Nursing Program
Student Handbook
ASN Students

“Nursing is a progressive calling. Year by year nurses have to learn new and improved methods, as medicine and surgery and hygiene improve. Year by year nurses are called upon to do more and better than they have done.”

-Florence Nightingale
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Introduction and Welcome from the Director

Welcome to Missoula College University of Montana (MC), Nursing Program. We are very excited you are here for the Associate of Science in Nursing Program (ASN). Nursing is both an art and a science, and the faculty take great pride in the nursing education we provide to our students. We also take great pride in our culture that embraces students and our role as educators and the facilitators of education. You are the future of nursing and we want you to provide you with the appropriate didactic theory, critical thinking and hands-on skills required to find entry-level positions as nurses in healthcare locally, nationally, and globally.

Teamwork has also become a major focus in healthcare. Nurses collaborate with other members of the healthcare team to encourage individuals to participate in their care. Using the Institute of Medicine report entitled, “To Err Is Human: Building a Safer Health System” and QSEN Competencies, we hope to instill in our graduates the understanding and practice of teamwork and collaboration essentials needed to provide safe and effective nursing care in meeting today’s contemporary health care challenges (Baldwin, 1994; Grant et al., 1995; Tresolini et al., 1995). Team work begins with you and the development of a collaborative, civil, and caring team with your classmates and faculty.

The Missoula College Associate of Science Degree in the Nursing Program began in 2006. As you know, nursing is constantly evolving and our nursing programs must evolve to stay current. With changes to the Montana ASN curriculum which began in the fall of 2016, Missoula College went forward with a two-year straight through registered nursing program. Before that time, students would have to take a one-year PN program and either step out to practice as an LPN, or reapply to the RN program. We called this the 1+1 program. In December of 2016 we phased out our PN program, which had begun in 1964.

This handbook has been carefully compiled to assist you in settling into your role as a student as quickly as possible so that you are able to make the most of your learning experience in our ASN program. It has been created with two objectives:

- To provide clear and thorough guidelines and to serve as a practical, helpful resource during your student experience at Missoula College. The information that you will find in these pages is updated each semester to promote accuracy of information for student use and guidance.
- To inform students of the rules and regulations of classroom, lab, clinical and professional expectations.

In the event a change is made to this handbook, notification will be placed on the MC website and Moodle. Student ambassadors will also be notified and announcements will be posted on the student information bulletin board located in the Nursing Lab (MC116). This handbook is also available on the MC website electronically.

On behalf of the staff at Missoula College, we welcome you and hope that your education at the college is both challenging and rewarding.

Linda Barnes MSN, RN-BC
Nursing Program Director
Missoula College of University of Montana
Section 1 – Program

General Description

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

A Licensed Practical Nurse (your license must be current and unencumbered), may apply to the ASN program when they have taken all general education courses listed in the MC program. If the LPN graduated from a program other than Missoula College, they must have their transcript evaluated for course equivalency by the registrar. The ASN program may be completed in four semesters, once general education credits have been evaluated and confirmed completed. However we encourage you to take all co-requisite courses before beginning your nursing courses.

The ASN program is approved through and by the Montana State Board of Nursing, and is accredited by the Accreditation Commission for Education in Nursing (ACEN).

Definitions of Nursing as Defined by Montana State Law

Mont. Code Ann. § 37-8-102 (9) "Practice of professional nursing" means the performance of services requiring substantial specialized knowledge of the biological, physical, behavioral, psychological, and sociological sciences and of nursing theory as a basis for the nursing process. The nursing process is the assessment, nursing analysis, planning, nursing intervention, and evaluation in the promotion and maintenance of health, the prevention, case finding, and management of illness, injury, or infirmity, and the restoration of optimum function. The term also includes administration, teaching, counseling, supervision, delegation, and evaluation of nursing practice and the administration of medications and treatments prescribed by physicians, naturopathic physicians, physician assistants, optometrists, advanced practice registered nurses, dentists, osteopaths, or podiatrists authorized by state law to prescribe medications and treatments. Each registered nurse is directly accountable and responsible to the consumer for the quality of nursing care rendered. As used in this subsection (9);
(a) "nursing analysis" is the identification of those client problems for which nursing care is indicated and may include referral to medical or community resources;
(b) "nursing intervention" is the implementation of a plan of nursing care necessary to accomplish defined goals.

Curriculum Goals for Associate Degree Registered Nurse Programs

The Associate Degree graduate shall assess, formulate a nursing diagnosis, plan, implement, and evaluate nursing care provided in structured health care settings. The graduate will practice within the ethical, legal, and regulatory frameworks of nursing and provide care to individuals, groups, and families while utilizing a knowledge base from the natural and social sciences and humanities. The associate degree nurse works together with other members of the health care team to manage the human, physical, financial, and technical needs of the client.
Academic Calendar

Fall 2020

August 14.............................. New Nursing Student Orientation
August 19.............................. Fall Semester Classes Begin
September 7 ........................... Labor Day – No Classes, Offices Closed
November 3 ............................ Election Day – No Classes, Offices Closed
November 11 ........................... Veterans Day Observed – No Classes, Offices Closed
November 23-25 ...................... Final Exams
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Faculty Office Hours

Faculty office hours are posted on course syllabi, faculty office doors, and the bulletin board located in the Nursing Lab (MC116), as well as at the Nursing Student Resources webpage: (http://mc.umt.edu/nursing/nursing-student-resources.php).

Mission Statements

Mission Statement for University of Montana - Missoula

The University of Montana--Missoula pursues academic excellence as demonstrated by the quality of curriculum and instruction, student performance, and faculty professional accomplishments. The University accomplishes this mission, in part, by providing unique educational experiences through the integration of the liberal arts, graduate study, and professional training with international and interdisciplinary emphases. The University also educates competent and humane professionals and informed, ethical, and engaged citizens of local and global communities; and provides basic and applied research, technology transfer, cultural outreach, and service benefiting the local community, region, state, nation and the world.

The University pursues fulfillment of their mission through five Core Themes that drive every aspect of its mission and vision:

1. Partnering for Student Success - The University will help its students succeed academically and personally so they graduate well-prepared for their careers or further education.

2. Education for the Global Century – UM will offer an educational experience at all degree levels that provides graduates the foundation to make positive impacts on a world that is increasingly interconnected.

3. Discovery and Creativity to Serve Montana and the World – The University will transform discovery and creativity into knowledge, applications and experiences in ways that benefit the state, region, nation and world.

4. Dynamic Learning Environment – UM will enhance its character as a place where people are passionate about learning, discovery and growth.

5. Planning-Assessment Continuum – The University will model transparency, systematic communication and sound decision-making to ensure that resources are marshaled to achieve UM’s mission.

Missoula College of University of Montana Mission Statement

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

Missoula College pursues fulfillment of their mission by:

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

Missoula College of University of Montana Health Professions Mission Statement

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

Missoula College Health Professions pursues fulfillment of their mission by:
• Providing programs of study which integrate a variety of health-related disciplines to prepare students for careers in health professions;
• Contributing to the liberal education of students through courses designed to provide an understanding of human health, fitness and health delivery systems;
• Meeting the continuing education needs of health professionals.

Missoula College of University of Montana Nursing Program Mission Statement

As the guiding principle for the Missoula College Nursing Program, the mission statement is to provide an excellent and dynamic learning environment through creative educational and clinical opportunities. This will prepare graduates for today's practice as competent and caring nurses who assist in meeting the diverse health care needs for local and global communities. The Missoula College Nursing Program pursues fulfillment of their mission through the five UM Core Themes by:

1. Creating a supportive environment where students are mentored by knowledgeable faculty and empowered to reach their full potential;

2. Promoting the development of knowledge and skills necessary for the intellectual, professional, and personal growth of students;

3. Developing partnerships with local and regional healthcare facilities to establish a variety of learning opportunities and provide exposure to diverse populations;

4. Acknowledging the necessity for lifelong learning and providing nursing education pathways to BSN or higher; and

5. Fostering discovery and creativity, critical thinking skills, and competencies at the associate degree nursing entry level.
Student Bill of Rights

Bill of Rights and Responsibilities for Students of Nursing

The National Student Nurse Association (NSNA) Student Bill of Rights and Responsibilities was initially adopted in 1975. The NSNA House of Delegates in San Antonio, Texas (1991) updated the document; and item #4 was revised by the NSNA House of Delegates in Baltimore, Maryland (2006).

1. Students should be encouraged to develop the capacity for critical judgment and engage in a sustained and independent search for truth.

2. The freedom to teach and the freedom to learn are inseparable facets of academic freedom: students should exercise their freedom in a responsible manner.

3. Each institution has a duty to develop policies and procedures, which provide and safeguard the students’ freedom to learn.

4. Under no circumstances should a student be barred from admission to a particular institution on the basis of race, color, creed, national origin, ethnicity, age, gender, marital status, life style, disability, or economic status.

5. Students should be free to take reasoned exception to the data or views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.

6. Students should have protection through orderly procedures against prejudiced or capricious academic evaluation, but they are responsible for maintaining standards of academic performance established for each course in which they are enrolled.

7. Information about student views, beliefs, political ideation, or sexual orientation, which instructors acquire in the course of their work or otherwise, should be considered confidential and not released without the knowledge or consent of the student, and should not be used as a basis of evaluation.

8. The student should have the right to have a responsible voice in the determination of his/her curriculum.

9. Institutions should have a carefully considered policy as to the information, which should be a part of a student's permanent educational record and as to the conditions of this disclosure.

10. Students and student organizations should be free to examine and discuss all questions of interest to them, and to express opinions publicly and privately.

11. Students should be allowed to invite and to hear any person of their own choosing within the institution's acceptable realm, thereby taking the responsibility of furthering their education.

12. The student body should have clearly defined means to participate in the formulation and application of institutional policy affecting academic and student affairs, e.g., through a faculty-student council, student membership or representation on faculty committees.

13. The institution has an obligation to clarify those standards of behavior, which it considers essential to its educational mission, its community life, or its objectives and philosophy.

14. Disciplinary proceedings should be instituted only for violations of standards of conduct formulated with significant student participation and published in advance through such means as a student handbook or a generally available set of institutional regulations. It is
the responsibility of the student to know these regulations. Grievance procedures should be available for every student.

15. As citizens and members of an academic community, students are subject to the obligations, which accrue to them by virtue of this membership and should enjoy the same freedoms of citizenship.

16. Students have the right to belong or refuse to belong to any organization of their choice.

17. Students have the right to personal privacy in their living space to the extent that the welfare and property of others are respected.

18. Adequate safety precautions should be provided by nursing programs, for example, adequate street lighting, locks, and other safety measures deemed necessary by the environment.

19. Dress code, if present in school, should be established with student input in conjunction with the school director and faculty, so the highest professional standards are maintained, but also taking into consideration points of comfort and practicality for the student.

20. Grading systems should be carefully reviewed periodically with students and faculty for clarification and better student-faculty understanding.

21. Students should have a clear mechanism for input into the evaluation of nursing faculty


Family Education Rights and Privacy Act (FERPA)

What is FERPA?

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

Who is protected under FERPA?

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

Student Policies and Procedures

1. Please be on time to class. Students must be on time to clinical. Time management is reflective of professionalism and accountability and will affect your professionalism grade & final course grade. Any unexcused absences in clinical result in a non-passing grade, therefore a non-passing grade for the course.

2. If you know ahead of time you will be absent from class, please let your faculty know via phone or email. (Email is preferred). This is part of your professional grade for each class.
3. Please turn in your immunizations, and clinical requirement documentation as per requested
due dates. Any student will have 10% of their professionalism grade deducted if
documentation is not turned in as per requested dates. The student will not be permitted to
attend clinical experiences if the required paperwork is not turned in on time.

4. If you will be absent from clinical, you must inform the instructor and charge nurse of the
assigned clinical unit two hours prior to the starting time. This is part of your professional
grade for clinical. Any unexcused absences in clinical result in a non-passing grade,
therefore a non-passing grade for the course.

5. Do not let your classmates down. When group work is underway, pull your weight and share
the work. Encourage group participation in an equitable fashion. Off-task chatter is
distracting to others and NOT considered participation. Please be respectful of your
classmates. This is part of your professional grade for each class.

6. Academic honesty is a nursing program and professional expectation. In the event that
students are suspected of cheating, plagiarism or otherwise misrepresenting their work, they
will be subject to procedural due process as stated in the UM Student Conduct Code

7. Late work, including exams, will NOT be accepted. It must be handed in during the first 10
minutes of class on the day it is due. Emergencies and extenuating occurrences will be
handled on an individual student basis. Please speak to the instructor before the due date if
you suspect you may not be able to complete the work on time. Faculty has the final decision
on whether or not to accept late assignments and circumstances must be extenuating.
Multiple requests for assignment extensions may result in loss of points on your
professionalism grade.

8. Do not bring children and pets into the classroom. Faculty are aware that emergency situations
may occur and would ask that any student who feels compelled to bring “guests” in to the
classroom seek the permission of the classroom instructor before doing so.

9. Cell phones MUST BE turned off or on vibrate during all class, lab and clinical sessions. Cell
phones at the clinical settings are per faculty discretion and must be on vibrate. There is no
texting in class. The focus needs to be on learning. If you must accept a call notify the
instructor before and please quietly leave the area and limit distractions to a minimum. This
is part of your professional grade for each class.

10. Laptops are becoming more popular and being used for taking notes and following along
with lectures. If faculty feels that student use of a laptop is distracting or a student is “surfing”,
checking emails or otherwise not engaged in classroom content during class, the laptop will
no longer be allowed in the classroom setting. This is part of your professional grade for each
class.

11. Students MUST have access to a reliable computer and have good internet connection.
There are computers available in the MC computer labs, MC library, and UM library. Not
having computer access or an internet connection is not an acceptable reason for late work
or exams.

12. There is no emailing or visiting with other faculty in their office during class time. Your focus
needs to be on the content being presented in the course you are attending. This will be part
of your professionalism grade.

13. Smoking, e-cigarettes and chewing tobacco are not allowed in the classroom, lab or clinical
setting. This is a tobacco free campus!
ANA Code of Ethics for Nurses

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

The Code of Ethics for Nurses serves the following purposes:

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

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

Provisions

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

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

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

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

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

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

Provision 7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
Provision 8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

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

(https://www.nursingworld.org/coe-view-only)

Use of Social Media

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

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

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

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

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

August 2011

Introduction

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

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

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

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

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

Confidentiality and Privacy

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

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

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

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information he or she posts via social media. Examples may include comments on social
networking sites in which a patient is described with sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting video or photos of patients. Additional examples are included at the end of this document.

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

BON Implications
Instances of inappropriate use of social and electronic media may be reported to the BON. The laws outlining the basis for disciplinary action by a BON vary between jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media by a nurse on the grounds of:
- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;
- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

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

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

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

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

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

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

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

1 One such waiver states, “By posting user content to any part of the site, you automatically grant the company an irrevocable, perpetual, nonexclusive, transferable, fully paid, worldwide license to use, copy, publicly perform, publicly display, reformat, translate, excerpt (in whole or in part), distribute such user content for any purpose.” Privacy Commission of Canada. (2007, November 7). Privacy and social networks [Video file]. Retrieved from http://www.youtube.com/watch?v=0xjyWwq6x0A.
- A mistaken belief that content that has been deleted from a site is no longer accessible.

- A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.

- A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.

- Confusion between a patient's right to disclose personal information about himself/herself (or a health care organization's right to disclose otherwise protected information with a patient's consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.

- The ease of posting and commonplace nature of sharing information via social media may appear to blur the line between one's personal and professional lives. The quick, easy and efficient technology enabling use of social media reduces the amount of time it takes to post content and simultaneously, the time to consider whether the post is appropriate and the ramifications of inappropriate content.

### How to Avoid Problems

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

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

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

- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.

- Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.

- Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.

- Do not refer to patients in a disparaging manner, even if the patient is not identified.

- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.

- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.

- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.

- Promptly report any identified breach of confidentiality or privacy.

- Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the work place.

- Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.

- Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.
Conclusion
Social and electronic media possess tremendous potential for strengthening personal relationships and providing valuable information to health care consumers. Nurses need to be aware of the potential ramifications of disclosing patient-related information via social media. Nurses should be mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, nurses may enjoy the personal and professional benefits of social and electronic media without violating patient privacy and confidentiality.

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

SCENARIO 1
Bob, a licensed practical/vocational (LPN/VN) nurse with 20 years of experience used his personal cell phone to take photos of a resident in the group home where he worked. Prior to taking the photo, Bob asked the resident's brother if it was okay for him to take the photo. The brother agreed. The resident was unable to give consent due to her mental and physical condition. That evening, Bob saw a former employee of the group home at a local bar and showed him the photo. Bob also discussed the resident’s condition with the former coworker. The administrator of the group home learned of Bob’s actions and terminated his employment. The matter was also reported to the BON. Bob told the BON he thought it was acceptable for him to take the resident's photo because he had the consent of a family member. He also thought it was acceptable for him to discuss the resident's condition because the former employee was now employed at another facility within the company and had worked with the resident. The nurse acknowledged he had no legitimate purpose for taking or showing the photo or discussing the resident's condition. The BON imposed disciplinary action on Bob's license requiring him to complete continuing education on patient privacy and confidentiality, ethics and professional boundaries.

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

SCENARIO 2
Sally, a nurse employed at a large long-term care facility arrived at work one morning and found a strange email on her laptop. She could not tell the source of the email, only that it was sent during the previous night shift. Attached to the email was a photo of what appeared to be an elderly female wearing a gown with an exposed backside bending over near her bed. Sally asked the other day shift staff about the email/photo and some confirmed they had received the same photo on their office computers. Nobody knew anything about the source of the email or the identity of the woman, although the background appeared to be a resident's room at the facility. In an effort to find out whether any of the staff knew anything about the email, Sally forwarded it to the computers and cell phones of several staff members who said they had not received it. Some staff discussed the photo with an air of concern, but others were laughing about it as they found it amusing. Somebody on staff started an office betting pool to guess the identity of the resident. At least one staff member posted the photo on her blog.

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

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

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

www.ncsbn.org
SCENARIO 3

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

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

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

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

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

SCENARIO 4

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

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

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

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

This scenario illustrates that nurses need to be careful not to mention work issues in their private use of websites, including posting on blogs, discussion boards, etc. The site used by the nurse was not specifically associated with her like a personal blog is; nonetheless the nurse posted sufficient information to identify herself and the patient.
SCENARIO 5

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

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

SCENARIO 6

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

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

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

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

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

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

SCENARIO 7

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

At her next visit with Maria, Jamie explained what had happened and apologized for her actions. Maria accepted the apology, but asked Jamie not to post any further comments. Jamie self-reported to the BON and is awaiting the BON’s decision.
This scenario emphasizes the importance for nurses to carefully consider the implications of posting any information about patients on any type of website. While this website was hospital sponsored, it was available to friends and family. In some contexts it is appropriate for a nurse to communicate empathy and support for patients, but they should be cautious not to disclose private information, such as types of medications the patient is taking.

References


References


Section 2 – Admission Policies

Admission Policy and Requirements

Admission to the Nursing Program for MC will be based on objective data and evaluation that includes the following information:

ASN 4-Semester Option

- Cumulative Grade Point Average (GPA) of a minimum of 2.75 (most recent 60 credits).
- Minimum of B grade in BIOH 201/202, Human Anatomy & Physiology I, and BIOH 211/212, Human Anatomy & Physiology II.
- The top 36 students are accepted to the ASN program based on the following:
  - Kaplan Nursing Entrance Exam (minimum score of 65%)
  - Interview
  - GPA – Pre-nursing courses only

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

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

Specifics of the application process are posted on the website during application session.

Changes may occur at any time and these will be posted on the MC nursing website (mc.umt.edu/nursing). The application period opens in mid-February with a deadline at the beginning of May.

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

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

2. The number of students accepted for the ASN Registered Nursing Program will be a total of 18 each semester. Some exceptions may apply and may vary depending on clinical sites.

3. Applicants must possess certain skills and abilities in areas of intellect, sensory function, communication, fine and gross motor skills, and behaviors for admission into the nursing programs. These are found in the handbook.
4. The Nursing Program reserves the right to deny admission to any applicant based on the best interest of the profession. Failure to disclose previous or pending criminal behaviors may lead to denial of admission or revoked admission. Background checks are requirements of clinical sites. Negative background checks may preclude a student from the clinical setting which will make it impossible for the student to meet the course objectives and the student will fail the course. Falsification will be considered grounds for dismissal from the MC Nursing Program.

5. Admission or graduation from the nursing program does not guarantee obtaining a license to practice nursing. Licensure requirements are the exclusive right and responsibility of the State Boards of Nursing regulating professional practice.

6. The Kaplan Nursing Entrance Exam test is a 165 minute, 91-question comprehensive test required of our RN program applicants and a minimum score of 65% is required to be eligible to apply to the nursing program. The test covers reading, writing, mathematics, science, and critical thinking and is offered on the Missoula College campus 3-4 times during the application period. The test is only offered online, and documented testing modifications are accommodated (i.e. extra time). Two attempts at taking the Kaplan Nursing Entrance Exam are allowed per application period. There is a 30-day waiting period to retake the exam. Please note that only the most recent attempt will be accepted.

7. All admitted students are subject to the policies of the University of Montana and the Nursing Program.
   - Policies for UM can be located in the university course catalog (http://catalog.umt.edu/), University Operating Policies (www.umt.edu/policies), and in the UM Student Conduct Code (http://www.umt.edu/student-affairs/community-standards).
   - Nursing policies are located in the Nursing Programs Policy and Procedure Manual located in the Nursing Director’s office and on the Missoula College Nursing website under Student Resources (mc.umt.edu/nursing/nursing-student-resources.php).
Scope and Sequence of Nursing Program Curriculum

- Curriculum for Associate of Science Registered Nurse (ASN) of 73-74 Credits

**ASN Program Course Descriptions**

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<th>Semester I: 14-15 Credits</th>
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<tr>
<td><strong>Course Number</strong></td>
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<td>BIOH 201/202</td>
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<td>CHMY 121</td>
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Submit Application to Nursing Program

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<th>Semester II: 14 Credits</th>
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# Semester IV: 15 Credits

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<tr>
<th>Course Number</th>
<th>Course Name</th>
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<tr>
<td>NRSG 244</td>
<td>Adult Nursing II</td>
<td>3</td>
<td>This course builds upon previous knowledge of the nursing process and care of the patient experiencing acute and chronic disease alterations. Pathophysiologic processes are discussed as related to evidence-based nursing interventions. Students apply the nursing process, nutritional therapy, and pharmacological therapy utilizing interdisciplinary practice to promote, maintain, and restore health across the adult lifespan.</td>
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<tr>
<td>NRSG 245</td>
<td>Adult Nursing II Clinical</td>
<td>2</td>
<td>In this clinical experience the student will provide care for individuals and families experiencing acute health alterations, and those associated with chronic disease processes. Students use the nursing process to systematically analyze information to plan and implement nursing interventions which are individualized and founded on evidence-based practice.</td>
</tr>
<tr>
<td>NRSG 254</td>
<td>Mental Health Concepts</td>
<td>3</td>
<td>In this course, the student focuses on the nursing concepts utilizing basic human needs, developmental theory, nursing process, therapeutic communication, and nursing interventions to promote and maintain health for clients and families experiencing mental-health issues. The student will examine client responses to stressors across the life span. Tasks of biological-behavioral concepts in psychosocial nursing care, rural and cultural impacts will be addressed.</td>
</tr>
<tr>
<td>NRSG 255</td>
<td>Mental Health Concepts Clinical</td>
<td>1</td>
<td>This clinical applies the knowledge of psychiatric and mental health nursing. Students will have mental health focused clinical experiences in a variety of settings.</td>
</tr>
<tr>
<td>NRSG 246</td>
<td>Health and Illness of Child and Family</td>
<td>2</td>
<td>In this course, the student applies holistic concepts to the professional nursing care of children and their families in health, illness, end-of-life and palliative care. Emphasis is placed on incorporating growth and developmental principles to facilitate positive health outcomes through health promotion, nutrition and disease prevention.</td>
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<tr>
<td>NRSG 247</td>
<td>Health and Illness of Child and Family Clinical</td>
<td>1</td>
<td>In this clinical, students will utilize the nursing process, to provide nursing care of healthy and high-risk pediatric populations and their families experiencing disruptions in bio/psycho/social/cultural and spiritual needs. Emphasis is also placed on health promotion, health maintenance, and therapeutic communication.</td>
</tr>
<tr>
<td>SOCI 101S</td>
<td>Introduction to Sociology</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Course Number</td>
<td>Course Name</td>
<td>Credits</td>
<td>Course Description</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------------------</td>
<td>---------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>NRSG 259</td>
<td>Adult Nursing III</td>
<td>3</td>
<td>This course expands on the nursing role in care of patients with complex health alterations. Students utilize evidence-based, interdisciplinary interventions to meet patient and family needs.</td>
</tr>
<tr>
<td>NRSG 260</td>
<td>Adult Nursing III Lab</td>
<td>1</td>
<td>In this lab students are introduced to basic electrocardiogram interpretation, advanced concepts of perfusion, ventilation and complex pharmacologic regimens.</td>
</tr>
<tr>
<td>NRSG 261</td>
<td>Adult Nursing III Clinical</td>
<td>2</td>
<td>This clinical experience focuses on application of the nursing process and utilization of information to provide comprehensive nursing care to the acutely ill patient experiencing complex health alterations in a variety of settings. Emphasis is placed on prioritization of care and collaboration with other members of the interdisciplinary team to ensure optimal client care.</td>
</tr>
<tr>
<td>NRSG 266</td>
<td>Managing Client Care for the RN</td>
<td>2</td>
<td>In this course students examine concepts of leadership and management emphasizing prioritization, delegation, and supervision of nursing care for patients across the lifespan. Topics also include communication techniques, legal and ethical issues, care of the culturally diverse patient, and utilizing change theory. Healthcare policy, finance, and regulatory environment issues are explored and applied to planning, collaborating and coordinating care across the continuum.</td>
</tr>
<tr>
<td>NRSG 267</td>
<td>Managing Client Care for the RN Clinical</td>
<td>2</td>
<td>This precepted clinical experience focuses on principles of nursing leadership and management in a variety of settings. Students apply knowledge to provide culturally competent, holistic interventions within the professional nursing role for individuals, communities, and families across the lifespan.</td>
</tr>
<tr>
<td>BIOL250/251</td>
<td>Microbiology with Lab</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Nurses need a broad background of knowledge to succeed in their field, so as a pre-nursing student at Missoula College, students take general education courses in Liberal Arts and Sciences. With the implementation of the new stand-alone ASN option students initially enroll in pre-nursing courses and must complete 14 credits, and then apply to the Associate Science Registered Nursing Program. Application can be made when students are completing prerequisites. The Associate Science Registered Nursing course work is four semesters consisting of a total of 58 credits after completing 14 credits of prerequisites. **Students are strongly encouraged to take non-nursing courses (BIOH 211/212 A&P II with Lab, PSYX 100 Intro to Psych, SOCI 101 Intro to Sociology, and BIOM 250/251 Microbiology with Lab) BEFORE entering the scope and sequence of the nursing courses. These courses can be taken before application and with other prerequisites in the progression of the student’s choice (as long as taken within 5 years of application). We strongly believe this will set you up for SUCCESS in the ASN program.**
Withdrawals / Audits / Refunds from Nursing Programs

Withdrawing, failing or not completing a required class will result in the student losing their position on the accepted list, and therefore their place in clinical. **Reapplication to the program must occur if there is no space availability for the next semester.** This decision is based on keeping with the Montana State Board of Nursing regulation 24.159.662 (3) when providing direct patient care, no more than ten students may be supervised at a time by a faculty member.

Students should consult the Registrar's Office to determine the last day for withdrawal. Tuition refund depends upon the time the withdrawal application is filed. Consult the MC admissions office and the University of Montana Catalog for details. Withdrawals are NOT permitted during finals week.

Transfer Policy

Students requesting transfer into MC Nursing Programs from other nursing programs are required to communicate with the Nursing Program Director to determine eligibility of transfer and have a transcript review. Students will be required to meet application requirements of MC and comply with application requirements of the MC Nursing Program.

Readmission

If a student fails a course they may finish the other courses of the semester, but will have to repeat the failed course. Students may be able to repeat the course the next semester or may have to reapply to the program. Each case will be evaluated on an individual basis depending on clinical availability, reason for the failure and student's successful completion of the action plan contract. Reasons for leaving based on illness or emergencies will be handled by the Nursing Program Director on an individual basis.

Office of Financial Aid

The office of Financial Aid is located in the Admission area of the MC Administrative building. The goal of the Financial Aid office is to assist students who believe their resources are inadequate to attend the MC and wish to request consideration for financial aid. The office can provide students with a booklet published by the U.S. Department of Education, entitled, “The Student Guide: Financial Aid,” which will describe the federal student aid programs.

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

FAFSA Application Process

Follow these steps to assure your priority consideration for available funds: Complete and submit the Free Application for Federal Aid (FAFSA) (www.fafsa.ed.gov) to the federal processor by the posted deadline. You may be asked to submit additional documents; be sure to do so by the deadline date specified in the requesting correspondence.
Nursing Program Student Ambassadors

Student input and involvement is vital to the Nursing Program’s ability to maintain insight to student concerns and challenges. Missoula College University of Montana invites students to be involved in the program though ambassadorships. All students are requested to offer evaluations of faculty, clinical and program at the end of the semester. However, there are challenges students have along the way; therefore, faculty will select and offer to 1 (one) ASN nursing program student from each semester to be an ambassador for the academic year. This student will represent students at advisory council meetings, held two to three times per year, attend faculty meetings as invited to by the Director and be a direct link to the Director for communication, concerns and student challenges. Students selected are briefed on expectations and methods of professional conduct in communicating concerns and student insight. If a selected student declines to participate, another will be asked to ensure student placement.

The selected student ambassador understands the purpose and responsibilities are:

- To recommend policies toward recruitment, retention and placement of nursing students.
- Articulate the policies and procedures for the nursing program, faculty and students.
- Recommend curriculum adaptations based on changing competencies, knowledge, skills and attitudes for successful entry into nursing practice at all levels.
- Assist in the identification of resources for educational materials and equipment, clinical practicum and preceptor sites, and support services for students and the nursing program.
- Assist in long-term planning based on changes in the health care industry, assessment of community needs and educational needs of the nurse clinician.
- Attend faculty meetings.
- Attend Nursing Advisory Committee and other meetings as appropriate.
Section 3 – Curriculum

Nursing Program Mission

As the guiding principle for the Missoula College Nursing Program, the mission statement is to provide an excellent and dynamic learning environment through creative educational and clinical opportunities. This will prepare graduates for today's practice as competent and caring nurses who assist in meeting the diverse health care needs for local and global communities. The Missoula College Nursing Program pursues fulfillment of their mission through the five UM Core Themes by:

1. **Creating** a supportive environment where students are mentored by knowledgeable faculty and empowered to reach their full potential;

2. **Promoting** the development of knowledge and skills necessary for the intellectual, professional, and personal growth of students;

3. **Developing** partnerships with local and regional healthcare facilities to establish a variety of learning opportunities and provide exposure to diverse populations;

4. **Acknowledging** the necessity for lifelong learning and providing nursing education pathways to BSN or higher; and

5. **Fostering** discovery and creativity, critical thinking skills, and competencies at the associate degree nursing entry level.

Nursing Program Philosophy

The nursing faculty, as an integral part of the Missoula College assumes responsibility for maintaining program philosophy and objectives which support The University of Montana and Missoula College philosophies. This includes the belief that the educational process is a dynamic, interactive process in the growth, development, welfare, and economy of the individual, and local, state, and national communities. Faculty members are dedicated to preparing excellent competent and caring nurses to provide holistic care within the scope of practice of the Associate Degree Registered Nurse (RN). The nursing process and critical judgment are the foundations for nursing practice; and these principles are emphasized throughout the curriculum. The faculty supports a nursing career ladder promoting access to multiple entry and exit points to meet the needs of a diverse population. The program also supports and assists students to meet the CAHN goal of 80% BSN nurses nationally by the year 2020. We partner with Montana Tech of the UM for the RN to BSN education transition.

Nursing Practice

The nursing faculty believes the philosophy of the MC Nursing Program encompasses the concepts of patient centeredness, professionalism, diversity, holism, and caring. This belief is based on the conceptual framework of Virginia Henderson. The primary concept of Henderson’s theory revolves around establishing relationships between nurse, patient, faculty and student. These relationships are based on assessing and understanding the individual needs while promoting optimal outcomes. Henderson professes the importance of developing the whole person, validating that the mind and body are interconnected and act as one unit, and that there must be a balance to achieve optimal independence and health for the patient and nurse (Alligood, 2013).
The nursing faculty emulates this philosophy by assisting students to advance in knowledge acquisition, responsibility and accountability through structured guidance in order to develop into increasingly competent, independent, flourishing members of the health care team caring for a diverse population.

**Core Values**

**Patient-Centeredness:**

Patient-centeredness refers to individuals, families, communities, and health care teams interacting collaboratively identifying personal preferences, values, traditions, and culture (NLN, p.14), in working toward the common goal of optimum health, healing and recovery with environments across the lifespan. Patient centeredness includes providing care to the patient, family and environment, assisting the patient to direct own health care.

**Professionalism (Integrity):**

Professionalism (Integrity) refers to having a commitment to compassion, caring and strong ethical values; continuous development of self and others; accountability and responsibility for insightful practice; demonstrating a spirit of collaboration and flexibility” (Girard, Linton, & Besner, 2005, p. 3). It is participating in the advancement of self through education, knowledge, and development to practice within one’s own scope of practice. Professionalism is the utilizing specialized knowledge, derived from the biological, physical, and behavioral sciences performance of holistic patient centered care along with leadership and autonomy to make evidence-based judgment and decisions (RNAO, 2007).

**Diversity:**

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

**Holism:**

Holism is a dynamic state of physical, mental and social well-being, defined in accordance with cultural norms and goals that influence the relationships and interactions of the individual, family, and community. The primary focus is: developing a patient’s independence, through nursing care that aid, nurture and care for clients, assisting the person to reach his/her optimal health status. Health promotion and teaching methods are appropriate to the diverse needs and culture of the client, family and community in order to establish optimal health.

**Caring:**

Evidence-based and culturally competent healthcare promoting optimal health across the lifespan. Caring for the Associate Degree Nurse is directing and providing care across settings with clear policies and procedures for clients and family, who have conditions which are common, well-defined, advanced and/or of unpredictable complexity, in collaboration with other members of the healthcare team.
Contributing Concepts:

**National League of Nursing (NLN):**
The seven core values outlined by the NLN are professional content and environment, knowledge and science, ethics, excellence, holism, integrity, and patient-centeredness (NLN, 2011, page 8).

**American Association of Colleges of Nursing (QSEN):**
The six core competencies outlined by QSEN are: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, informatics and safety. (IOM, 2011).

**Center to Advance Health Care through Nursing (CAHN):**
The Institute of Medicine (IOM) report, The Future of Nursing: Leading Change, Advancing Health, recommendation that 80 percent of the nursing workforce be prepared at the baccalaureate level or higher by 2020 (IOM 2011).

**Statement on Nursing Education**

Missoula College Nursing Program prepares safe, effective nursing care providers who support humankind in all phases of the health-illness continuum. Learning is a dynamic and life-long process which includes faculty/student collaboration and mentorship through supervised experiences. These experiences facilitate holistic healthcare through acquisition and application of specific knowledge, skills, and professional attitudes based upon the scope of practice of the Registered Nurse.

These beliefs are based on Jerome Bruner’s Model of life-long learning. Bruner states that learning is an active process where conceptual structures are built on present and past learning (Bates & Poole, 2003). Education occurs in steps as students in the Nursing Program acquire facts and terms to assist them in identifying principles and ideas. This continues with the formulation of concepts and relationships in health care, allowing a student to use gained knowledge to enhance the quality of care and ability to use reasoning and critical judgment (Bates & Poole, 2003).

Nursing faculty supports this constructivist approach to learning by guiding, encouraging caring behaviors, and advancing knowledge in students; preparing them for life-long learning in a diverse health care system. Students are guided to grow in self-awareness, understanding of others, and sensitivity to cultural, moral, ethical, and legal issues, application of critical judgment, and the technical and interpersonal skills fundamental to the practice of nursing.

The faculty believes the associate degree graduate utilizes critical thinking and clinical decision making when functioning in the role of care provider, care manager, and member of the interdisciplinary team leading to optimal patient outcomes. The graduate is prepared to assess, formulate a nursing diagnosis, plan, implement, and evaluate nursing care provided across care settings. The graduate will practice within the ethical, legal, and regulatory frameworks of registered nursing. The RN will provide care to diverse populations while utilizing a knowledge base from the arts and sciences.
References:


RNAO International Affairs & Best Practice Guidelines Healthy Work Environments; *Professionalism in Nursing Practice (2007)* (http://rnao.ca/bpg/guidelines/professionalism-nursing).


Regulation and Accreditation

The Associate Degree Nursing program is fully approved by the Montana State Board of Nursing (http://boardsbsd.dli.mt.gov/nur). The Montana State Board of Nursing contact information is listed below.

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

The Associate Degree Nursing program is also accredited by the [Accreditation Commission for Education in Nursing (ACEN)](http://www.acenursing.org).The ASN program has been reaccredited through 2024. The ACEN contact information is listed below.

- **Accreditation Commission for Education in Nursing (ACEN)**
  3343 Peachtree Road NE, Suite 850  
  Atlanta, GA 30326  
  (404) 975-5000
**Program Outcomes**

**Missoula College Associate of Science Registered Nursing Learning Outcomes**

Upon successful completion of the Associate of Science Nurse Program, the graduate will be able to:

<table>
<thead>
<tr>
<th>NLN ASN Outcomes</th>
<th>MC ASN Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human Flourishing</strong></td>
<td>1. Incorporate knowledge from nursing, science and science theories across health care settings</td>
</tr>
<tr>
<td>“Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.” (National League for Nursing, 2010, p. 33)</td>
<td><strong>Core Concepts:</strong> Patient centered care, caring, diversity, integrity, holism</td>
</tr>
<tr>
<td><strong>Nursing Judgment</strong></td>
<td><strong>Integrating Concepts:</strong> Content &amp; knowledge, QSEN &amp; NLN competencies</td>
</tr>
<tr>
<td>“Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and promote the health of patients within a family and community context.” (National League for Nursing, 2010, p. 34)</td>
<td>2. Utilize critical thinking within the nursing process as a basis for making nursing judgments.</td>
</tr>
<tr>
<td><strong>Professional Identity</strong></td>
<td><strong>Core Concepts:</strong> Patient centered care, caring, diversity, integrity, holism</td>
</tr>
<tr>
<td>“Implement one’s role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.” (National League for Nursing, 2010, p. 35).</td>
<td><strong>Integrating Concepts:</strong> Content &amp; knowledge, QSEN &amp; NLN competencies</td>
</tr>
<tr>
<td>3. Provide safe, quality, holistic, patient-centered care and advocacy for diverse patient populations across health care settings</td>
<td>4. Practice according to current ethical and legal standards of professional nursing with a focus on excellence, safety, and quality care which includes health promotion and prevention education.</td>
</tr>
<tr>
<td><strong>Core Concepts:</strong> Patient centered care, caring, diversity, integrity, holism</td>
<td><strong>Integrating Concepts:</strong> Content &amp; knowledge, QSEN &amp; NLN competencies</td>
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(continued on next page)
### NLN ASN Outcomes

**Spirit of Inquiry**
"Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities." (National League for Nursing, 2010, p. 36).

### MC ASN Outcomes

5. Function and lead effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision making to achieve quality patient care.

**Core Concepts:** Patient centered care, caring, diversity, integrity, holism

**Integrating Concepts:** Content & knowledge, QSEN & NLN competencies

6. Accept accountability for the continuous evaluation of one’s own personal and professional behavior, including integrity, ethics, evidenced-based practice, excellence, and life-long learning.

**Core Concepts:** Patient centered care, caring, diversity, integrity, holism

**Integrating Concepts:** Content & knowledge, QSEN & NLN competencies

7. Participate in lifelong learning and promotion of the nursing profession

**Core Concepts:** Patient centered care, caring, diversity, integrity, holism

**Integrating Concepts:** Content & knowledge, QSEN & NLN competencies

### Reference
Student Learning Outcomes

<table>
<thead>
<tr>
<th>Program Outcome Articulated Measurement</th>
<th>ASN Student Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, 3, 4</td>
<td>A. Perform, analyze and apply data collection for complete assessment of patient across the lifespan and health care settings</td>
</tr>
<tr>
<td>2, 3, 4, 5</td>
<td>B. Work in interdisciplinary teams collaborating professionally and effectively with patients, families, and members of the interdisciplinary healthcare team to improve patient outcomes</td>
</tr>
<tr>
<td>1, 2, 3, 4</td>
<td>C. Utilize advanced nursing skills and critical thinking to assure evidence-based, positive health outcomes for patients across the life span and health care settings</td>
</tr>
<tr>
<td>2, 3, 4, 5</td>
<td>D. Incorporate informatics to formulate and employ evidence-based practice, clinical judgments and management decisions.</td>
</tr>
<tr>
<td>6, 7</td>
<td>F. Continue academic progression to the BSN or greater, and successfully pass the NCLEX RN on the first attempt</td>
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</table>

Nursing Required Testing

All nursing students are required to complete the following testing:

**All current nursing students who were admitted before fall 2019 will use the ATI program. All students admitted fall 2019 and moving forward will use the Kaplan program.**

Assessment Technology Incorporated (ATI) Examinations

What is ATI?

- Assessment Technologies Institute® (ATI) offers resources designed to enhance student academic and NCLEX success.
- The comprehensive program offers multiple assessment and remediation activities. These include assessment indicators for academic success, critical thinking, and learning styles. Online tutorials, online practice testing and proctored testing over the major content areas in nursing are also available. These ATI tools, in combination with the nursing program content, assist students to prepare more efficiently, as well as increase confidence and familiarity with nursing content.
- Data from student testing and remediation can be used for program’s quality improvement and outcome evaluation.
- ATI information and orientation resources can be accessed from your student home page. It is highly recommended that you spend time navigating these valuable orientation materials found on your ATI student home page.

If, when setting up ATI for the first time as a new student and difficulties are occurring, you can contact ATI at 800-667-7531 and anyone in customer service department can assist you.
Modular Study:
ATI provides review modules in all major content areas. Students are encouraged to use these modules to supplement course work. These may be assigned during the course and/or as part of active learning/remediation following assessments.

Tutorials:
ATI offers many unique online tutorials. The tutorial Nurse Logic, for instance, teaches nursing students how to think like a nurse, how to take a nursing assessment and how to make sound clinical decisions. Learning System offers practice tests in specific nursing content areas that allow students to apply the valuable learning tools from Nurse Logic. Features embedded in the Learning System tutorial such as hint buttons, a talking glossary, and a critical thinking guide help students gain an understanding of the content. Other tutorials may be available and will be assigned as appropriate.

Assessments:
Assessments will help the student to identify what they know as well as areas requiring active learning/review. There are practice assessments available to the student and proctored assessments that may be scheduled during courses.

Active Learning/Remediation:
Active Learning/Remediation is a process of reviewing content in an area that was not learned or not fully understood as demonstrated on an assessment. It is intended to help the student review important information to be successful in courses and on the NCLEX. The student’s test report called their individual performance profile will contain a listing of the topics to review. From their test results the student can remediate these topics to review by using a focused review which contains links to ATI review modules, media clips and active learning templates. The instructor has online access to detailed information about the timing and duration of time spent in the assessment, focused reviews and tutorials by each student. Students can provide documentation that required ATI work was completed using the “My Transcript” feature under “My Results” of the ATI Student Home Page or by submitting written remediation templates as required.

ATI examinations are offered throughout the nursing curriculum to assist the student with assessment of knowledge and guidance for remediation.

Kaplan Nursing
What is Kaplan Nursing and iHuman Patient?

- Kaplan Nursing and iHuman Patient are educational partners that offer resources to increase content learning and test preparation throughout the program.
- The complete program offers multiple assessment and remediation activities. Students are guided through online tutorials, assignments and practice exams that assess strengths and weaknesses and allow students to remediate in weak areas. iHuman Patient guides students through virtual patient encounters. The combination of the Kaplan and iHuman Patient programs along with the nursing curriculum content assists students to prepare for the workforce and to successfully pass the NCLEX examination.
• Data from student testing and remediation can be used for program’s quality improvement and outcome evaluation.
• Kaplan information and orientation resources can be accessed from your student home page. It is mandatory that you spend time navigating these valuable orientation materials found on your Kaplan student home page.

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

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

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

Clinical Resources:
Kaplan provides a variety of mid-fidelity simulations that offer focused assessments of different clients. The modules in the Clinical Resources section guide the student through a Chart Assessment, Physical Assessment, Nursing Diagnosis, Care Planning and Evaluation.

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

Kaplan iHuman Patients:
This avatar-based simulation software is based on real patient encounters and guides students through chart and physical assessments. Virtual patient encounter simulations give students realistic clinical experiences and helps to hone cognitive clinical skills.

Dosage Calculations Policy
To assist in assuring patient safety and to be in compliance with the learning outcomes of Safety in QSEN, students are required to successfully pass a dosage calculation examination based on the following:

NRSG 234/235 and NRSG 244/245 and NRSG 259/261:
To promote medication administration safety in the clinical setting, students will be required to earn a minimum of 100% on a dosage calculation quiz prior to starting clinical experiences in NRSG 235: Adult Nursing I. Students will have two attempts to earn a 100% on the dosage calculations quiz. In the event a student is unable to earn a 100% on the quiz after the initial
In the event a student is unable to earn a 100% on the quiz after the initial attempt, the student will meet with the instructor, discuss areas of concerns, and develop a mutual action plan which will include a mandatory tutoring session to assist the student in achieving goals of safe medication administration. The final attempt will be scheduled at the discretion of the instructor. In the event students are unable to earn a 100% on the quiz after two attempts, students will not be allowed to pass medications in the NRSG 235 clinical setting (This could potentially result in a failing grade for the clinical portion of this class). Students may use calculators and are advised to come prepared.

NRSG 246/247 (Health & Illness of Child & Family Nursing):

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

Nursing Course Examinations, In-class and Moodle

1. Tests are to be taken at the times they are scheduled.

2. All Moodle tests will remain open for student testing no longer than 24 hours as set up per course instructors. Students must make arrangements to be able to take an online Moodle test within the 24 hour date and time as set up. If unable, it must be discussed with the course instructor prior to the test date and time. Final decision of approving a request will be per the course instructor. Please note that the close time is indicative of when the quiz/exam will no longer be available and the student will not be able to log in after the quiz/exam closing time.

3. If a student is unable to take an exam at the scheduled time due to extenuating circumstances, the student must notify the course instructor prior to the scheduled test date and time to discuss their options. Make-up examinations are offered at the discretion of the course instructor for extenuating circumstance. Arrangements for make-up testing will be made with the course instructor.

4. Students are expected to follow established guidelines of test taking in Moodle; any concerns regarding dishonest conduct during test taking will result in a zero for the test and may result in immediate suspension from the nursing program.

5. Exams being administered in Moodle can be taken during school hours or at home dependent on instructor preference. In the event an exam in Moodle is being taken at home students are expected to adhere to the following:
   - Students are expected to have an available working computer. Not having computer access is not an acceptable reason for not completing a Moodle online exam during the allotted time
   - Ensure internet access is working. When internet access at home is not reliable please consider taking the exam in the computer labs or library on campus. Extensions will not be granted for internet problems unless there are extenuating and unusual circumstances that are verified by your instructor.
   - If you are locked out of Moodle during an examination you must complete the following:
     o Call or email the professor within 15 minutes of being locked out. The instructor will reset the test.
If the lock out occurs after regular working hours, the instructor will make arrangements for communicating how to be contacted and deal with the lock out. You must leave an email within 15 minutes of being locked out that can be verified by the next morning. Also leave a voice mail with the time of the message. The instructor will reset the test based on following the above policy.

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

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

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

**Moodle Tech Support**

For technical support with online courses or Moodle, contact the UMOnline Help Desk (umonline.umt.edu); phone 406.243.4999. Please have your UM 790# available to verify your identity.

**Guidelines for Taking Tests in Moodle**

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

Nursing courses must be passed with an 80% average for progression to the next semester. Students unable to adhere to set standard of 80% cumulative grades will receive a non-passing grade for the course which is defined as <80%. Faculty is not obliged to “round up”. If you have a cumulative score of 79.9% you may still receive a non-passing grade for the course.
Due Process
Student problems, concerns or grievances related to policies, conduct and waivers should be resolved using campus resources in the following order:

- Instructor
- Director of the Nursing Program
- Health Professions Chair
- Associate Dean
- Dean
- Dean of Student Affairs
- The grievance policy and procedure can be found in the Policy and Procedure Manual. Policy Number S10, titled Grievance and Complaints

Preceptors
Students may participate in clinical experiences under the direct supervision of a preceptor in some of the courses. The use of preceptors by students must be approved by the clinical faculty. Courses offering a preceptor component may include: NRSG 235, 237, 245, 247, 261 and 267. Facilities utilized for preceptors must have an active affiliate agreement.

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

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

Students and/or faculty arrange clinical schedules with the assigned preceptor. Prior to the first day of the preceptorship clinical, the MC faculty must have a copy of the schedule. Any changes in schedule must be communicated with instructor. In NRSG 235 Adult Nursing I, there is opportunity for preceptorship hours at Montana State Prison. NRSG 266 Managing Client Care Clinical, the preceptorship starts at the beginning of the course. In NRSG 245 and NRSG 261, Adult Nursing II and III, there is an opportunity for rural nursing preceptorship clinical. These students apply and are picked by faculty to participate in the program.
Clinical and/or Preceptor Sites (may include others)

<table>
<thead>
<tr>
<th>Site Description</th>
<th>Address 1</th>
<th>Address 2</th>
<th>Address 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALEPH / Winds of Change</td>
<td>2685 Palmer Street</td>
<td>3075 North Reserve Street</td>
<td>401 Railroad Street West</td>
</tr>
<tr>
<td>Missoula, MT 59808</td>
<td>Missoula, MT 59808</td>
<td>Missoula, MT 59802</td>
<td>Missoula, MT 59802</td>
</tr>
<tr>
<td>Barrett Hospital &amp; Health Care</td>
<td>600 Hwy 91 South</td>
<td>1001 Worden Street</td>
<td>500 West Broadway</td>
</tr>
<tr>
<td>Dillon, MT 59725</td>
<td>Missoula, MT 59802</td>
<td>Missoula, MT 59802</td>
<td>Missoula, MT 59802</td>
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<td>The Birth Center</td>
<td>2404 39th Street</td>
<td>Hillside Health Care Center</td>
<td>Riverside Health Care Center</td>
</tr>
<tr>
<td>Missoula, MT 59803</td>
<td>4720 23rd Avenue</td>
<td>1301 East Broadway</td>
<td>Missoula, MT 59802</td>
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<tr>
<td>Cabinet Peaks Medical Center</td>
<td>350 Louisiana Avenue</td>
<td>Lolo School</td>
<td>St. Luke Community Hospital</td>
</tr>
<tr>
<td>Libby, MT 59923</td>
<td>11395 US-93</td>
<td>Lolo, MT 59847</td>
<td>107 6th Avenue SW</td>
</tr>
<tr>
<td>Clark Fork Valley Hospital</td>
<td>10 Kruger Road</td>
<td>Marcus Daly Memorial Hospital</td>
<td>The Springs</td>
</tr>
<tr>
<td>Plains, MT 59859</td>
<td>1200 Westwood Drive</td>
<td>1200 Westwood Drive</td>
<td>3710 American Way</td>
</tr>
<tr>
<td>Community Medical Center</td>
<td>2827 Fort Missoula Road</td>
<td>Mineral Community Hospital</td>
<td>Missoula, MT 59808</td>
</tr>
<tr>
<td>Missoula, MT 59803</td>
<td>1208 6th Avenue East</td>
<td>Superior, MT 59872</td>
<td>Village Health Care Center</td>
</tr>
<tr>
<td>Consumer Direct</td>
<td>100 Consumer Direct Way</td>
<td>Missoula County Health Serv - WIC</td>
<td>Warm Spring State Hospital</td>
</tr>
<tr>
<td>Missoula, MT 59808</td>
<td>301 West Alder Street</td>
<td>Missoula, MT 59802</td>
<td>300 Garnet Way</td>
</tr>
<tr>
<td>Florence-Carlton School</td>
<td>5602 Old Hwy 93</td>
<td>Missoula Developmental Serv Corp</td>
<td>Warm Springs, MT 59756</td>
</tr>
<tr>
<td>Florence, MT 59833</td>
<td>1005 Marshall Street</td>
<td>Missoula, MT 59801</td>
<td>West House Adult Crisis Facility</td>
</tr>
<tr>
<td>Frenchtown Family Practice</td>
<td>16862 Beckwith Street</td>
<td>Montana State Prison</td>
<td>1404 Westwood Drive</td>
</tr>
<tr>
<td>Frenchtown, MT 59834</td>
<td>400 Conley Lake Road</td>
<td>Deer Lodge, MT 59722</td>
<td>Hamilton, MT 59840</td>
</tr>
</tbody>
</table>

Preclinical Entry Requirements

All nursing students are required to present documented evidence of BLS for Health Care Providers (HCP), required immunizations as per Section 5 of this document, prior to participating in any clinical experiences (including orientation). It is the student’s responsibility to provide documented evidence of compliance to the administrative associate or program director prior to the start of each semester.

Copy of background check must be presented to MC Nursing Administrative Assistant prior to the start of nursing school. Students who do not provide the required documentation will not be permitted to attend the mandatory clinical orientation. Students who do not attend the mandatory
clinical orientation for any reason (with the exception of extenuating circumstances and preapproved by the course instructor or program director), will not be permitted to participate in clinical experiences and thus fail the course. Any background check with a discrepancy will be taken to the appropriate clinical site by the course instructor for further evaluation & determination of student placement. It is the clinical sites which require background checks and sexual offender check. The clinical site has the final say on whether a student can or cannot participate in a clinical rotation at the site.

**Essential Clinical Requirements**

Physical, cognitive, psychomotor, affective and social abilities are required in unique combinations to provide safe and effective nursing care. The applicant/student must be able to meet the essential functions with or without reasonable accommodations throughout the program as found in Section 5: Disability and Health Services of this document. Admission, progression and graduation are contingent upon the student’s ability to demonstrate the essential functions delineated for the nursing programs with or without reasonable accommodations. The nursing programs and/or its affiliated clinical agencies may identify additional essential functions. The nursing programs reserve the right to amend the essential functions as deemed necessary for patient safety.

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

**Employment During School**

Students are encouraged to carefully consider the time commitment for classes, student, family life, travel, leisure activity and other life responsibilities prior to scheduling outside employment while attending the MC Nursing Program. Should employment be necessary, it is important that working hours not be scheduled/or on-call eight hours prior to clinical activities. Students who appear too fatigued to safely provide client care will be sent home and may receive an unacceptable score.

**Expected Clinical and Lab Behavior**

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

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

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

**Professional Liability**

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

**Supervision During Clinicals**

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

**Travel to Clinical Training Sites**

Students must have available and reliable transportation in order to insure that the student is able to arrive on time, both at local and distant clinical sites. Lack of transportation is not considered a viable reason to miss clinical. Situations related to snow and ice will be considered. As a rule, if The University System cancels face to face classes campus wide due to inclement weather, clinical is also cancelled. Please listen to local radio and television regarding campus closures and late starts.

**Pre and Post Clinical Conferences**

Pre and post clinical conferences are an integral part of the student’s learning. Conferences are informal and interactive; therefore, all students are expected to contribute by sharing clinical experiences related to the learning objectives and focus for the clinical experience. Students are guided to set new goals for their next clinical experience.

Attendance and participation are mandatory.

**Pre-Clinical Conferences**

Pre-clinical conferences last 10-15 minutes, are between an individual student and the clinical instructor, and occur prior to delivering direct patient care. The purpose of the Pre-conference meeting is to:

a. Present and clarify the objectives for the clinical experience.

b. Address student questions regarding the assigned patient.

**Post-Clinical Conferences**

Post-clinical conferences last 30-60 minutes, involve all students assigned to the clinical site and the clinical instructor, and occur at the end of the clinical. Again, attendance is mandatory, and considered part of the scheduled clinical hours. Students are advised not to plan personal appointments during clinical conference, as they will be considered absent from clinical. The purpose of the post-clinical conference is to:

a. Analyze clinical experiences and share learning experiences with classmates,

b. Correlate theory to clinical practice,
c. Provide an opportunity to identify, clarify and explore nursing problems.
d. Provide for active participation of each student.
e. Present assigned patient or other case study.
f. Practice effective communication using SBAR as a means to “report” and communicate with peers and supervisors.

Clinical Attendance

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

Clinical Site Parking

Students are expected to abide by the parking policy provided by each facility. Vehicles must be parked in appropriate areas and may be subject to towing at the student’s expense. A parking violation may result in loss of clinical privileges, an unacceptable score for that clinical experience and possible dismissal from program.

Providence Saint Patrick Hospital:

Vehicles must be parked on the streets or in designated student parking lots. Do not park in the designated patient parking areas. Students will be issued citations by Missoula Parking Commission if parked in the wrong areas.

Community Medical Center:

Students are to park in the lots designated for employees. These lots are located in front of the hospital farthest away from main entrance. The front areas are for visitors and clients. In the event a student is noted to have parked in a visitor or client area, clinical privileges may be revoked and students may not be allowed to return to clinical. Please refer to Orientation Module for further clarification.

Mandatory Orientation for Clinical

Prior to all clinical courses, students are expected to complete agency-specific competencies. This includes the signing of confidentiality statements for each clinical site along with the following:

- Community Medical Center (CMC)
- Providence Saint Patrick Hospital (SPH)

Orientation at the facility will include: a tour of the facility; EHR training; and PYXIS. At completion of the module, students are asked to complete a quiz; this quiz must be turned into your faculty for grading and record keeping. This includes:
• BLS for Health Care Providers
• MMR
• Two step TB test at the start of the nursing program followed by one TB test per year,
• Flu (during flu season)
• Hepatitis B
• Background Check
• Urine Drug Screen

Student Checklist and Clinical Orientation Manual

Student Clinical Role
1. Personal belongings (wallets, purses, books, etc.) are discouraged from being brought to the clinical area due to lack of secure areas. Coats are to be hung in the areas provided for nursing staff on each unit.

2. Gum chewing and tobacco use are not allowed on the unit. Please avoid crowding staff lounges. Eating and drinking at the nurses’ stations is prohibited by OSHA standards. Do not eat or drink stock foods on the nursing units.

3. Students are allowed one 30-minute break for each six-hour shift worked and after 8 hours 2 fifteen minute breaks. Breaks are to be taken off the nursing units but on facility grounds in designated eating areas and must first be approved by your primary nurse. Keep in mind the priority of timely patient care which may at times delay scheduled breaks.

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

5. Patient charts may not be taken off the nursing units. If the nurses’ station is crowded, take the chart to the conference room after leaving a note in the chart holder stating where the chart is and who has it. No part of a chart may be copied. Computer copies of lab results, etc. may not be taken off the unit or used in student care plan assignments.

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

“Orthopedic Unit, Alex Smith, Student Nurse.” Do not take any orders or messages from physicians.

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

9. On each assigned unit, be familiar with the location of the environment of care board, crash cart and the procedures for a code blue. Be familiar with the phone numbers at both hospitals for reporting code situations:

- Providence Saint Patrick Hospital – 75330
- Community Medical Center – 2222
- Other clinical sites – 911

10. When leaving the nursing unit for any reason, let your primary nurse and instructor know where you are going and why. You may and should attend all tests and therapies with your patient. Students will not be solely responsible for a patient while accompanying them off the unit and will not substitute for hospital personnel for transport. Students may not accompany patients outside the institution alone.

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

12. It is your responsibility to seek and find learning experiences such as procedures to perform. Word of warning: Do not let us find you standing around with your hands in your pockets!!! Clues to upcoming procedures include noting NPO signs, special sets and equipment brought to the unit and listening carefully during report. Call your instructor for all procedures. Before performing any tasks or procedures, ask yourself “WHY?” You should be prepared to discuss the rationale and underlying principles for all procedures. Never assume anything! Find the needed information!!

13. Document according to agency and unit policy format. Documentation varies from facility to facility and from unit to unit. Have all nurses’ notes approved by instructor or primary nurse prior to writing them in the chart until you are comfortable with the format. Do not chart on the computers in the nurse’s station at SPH. Start notes on scratch paper promptly after initial patient assessment and update appropriately throughout the shift. Record vital signs, I and O, and medications promptly.

14. Medications are to be set up and administered only in the presence of your instructor until designated otherwise by your instructor. Follow exactly the medication administration protocol learned in classroom and lab, as well as facility protocol. Page your instructor 30 minutes before each scheduled medication time (unless previously arranged with the instructor). Know the medications (generic and brand names, usual dosage range, action, side effects, route, dosage and any pertinent nursing implications). If unable to reach your instructor, ask your primary nurse to give the medication.

15. Demonstrate an interest in nursing, your patients and others while on duty. Be the first person to smile and say hello to hospital staff members, patients, visitors, etc.
16. When orienting on a nursing unit, be familiar with where the policy and procedure manuals are located on the computer facility website or on the floor. You will be expected to follow them.

17. Each day prior to report, review patient’s chart for any changes or new orders. Make appropriate changes on your daily report sheets and use the information to ask pertinent questions during report. Having thoroughly studied the chart the day before, you need only to check the preceding 24-hours of nurses’ notes, doctors’ orders, vital signs and other flow sheets, doctors’ progress, lab and diagnostic reports and medication administration record (MAR). If the chart is unavailable to you the day before, you are responsible for making time to prepare properly PRIOR to report. If your assigned patient has been discharged, it is your responsibility to notify your clinical instructor and select an alternate patient to care for. Remember as well, if there is identifying information on your report sheet, it may not leave the facility and must be shredded.

18. Introduce yourself to your primary nurse on arrival to the unit. You are expected to participate in bedside report on all of the patients assigned to your nurse. Tell him/her what your hours will be and what you will and will not be doing.

19. On all assigned patients, you will systematically perform assessments that are complete and within the scope of practice for the nursing student. Please be attuned to provider orders. Report questionable or abnormal findings promptly to the clinical instructor and primary nurse.

20. If asked to “tape” a report on your patient, write out the information on scratch paper and have it approved by your primary nurse before recording. Students who tape report must be available to oncoming shifts to answer questions.

21. Students must not attend clinical under the influence of any encumbering chemicals, e.g. alcohol, cocaine, narcotic pain medications. Chemical dependence has been identified as a primary concern of the Montana State Board of Nursing, according to the Executive Director. Complimentary online courses have been developed to help students and nurses to better understand the physical and behavioral signs of chemical dependency. Students are encouraged to access these courses entitled: “Nurse Manager Guidelines for Substance Use Disorder” and “Understanding Substance Use Disorder in Nursing” (https://www.learningext.com/#/catalog/959bf341-77e5-45ed-9943-c66519788d2). These are self-paced courses from the National Council for State Boards of Nursing, (NCSBN) meant for nurses at all educational levels.

22. Practice all Joint Commission National Patient Safety Goals:

- **Identify patients correctly**
  - Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the medicine and treatment meant for them.
  - Make sure that the correct patient gets the correct blood type when they get a blood transfusion.

- **Improve staff communication**
  - Quickly get important test results to the right staff person.

- **Prevent infection**
  - Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization.
  - Use proven guidelines to prevent infections that are difficult to treat.
  - Use proven guidelines to prevent infection of the blood from central lines.
  - Use safe practices to prevent infection after surgery.
• Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

• **Use alarms safely**
  o Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

• **Use medicines safely**
  o Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in an area where medicines and supplies are set up.
  o Take extra care with patients who take medicines to thin their blood.
  o Record and pass along correct information about a patient’s medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

• **Identify patient safety risks**
  o Find out which patients are most likely to try to harm themselves

• **Prevent mistakes in surgery**
  o Make sure that the correct surgery is done on the correct patient and at the correct place on the patient’s body.
  o Mark the correct place on the patient’s body where the surgery is to be done.
  o Pause before the surgery to make sure that a mistake is not being made.

**Library Resources**

**UM and Missoula College Libraries**

Students will be expected to participate in a “Live Tour of library resources at the Mansfield Library” (http://www.lib.umt.edu/services/info-lit/video-tutorials.php) during orientation prior to entering the program. Students are expected to utilize library resources and use reliable, valid and evidence-based research references to support written work. Wikipedia is NOT a reliable resource. Written work with unreliable sources will be returned and are not acceptable.

The University of Montana has Mansfield Library has two locations: The Payne Family Library on the Missoula College River Campus at 1205 East Broadway and West Campus at 3639 South Avenue West. The main Missoula College branch is the River Campus located on the River Level; library hours are hours listed below. The Mansfield Library offers 24/7 electronic access to reference resources (http://libguides.lib.umt.edu/healthprofessions), including journals, books, and digital holdings.

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

• **Public Health Librarian**
  Kim Granath, Head Information and Research Services
  Phone: 406-243-6017 / Email: kim.granath@umontana.edu

• **Location:** MLIB 328
• **Library Hours** (www.lib.umt.edu/about/hours)
Payne Family Library at Missoula College
(http://www.lib.umt.edu/about/missoula-college.php)

- **Contact Information:**
  Phone: 406-243-7820    FAX: 406-243-7882
  Location: MC 005 – River Level
  Email: mclibrary@umontana.edu

- **Library Staff:**
  Annie Weiler, Library Technician: annie.weiler@umontana.edu
  Daniel Vollin, Library Technician: daniel1.vollin@umontana.edu

- **Library Hours:**
  Monday – Friday, 8:00 a.m. - 5:00 p.m.
  Closed Saturday, Sunday, and all legal holidays

Access to the Mansfield Library’s Health Resources

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

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

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

   To get there:
   - Click on the Research Guides icon in the box on the right hand side of the screen
   - Select the subject, Missoula College: Health Professions
   - Select the Health Professions at Missoula College Research Guide link
   - Access over 20 databases for health information

3. Any time you have a question you can email or chat with a librarian.
   - Use the link at the bottom right side of the screen. If the link displays “Chat with a librarian” there is someone who will answer your questions in real time.
   - If the link displays “Email a librarian” you will receive a response to your question via email.
   - You can also always contact your librarian, Kim Granath, for research assistance at (406) 243-6017 or via email at kim.granath@umontana.edu.

Providence Saint Patrick Hospital / Providence Health & Services

Health Library via the Learning Center

Medical Librarian
Dana Kopp: Phone: 406-329-5711/ Email: Dana.Kopp@providence.org
Learning Center
(https://montana.providence.org/health-resources/the-learning-center)

- **Contact Information, Location, and Hours**
  Phone: 406-329-5710 / Email: library@saintpatrick.org
  500 West Broadway (Broadway Building, street level, and left of the main entrance)
  Missoula, MT 59802
Section 4 – Student Policies and Progression

Address, Phone Number, and Email Changes

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

Student and Faculty Communication

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

Professional Behavior

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

- Attending classes and clinical experiences,
- Exhibiting courteous behavior,
- Being prepared for class/clinical assignments,
- Not meeting with or emailing other faculty during class time
- Turning in assignments and take-home examinations on time,
- Not consistently requesting extensions for due dates and
- Being punctual for class/clinical.

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

Although there is no mandatory policy for class, faculty believes that to be successful in applying content to clinical class attendance is important. We highly suggest that you attend class. Faculty will also not accept meetings with students when they are scheduled to be in a schooled class. This is not showing respect or professional behavior toward the faculty teaching the course the student is missing. These issues are part of the professionalism grades.
## Professional Behavior Rubric

<table>
<thead>
<tr>
<th>Professional Behaviors</th>
<th>Exceeds expectations (2)</th>
<th>Meets expectations (1)</th>
<th>Consistently fails to meet expectations (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance</td>
<td>Had no more than 1 excused absence where the instructor was notified prior to beginning of class.</td>
<td>Had 2-3 excused absences and the instructor was notified prior to beginning of class. Instructor was not notified prior to absence. Had 1 unexcused absence.</td>
<td>Had greater than 3 excused absences. Had 2 or greater unexcused absences.</td>
</tr>
<tr>
<td>Team Work</td>
<td>Participated in class discussions and/or small group activities without prompting. Comments and responses were thoughtful, insightful, and reflected knowledge of the content covered in this course. Asked questions that reflect depth and preparation for class. Completed their share of assignments in small groups 100% of the time.</td>
<td>Intermittently engaged in discussions and/or small group activities with some prompting. Comments and responses were somewhat thoughtful, insightful, and showed some knowledge of the content covered in this course. Questions reflected partial depth and preparation for class. Completed their share of assignments in small groups 80% of the time.</td>
<td>Did not participate in discussions and/or small group activities. Questions, comments, and responses were not thoughtful, insightful, and did not show knowledge of the content covered in this course. Questions did not reflect depth or preparation for class. Did not complete minimum of assignments in small groups 80% of the time.</td>
</tr>
<tr>
<td>Communication</td>
<td>Open, interactive, positive, good listener, does not interrupt, and accepting of constructive feedback.</td>
<td>Intermittently open, interactive, positive, good listener does not interrupt, and accepting of constructive feedback.</td>
<td>Infrequently open, interactive, positive, good listener does not interrupt, and does not accept constructive feedback.</td>
</tr>
<tr>
<td>Respect for others</td>
<td>Constantly an active listener demonstrated by giving full attention during class, being courteous, congenial and displays a positive attitude not displaying behaviors of talking or whispering while other talk, writing unrelated notes to classmates, sleeping, eye rolling, cell phones not turned off or on vibrate, doing unrelated work or computer use, finishing other class assignments.</td>
<td>Sometimes engaged in disrespectful attitudes of joking, talking or whispering while others talk, writing unrelated notes to classmates, sleeping, eye rolling, cell phones not turned off or on vibrate, doing unrelated work or computer use, finishing other class assignments.</td>
<td>Consistently engaged in disruptive behaviors such as joking during patient/mannequin care, talking or whispering while others talk, writing unrelated notes to classmates, sleeping, eye rolling, cell phones not turned off or on vibrate, doing unrelated work or computer use, finishing other class assignments.</td>
</tr>
</tbody>
</table>

(continued on next page)
<table>
<thead>
<tr>
<th>Professional Behaviors</th>
<th>Exceeds expectations (2)</th>
<th>Meets expectations (1)</th>
<th>Consistently fails to meet expectations (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class/Clinical Preparedness</td>
<td>Came to class prepared to participate in activities that reflect understandings of the information presented in each chapter. Completed pre-lecture assignments/homework/videos and was turned in within the first 10 minutes of class 100% of the time. Participation in class reflected pre-class preparation. Immunizations/preclinical paperwork submitted by due date.</td>
<td>Intermittently came to class prepared to participate in activities that reflect understandings of the information presented in each chapter. Intermittently was missing or turned in incomplete pre-lecture assignments/homework/videos. Assignments were turned in within the first 10 minutes of class 80% of the time. Participation in class intermittently reflected pre-class preparation. Reminder to bring copies of Immunization records and preclinical paperwork had to be sent out by Administrative Associate. Student completed one week after due date.</td>
<td>Frequently came to class not prepared to participate in activities that reflect understandings of the information presented in each chapter. Frequently was missing or had incomplete pre-lecture assignments/homework/videos or turned them in only partially completed. Assignments were turned in within the first 10 minutes of class less than 80% of the time. Participation in class never reflected pre-class preparation. Numerous written and verbal requests (more than 3) for immunization records and preclinical paperwork i.e. background check.</td>
</tr>
</tbody>
</table>

**Uniform Policy**

The uniform identifies an individual as a student in the Missoula College of the University of Montana Nursing program and is to reflect a positive and professional image of the individual and the school. Clinical institutions also have specific dress code policies which govern student dress code for clinical.

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

9. Variations in the dress code due to the requirements of the clinical setting will be clarified by faculty.

   Exceptions to the dress code which are related to cultural or religious beliefs may be granted by the Program Director or a designee, upon written request by the student.

10. Students are expected to have required supplies during clinical at all times. These include:
    - functional stethoscope
    - working penlight
    - report sheet
    - pen
    - appropriate clinical paperwork

11. Official uniforms and identification must be worn anytime a student is at a lab or clinical site. This includes when choosing a patient.

12. When street clothes are worn according to a clinical site policy, they must conform to the dress code of the clinical agency and under the guidelines of Professional or Casual Business Attire. No denim or jeans are allowed at SPH or CMC.

13. Body and hair must be clean and odor free. Hair length longer than shoulder length must be worn off the face, secured behind the shoulders. Unnatural hair color (e.g. bright reds, greens, blues, etc.) is unacceptable and not permitted. Beards and moustaches are permitted, but must be well-trimmed and neat.

14. Fingernails must be short, clean and no longer than ¼” past the fingertip. Artificial nails are not acceptable.

15. Tattoos must be covered or concealed. Students are allowed only two post earrings and no “plugs.” Earrings must not dangle off of the ear more than ½ inch. One nose stud up to 1/8 inch in size. Students are allowed to wear two rings.

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

**Casual Business Attire**
- Shirt or blouse with collar or polo style
- Slacks
- Chinos or khakis – neatly pressed
- Skirt (knee length or below)
- Blazer or sweater
- Loafers or lace-up shoes – cleaned and shined
Inappropriate attire, including t-shirts, tank tops, jeans, shorts, skirts above the knee, tight fitting or suggestive clothing, flip flops, sneakers, sandals, athletic wear, leggings, bare midriffs or low-cut garments (low-cut necklines or low-rise pants), should not be worn to any clinical placement. No bare legs are allowed at CMC or SPH.

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

**Progression in Nursing Programs**

In order to continue in the nursing programs, the student must:

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

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-100%</td>
<td>A</td>
</tr>
<tr>
<td>80-89%</td>
<td>B</td>
</tr>
<tr>
<td>70-79%</td>
<td>C</td>
</tr>
<tr>
<td>60-69%</td>
<td>D</td>
</tr>
<tr>
<td>Below 59%</td>
<td>F</td>
</tr>
</tbody>
</table>

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

**Student Conduct Code – Regulations / Plagiarism / Cheating**

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

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

“Plagiarism is the act of using another person’s ideas or expressions in your writing without acknowledging the source...to plagiarize is to give the impression that you have written or thought something that you have in fact borrowed from someone else.”


Plagiarism is defined in the UM Student Conduct Code (http://www.umt.edu/student-affairs/community-standards/) on page 5 as, “Representing another person's words, ideas, data, or materials as one's own.”

It is a particularly intolerable offense in the academic community and is strictly forbidden. Students who plagiarize may fail the course and may be remanded to Academic court for possible suspension or expulsion. Please see the Student Conduct Code. It further states, “Students must always be very careful to acknowledge any kind of borrowing that is included in their work. This means not only borrowed working but also ideas. Acknowledgment of whatever is not one's own work is the proper and honest use of sources.” Papers are evaluated for plagiarism using an electronic program provided by or approved by the University of Montana. Plagiarism is an unaccepted practice and consequences at minimum will be a failure on the assignment.

APA Format and Citation

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

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

Cheating

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

Progression Requirements in Lecture/Clinical Courses

Students must pass all nursing classes in order to progress to the next semester. There is no exception to this rule. Students must achieve at least 80% in the didactic and lab portion and a “Pass” grade in clinical to pass the course.

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

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

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

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

Dismissal from Nursing Programs

A student may be dismissed from the nursing program for the following reasons:

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

Military Deployment

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

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

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

Students may be required, based on conduct, to be placed in a progressive disciplinary mutual action plan or contract. The progression is based on student conduct and need to ensure client safety and the development of professional behaviors and accountability.

Step 1: Verbal Discussion and possible Mutual Action Plan (MAP) or Student Contract, Documentation placed in student file.
Step 2: Mutual Action Plan or Contract, copy to file. Meet with Director if applicable.
Step 3: Dismissal if student is unable to meet Mutual Action Plan or Contract Criteria.

Appeals

Students wishing to appeal the dismissal action must do so by following the appeals process described in the UM Student Conduct Code (http://www.umt.edu/student-affairs/community-standards). Each clinical facility may develop individual institutional policies related to student conduct in cooperation with the Nursing Program Director. A clinical facility may refuse to accept a student or request that a student be withdrawn from the facility after citing cause. This may be a basis for dismissal from the program.

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

Graduation

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

Application for graduation should be made by all students who have completed courses as scheduled, starting October or February of their second to last semester. This form called Application for Certificate/Degree is located at Admissions. It is to be completed and returned to the MC registrar and cashier with $40.00. For students graduating in Spring of 2020, the final deadline, when applications are no longer accepted, is after Monday March 2, 2020. As part of the UM policy, not completing and turning in the form by the deadline date will mean having to wait until the following semester to graduate. This will mean a delay in being able to complete the NCLEX National Examination.

Financial Aid Counseling at Graduation

Financial aid counseling is available upon graduation via Federal Student Aid (studentloans.gov/myDirectLoan/index.action) regarding responsibilities of financial assistance payment plans and can be completed electronically.
Degree / National Certification Exams

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

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

It is the student's responsibility to contact the registrar’s office to obtain transcript release forms and to submit the forms with the required fees to the Board of Nursing of the student’s choice.

Once you have successfully passed the NCLEX you will be licensed to practice nursing in the State of Montana or the state of your choice and can then work in anywhere in United States after you complete an application with the State Board of Nursing for the State you wish to be employed.

An applicant may be denied a license if he/she has a criminal record including a Minor in Possession (MIP), complete their application fraudulently or withhold information, or fail to meet other standards or requirements established by the Board of Nursing. If a prospective applicant has questions in this area, they should contact the identified state board of nursing or the Montana State Board of Nursing:

**Montana State Board of Nursing**
(http://boards.bsd.dli.mt.gov/nur)

Professional and Occupational Licensing Division
PO Box 200513 / 301 South Park
Helena, MT 59620-0513
(406) 841-2300

Employment Opportunities

Career Services provides quality educational, career, and life-planning services to assist students and alumni in achieving their personal and professional goals. They provide an array of services designed to support the university’s academic mission while fostering the out-of-classroom development of the individual. Be sure and pay close attention to UM Experiential Learning and Career Success Services (http://www.umt.edu/career/) to learn about career fairs, National Student Employment Week, and employment opportunities after graduation.
Student Background Checks
Clinical agencies require students to complete a criminal background check.

Criminal Background Check**
The check is done through Verified Credentials and the cost is $76.60. You will need to pay online at the time of background check registration

- No student will be allowed to participate in clinical without the background check. Bring the completed background check to the Administrative Associate’s office by the date stipulated in your acceptance letter.

Drug Screening
Clinical agencies require a 10-Panel Urine Drug Screen to be done before the start of the student’s clinical rotation.

- The cost and administration of the test is the responsibility of the student
- You will only have to test once in the nursing program
- Even if you have been screened by your current employer, the nursing program still requires a separate test
- Screening results are given to the Missoula College Health Professions Administrative Associate and are placed in your student file in a locked cabinet.
- Since the Missoula College nursing program relies heavily on our clinical sites, if a student fails a drug screen and is refused by a clinical site, that student may be dismissed from the nursing program.

We have a contract with Verified Credentials for a reduced rate of $39 for Missoula College Health Professions students. There are two testing sites in Missoula that work with VC to offer this reduced rate. You will pay VC online. They will email you with instructions regarding appointments/walk-ins and what to bring with you when you test. If you are outside of Missoula, VC will provide testing sites in your area.

The Missoula testing sites are:
- American Mobile Drug Testing, 3475 W. Broadway, (406) 543-8111 Open M-F 8-4:45 p.m.
- Compliance Monitoring Systems, 2809 Great Northern Loop #200, (406) 529-1789.
Section 5 – Disability and Health Services

Disability Services

The University of Montana assures equal access to instruction through collaboration between students with disabilities, instructors, and Disability Services for Students (DSS). If a student thinks they may have a disability adversely affecting academic performance, and you have not already registered with DSS, please contact them in one of their two locations:

1. DSS – Mountain Campus: Lommasson Building 154
2. DSS – Missoula College River Campus: MC 032 (river level)

Nursing faculty will work with you and DSS to provide an appropriate accommodation.

DSS—Mountain Campus: Disability Services for Students is located the University of Montana's Student Affairs office which assures program access to the University by students with disabilities. They coordinate and provide reasonable accommodations, advocate for an accessible and hospitable learning environment, and promote self-determination on the part of the students they serve.

Disability Services for Students (DSS) is open between the hours of 8:00 a.m. and 5:00 p.m., Monday-Friday, throughout the entire year. It is open between semesters, during the summer, and Spring Breaks, except for official state and national holidays.

DSS—River Campus: Disability Services for Students serves students at Missoula College. DSS staff keep limited office hours on the MC campuses each semester. MC students may make appointments during these times, or any time at the Lommasson Center location.

DSSS Locations

Disability Services for Students (DSS)
Mountain Campus
Lommasson Center 154
University of Montana
Missoula, MT 59812
(406) 243-2243 (Voice/Text) or 243-4424
FAX 406-243-5330

Disability Services for Students (DSS)
Missoula College River Campus
1205 East Broadway, Missoula MT 59802
Room 32 (River Level)
Appointments can be made by calling:
(406) 243-2243. (Voice/Text), or (406) 243-7882 (Voice/Text)

What and How to Access Services

To notify Disability Services of a barrier on campus, or simply to make a comment on accessibility, go to the Report Barriers online form. The icon is at the top of any page on the Disability Services web site, and you can also find it on the UM Accessibility Resources page. You can use the Report Barriers form to make a comment anonymously if you like.

Many classrooms have chairs in them to accommodate persons with a disability. These chairs will display the international disability symbol and are assigned to a particular student. Please refrain from using these chairs or making adjustments to them unless the chair is assigned to you. If you think you may have the need for a special chair, please contact Disability Student Services.
Eligible students with disabilities will receive appropriate accommodations when requested in a timely manner. Speak with the instructor of the course. Be prepared to provide a letter from your DSS Coordinator. For students planning to request testing accommodations, please provide the form for such accommodation to the instructor in advance of the two-day deadline for scheduling in the ASC.

**Statement of Law for Disability**


It is illegal in the State of Montana to discriminate against anyone because of race, religion, color, political ideas, age, marital status, sex, mental or physical disability, national origin or ancestry in employment, training, public accommodations, financing, education and government services. With the exception of marital status, this also applies to housing.

In order to be admitted and to progress in the nursing program one must possess a functional level of ability to perform the duties required of a nurse. Admission or progression may be denied if a student is unable to demonstrate the essential functions with or without reasonable accommodations.

The essential functions delineated are those deemed necessary by the Missoula College University of Montana Nursing Program. No representation regarding industrial standard is implied. Similarly, any reasonable accommodations made will be determined and applied to the respective nursing program and may vary from reasonable accommodations made by healthcare employers.

The essential functions delineated below are necessary for nursing program admission, progression and graduation and for the provision of safe and effective nursing care. The essential functions include but are not limited to the ability:

**Sensory Perception Requirements**

**Visual**
- Observe and discern subtle changes in physical conditions and the environment
- Visualize different color spectrums and color changes
- Read fine print in varying levels of light
- Read for prolonged periods of time
- Read cursive writing
- Read at varying distances
- Read data/information displayed on monitors, computers and equipment
Auditory
- Interpret monitoring devices
- Distinguish muffled sounds heard through a stethoscope
- Hear and discriminate high and low frequency sounds produced by the body and the environment
- Effectively hear to communicate with others

Tactile
- Discern tremors, vibrations, pulses, textures, temperature, shapes, size, location and other physical characteristics

Olfactory
- Detect body odors and odors in the environment

Communication/ Interpersonal Relationships
- Verbally and in writing, engage in a two-way communication and interact effectively with others, from a variety of social, emotional, cultural and intellectual backgrounds
- Work effectively in groups
- Work effectively independently
- Discern and interpret nonverbal communication
- Express one’s ideas and feelings clearly
- Communicate with others accurately in a timely manner
- Obtain communications from a computer

Cognitive/Critical Thinking
- Effectively read, write, and comprehend the English language
- Consistently and dependently engage in the process of critical thinking in order to formulate and implement safe and ethical nursing decisions in a variety of health care settings
- Demonstrate satisfactory performance on written and computerized examinations, including mathematical computations without a calculator
- Satisfactorily achieve the program objectives

Motor Function
- Handle small delicate equipment/objects without extraneous movement, contamination or destruction
- Move, position, turn, assist with lifting or lift and carry clients without injury to clients, self or others
- Maintain balance from any position
- Stand on both legs
- Coordinate hand/eye movements
- Push/pull heavy objects without injury to client, self or others
- Stand, bend, walk and/or sit for 6-12 hours in a clinical setting performing physical activities requiring energy without jeopardizing the safety of the client, self or others
- Function with hands free for nursing care and transporting items
- Transport self and client without the use of electrical devices
- Flex, abduct, and rotate all joints freely preventing injury to client, self or others
- Respond rapidly to emergency situations
- Maneuver small objects
- Perform daily care and functions for the client
- Coordinate fine and gross motor hand movements to provide safe effective nursing care
- Calibrate/use equipment
- Execute CPR and physical assessment
- Operate a computer

**Health Services and Policy**

**Health / Liability Coverage**

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

**Healthcare Services**

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

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

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

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

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

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

Student Assault Resources Center (SARC)

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

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

Helpful Phone Numbers

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

TB Testing

- **Two-Step TB (PPD) Test** (two immunizations with second test between 7 and 21 days after the first one) if you have not had TB testing in the past year. If you have had TB testing in the past year for your work, you will need to speak with the nurse at Curry regarding whether or not you need another TB test (OR a single Quanitferon blood test with a negative result).

- **Negative Test Results**: Results of less than 10 millimeters of induration indicate a negative result and require annual TB skin testing.

- **Known Positive Reactors**: Results of 10 millimeters of induration indicate a positive result. Prior to admission to the nursing program, students are required to have a chest x-ray and evaluation for signs and symptoms of active disease. Annually thereafter, known positive reactors will be required to be evaluated by a health care provider for the signs and symptoms of active disease. Evidence of this evaluation and a statement reflecting that no active disease is present will be required.
  - Symptoms to be assessed are:
    - Productive cough of 3 or more weeks' duration,
    - Unexplained night sweats,
    - Unexplained fever, and
    - Unexplained weight loss.

- **Positive Converter**: (Results were always negative before and they are now positive for the first time): Results of 10 or more millimeters of induration indicate a positive result that will require prompt follow-up. The student will be evaluated by a health care provider and will be removed from any clinical assignments until a health clearance has been given.
  - The student should be evaluated for the following symptoms:
    - Productive cough of 3 or more week's duration,
    - Unexplained night sweats,
    - Unexplained fever, and
    - Unexplained weight loss.
  - The student will be required to have written evidence of a chest x-ray and other diagnostic tests as determined by the health care provider. If no positive symptoms are found and a health clearance is given, the student may return to all clinical activities without restrictions.

Preclinical Entry Requirements

Documented proof of the following must be provided by the date indicated in the acceptance letter. Documentation not turned in on time results in a 10% deduction in professionalism grade. Failure to provide this information means no clinical orientation and therefore no clinical, thus failure of the course.

- **Criminal Background Check**
- **10-Panel Urine Drug Screen**
- **BLS for Health Care Providers**
- **Immunizations**
Receiving the following immunizations prior to participating in any clinical experiences (including orientation).

1. **MMR** (University entrance requirement).
2. **Two-Step TB (PPD) Test** (two immunizations with second test between 7 and 21 days after the first one) if you have not had TB testing in the past year. If you have had TB testing in the past year for your work, you will need to speak with the nurse at Curry regarding whether or not you need another TB test.
3. **Hepatitis B**: Begin (and maintain compliance with) the three-shot series. Upon completion of the series, a titer must be drawn to document seroconversion
4. **Tetanus Booster (tDap)**: completed every ten years
5. **Annual flu vaccine** or maintain compliance which must occur during flu season
6. **Varicella (chicken pox)**: 2-shot documentation or titer.

**Pregnancy Policy**

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

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

**Communicable Disease / Infection Control Policy**

Students are expected to use sound judgment with regard to preventing communicable disease in the classroom, lab or clinical setting. The following are guidelines to assist students in their decision making.

- Fever greater than 100
- Diarrhea
- Contagious rash or undiagnosed rash with drainage
- Cold sores or fever blisters around the mouth
- Shingles
- Antibiotic therapy of less than 24 hours, i.e. strep throat
- Untreated Lice infestation
- Cough with yellow or green sputum
- Vomiting

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

For additional information, please refer to the [Center for Disease Control](https://www.cdc.gov/infectioncontrol/).
Policy of Reporting of Occupational Exposure to Bloodborne Pathogens

Student Policy on Bloodborne Pathogens, September 20, 2012

Students in any academic, research or occupational program at the University of Montana at risk for blood borne pathogen exposure are required to initiate the Hepatitis B vaccination series prior to their first potential exposure. Exceptions include students who have previously received the complete hepatitis B vaccination series and antibody testing has revealed that the student is immune or the vaccine is contraindicated for medical reasons. Students must also have training comparable to that required in the OSHA Blood borne Pathogen Standard in paragraph (g)(2)(vii)(I) prior to initial placement in a clinical or academic setting where there is reasonable anticipation of a potential blood borne pathogen exposure.

Students who cannot meet this requirement, for personal or health reasons, must have their case reviewed by the Institutional Biohazards Committee (IBC) on an individual basis. Final approval or waiver must be granted in writing, prior to their first potential exposure to human blood or other potentially infectious materials. Records of the waiver or approval shall be kept in the students file within the department.

Procedure

1. Students who are unable to meet the requirements of documentation of immunity or initiation of the vaccination series, for personal or health reasons must provide written documentation of the reasons, for review by the Institutional Biohazards Committee. Requests for review by the IBC must be made by the student early enough to allow resolution prior to the student’s first potential exposure to human blood or other potentially infectious materials.

2. Per CDC guidelines, students who do not respond to the primary vaccine series should complete a second 3-dose vaccine series or be evaluated to determine if they are Hepatitis B surface antigen (Hbs-AG)-positive. Revaccinated persons should be tested at the completion of the second series. Persons who do not respond to an initial 3-dose vaccine series have a 30-50% chance of responding to a second 3-dose series. Persons who prove to be Hbs-AG-positive should be counseled regarding how to prevent HBV infection to others and the need of medical evaluation. Nonresponders to vaccination who are Hbs-AG-negative should be considered susceptible to HBV infection and should obtain Hepatitis B immunoglobulin (HBIG) prophylaxis for any known or probable parenteral exposure to Hbs-AG-positive blood.

3. Effective June, 1996, students are required to present, prior to their first potential exposure to human blood or other potentially infectious materials:
   a. Documentation of serologic immunity ($10mIU/ml) or
   b. Documentation of immunization series with plan for final titer and revaccination or booster as indicated (see #2 above) or
   c. Documentation of completed review by the Institutional Biosafety Committee (IBC) and signed by the IBC Chairperson with statement of exemption from immunization requirement and waiver form signed by the student or
   d. Documentation of initiation of the immunization series.

Students will NOT be allowed in areas or settings which may present their first potential exposure to human blood or other potentially infectious materials without this documentation.
Exposures

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

Procedure for students with an exposure:
1. Immediately inform instructor.
2. Follow any clinical site policy and procedure.
3. Report to Curry Health Center for evaluation and testing.
5. Expenditures occurred due to an exposure are the responsibility of the student.

Training

Student training shall be done prior to the student’s first potential exposure to blood borne pathogens. The training shall include the requirements of the Blood borne Pathogen Standard, universal precautions and the University of Montana policy. This training is done at new nursing student orientation through the training provided for The University at large at the beginning of each semester. Students will repeat this training in their third semester.

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

1. All health care workers will use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or bodily fluids is anticipated.
2. Gloves must be worn when touching blood, bodily fluids, mucous membranes, or non-intact skin.
3. Gloves must be worn when handling items or surfaces contaminated with blood or bodily fluids.
4. Gloves must be worn while performing venipuncture and other vascular access procedures.
5. Gloves must be changed after contact with each client.
6. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other bodily fluids in order to prevent exposures of the mucous membranes of the mouth, nose, and eyes.
7. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other bodily fluids.

8. Hands and other skin surfaces should be washed immediately and thoroughly with water and antiseptic cleanser if contaminated with blood or other bodily fluids.

9. Hands should be immediately washed after gloves are removed.

10. Healthcare workers must take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during or after medical procedures, when cleaning instruments, and during disposal of used needles.

11. To prevent needle-stick injuries, needles should never be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.

12. After they are used, disposable syringes, needles, scalpel blades, and other sharp items must be placed in puncture-resistant containers for disposal. These containers should be as close as practical to the area where disposable sharps are used.

13. Mouth pieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation procedures is reasonably anticipated.

14. Health care workers who have exudative lesions or weeping dermatitis must refrain from handling client and client-care equipment until the condition is resolved.

15. Healthcare workers will use effective hand washing methods BEFORE and AFTER all client contact.
Section 6 – Appendix and Student Forms

Required Documentation

In order to be prepared to begin classes, lab, and clinical, you need to follow all of the instructions below and complete by the deadlines.

No later than September 11, 2020, deliver a copy of proof of basic life support, background check, and offender search items listed below to Cyndi Stary, Nursing Program Administrative Associate, office 441. This list was sent to you in your acceptance packet. You need to initial by each requirement.

We will not accept original documents – please make copies for us and keep originals for your records.

Basic Life Support

☐ Basic Life Support (BLS) for Providers: Provide proof of taking and passing a Basic Life Support (BLS) course for Providers offered by the American Heart Association. We need a copy of your card for your file. The course must be taught specifically for Providers and cover: CPR for infants, children, and adults; care for obstructed airways; use of an Ambu bag; and use of the automatic external defibrillator (AED). You can go to the website for The International Hearth Institute of Montana (https://www.getcpr.org/) to register for a course. If nothing is available there, check with the MC Nursing Program Administrative Associate to find out if a course is being organized by the program or for contact information for a local instructor.

Background Check / Sex Offender Search / Drug Screen

☐ Criminal Background Check**

- **The criminal background check is required by our clinical agencies.
- **No student will be allowed to participate in clinical without the background check. It is the clinical facility, not the University of Montana that determines if a student’s background check is acceptable for student learning within their institution. If the student is denied access to the clinical site, it is an automatic failure of the course due to inability to complete the required objectives. We must show proof to the clinical facilities that you completed the check.
- See the instruction sheet on completing both the background check, the registry search, and the drug screen in your acceptance packet.

☐ Drug Screening

- **Clinical agencies require a 10-Panel Urine Drug Screen to be done before the start of the student’s clinical rotation. Since the Missoula College nursing program relies heavily on our clinical sites, if a student fails a drug screen and is refused by a clinical site, that student may be dismissed from the nursing program.
Immunizations

All of your immunization documentation will be submitted to Curry Health Center via mailing, in person or via their secure electronic uploading system. The nurse at Curry Health Center will follow up with you regarding your immunizations.

□ **Hepatitis B:** Provide proof of all four (4) requirements:
  - Three (3) Hepatitis B (HBV) vaccinations. (Details: 2nd dose no less than 4 weeks after 1st dose; 3rd dose no less than 5 months after 2nd dose; there is no “too far apart” between doses, but the titer may be low if several years are between the 1st and 3rd doses.
  - **AND** titer, that shows you have immunity
  - OR declination form

□ **MMR: (Measles, Mumps, Rubella)** Provide Proof of one of the following two options:
  - **Option 1:** A two (2) series vaccination. The vaccines for the 2-series MMR should be administered at least 4 weeks apart.
  - **Option 2:** OR, a positive MMR titer that shows you have immunity.

□ **TB (tuberculosis):** Provide proof of one of the following two options:
  - **Option 1:** **2-Step Skin Test:** This is a series of two tests that must be done within the past 12 months. Adhere to exact procedure listed below.
    - **Step 1:** First of the two TB skin tests must be “read” 48-72 hours after being administered, so you must make a return visit.
    - **Step 2:** Second of the two TB skin tests must be administered 7-21 days of the first skin test. Again, it must be “read” 48-72 hours after being administered.
  - **Option 2:** OR, a one-time negative Quantiferon Gold blood test that shows you have immunity (NOT that merely shows you don’t have TB). This test does not have to be repeated unless you are exposed to TB.

□ **Tetanus with Pertussis (Tdap):** Provide proof of Tdap (tetanus, diphtheria and whooping cough/pertussis) that is no older than 10 years.
  - [Tetanus Basics](http://children.webmd.com/vaccines/understanding-tetanus-basics)
  - [Whooping Cough Overview](https://www.webmd.com/children/whooping-cough-symptoms-treatment#1)

□ **Varicella (Chickenpox):** Provide proof of one of the following two options:
  - Option 1. Varicella vaccinations – 2 are recommended by the CDC
  - Option 2. OR a titer showing that you have immunity

□ **Flu/Influenza:** Provide proof of an **annual** Flu vaccination. The required vaccination date is dependent on the start of flu season and when clinical sites require it. You will be informed by the nursing program when to have your flu vaccination. The flu vaccination is optional in your first semester, though we highly recommend you receive it.
Additional Forms to Print, Sign & Submit to Administrative Associate:

From this Student Handbook:

☐ Latex Sensitivity Statement from Student Handbook Form #1
☐ Nursing Handbook Student Agreement from Student Handbook Form #2
☐ Confidentiality Agreement from Student Handbook Form #3
☐ Social Media Quiz from Student Handbook Form #4

OPTIONAL FORMS:

☐ Declination: Hepatitis B Vaccination
☐ Declination: Seasonal Influenza Vaccination Statement

Failure to provide the documents will cause you to be ineligible for clinical, which could mean failure of a course. Be sure to keep the original of each document for your records. Provide us copies only.
Form 1 –Latex Sensitivity Statement

Description:
As the use of latex gloves and other latex items became more frequent in the 1980s, so did the number of reported health problems related to latex. Hundreds of items in the health care field contain latex, and latex sensitivity often becomes worse with more frequent exposure to latex.

Plan 1:
If you think you may have a latex allergy, see a physician, call an allergist, and request a blood test to determine your sensitivity.

Plan 2:
If it is determined you are sensitive to latex, minimize or avoid contact with latex. Check package labels, avoid powdered gloves, select nitrite or vinyl gloves if appropriate/available and wash hands immediately after wearing gloves.

Plan 3:
Notify your instructor if you develop a skin rash or you have difficulty breathing after using/wearing latex products.

Plan 4:
Follow any physician recommended treatment or precautions.

I have read the above information and had an opportunity to ask questions. I agree to abide by the four step plan to reduce my risk of latex exposure.

Student Name (PRINTED):__________________________________________________________

________________________________________  __________________________
Student Signature                           Date
Form 2 – Student Agreement

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

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

STUDENT NAME (PRINTED): ________________________________________________________________

PHONE: _____________________________ DATE: _____________________________

STUDENT SIGNATURE: ________________________________________________________________

PROGRAM DIRECTOR: Linda Barnes MSN, RN-BC (406) 243-7875

HEALTH PROFESSIONS CHAIRPERSON: Dan Funsch MS, RT(R) (406) 239-6488
Form 3 – Confidentiality Agreement

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

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

- All information about a client, written or verbal, belongs to the client. Any violation of confidential information about a client is punishable in a court of law. Refer to the Health Insurance Portability and Accountability Act of 1996.

- The Processional Code of Ethics of the American Nurses Association stipulates that confidentiality of client information is part of professional responsibility and integrity.

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

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

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

Having read and understood the above, I _________________________________ do hereby agree to maintain confidentiality of all client information to which I am exposed as a MC UM Nursing student.

Date: _______________________ Student: ________________________________

Program Director:  Linda Barnes MSN, RN-BC  406-243-7875

MC-UM Witness: ___________________________ Date: ___________________

This agreement will remain on file and may be distributed to supervisors at all clinical sites to which students are assigned.
Form 4 – Social Media Quiz

Name _______________________

After reading the NCSBN’s White Paper: A Nurse’s Guide to the Use of Social Media, please complete the following quiz.

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

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

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

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

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

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

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

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

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

10. Comments regarding co-workers to others or posted on social media during work hours, as well as non-work hours, are unprofessional and are considered a form of lateral violence that may incur numerous consequences.
    - True  □  False  □
Missoula College Nursing Program
2020/21 Declination: Seasonal Influenza Vaccination Statement

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

I acknowledge that I am aware of the following facts:

☐ Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.

☐ Influenza vaccination is recommended for me and all other healthcare workers to protect our patients from influenza disease, its complications, and death.

☐ If I contract influenza, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients in this facility.

☐ If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.

☐ I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.

☐ I understand that I cannot get influenza from the influenza vaccine.

☐ The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact.

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

☐ Medical Contraindication - severe allergy.

☐ Provide other reason ________________________________

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

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

Signature: ________________________________ Date: ______________

Name (print): ________________________________

References:
- CDC. Prevention and Control of Seasonal Influenza with Vaccines-Recommendations of ACIP at http://www.cdc.gov/flu/index.htm
- This document based on form: http://www.immunize.org/catg.d/p4068.pdf, Item #P4068 (8/14)
University of Montana
Hepatitis B Vaccination Request

Student

Student’s Name:  
Griz Card #:  
Phone:  
e-mail:  

CHOOSE EITHER OPTION 1 OR OPTION 2:

OPTION 1: If you are a student and elect to receive hepatitis B vaccination, fill out the vaccine request, sign and take to Curry Health Center or to a clinic or physician of your choice and return the form to your immediate supervisor with confirmation of your vaccination and subsequent titer.

Vaccine Request
I have read and understand the UM Bloodborne Pathogens Exposure Control Plan, www.umt.edu/research/compliance/IBC/bbp.php, and have been trained about the hazards of bloodborne pathogens. I understand that due to potential exposure to human blood, fluids or tissues in my classes or training at UM, I may be at risk of acquiring hepatitis B virus (HBV) infection. I elect to receive the hepatitis B vaccine at this time and understand that as a student, I am responsible for the cost of the vaccination series and subsequent titer analysis.

Signature of Student: __________________________ Date: ______________

OPTION 2: If you are a student and elect (A) NOT to receive the hepatitis B vaccination, or (B) if you have been previously vaccinated, please sign this form and give to your immediate supervisor.

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

Signature of Student __________________________ Date: ______________

B. If previously vaccinated, complete the following information:

Date of HBV Vaccination Result/Titer Facility

Signature of Student __________________________ Date: ______________
Providence St. Patrick Hospital
Hepatitis B Vaccine Accept/Decline

Student name: _________________________________

Acceptance

I have been informed that I am at risk of acquiring Hepatitis B due to the nature of my employment responsibilities. I have read the Hepatitis B Vaccination Statement, which lists the indications, benefits, presently-known side effects, and adverse reactions of the Hepatitis B vaccine. I have had an opportunity to ask questions, and I have had my questions answered to my satisfaction. I understand that I must receive (3) doses of vaccine during a (6) month period of time, to confer optimal immunity. However, as with any vaccine, there is no guarantee that I will become immune, or that I will not experience an adverse side effect from the vaccine. I consent to be immunized against Hepatitis B by Providence Health and Services.
Caregiver Signature: Date:

Declination  (Declination is NOT an option for Alaska caregivers)

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B, at no cost to me. However, I decline the Hepatitis B vaccine at the time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination at no charge to me.

Caregiver Signature: _________________________________ Date: _______________
Missoula College UM Occurrence Report

Report Description:
1. Faculty are to have students complete occurrence reports for accidents, complaints, lost or damaged property and other occurrences involving students with patients, visitors, employees, or other students.

2. An occurrence is defined as a circumstance/happening not consistent with the desired operation of the healthcare facility or the care of the patient.

3. Only one occurrence may be reported on each form.

4. Copies of the completed occurrence report are to be filed in Department files. The original is forwarded to the Business Office.

Occurrence Details:
A. Identification:
   _____Patient   _____Visitor   _____Employee    _____Male    _____Female

B. Date and Time of Occurrence:
   Month __________  Day __________  Year __________  A.M. ___  PM ___

C. Occurrence Location:
   (identify clinical affiliate and area/room)

D. Nature of Occurrence and Related Cause:

E. Describe Occurrence Sequence Briefly:

F. Staff Members:
   (identify persons most closely involved in occurrence by position and name)
G. Patient Factors that Contributed to the Occurrence:

H. Student Factors that Contributed to the Occurrence:

I. Nature and Severity of Injury Resulting from the Occurrence:

J. Immediate Corrective Action Taken After the Occurrence:

K. Describe Any Subsequent Action:

WITNESSES (Name and Address)

1. OCCURRENCE REPORTED BY (Student):

________________________________________

________________________________________

________________________________________

2. OCCURRENCE REPORT REVIEWED BY (faculty):

________________________________________

________________________________________

________________________________________
Missoula College UM Occurrence Report Follow-up

Follow-up:
Faculty member completes within forty-eight (48) hours and forwards to the Business Office.

Reviewed occurrence with student?

Yes____  No____  Date___________  Time___________

Concluding Remarks: ________________________________________________________________
_________________________________________________________________________________

Spoke with patient regarding occurrence?

Yes____  No____  Date___________  Time___________

Your assessment of patient’s injury, if any ____________________________________________
_________________________________________________________________________________

Spoke with affiliate personnel regarding occurrence?

Yes____  No____  Date___________  Time___________

Response: _________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Spoke with physician regarding occurrence?

Yes____  No____  Date___________  Time___________

Response: _________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Signatures:
Faculty:__________________________________________  Date: ___________________

Faculty:___________ ______________________________  Date: ____________________
Missoula College Nursing Student Remediation Process

Remediation may be considered when a nursing student:
- does not meet the Student Learning Outcomes (SLO) as identified on clinical course outcomes
- needs additional time or support before completing the nursing program
- does not demonstrate the skills or personal attributes necessary to succeed as a nurse

Purpose:
The purpose of remediation is to identify, remediate, and counsel those individuals who demonstrate behaviors or evidence of difficulties in their Nursing Program as early as possible. Remediation is a system of support for the student, and is not a disciplinary action. The sole purpose of this program is to help struggling students with remediation efforts designed at assisting them to become better equipped to be successful nurses. Remediation may be made for any significant areas of weaknesses. The faculty seeks to ensure that each student successfully completes our program, and is ready to enter the profession having assimilated the necessary knowledge, skills, and attitude and conduct essential for the successful nurse.

Description of the Process:
Any nursing student who fails to meet the program expectations and requirements is in jeopardy of not completing the Missoula College Nursing Program. Any failure in the classroom and/or clinical setting will result in a review by faculty. A Notification of Clinical Warning Form will be filled out by the instructor with the student. A remediation plan will then be developed by a committee consisting of the student’s clinical, classroom faculty, and nursing lab coordinator. Nursing Program Director will be consulted.

Steps for Remediation:
- Instructor meets with student to discuss remediation and fill out Clinical Warning Form
  - Other faculty, lab coordinator, program director attend at the discretion of the instructor
- If remediation is unsuccessful, follow up meeting to include Program Director
- Copies of Clinical Warning Form delivered to Lead Instructor/Clinical Instructor/Program Director

A personalized plan will be presented to the student to address and remediate those areas identified as weaknesses exhibited by the student during clinical and/or classroom activities. The plan will be developed and the student will be required to read, and sign the plan to demonstrate that he/she understands the plan and agrees to follow it.

A remediation plan may delay the student’s progression through the program. Plans are individualized for each student and may include, but will not be limited to, the following examples:
- referral to the nursing lab coordinator
- auditing classes in whole or in part
- repeating the classroom and clinical courses where the weaknesses were identified
- complete any other activities as outlined by the remediation plan

Failure to follow and successfully complete the prescribed remediation plan may result in the student’s inability to continue in the Missoula College Nursing Program. Based on the professional judgment of the Missoula College Nursing program faculty and Nursing Program Director, there are rare occasions when a nursing student is dismissed from the nursing program without an opportunity to remediate.

See Student Policies:
- S17 Acceptable Academic Performance in Nursing Courses
- S29 Acceptable Clinical Performance in Nursing