor shall not be used to replace clinical instructors. The ratio of student to preceptor shall not exceed (2) to one (1). Clinical Instructors or nurse faculty retain responsibility for student learning and confer with the preceptor and student for the purpose of monitoring and evaluation learning experiences.

4) There shall be documentation of orientation to the course, program outcomes, student learning objectives, evaluation methods to be utilized by the faculty, and documented role expectations of faculty, preceptor and student.

**Orientation to Role**

Members of the School of Nursing Faculty will orient the Clinical Preceptors to their assigned role. Orientation will include:

- Providing instructor contact information and orientation to the course via email or phone.
- PowerPoint will be provided to preceptor explaining End-of-Program student learning outcomes (EPLOS), course specific outcomes and student learning objectives.
- Provided with a copy of the weekly evaluation tool and how to utilize and collaborate with student to use and document on the evaluation tool.
- Roles and responsibilities will be given and explained to determine preceptor, student and clinical instructor roles.

**References:**

Kentucky Board of Nursing. (2019). *Faculty for Prelicensure registered nurse and practical nurse programs*. Legislative Research Commission. [201 KAR 20:310]

The School of Nursing will select clinical sites based on the selection criteria designated for the nursing student learning needs.

PROCEDURE:

The Clinical Coordinator in conjunction with the Dean of the School of Nursing/Associate Dean of the School of Nursing and other faculty and staff will review potential clinical facilities to determine suitability for nursing student learning needs. The Clinical Site Selection Evaluation Tool will be utilized when evaluating potential clinical facilities, to ensure the respective sites provide an optimum learning experience for students to achieve the learning outcomes and meet the selection criteria for the School of Nursing program outcomes to determine the establishment an affiliation agreement.

The following process serves as protocol for the selection of clinical site:

1. Clinical Coordinator in conjunction with relevant faculty and staff, will schedule a new site visit based upon interest and clinical potential.
   a. Marketing materials for all CU programs, Business Cards, and promotional gifts as available are provided to facility at time of site visit.
   b. Clinical Coordinator completes the Clinical Site Selection Evaluation Tool, upon visiting the potential clinical site.
   c. Clinical Coordinator reviews completed Clinical Site Selection Evaluation Tool in conjunction with relevant faculty and staff to determine suitability.
   d. Clinical Coordinator sends the completed Clinical Site Selection Evaluation Form to Clinical Compliance & Regulatory Administrative Coordinator to initiate and establish an affiliation agreement.
2. Clinical Compliance & Regulatory Administrative Coordinator contacts facility to initiate affiliation agreement.
   a. Clinical Compliance & Regulatory Administrative Coordinator collaborates with Dean to secure signature on behalf of School of Nursing
   b. Clinical Compliance & Regulatory Coordinator sends Clinical Site Selection Tool to Clinical Coordinator with notification of executed affiliation agreement.
# Clinical Site Selection Tool

**Name of Clinical Site:** ______________________________________________________________________

**Date:** ________________________________________________________________________________

**Site Faculty Reviewer(s):** ________________________________________________________________________________________________________________

**Academic Semester:**   Fall      Summer     Spring      **Academic Year:** ______________

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Meets Criteria?</th>
<th>Follow Up Needed?</th>
<th>Resolution/Revisit outcomes?</th>
</tr>
</thead>
</table>

- **Clinical site has client volume that is adequate to ensure sufficient numbers and types of clients to acquire the skills required to meet core curriculum guidelines, program goals and practice.**

- **Clinical site has adequate space for students, including adequate conference rooms, areas for documentation, and break space.**

- **Clinical site has adequate resources available, including: Access to personal protective equipment; Clearly written, accessible policies and procedures; Licensed staff in adequate numbers who retain ultimate responsibility for client population; Medical record system access, as necessary, for participation in learning outcomes; Current nursing reference books and/or Internet access protocols; and protocol established for emergency care.**

- **Clinical site willing to collaborate with program to ensure appropriate orientation process provided to introduce faculty and students to facility, department rules and policies, procedures for handling emergency codes, variations in dress code, educational opportunities, etc.**

- **Clinical site has an identified liaison to collaborate with Clinical Coordinator and course faculty in planning of student experiences geared toward achievement of overall program outcomes.**

- **Clinical site mission and philosophy are compatible with the objectives and learning needs of students within the program.**

- **Clinical site is in a location that is reasonably accessible from campus/center where the program of nursing is offered.**

- **Clinical site is willing to coordinate the placement of students so that if multiple schools are present, the nursing program will not suffer negative consequences.**

- **Clinical site is in good standing with accrediting body/Medicare-Medicaid certification of compliance.**

- **Clinical site agrees to communicate regularly with Clinical Coordinator to discuss any problems or potential risks that could affect student-learning outcomes.**

- **Clinical site is evidence-based; reflects contemporary practice and nationally established client health and safety goals; and supports the achievement of end-of-program student learning outcomes.**

**Based on the above findings reviewer(s) recommend using this facility in the following manner (Courses/Units):**

__________________________________________________________________________________________

__________________________________________________________________________________________

**Site Faculty Reviewer Signature** ___________ **Date** ___________  **Site Faculty Reviewer Signature** ___________ **Date** ___________

**Facility contact information for agreement:**
- **Name:** ____________________________
- **Phone:** ____________________________
- **Email:** ____________________________

**Date notified to initiate agreement:** ______________

**Date initiation of agreement sent:** ______________

**Date agreement legally executed:** ______________
In order to clarify expectations and increase consistency among clinical groups the following guidelines will be followed.

PROCEDURE:

In order to clarify expectations and increase consistency among clinical groups the following guidelines must be met:

- Students are to be present for and receive report from the primary nurse at the beginning of each clinical day/shift as relates to course expectations.
- Students should not leave the facility for lunch, and the time allowed for lunch should be mindful of overall mission.
- All documentation must be turned in at the end of each clinical day (or as stated in course syllabus, or as agreed upon by lead Instructor.)

The students are given clinical credit for every hour that they are in clinical. In order for our students to achieve the maximum benefit of each clinical experience, Clinical Instructors must make every effort to plan activities in order that students get the most exposure to direct patient care situations. Any special gatherings (not included in the syllabus criteria, directly pertaining to course objectives) must be arranged on time other than clinical instructional timeframe.
POLICY NAME: Clinical Setting Student Personal Safety

SUBJECT: Clinical Setting Student Personal Safety

EFFECTIVE DATE: January 2020

PURPOSE
Guidelines for Student Safety in the Clinical Setting

PROCEDURE:

Students should recognize that with any clinical setting potential hazards may exist. Students must be aware of the environment surrounding the clinical setting and take adequate precautions to ensure personal safety. Students are asked to observe safety regulations in transportation to and from the clinical site. Also, students must be observant when walking to and from the buildings and parking areas and be vigilant for signs of danger that may exist. Students are encouraged to be aware of and to utilize facility safety and security resources as needed.
POLICY NAME: Confidentiality

SUBJECT: Confidentiality

EFFECTIVE DATE: January 2020

PURPOSE

Students must maintain patient confidentiality at all times. “Patient confidentiality” means that students and faculty/staff are not permitted to discuss patient information outside of the learning environment.

PROCEDURE:

Discussion in the learning setting should be limited to items pertaining to patient care. No patient-related documents are permitted outside the learning environment. Students must observe agency/facility polices regarding destruction of any forms used for educational purposes.

Hospital Patient Confidentiality Reminders:

- Patient information should only be discussed with other members of the health care team who have a “need-to-know.” Do not discuss patient information with anyone else, including fellow employees and your family members.

- Do not tell unauthorized persons that you saw or have knowledge of a patient being seen as an outpatient. Authorized persons are those members of the health care team who have a legitimate “need-to-know.”

- Do not access any information (Example: looking in a neighbor’s medical record) unless authorized in your job duties. Do not access more information that is necessary to perform your job.

- Speak quietly and discreetly so patients, visitors, and others will not overhear your telephone or other conversation with or about patients.

- If you have a question regarding which family members of a patient you are authorized to speak with concerning a patient’s medical information, ask the patient or your supervisor.

- Before answering questions concerning a patient over the phone, verify with whom you are speaking, to determine whether they are authorized to receive the information.
• Do not leave papers containing patient information (Example: O.R. schedules, test results, open charts) in open view of unauthorized persons. Likewise, turn your computer screen away from open view and/or use screen saver or fade to dim.

• Do not discard papers containing patient information in the trashcan. Have them shredded or hand-shred them in small pieces before discarding them.

• When copying documents containing patient information, make sure that any defective copies are destroyed.

• Ask visitors to step out of a patient’s room when conversations take place regarding medical treatment, diagnosis, etc., unless the patient authorizes the visitor to be present. Speak softly if there is a roommate, to protect the patient’s privacy as much as possible.

• When your duties require you to handle confidential information of your friends or acquaintances, if possible, ask for reassignment to protect that person’s privacy as much as possible.

• In faxing patient information to authorized facilities, verify that the recipient is attending the fax machine, especially if their machine is shared by other persons or departments. Use caution in dialing fax numbers. Always use a fax cover sheet with confidentiality statement when faxing documents.

• Intentional or unintentional breaching confidentiality could result in clinical failure at the instructor’s discretion.

• Do not use the intercom system about confidential information regarding a patient.

• Do not transfer calls from your area to the room of a secured patient.

• Refer media inquiries regarding patient information to the instructor or clinical preceptor.

• When making a phone call to relay patient or other confidential information, if the party is not home, do not leave detailed information on answering machines or with another person answering the phone. Simply state your name, number, and ask that the intended person return your call.

• Consult with your nursing instructor/preceptor regarding any exceptions to these rules.
**POLICY NAME:** Criminal Background Check and Other Applicable Screenings  
**SUBJECT:** Criminal Background Check and Other Applicable Screenings  
**EFFECTIVE DATE:** January 2020

**PURPOSE**
Incoming students must submit to a criminal background check and other applicable screenings prior to starting courses in the Nursing Program. A student’s conditional acceptance into the Nursing Program may be revoked based upon the results of the criminal background check/applicable screenings where the results reveal information which indicates unfitness for the study and/or practice of nursing.

**PROCEDURE:**
Current students in the Nursing Program are also required to submit to criminal background checks and other applicable screenings by a vendor that is approved by the University prior to the beginning of each semester. A student may be dismissed from the Nursing Program where the background check/applicable screenings reveals information which indicates unfitness for the study and/or practice of nursing.

Failure to provide truthful information as part of a criminal background check or other screening may result in dismissal from the Nursing Program or other appropriate sanction.

Students are required to immediately report (within 48 hours) any arrests and/or convictions which occur while the student in enrolled in the Nursing Program to the Dean of the School of Nursing. Failure to timely report this information can result in the student’s dismissal from the Nursing Program or other appropriate sanction.

The University partners with various healthcare entities to provided clinical experiences for students as part of the educational requirements of the Nursing Program. Students must consent to the University sharing the results of any criminal background check or other related screening with healthcare entities where the student may be placed to complete a clinical experience. These healthcare entities may deny clinical access to students on the basis of the results of their criminal background checks or other screening. When a student is denied clinical access under these circumstances, the student will be unable to complete the required clinical component of the nursing course, which will result in a failing grade for the nursing course and may result in the student not being able to complete the Nursing Program. Students will not be entitled to any reimbursement of tuition, fees or other costs if they are unable to complete the Nursing Program as a consequence of their criminal background/applicable screening results.
Students (incoming and current) are responsible for paying the cost of any required criminal background checks or other applicable screenings.

Students are also advised that the Kentucky Board of Nursing requires applicants for licensure to report criminal convictions and to submit to a criminal background check. Further, persons licensed or credentialed through the Kentucky Board of Nursing must report criminal convictions to the Board. Students are provided with a brochure from the Board of Nursing entitled "Mandatory Reporting of Criminal Convictions" and should consult the Board of Nursing for additional information.

Reference:
Deniker, S. (November 2019). Personal & Email Communications with Steptoe & Johnson
POLICY NAME: Drug and Alcohol Screening  
SUBJECT: Drug and Alcohol Screening  
EFFECTIVE DATE: January 2020  

PURPOSE: Guidelines for Drug and Alcohol Screening at the School of Nursing  

PROCEDURE: Drug and Alcohol Testing/Drug –Free Environment  

Because students in the Nursing Program will be working in health care settings, it is imperative for the safety and well-being of patients, other students, health care workers, faculty members and others that students are not acting in an impaired state as a result of the use of drugs or alcohol. Therefore, as a condition of admission and continuance in the Nursing Program, students are required to submit to drug and alcohol testing prior to the beginning of each semester and any other time as required for a clinical placement.  

Further, students may also be tested where there is a reasonable suspicion that they may be impaired or otherwise under the influence of drugs or alcohol. Finally, students are subject to random drug and alcohol testing to be conducted at the discretion of the University.  

Refusal to submit to a required drug and alcohol test is grounds for non-admittance or dismissal from the Nursing Program. Further, providing false information as part of a drug and alcohol test or attempting to manipulate the testing results through sample adulteration or other means is grounds for non-admittance or dismissal from the Nursing Program.  

The drug and alcohol testing of applicants and students in the Nursing Program will be conducted by an independent agency which is contracted by the University. Specific questions related to testing procedures and challenges to testing results should be directed to the agency conducting the testing. The cost of testing is determined by the independent agency which conducts the testing and payment of that cost will be the sole responsibility of the applicant or student, except that the University will pay for random testing.  

A positive drug or alcohol test may result in an applicant being denied admission into the Nursing Program; a student being denied placement at a clinical site; a student being required to successfully complete a drug or alcohol rehabilitation program (which is approved by the Dean of the School of Nursing) and meet other required conditions to be eligible to continue in the program or be considered for re-enrollment; and enrollment;
and/or expulsion from the Nursing Program. The Dean of the School of Nursing shall make the final decision regarding appropriate action to be taken against an applicant or student as a result of a positive drug and alcohol test.

The University partners with various health care entities to provide clinical experiences for students as part of the educational requirements of the Nursing Program. Students must consent to the University sharing the results of any drug and alcohol testing with health care entities where the student may be placed to complete a clinical experience. These health care entities may deny clinical access to students on the basis of the results of their drug and alcohol tests. When a student is denied clinical access under these circumstances, the student will be unable to complete the required clinical component of the nursing course, which will result in a failing grade for the nursing course and may result in the student not being able to complete the Nursing Program.

Students will not be entitled to any reimbursement of tuition, fees or other costs if they are unable to complete the Nursing Program as a consequence of their drug and alcohol test results.

Students are required to notify their nursing/clinical faculty member advisor of the use of any prescribed medication which may interfere with their ability to care for patients or otherwise participate in a clinical placement.

The following conduct is also prohibited by students in the Nursing Program and will result in any of the disciplinary actions described above related to positive drug and alcohol tests:

- Use, possession or distribution of illegal substances or substances not used in accordance with the applicable prescription.

- Reporting to class, clinical placement or other student activity while in an impaired state due to drug or alcohol use.

Applicants and students must immediately notify the Dean of the School of Nursing if they are the subject of any campus, criminal or other investigation related to the use, possession or distribution of alcohol or drugs or if they are charged with or convicted of a drug or alcohol-related offense. The Dean will determine what action, if any, should be taken with regard to the student based upon these issues.

Students are subject to the other policies of the University related to discipline for the use, possession and/or distribution of drugs or alcohol.
**POLICY NAME:** Immunization/Certification/Applicable Screenings Requirements  
**SUBJECT:** Immunization/Certification/Applicable Screenings requirements  
**EFFECTIVE DATE:** January 2020, January 2021, January 2022

**PROCEDURE:**

Campbellsville University School of Nursing uses an online clinical database repository to maintain all student immunization, certification, and applicable screening requirements. All students are required to upload all immunization, certification, and applicable screening requirements to the online clinical database repository upon admission into the program. After admission, students are responsible for monitoring all requirements and are required to remain in compliance with all requirements by avoiding any lapse while in the nursing program. By uploading the required documents into the online clinical database, students grant the School of Nursing permission to share these documents with interested parties as requested for clinical placements. Students are required to pay for the usage of the online clinical database repository throughout the entirety of their nursing program.

**Immunization/Certification/Applicable Screening Requirements**

The following immunizations, certifications, and applicable screening requirements have been established to help protect students, faculty, healthcare providers, and clients during encounters with one another. These requirements may change based on Center for Disease Control (CDC) recommendations and/or changes to clinical facility requirements. Students will be informed as soon as advance as possible of any changes to any immunizations, certifications, and applicable screening requirements due to CDC recommendations or facility requirements, as well as any deadlines for these changes that must be met.

- **Tuberculosis Screening:**
  - **Initial Admission:** Applicants must upload proof of negative blood assay testing results within the last year, with the school TB screening form (attached).
  - **After Admission:** Students will be required to upload proof of negative repeat annual blood assay testing, with a repeat annual school TB screening form. The online clinical database repository will schedule the renewal date for annual blood assay testing to one year from the administered date on the last blood assay testing.
results uploaded. Annual blood assay testing must be completed and uploaded prior to the renewal date assigned to avoid a lapse. A lapse will occur for any annual blood assay testing results not uploaded prior to the required renewal date.

- **Positive Reactors:** Positive reactors will be directed to consult with a Healthcare provider until the appropriate documentation can be provided indicating the student “can be considered free of tuberculosis in a communicable form.” Students may be required to upload chest X-rays, screenings, questionnaires, or other required documents with the school TB screening form provided.

- **MMR’s:**
  - **Initial Admission:** Proof of two vaccinations (documented after 12 months of age) is required. If vaccination records are unavailable, laboratory evidence of immunization will be acceptable.

- **Diphtheria, Tetanus, and Pertussis (Tdap):**
  - **Initial Admission:** Proof of Tdap vaccination received within the last 10 years.
  - **After Admission:** Renewal date will be set to 10 years from the last documented Tdap administered date uploaded. A lapse will occur for any Tdap vaccine renewal not uploaded by the scheduled renewal date.

- **Varicella (Chicken Pox):**
  - **Initial Admission:** Proof of two vaccinations is required. If vaccination records are unavailable laboratory evidence of immunization will be acceptable.

- **Polio:**
  - **Initial Admission:** Proof of initial series (3). If vaccination records are unavailable laboratory evidence of immunization will be acceptable.

- **Hepatitis B:**
  - **Initial Admission:** Proof of initial series (3) and Hepatitis B Surface Antibody Titer (HBsAB) results. If vaccination records are unavailable, laboratory evidence of immunization will be acceptable (HBsAB titer results only).
  - **After Admission:** If Hepatitis B Surface Antibody titer results required for admissions indicates non-immunity, students are required to consult with a healthcare provider to receive a repeat Hepatitis B adult series in an effort to reach immunity. The online clinical database depository will assign additional Hepatitis B requirements for any negative titers, assigning due dates for each repeat vaccine required based on CDC guidelines, and a repeat Hepatitis B Surface Antibody titer 6-8 weeks after receiving the last repeat dose. If repeat Hepatitis B Surface Antibody titer indicates non-immunity, the student will be considered a “non-responder” and no further action is required. A lapse will occur for any
documentation of a repeat Hepatitis B adult vaccine not uploaded by the assigned due date.

▪ **Influenza:**
  o **Initial Admission:** Proof of current immunization must be obtained no earlier than September 1st and no later than November 12th.

▪ **COVID-19:**
  o **Initial Admission:** Proof of complete COVID-19 vaccination card, CU School of Nursing Medical Exemption Request, or CU School of Nursing Religious Exemption Request (please review the additional information/guidelines regarding exemptions on page)
  o **After Admission:** Although CU School of Nursing does not mandate COVID-19 vaccination or any additional boosters, some clinical facilities may require the COVID-19 vaccine and/or additional COVID-19 boosters which may be a requirement for student clinical placement within those facilities.

▪ **CPR Certification:**
  o **Initial Admission:** Proof of current BLS Healthcare CPR Certification from the American Heart Association.
  o **After Admission:** Renewals for CPR certification will be set by the online clinical database repository based on the existing expiration date documented on the current CPR certification uploaded. A lapse will occur for any CPR certification renewal not uploaded by the assigned renewal date.

▪ **SRNA (State Registered Nurse Aid) or PCT (Patient Care Technician):**
  o **Initial Admission:** Proof of current SRNA or PCT license, with no restrictions or disciplinary actions.
  o **After Admission:** Renewals for SRNA or PCT certification will be set by the online clinical database repository based on the existing expiration date documented on the current license uploaded. A lapse will occur for any SRNA/PCT renewal not uploaded by the assigned renewal date.

▪ **OSHA & HIPPA Training:**
  o **Initial Admission:** Completion of the OSHA and HIPPA training modules provided by the online clinical database repository and uploaded completion certificates prior to admission.
  o **After Admission:** Renewals will be set annually for students in the nursing program. A lapse will occur for OSHA or HIPPA training renewals not completed by the assigned due date.
• **Fitness For Duty:**
  o **Initial Admission:** Proof of a physical examination within 1 year on the CU School of Nursing Fitness for Duty form.  
  o **After Admission:** Although CU School of Nursing does not require any physical exam renewals, some clinical facilities may require an updated physical exam which may be a requirement for student clinical placement within those facilities.

• **Health Care Coverage:**
  o **Initial Admission:** Current Certificate of Coverage letter indicating active coverage from the health insurance company.  
  o **After Admission:** Renewals will be set to any expiration date documented on the current uploaded Certificate of Coverage letter, or 1 year from the date the letter was uploaded into the online clinical database repository. A lapse will occur for any proof of active coverage not uploaded by the assigned due date.

• **Drug Testing:**
  o **Initial Admission:** Drug screening results will be uploaded after initial admission, and after the beginning of each semester throughout the entirety of the nursing program.

**Student Non-Compliancy Process & Procedures**

Students are responsible for monitoring and maintaining all immunization, certification, and applicable screening requirements in the online clinical database repository throughout the entirety of their nursing program. Students are responsible for uploading the required documentation by any set required deadlines to avoid any lapse, resulting in non-compliance.

If a student fails to maintain compliance in any immunization, certification, or applicable screening and a lapse in a requirement renewal occurs, the student becomes ineligible to attend any lecture, clinical, or scheduled course activity until the requirement is brought to compliance. Notification of the lapse and the student’s ineligibility to attend any course activity until the requirement is compliant will be sent to the student, lead course faculty, and/or clinical instructor by the Clinical Compliance & Regulatory Coordinator. The notification will be sent the day the lapse occurs unless the student’s lapse could occur on a scheduled clinical rotation day. If a student is scheduled for clinical the day a requirement is required to renew, the notification will be sent the day prior so all parties are aware the student is ineligible to attend the next scheduled clinical until the documents are uploaded.

Syllabus policies will apply for students who allow a lapse to occur resulting in non-compliance and ineligibility to attend any course activities.

Students are required to attend in person or “face to face” clinical rotations. Virtual clinical experiences cannot substitute in person or “face to face” experiences to accommodate a student’s non-eligibility status due to lapse in a requirement.
**Medical & Religious Exemptions For Immunization Requirements:**

- **Medical Exemption:**
  - Students can request medical exemptions for immunization requirements based on a medical condition that is a contraindication to any required vaccination. A list of established medical contraindications to vaccinations can be found on the Center for Disease Control and Prevention website for Guide to Contraindications at the below website or on the package insert of each vaccine: [https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html)
  - All medical exemptions must be completed and signed by a licensed, treating, medical provider on the CU School of Nursing Medical Exemptions form.

- **Religious Exemptions:**
  - Students can request religious exemptions only for COVID-19 vaccinations due to sincerely held religious beliefs. Students who are requesting a religious exemption must submit a completed CU School of Nursing Religious COVID-19 Exemption form.

- **Medical/Religious Exemption Request for COVID-19 Vaccination:**
  - Campbellsville University School of Nursing will make efforts to place non-COVID-19 vaccinated students in clinical facilities that do accept Medical and Religious Exemptions if a placement is available.
  - Students are aware that reporting a Medical or Religious Exemption for the COVID-19 vaccination, could result in non-clinical placement if a facility requires COVID-19 vaccination, or a Medical or Religious Exemption is not accepted. Therefore, this does not guarantee clinical facility placement for non-COVID-19 vaccinated students will be made.
  - Students who are unable to be placed in a clinical facility due to non-vaccination status and facility non-availability could result in not meeting the course clinical outcomes, therefore advancement in the course might not be possible.
  - Students who are able to be placed in an available clinical facility with an approved Medical or Religious Exemption from the facility, are aware they are responsible for any additional expense that may occur for weekly required PCR testing, appropriate mask, or any additional COVID-19 requirements required by the facility.
Immunization Report for Campbellsville University School of Nursing
Required for entrance into School of Nursing and placement at Clinical Sites

Student Name: ________________________________________________

(Last)                          (First)                                     (Middle Initial)                          (Maiden)

Address: ____________________________

(Street)                                   (City)                                   (State)                          (Zip )

Date of Birth: ____________________________

DATES IMMUNIZATIONS WERE ADMINISTERED (Month/Day/Year)

POLIO #1 ___/___/____   #2 ___/___/___ #3 ___/___/___ #4 ___/___/___
ONLY if applicable:

Date of Titer: ____ Proof of Immunity: Yes or NO – Lab report must be attached

MMR (Measles, Mumps, Rubella) #1 ___/___/____ #2 ___/___/___
ONLY if applicable:

Date of Titer: ____ Proof of Immunity: Yes or NO – Lab report must be attached

VARICELLA     #1 ___/___/____      #2 ___/___/____
ONLY if applicable:

Date of Titer: ____ Proof of Immunity: Yes or NO – Lab report must be attached

HEPATITIS B #1 ___/___/____   #2 ___/___/___ #3 ___/___/___
Or adult dose #1 ___/___/____ #2 ___/___/___

AND Hepatitis B Surface Antibody (anti-HBs) titer (MANDATORY)

Date of Titer: ____ Proof of Immunity: Yes or NO – Lab report must be attached

Tdap   ___/___/____

Flu ___/___/____

Date __________________

Signature of Provider Verifying dates of Immunizations from Official Health Records

__________________________________________

Provider’s Printed Name & Title

__________________________________________

Provider’s Phone Number

__________________________________________

Name and Address of Provider’s Practice Location
REPORT OF TUBERCULOSIS SCREENING

Date________________Name___________________________DOB______________________

TO WHOM IT MAY CONCERN:

The above-named individual has been evaluated by _________________________________
(Name of Health Department/Facility)

______ A tuberculin skin test (TST) was given ___ (read within 48–72 hours after administration) and read on ________ results ___ mm. Interpretation of results: Positive ___ Negative ___.

______ A Blood Assay for Mycobacterium tuberculosis (BAMT) was drawn on ________________
Results: Positive ______ Negative ____ Indeterminate ______ Borderline _____
Brand of BAMT: QuantiFERON-TB Gold Plus___ or T-SPOT.TB ___

______ A TST or a BAMT are not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

______ The individual has a history of a positive TST and/or a positive BAMT (latent TB infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

______ The individual either is currently receiving or has completed adequate medication for a positive TST or a positive BAMT (latent TB infection), and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

______ The individual had a chest x-ray on ________________ that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active TB disease, a repeat film is not indicated at this time.

Based on the available information, the individual can be considered free of tuberculosis in a communicable form.

Signature_____________________________Date__________________________________
(MD, APRN, PA, RN)
Address_____________________________ Phone_______________________________
____________________________________
____________________________________
Copy to Patient
Copy to Record

TB-3
(07/2018)
Campbellsville University Immunization Exemption Waiver and Release Form

By signing this waiver, I acknowledge that I may be placing myself and others at risk of serious illness should I contract a disease that could have been prevented through proper vaccination. I release Campbellsville University, its Board members, employees and students from any and all claims connected with an outbreak or threatened outbreak of disease or other public health immunization emergency on campus or in clinical settings. Additionally, I understand that I may be required to leave campus in such situations until such situations have been resolved.

___________________________________  ______________
Student Signature       Date

___________________________________
Student Name Printed

___________________________________
Date of Birth
Medical Exemption Immunization Form

Student Name: ___________________________________ Date of Birth: __________________________

All exemption requests must include the following information from your provider:

- The specific vaccine(s) requested for exemption are: ________________________________________

- A written and signed statement by a licensed, treating medical provider, certifying the need for a medical exemption, which must include at least one of the following for any vaccine(s) for which an exemption is requested:
  - ☐ The applicable CDC contraindication for the vaccine(s):
    ____________________________________________________ ____________________________________________
    ______________________________________________________________________________________
  - ☐ The applicable contraindication found in the manufacturer’s package insert for the vaccine(s):
    ____________________________________________________ ____________________________________________
    ______________________________________________________________________________________
  - ☐ A statement that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the vaccine(s):
    ______________________________________________________________________________________
    ______________________________________________________________________________________
    ______________________________________________________________________________________
  - Duration of exemption for vaccine(s) ☐ permanent or ☐ temporary
    - If temporary, expiration date of exemption for vaccine(s):
      ______________________________

Provider Name: ____________________________________________________
Practice Name: ____________________________________________________
Practice Address: ____________________________________________________
Practice Telephone Number: __________________________________________
Provider License Number & State: ________________________________________

Provider Signature: ___________________________ Date Signed: ___________________________
Religious Exemption Request of Epidemic-Related Vaccine

Student Name: ____________________________  Student Date of Birth: ____________________

Student Email: ____________________________  CU Student ID# __________________________

Student Phone Number: ______________________

Type of Vaccination Requesting Exemption: ____________________________

☐ COVID-19 can cause severe respiratory illness, kidney and liver damage, blood clots, and even death. COVID-19 is easily spread to family members. Some people have continued to have long-term health issues after COVID-19 infections. I understand the risks associated with the refusal of this vaccine.

Initials ____________ Date ____________

☐ I understand and agree that this refusal does not make me exempt from employer/school-mandated vaccination. I may still be excluded from work or school for up to three (3) weeks, or until the risk period ends.

Initials ____________ Date ____________

☐ Due to my religious held belief, I object to receiving the required immunizations selected above. I am aware that if I change my mind, I can rescind this objection and obtain the immunization.

Initials ____________ Date ____________

________________________________________  __________________________ (MM/DD/YYYY)

I understand the risks of non-vaccination and have had an opportunity to discuss this with my physician. If I am approved for an exemption, I release Campbellsville University, its trustees, officers, employees, students and vendors from any resulting injury or illness. I agree to submit to COVID-19 testing as mandated by Campbellsville University. In the event of a contagion outbreak or if I contract a vaccine-preventable disease, I understand that I may be excluded from campus, required to quarantine, or be subject to other precautionary measures. I certify that the information I have provided is accurate and complete.

I understand that the local health department (LHD) or state health department (KDPH) declares an outbreak of COVID-19 or a COVID-19 variant for which proof of immunity cannot be provided, I understand and agree that I may be excluded from work or school for up to three (3) weeks, or until the risk period ends.
PROCEDURE:

Campbellsville University is very concerned about the health and well-being of all students. Personal Health Insurance is required. You must have personal health insurance prior to entry, each semester. This insurance is required by clinical agencies and is needed to defray the cost of hospital and medical care for any illness or injury that might be sustained while in this program and the substantial monetary liability that you, as a student, might incur as a result of failure to have such insurance. This mandatory health insurance policy requires students to maintain insurance coverage as a condition of their enrollment. Each student must be enrolled in and maintain a Health Insurance policy each semester.

Prior to admission to the program and the beginning of each semester, each student must provide Castle Branch with a Certificate of Coverage from their Insurance Company. In the event that such coverage lapses, is terminated, or changes the student will notify the Secretary immediately. If found that the student is not covered, the student may be terminated from the program.
POLICY NAME: Medical Releases and Accommodations Due to Illness, Injury, Exposure and/or Disability

SUBJECT: Medical Releases and Accommodations Due to Illness, Injury, Exposure and/or Disability

EFFECTIVE DATE: January 2020

PURPOSE

Students performing in clinical rotations with Campbellsville University School of Nursing must demonstrate sufficient physical and emotional health to participate in the clinical setting.

PROCEDURE:

The clinical health care facilities utilized by Campbellsville University School of Nursing require all health care providers to provide documentation of a medical release after experiencing a serious health condition. This requirement must be met prior to rendering patient care again. Examples of these conditions include, but are not limited to: contagious illness, soft tissue/bone trauma, surgical procedure, cardiac or pulmonary disease processes, childbirth, etc. Students must be cleared by a medical provider to function without restriction in the clinical setting following any serious health condition. This requirement promotes both patient and student safety and therefore is highly important.
Student Excuse and Return Request

Health care provider information
Office or practice name: ____________________________________________
Address: _______________________________________________________
City, state, zip: __________________________________________________
Phone number: ___________________________________________________

Please excuse (student name) ______________________________________

From ☐ class ☐ clinical

For the following date(s): ___________________________ to ___________________________

The student named above may be allowed to return to
☐ class ☐ clinical on the following date ___________________________

Does the student have any restrictions with regard to attending classes, nursing labs or clinical experiences (including involvement in the care and treatment of patients): yes _____ no_______

If yes, please state specifically the restrictions the student has and the expected duration of each restriction:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Healthcare provider printed name and title: _______________________________

________________________________________________________________________

Healthcare provider signature: ______________________________

Date: _____________________________
PROCEDURE:

Upon entrance into the CU SON Fundamentals Program Personal Digital Devices (PDDs) such as Personal Digital Assistants (PDAs) are required as of 1-8-13 for all undergraduate clinical experiences. The PDA is loaded with required reference-based software. All students entering clinical areas have been advised of and are expected to comply with Health Insurance Portability and Accountability Act (HIPAA) regulations. All patient related information is confidential. Patient related information is defined as all information related to the health, business, or personal matters of the patient or patient’s family. This includes but is not limited to Protected Health Information (PHI) that is based on a patient’s diagnosis, examination, treatment, observation, or conversation, and information maintained in data bases that contain diagnostic or treatment related information. In order to comply with current regulations, the following protocol has been established for PDDs use in the undergraduate nursing programs.

Personal Digital Devices include but are not limited to: PDAs, smart phones, laptops, I Pads, Kindles and cell phones.

- Protected Health Information (PHI) cannot be entered into the PDA or digital device.
- Pictures cannot be taken in the clinical setting.
- The usage of personal functions on the device which include but are not limited to personal text messaging, phone calls or gaming is prohibited during clinical hours.
- The PDD cannot be taken into the patient’s room. It will only be utilized in designated areas.
- The device in intended for Campbellsville University Nursing Program use only, and the students may be required to turn over the device to an Instructor at any time for visual examination to ensure confidentiality has been preserved.
- If any of these guidelines are not followed it can lead to a clinical warning or dismissal from the nursing program.

I understand the above information and have had an opportunity to ask questions and they have been answered to my satisfaction.
Student: ____________________________
Date: ____________________________
POLICY NAME: Professional Appearance  
SUBJECT: Professional Appearance  
EFFECTIVE DATE: January 2020, January 2022  

PROCEDURE:

Each student is expected to display a professional appearance on campus, in the clinical area and while representing Campbellsville University School of Nursing. This includes the time the student is obtaining assignments as well as providing patient care. As determined by faculty, any language, behaviors, or pictures deemed obscene, objectionable, or unprofessional will not be acceptable. This includes, but is not limited to clothing and/or tattoos. Instructors reserve the right to determine if the student’s appearance meets the professional dress code standards established by Campbellsville University School of Nursing.

Complete uniform is mandatory when in the clinical areas. By definition, complete uniform is as follows:

- Required Uniform:
  - Medical Uniform (reference “Whites”)
    - Uniforms must be clean and pressed
    - White uniform as approved by administration.
    - Students must obtain and wear both approved armbands while in uniform.
    - Approved, white lab coat is permissible.
    - Shoes must be white, rubber soled, and have minimal to no logos or accents. NO cloth, canvas, opened toed or heeled shoes permitted.
    - Socks or hosiery are required. Socks must be white and cover the ankle. Hosiery (if worn) must be white or flesh tone.
    - Name Tags—the CUSON nametag worn on the right side of embroidered lab coats, uniform jackets or uniform tops. If there is no embroidery, wear the nametag on the left side.
Psychiatric Uniform (reference “Grays”)

- Uniforms must be clean and pressed
- Approved gray scrub jacket as approved by administration.
- White shirt with collar. Polo-style shirt with collar, button down collar, blouse collar, turtleneck or mock turtleneck are acceptable options.
- Black slacks or pants. Skirts are permissible related to religious values (although not recommended). Skirts must be below knee in length.
- Shoes must be black, rubber soled, and have minimal to no logos or accents. NO cloth, canvas, opened toed or heeled shoes permitted.
- Socks or hosiery are required. Socks must be black and cover the ankle. Hosiery (if worn) must be black.
- No lanyards are permissible.
- Due to safety concerns on the Psychiatric Unit, students will wear stickered nametags provided by Dean’s office. Replacement sheets of nametags will be $5.

NOTE*

Equipment is outlined in course syllabi (defer to lead faculty and/or course syllabus for detailed information.).

- **Under clothing**

Underclothing is a requirement of the uniform. Underclothing will be white or flesh tone. Socks (or hosiery) are required. Socks and hosiery must conform to the specified uniform and cover the ankle.

- **Grooming**
  - Hair must be off the collar, pulled back, a naturally appearing color. If necessary, hair restraints shall be of a solid (no pattern), unadorned (no glitter, no attachments, etc.), uniform neutral color that matches hair tone/color as least visible as possible.
  - Nails-short, clean, and polish free. No artificial nails, gel polish, acrylic overlays, or white tips.
  - Make-up- if worn, make-up must be minimal in nature color for daywear. (neutral/skin tone only)
• **Personal hygiene**

At all times student must be clean, neat, and groomed with no evidence of body odor, perfumes, colognes or fragrances. Beards and mustaches must be short and neatly trimmed. Gum chewing and tobacco use are prohibited. There is no smoking/tobacco or vapor/e-cigarettes use allowed at any Clinical setting by a Campbellsville University Nursing student or faculty member. There are no exceptions to this policy.

• **Accessories**
  
  o A watch with a second hand is expected. No smart watches, bracelets or anklets are permissible.
  
  o Necklaces are restricted during Clinical Rotations.
  
  o Earrings and facial piercings are restricted during Clinical Rotations.
  
  o Rings are restricted during Clinical Rotations.

  o **Tattoos**
    
    o Visible tattoos in the clinical setting are discouraged.
    
    o Tattoos that are not permitted, in the clinical setting, and must be covered at all times include, but are not limited to, the following:
      
      ▪ Tattoos on the face or front and sides of the neck;
      
      ▪ Sexual or indecent in nature;
      
      ▪ Weaponry;
      
      ▪ Nudity;
      
      ▪ Showcase extremist symbols associated with politics, warfare, slavery, or gangs;
      
      ▪ Racist;
      
      ▪ Sexist;
      
      ▪ Contain vulgar, profane, or inappropriate language.

    o Tattoos that are less than 4 weeks old, must also be covered, regardless of location.

**When the Nursing Uniform is Not Required:**

Campbellsville University Students will maintain a professional appearance and demeanor when representing the School of Nursing or Campbellsville University. In order to ensure a highest level of professionalism, the Lead Course Faculty will determine appropriate attire for a given circumstance or event. This may include the “grays” uniform as described above or business casual with a clean white lab coat with CU School of Nursing name tag.
As Defined, Business Casual is as follows:

- Dress, khaki, or corduroy slacks in a solid color are permissible. Skirts will be below the knee, slacks or pants will be ankle length (no shorts, Capri or calf length bottoms are acceptable unless approved for outdoor event).
- Dress shirts, blouses, button-down, or solid colored polo shirt are permissible.
- Dress shoes with socks or hosiery expected; no exceptions.

Examples of inappropriate attire include:

- Sweat shirts or jogging suits
- T-shirts or any clothing with advertisements
- Jeans or denim attire (unless approved for outdoor event)
- Any clothing through which underwear is visible
- Low-cut tops, or clothing that exposes the midriff
- Shorts, capris, or hats
- Open-toed shoes, sandals, or high heels
- Students are encouraged to leave purses and bags in their car trunks, carrying only the money needed for lunch in their pocket.

Faculty has the right to determine that a student’s dress is inappropriate and can dismiss the student for the day (resulting in a Clinical Absence). If a student has questions about whether a particular item of clothing is appropriate, he/she should ask the instructor prior to the clinical visit. Campbellsville University Clinical Instructors must follow student dress code policy while in the clinical setting with the exception of the solid white uniform, or grays. See lead course faculty for each specific course requirements.
PROCEDURE:

When performing return demonstrations in the clinical laboratory, the student is expected to be prepared to perform satisfactorily on the first attempt. The student may repeat only two skills one time each in the first semester and one skill one time in second and fourth semesters. No cancellations/rescheduling of appointments for return demonstration are allowed on the return demonstration days and will count as an attempt. Students are expected to follow dress code when completing a return demonstration. Students presenting to return demonstration session tardy or without his/her skills manual, equipment, or nursing uniforms will be viewed as unprepared and count as a failure of the scheduled attempt.
**Policy Name:** Latex Sensitivity  
**Subject:** Latex Sensitivity  
**Effective Date:** January 2020  

### Purpose

Students will be responsible for notifying the Dean of any sensitivity to medical supplies or equipment.

### Procedure

Students need to be aware that the nursing lab and all clinical facilities contain supplies/equipment made of latex that may pose a hazard to individuals with latex allergies. If the student has a documented latex allergy or if signs and symptoms of latex allergy develop, the student must notify the lead course faculty immediately.

Signs of latex allergy include, but are not limited to the following:

- Rash
- Dry itchy skin
- Swelling of hands
- Cracking, chapping, scaling, or weeping of the skin
- Hives
- Difficulty breathing
- Swollen lips or mucous membranes
- Runny nose
- Scratchy throat
- Coughing or wheezing
- Shock

If a latex allergy is identified, the student is to work with the lead course faculty to determine if the student needs to purchase additional supplies or equipment.
**Policy Name:** Nursing Lab Equipment Orientation  
**Subject:** Nursing Lab Equipment Orientation  
**Effective Date:** January 2020  

<table>
<thead>
<tr>
<th>Policy History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewed Date: January 2020, April 2020, August 2020, December 2020, October 2021, October 2022, October 2023</td>
</tr>
<tr>
<td>Revised Date: October 2023</td>
</tr>
</tbody>
</table>

**Purpose:** Guidelines for Nursing Lab Equipment Orientation

**Procedure:**

**Nursing Lab Equipment Orientation**

I, __________________________ have been advised of the risk of injury with improper use of the following items in the nursing lab.

<table>
<thead>
<tr>
<th>Item</th>
<th>Equipment including but not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial each box below</td>
<td>Beds</td>
</tr>
<tr>
<td></td>
<td>IV Pumps</td>
</tr>
<tr>
<td></td>
<td>Defibrillator(s)</td>
</tr>
<tr>
<td></td>
<td>Assorted Venipuncture Devices (angiocaths, butterfly needles, etc.)</td>
</tr>
<tr>
<td></td>
<td>Sharps (lancets, needles, ampules, etc.)</td>
</tr>
</tbody>
</table>

I understand that I will be oriented to each piece of equipment by my faculty throughout the program as it relates to the skill being taught. I further understand that using equipment that I have not been oriented to places me at risk of injury to myself or the equipment and I will be responsible for any damages or injuries incurred.

Printed________________________ Signature________________________ Date____________
PROCEDURE:

Campbellsville University’s School of Nursing strives to maintain a safe environment within which our students’ practice. A strong emphasis is placed upon prevention and students are made aware or risk for injury in the lab upon entry into the program. Those who utilize the nursing labs have the potential to come into contact with latex containing items, sharps instruments, common household chemicals, and a variety of equipment that is typically found in patient care settings.

Each student upon entry into the program will be orientated to equipment and potential for harm. A copy of the nursing lab equipment orientation form and signed lab rules shall be placed in the student’s permanent file. In order to promote a safe environment each lab has signs posted indicating latex in use and the lab rules. Sharps containers are also available to secure and dispose of sharps items.
Campbellsville University-School of Nursing
Lab Rules

• Return items/practice bins to the area where you found them in a neat, organized and working condition, if items missing or broken please report.

• Most items are reusable and should be repacked for use by the next student. If unsure about reuse ask.

• Keep your work area clean and neat. When you finish, leave it like you would want to find it.

• There is to be **NO food/drink** at bedside.

• Do not use **INK PENS** on dressings that will be placed on manikins or Povidone-Iodine on manikins or manikin parts as this will cause permanent staining.

• Handle sharp objects with care, report any injuries immediately. **ALL** sharps must be placed in **RED** sharps container after use.

• Place garbage in trash cans; please do not leave on tables, chairs, or in the floor.

• The eye wash station is located at the sink. Take time to be familiar with how to use it. Report any exposure immediately.

• Keep noise level low, others may be practicing or studying nearby.

• Do not use the beds, tables, med carts, or cabinets as storage areas. Any items left in the nursing lab will be placed in the lost and found box in the student lounge.

• No cell phones allowed in the lab, except when used as a nursing central resource.

• Students must sign in and out of the lab. It is necessary to sign out for breaks longer than 10 minutes.

• No visitors are allowed during scheduled or unscheduled practice sessions.

• This is your nursing lab; it is to be utilized for skills practice and review. Please use the student lounge for social activities.

• Students are expected to follow classroom appropriate attire, as found in the Student Responsibilities policy, while in the lab setting with the exception of no open-toe, flip flops or sandals.

Signature: __________________ Print Name: __________________ Date: _____________
POLICY NAME: Sharps Injury Policy

SUBJECT: Sharps Injury Policy

EFFECTIVE DATE: January 2020

PURPOSE
Guidelines for Sharps Injury

PROCEDURE:
The School of Nursing strives to maintain a skills lab in which safety is the number one priority for our students. The lab provides students with a simulated clinical environment where it is possible to practice and perfect skills. The lab exposes students to medical equipment that requires instruction for use. While in the lab, students are to follow all posted rules.

Students shall, upon orientation, be made aware of the potential for sharps related injury to occur. We do not anticipate that sharps injuries in the controlled setting of the clinical lab(s) will pose a significant threat to students or faculty. Equipment will only be used in simulation exercise and not on humans. However, to prevent potential infection, first aid will be rendered at the time of injury. Student will be instructed regarding signs and symptoms of infection, and the need to follow-up with health care provider for abnormal responses at the student’s expense.

Faculty member will review the Blood Borne Pathogens Policy with the student as a teaching mechanism. A sharps injury log will be maintained. If a sharps injury occurs during a practice session, the faculty/staff member present will be responsible for documenting on the sharp’s injury log the following information:

- Student’s name
- Date/time
- Type/brand of device
- Lab/area involved
- Brief explanation of the event with name and title of faculty/staff present
- Instructions given to student

The faculty/staff member present at the time of injury will advise the student to clean and cover the area as appropriate, notifying the student to seek medical advice as necessary. In the event that a sharps injury occurs outside of a supervised practice setting, such as in the student’s home, the School of Nursing shall not be responsible.
<table>
<thead>
<tr>
<th>STUDENT’S INITIAL</th>
<th>DATE/TIME</th>
<th>TYPE/BRAND DEVICE</th>
<th>LAB/AREA OF INCIDENT</th>
<th>BRIEF EXPLANATION WITH NAME AND TITLE OF FACULTY/STAFF PRESENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
PROCEDURE:

Faculty within the School of Nursing will incorporate simulation or active learning strategies in each core nursing course to promote simulated learning experiences. These activities will reflect the course objectives and the overall program outcomes. Faculty will record these activities and link them to learning objectives in the curriculum map for each course. The CU SON shall not use more than 50% of total clinical hours required for graduation in simulation.

Simulation Activities Defined: The CU SON may utilize simulation in various forms such as in-person practice labs utilizing task trainers, case studies, role play, in-person simulations, virtual clinical excursion, and virtual simulations (online and faculty developed).

Simulated activities will follow the guidelines established by the International Nursing Association for Clinical Simulation and Learning (INACSL). INACSL guidelines include the following design standards as outlined in this policy for effective learning through simulation.

Consents: Students will be asked to sign a Simulated Learning Contract and Confidentiality Agreement (copy attached) prior to the first simulated experience of the semester to establish guidelines that promote an environment of integrity, trust, and respect in the simulated setting. The agreement also outlines the importance of confidentiality with regard to elements of the scenario. Students must agree to the contract to ensure an atmosphere of mutual trust and understanding among participants in the simulation setting. Students must also approve the use of any recordings of scenarios for educational and training purposes.

- Video Recording and Photo Release
  - Confidentiality: Video recordings of simulations are considered confidential. All students, whether actively participating or observing, must agree to maintain confidentiality of scenario. This includes participating in real time or viewing of video footage. Videos of simulation are saved on a password-protected system that can be
accessed by the CU SON faculty and staff. Video recordings are deleted daily, post-debriefing. Signs are posted on the doors of all rooms where videoing will take place.

- Forms: All students will be required to sign a confidentiality consent form, and a consent to photography/videography form in order to participate in the activity (see attached).

**Role of the Clinical Simulation Instructor:** Faculty will work closely with the Clinical Simulation Instructor to develop simulated learning activities with measurable learning objectives to achieve expected outcomes and ensure effective performance measures. The Clinical Simulation Instructor will create scenarios that provide the context for the simulation-based experience to meet student knowledge level and expected outcomes within each course. The Clinical Simulation Instructor will facilitate the learning experience, assigning roles to faculty and clinical instructors as deemed appropriate for the given scenario. The Clinical Simulation Instructor will also facilitate the pre-briefing process and distribute any handouts or resources to promote the students’ ability to meet identified objectives and to achieve expected outcomes.

The clinical simulation instructor or simulation operator will utilize human, mechanical, or virtual resources to enact a realistic simulation experience. This role will be assigned to either a faculty member or clinical instructor who has experience and understanding of the equipment and the objectives related to the scenario. Other roles within the scenario will be assigned to additional faculty as needed to promote interprofessional and intraprofessional interactions within the scenario.

**Fidelity Defined:** INACSL defines fidelity as “The ability to view or represent things as they are to enhance believability. The degree to which a simulated experience approaches reality; as fidelity increases, realism increases. The level of fidelity is determined by the environment, the tools and resources used, and many factors associated with the participants, and can involve a variety of dimensions” (INACSL Standards Committee, 2016).

Fidelity is categorized as low, medium, or high. Examples of low-fidelity are practicing with task trainers in the practice lab setting, use of case studies for comprehension, and/or roleplaying. Medium-fidelity involves more realism and may utilize a manikin that simulates heart or breath sounds but lack a realistic environment. Medium-fidelity may focus on a specific task or situation, such as a return demonstration on a full manikin or an actual human (checking apical pulse for return demonstration). The most realistic experience is considered high-fidelity and involves the utilization of computer-based manikins. (What is simulation learning, 2014). The realism in the simulation is an actual situation involving multiple dimensions such as environment, psychological and physical. Utilization of virtual simulation would be considered a high-fidelity simulated activity due to the high level of realism and level of critical thinking and reasoning.

**Ratio of Simulation Hours to Clinical Hours:** When replacing traditional clinical with simulation, the CU SON will utilize a 2:1 (Clinical:Sim) ratio based on emerging evidence (Sullivan et al., 2019). The 2:1 ratio will apply only to mid and high-fidelity simulations performed in the lab or virtual setting. It is the responsibility of the lead course faculty member to determine hours
allotted per modality. If modality provides a recommended time for completion of activity, instructor will follow the recommendation. Hours to replace traditional clinical time will be tracked by the lead faculty of the given course and stored in individual student records. Please reference the table below when calculating the ratio to replace traditional clinical with simulation.

Please reference the table below when calculating the ratio to replace traditional clinical with simulation.

<table>
<thead>
<tr>
<th>Simulation Modality</th>
<th>Hours in Simulation/Skills Experience</th>
<th>Equivalent Hours in Clinical Site-Based Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium – High Fidelity (in-person simulations, virtual simulations, interactive videos, virtual clinical excursions, unfolding case studies, etc…)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Low-Fidelity (case studies, practice lab, task trainers, etc…)</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Pre-briefing:** The lead course faculty member will determine pre-briefing activities. Pre-briefing is an informational/orientation session just before the simulation activity. In pre-briefing, the students are given information about the simulation and expectations. It may also include student orientation to the equipment, environment, manikin, roles, and time allotted for the scenario (INACSL Standards Committee, 2016).

**Simulation-Based Experience:** Faculty and clinical instructors will assume a facilitative approach without direct commentary to students while in the simulated experience. When assigned a role within the scenario, faculty will promote realism in that role without contributing to or prompting the students’ actions. When assigned the role of debriefer, faculty will follow the guidelines of the selected method for debriefing to ensure optimal student participation and reflection.

**De-briefing:** Faculty will be oriented to the “Promoting Excellence and Reflective Learning in Simulation” (PEARLS) method as the basis for debriefing across the curriculum. This method will be used in simulated experiences and in post conference sessions with students as a means to promote higher clinical reasoning. This method was chosen based on its ability to be implemented in a variety of settings and for its ease of use with new and experienced students and faculty (Eppich & Cheung, 2015).

**Evaluations:** Following each simulation activity, students and faculty will complete an evaluation of the activity. Results of these evaluations will be tallied by the Simulation Clinical Instructor and used to improve the process of future simulations. Students will complete the Simulation Effectiveness Tool-Modified (SET-M), a standardized evaluation tool adopted from Leighton, Ravert & Macintosh (2015). Faculty will complete a facility-specific tool designed to capture information related to simulation effectiveness from their perspective. (See copies of both instruments attached to this document). Simulation evaluation data can be viewed on the nursing server, or requested from Clinical Simulation Instructor.
Faculty may refer to the INACSL guidelines for additional information related to simulation standards which can be found on the INACSL website.

Annually, at retreat, the simulation coordinator will provide an educational presentation on new and innovative ideas to be utilized in the curriculum.

References:

https://doi.org/10.1016/j.ecns.2019.04.004


National League for Nursing. (2015, June). Debriefing across the curriculum. NLN.
http://www.nln.org/docs/default-source/about/nln-vision-series-%28position-statements%29/nln-visiondebriefing-across-the-curriculum.pdf?sfvrsn=0

Settings. Clinical Simulation in Nursing, 30, 34-41.
https://doi.org/10.1016/j.ecns.2019.03.003


Simulation and Learning Confidentiality Agreement and Consent

As a participant or observer in simulated clinical experiences, I understand and agree that information regarding simulated patients is to be treated as actual patients’ information in the clinical setting. Therefore, I will adhere to the Health Insurance Portability and Accountability Act (HIPPA). I will also report any violations of confidentiality to my simulation facilitator or course faculty. I understand that this is a learning environment and that disclosure of confidential information is a breech in the professional nurse code of conduct, and it affects the learning of future students.

I agree to maintain strict confidentiality about details of the scenarios, participants, and performance of any participant.

I authorize the use of live stream to view my performance in real time only during simulated clinical experiences.

I have reviewed the policy and had an opportunity to ask questions.

______________________________  ________________________
Signature                                                                      Date

______________________________
Printed Name
Faculty Simulation Effectiveness Tool-(F-SET)

After observing/participating in a simulated clinical experience, please respond to the following statements by circling your response.

<table>
<thead>
<tr>
<th>Pre-briefing:</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Do Not Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information provided was relevant to the simulation.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Information provided contributed to the achievement of learning objectives.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**Scenario:**

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Do Not Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student had opportunity to meet stated objectives within the scenario.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Length of time allotted for scenario was adequate to meet stated objectives.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Faculty was able to visualize and hear activity within the scenario.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Elements within the scenario were conducive to stated learning objectives.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Resources were available for students to accomplish the care associated with the objectives.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Students had ample opportunities for intraprofessional/interprofessional interactions.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**Debriefing:**

<table>
<thead>
<tr>
<th>Debriefing</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Do Not Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time allotted for debriefing was at least twice as long as the time for the scenario.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Method of debriefing: 1) was easy to use.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2) promoted learning.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3) promoted student self-reflection.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Handouts/materials promoted learning.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Debriefing space: 1) provided adequate space for the activity.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2) was conducive to learning.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3) provided quiet environment and privacy.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4) had adequate resources (e.g., whiteboard, worksheets available, etc.)</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Qualitative comments about today’s experience:
Simulation Effectiveness Tool --- Modified (SET---M)

After completing a simulated clinical experience, please respond to the following statements by circling your response.

<table>
<thead>
<tr>
<th>PRE-BRIEFING:</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Do Not Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-briefing increased my confidence</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Pre-briefing was beneficial to my learning.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCENARIO:</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Do Not Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am better prepared to respond to changes in my patient’s condition.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I developed a better understanding of the pathophysiology.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I am more confident of my nursing assessment skills.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I felt empowered to make clinical decisions.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I developed a better understanding of medications. (Leave blank if no medications in scenario)</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I had the opportunity to practice my clinical decision-making skills.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I am more confident in my ability to prioritize care and interventions</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I am more confident in communicating with my patient.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I am more confident in my ability to teach patients about their illness and interventions.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I am more confident in my ability to report information to health care team.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I am more confident in providing interventions that foster patient safety.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I am more confident in using evidence-based practice to provide nursing care.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEBRIEFING:</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Do Not Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debriefing contributed to my learning.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Debriefing allowed me to verbalize my feelings before focusing on the scenario</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Debriefing was valuable in helping me improve my clinical judgment.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Debriefing provided opportunities to self-reflect on my performance during simulation.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Debriefing was a constructive evaluation of the simulation.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

What else would you like to say about today’s simulated clinical experience?

POLICY NAME: Skills Packs
SUBJECT: Skills Packs
EFFECTIVE DATE: January 2020

PURPOSE
Upon admission to the Nursing Program each student is issued a skills pack and fitted for appropriate glove size.

PROCEDURE:
The skills pack consists of the supplies that each student will need in order to learn the required nursing skills. Each student is provided orientation to the contents within each bag prior to beginning their first semester nurse course.

Students will inventory contents of the pack and sign a verification of contents present. Students will also sign the “Skills Pack and Equipment Use Agreement.” This form outlines the responsibilities of the user to ensure safe use of contents. These documents will be placed in students' files.
Skills Pack and Equipment Use Agreement

You are receiving a “Skills Pack”. This pack contains items that will be used for your practice and return demonstration of nursing skills. The contents are solely to be used for educational purposes and are not safe for use on humans.

Most items in your pack are to be reused for both scheduled and unscheduled practice sessions. It is strongly advised that you maintain the items in a highly organized manner so that you may gain the utmost educational benefits.

Your pack includes duplicates of certain items which are to remain unopened and to be brought to the lab for use during return demonstration of pertinent skill. The contents of the pack are utilized in various classes throughout your nursing program and are non-refundable. It is your responsibility to ensure that all items listed on the back of this agreement are present prior to signing for your pack. Any unused or unwanted pack items may be destroyed or donated back to the Nursing Lab prior to your graduation at the discretion of the Lab Coordinator based on need.

Upon receipt of your pack, you agree to the following:

- I agree to use the contents of the skills pack only for educational purposes. I understand the contents of the pack may be ‘simulated’ and therefore not sterile or fit for human use.
- I agree to use the contents of the pack in a safe and legal manner, in compliance with instructions given in relation to skills, opening the contents only when and as instructed by Faculty.
- I agree that I am responsible for bringing the appropriate products to class for scheduled lab time and unscheduled practice sessions. Failing to bring the appropriate items to the lab may result in being considered unprepared for clinical.
- I understand and agree that any supplies or equipment used in the Nursing Lab that is not a part of my pack must remain in the Lab. I understand that I am responsible for storing my pack in a secure manner. Neither the pack nor unused portions may be stored in the lab at any time.
- I understand that the Nursing Lab is a professional “simulated” clinical environment provided to enhance my learning as well as my performance in the actual clinical setting. I agree to abide by the lab rules, policies, and any staff or faculty requests. I understand the staff and faculty are in the Lab to benefit my educational experience.

_____________________________  ____________________________  __________________
Printed Name (legibly)     Signature      Date
<table>
<thead>
<tr>
<th>PN PACK: (K2203A)</th>
<th>Quantity</th>
<th>Present (Y/N)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Prep Pads</td>
<td>Box of 100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bandage Scissors 5.5&quot;</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tape transpore surg 1&quot;</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kendall Curity Gauze Sponges 2x2</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cotton tip applicators</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gauze 4x4 12 PLY ST</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penlight</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saline Bottle Irrigation 0.9%</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biohazard bag</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hollister Ostomy Wafer, bag, clip</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foley Catheter Tray (Latex Free)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wound Measuring Guide (medline)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gait transfer belt</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sphygmomanometer (B/P cuff)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Glasses</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing Change Tray</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tape measure</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spirometer mouth piece</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isolation Kit</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tote Burg (Large)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasogastric Sump Tube</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irrigation tray with 60ml bulb syringe</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Med Surg I:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tegaderm 2x3</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV Secondary Tubing (baxter)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV Primary tubing (baxter)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV Extension tubing</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV Start Kit with Chloraprep</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saline Flush 10ml syringe</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Med Surg II :</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EKG electrodes</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cotton Tip Appli.</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trach Tray</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction Kit</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Return Demo Pack:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foley Catheter Tray (Latex Free)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4x4 Gauze</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tracheostomy Clean&amp; Care tray</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV Extension Tubing</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV Start Kit with Chloraprep</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV Secondary Tubing</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Quantity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cotton tip applicators</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saline flush 10ml syringe</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing Change Tray</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gloves:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterile Surgical</td>
<td>15 pair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam Gloves</td>
<td>1 Box of 100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Signature

Printed Name

Date
PROCEDURE:

Students must assume responsibility for transportation to and from assigned clinical areas. Frequently, nursing students choose to carpool due to the limited parking space available at some agencies and the expense of gasoline. Clinical agencies have designated areas in which students are allowed to park. These will be outlined for students prior to their clinical assignment.
POLICY NAME: Understanding and Acceptance of Risk

SUBJECT: Understanding and Acceptance of Risk

EFFECTIVE DATE: August 2020

PURPOSE
Working and learning in the healthcare field involves exposure to blood, bodily fluids and tissues. It may also expose students to communicable and infectious diseases, including but not limited to, hepatitis, HIV/AIDS, tuberculosis, herpes, COVID-19, strains of the flu and pathogens and diseases which are currently unknown.

PROCEDURE:
While the University will take reasonable precautions to protect the health and safety of its students, there are risks of exposure to viruses, infectious diseases or other pathogens and conditions that could impact a student’s health and safety. By enrolling in the nursing program as a student, you acknowledge and agree to each of the following:

- You understand that you will be exposed to blood, bodily fluids, tissues, viruses, infectious diseases or other pathogens and conditions;
- You understand and accept the risk of harm that could be caused to you as a result of such exposure, including illness, transmission and contraction of infectious disease and even death;
- You agree to comply with all rules and regulations of the University and any clinical site to which you are assigned, including any health and safety requirements; and
- You acknowledge that through your application, enrollment and continued participation in the nursing program, you agree that you are (a) accepting and assuming these risks, (b) agreeing to hold the University and its employees, Board members and agents harmless for any such exposure, and (c) releasing the University and its employees, Board members and agents from any claim for damages caused by such exposure, to the extent permitted by law.

Agreed to:

Student Printed Name______________________________

Student Signature: ________________________________ Date:__________________
POLICY NAME: Medical Releases and Accommodations

SUBJECT: Medical Releases and Accommodations

EFFECTIVE DATE: August 2020

PURPOSE

The University is committed to providing a safe learning and working environment for its students, employees, and partners. In light of the requirements of the University’s nursing programs, students enrolled in the Campbellsville University School of Nursing must be able to meet the physical and emotional demands of course and clinical experiences, including safely interacting with and providing care to others, with or without a reasonable accommodation.

PROCEDURE:

Any student who (1) has or is recovering from an illness or injury that may impact the student’s ability to safely attend class or clinical experience or would put the student or others at risk; or (2) has recently been exposed to a communicable disease that would put the student or others at risk must inform the Lead Faculty for each course as soon as reasonably possible. Further, the student may be required to provide documentation from a health care provider which releases the student to return to class / clinical setting; sets forth any restrictions the student may have; and provides any other information requested by the University / the clinical provider at any clinical setting at which the student is placed.

Any student who may need a reasonable accommodation to participate in the Nursing Program due to a disability or other health issue should contact the Office of Disability Services at 270-789-5450.
Health Care Provider Information
Office or practice name: _____________________________________________
Address: ____________________________________________________________
City, State, Zip: ______________________________________________________
Phone number: _______________________________________________________

Please excuse (student name) __________________________________________________________________________
From: ☐ Class ☐ Clinical for the following date(s):
   ___/___/______ until ___/_____/_______
The student named above may be allowed to return to
   ☐ Class ☐ Clinical on the following date: ___ / ___ / ______

Does the student have any restrictions with regards to attending classes, nursing labs or clinical experiences (Including the involvement in the care and treatment of patients):
   ☐ Yes ☐ No
If yes, please state specifically the restrictions the student has and the expected duration of each restriction: ________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________
Healthcare Provider Printed Name and Title

________________________________________________________________________
Healthcare Provider Signature

Date ________________________________________________________________
### POLICY NAME:
Guidelines for Non-Engagement in the Practice of Invasive Procedures

### SUBJECT:
Guidelines for Non-Engagement in the Practice of Invasive Procedures

### EFFECTIVE DATE:
January 2020

### POLICY HISTORY

<table>
<thead>
<tr>
<th>REVIEWED DATE</th>
<th>October 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>REVISED DATE</td>
<td>October 2023</td>
</tr>
</tbody>
</table>

### PURPOSE
Guidelines for not engaging in the practice of venipuncture

### PROCEDURE:

Nursing students at Campbellsville University shall not engage in the practice of venipuncture or any other invasive procedures, except under the supervision of their instructor or preceptor on a client of an agency who the school has a contract with and after the student has been approved through return demonstration.
POLICY NAME: The Laerdal Modular Skills Trainer Sign-out Agreement Form

SUBJECT: The Laerdal Modular Skills Trainer Sign-out Agreement Form

EFFECTIVE DATE: January 2021

PURPOSE
In an effort to allow faculty and student nurses to watch, practice, and engage in assessment of skills, in the event of quarantine or virtual learning, The Laerdal Modular Skills Trainer will be available for sign-out upon request.

PROCEDURE:
Teaching and learning of essential nursing skills is critical. Through the use of The Laerdal Modular Skills Trainers, student nurses will be able to practice Nasogastric tube insertion, Wound care, Tracheostomy care, Central line dressing change, Ostomy Care, Urinary Catherization and enema, Injections, Intravenous catherization and phlebotomy, Suppositories, Perineal care, Oxygen Therapy, Nasal swab, and G-Tube care.

Depending on the current isolation precautions and course delivery methods, the Laerdal Modular Skills trainers can be used for skills assessment, embedding skills into patient case studies, and for student nurse remediation.

In the event of quarantine or virtual learning, student nurses will sign-out The Laerdal Modular Skills Trainers from the clinical simulation instructor and will review The Modular Skills Trainer Sign-out Agreement Form. Student nurse must sign and verbalize understanding of agreement.

Student nurse will perform skills as if they were in a live patient situation. The Modular skills Trainer is not an exact replica of the human body. It is meant to be a helpful training tool to allow for repeated skills practice.

When utilizing video for simulation, the student nurse should wear attire as outlined in assignment rubric. When videoing, please do NOT expose any intimate areas. When videoing, consider your surroundings: eliminate background noise, ensure lighting and camera angle allow for full visibility of skills being conducted."
Modular Skills Trainer Sign-out Agreement Form

Equipment Rules:
1. All equipment requires a formal sign-out.
2. Equipment is to be checked out for academic purposes only and is only for use by the intended borrower.
3. Students are fully responsible for equipment under their care and should be advised to not leave equipment unattended.
4. All equipment must be returned the way it was when student checked out, with all accessories intact. Students are responsible for the costs of any equipment damaged under their care, or the replacement costs of any equipment or accessories not returned.
5. The School will not accept responsibility for damage to personal equipment caused directly or indirectly by the checked-out equipment.
6. The borrower assumes sole liability for any injuries or damages sustained by him/her and/or others while using this equipment.
7. All equipment must be returned by the end of the checkout duration. Check out duration will be determined on date of check-out.
8. There will be no equipment check out during holidays or breaks without prior approval from the School of Nursing.

I, the undersigned, am renting the Modular Skills Trainer, in order to participate in socially distanced lab or classroom. I understand that while the equipment is in my possession, I am solely responsible for the equipment rented to me. As a good sign of faith, I hereby promise to only use the Modular Skills Trainer in a manner consistent in which it was intended for. I will return equipment in the same condition prior to leaving the facility. I am providing Campbellsville University’s School of Nursing with my intentions to pay for any damage or missing equipment while in my name until EQUIPMENT IS RETURMed AND ACCOUNTED FOR.

Check Out Dates: ___/___/___ to ___/___/___

Student Name: ___________________________ ID #: ___________ Student Phone: __________________________
Student email: ___________________________ @students.campbellsville.edu
Student Signature: ___________________________ Date: ______________
Instructor Signature: ___________________________ Date: ______________

When to Use This Form:
To be used when Modular Skills Trainer is TEMPORARILY located off campus for a specific need.

Procedure to Follow when using this Form:
1. Student Nurse will check-out Modular Skills trainer from Clinical Simulation Instructor
2. Agreement will be signed by both student nurse and Clinical Simulation Instructor
3. Upon check out duration completion, student nurse will return Modular Skills Trainer to clinical Simulation Instructor.
POLICY NAME: Clinical Model Policy

SUBJECT: Clinical Model Policy

EFFECTIVE DATE: January 2020

PURPOSE
The Clinical Model was developed to clearly define the roles of the nursing student, the nursing faculty, and the nursing staff during a traditional clinical rotation.

PROCEDURE:

The Collaborative Agreement Regarding Education (CARE) for Clinical Excellence Model© serves as a resource for facility educators as well as for nursing faculty and students within the program. The CARE for Clinical Excellence Model© further serves as a basis for criterion developed for student evaluations of clinical instructors. Clinical instructors are oriented to the model upon hire prior to working with students in the clinical setting. Students have access to the policy and the model in the student handbook. The clinical coordinator distributes copies of the current model to the facility educators. The model is reviewed periodically in the Curriculum Committee for relevance to the clinical setting. (See Appendix A)
**Clinical Model**

<table>
<thead>
<tr>
<th>Nursing Faculty</th>
<th>Nursing Student</th>
<th>Primary Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide structure to allow student to receive report from primary nurse when possible.</td>
<td>Receive report on one or more patients as assigned</td>
<td>Allow students to receive report, providing environment for questioning and clarification</td>
</tr>
<tr>
<td>Plan preconference, provide oversight and guidance; ensure proper initiation of nursing process and implementation of appropriate plan of care.</td>
<td>Attend preconference, utilize electronic devices and other appropriate resources as needed to identify and develop NANDA approved plans of care per assessment findings.</td>
<td>Promote atmosphere conducive to learning, students will utilize books and other resources to apply theory to practice</td>
</tr>
<tr>
<td>Promote clinical reasoning through questioning, evaluating skills performed and assessing for deficits in need of remediation, provide feedback in a timely fashion.</td>
<td>Perform and gain confidence in skills and overall nursing process under the guidance of the clinical instructor; utilize instructor feedback to adapt and improve performance.</td>
<td>Facilitate opportunities to assess, provide basic interventions, perform skills, and administer medications as assigned by instructor</td>
</tr>
<tr>
<td>Promote effective time management regarding patient care and documentation by providing students with clear expectations and structure for each day.</td>
<td>Demonstrate effective time management, complete patient care and documentation as assigned, and notify instructor and primary nurse if unable to complete assignments.</td>
<td>Collaborate with clinical instructor and student to accomplish all aspects of patient care</td>
</tr>
<tr>
<td>Encourage additional learning opportunities as appropriate by collaborating with primary nurse or other departments as relevant to course objectives.</td>
<td>Seek out and take advantage of learning opportunities; assume ownership of a personal educational process.</td>
<td>Collaborate with clinical instructor to provide student additional learning opportunities based upon ability, course objectives, and educational preparation</td>
</tr>
<tr>
<td>Model professionalism and provide leadership opportunities through interaction with other members of the healthcare team.</td>
<td>Collaborate with members of the healthcare team to organize and implement patient care; report to the patient, instructor, and primary nurse whenever leaving the unit.</td>
<td>Promote environment where students can practice leadership and professional role development through collaboration with members of healthcare team</td>
</tr>
<tr>
<td>Promote student autonomy; encourage student growth through assumption of accountability and responsibility for actions, preparation, and initiation of care.</td>
<td>Base individual practice and conduct upon evaluation criteria, mission statement, and student learning outcomes of the program within the scope of practice.</td>
<td>Promote professionalism and an atmosphere conducive to student growth in clinical reasoning; student focus is on nursing knowledge and incorporation of evidence based practice</td>
</tr>
</tbody>
</table>

*CARE for Clinical Excellence*