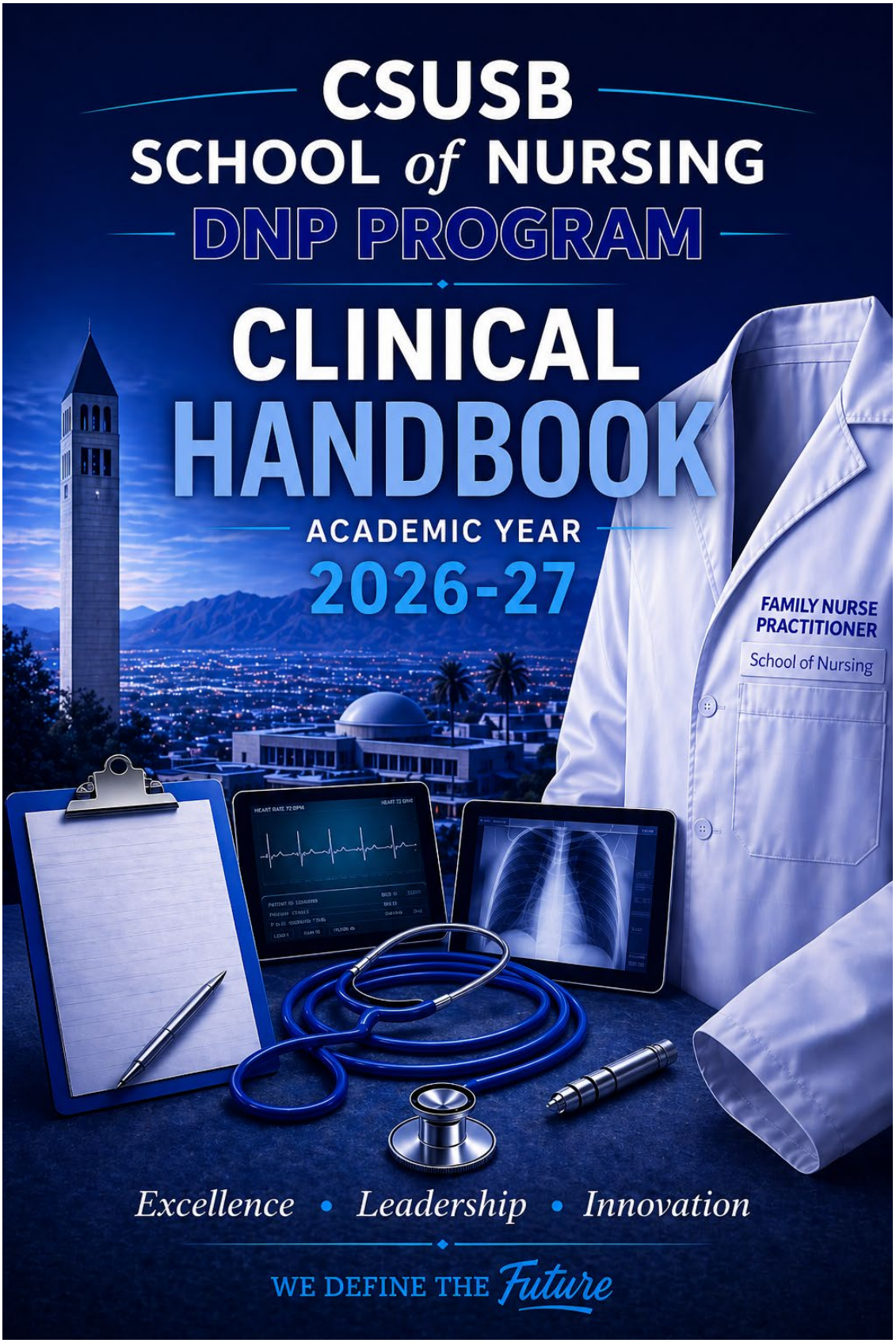
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SCHOOL of NURSING
DNP PROGRAM
CLINICAL
HANDBOOK
ACADEMIC YEAR
2026-27
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Doctor of
Nursing Practice Program

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CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
School of Nursing

Doctor of Nursing Practice Student Clinical Handbook

Acknowledgement Form*

I have read and I understand the policies, procedures and requirements in the CSUSB 2023-24 Doctor of Nursing (DNP) Handbook Student Clinical Handbook (hereinafter called Clinical Handbook). I understand that my eligibility to participate in this program may be terminated if I cannot meet these expectations. The DNP Program Director will notify all students when any changes in the Clinical Handbook are made**.**

I acknowledge the following:
1. I know how to access the most current Clinical Handbook.
2. I understand that I am responsible for knowing the most current information in the Clinical Handbook.
3. I will abide by all applicable policies, procedures and requirements listed in the Clinical Handbook that are relevant to enrollment in, progression through, and completion of the program.
4. I will seek clarification of anything I do not understand.

_____
(Print Name)

_____
(Signature)

_____
(Student ID Number)

_____
(Date)

_____
(CSUSB email address)
**Please complete, sign, date and submit this form to your Canvas course.*

**Select Control click

Table of Contents

Clinical Overview

This clinical handbook is a guide for DNP students, DNP clinical supervising faculty, and DNP preceptors. Most policies and procedures within this document can be found on the CSUSB website and the CSUSB DON website. Please check the website for any updates to this content.

The DNP Clinical Handbook accompanies the DNP Student Handbook. Please refer to the student handbook for more information concerning the DNP Program that is not related to clinical.

Clinical Practicum

The clinical practicum and rotations will occur in three courses, NURS 7430C Family Health Management 2 Clinical, NURS 7450C Family Health Management 3 Clinical, and NURS 7460 Family Clinical Practicum. Clinical rotation is designed to maximize clinical learning and skills development over time. Each course syllabi will contain detailed guidance for the rotation. The clinical courses are designed to accompany the Family Health Management didactic courses and the Family Health Management Simulation Lab courses. The theory (didactic), clinical, and simulation lab components of each course are designed to work as a cohesive unit. Due to this, any course that has been assigned with an (L) or (C) co-requisite requires the student to pass all sections of the course, or the student will be required to repeat all sections of the course. These include:

1. NURS 7110 Advanced Health Assessment and NURS 7110L Advanced Health Assessment Lab
2. NURS 7410 Family Health Management and NURS 7410L Family Health Management 1 Lab
3. NURS 7430 Family Health Management 2 and NURS 7430C Family Health Management 2 Clinical and NURS 7430L Family Health Management 2 Simulation Lab
4. NURS 7450 Family Health Management 3 and NURS 7450C Family Health Management 3 Clinical and NURS 7430L Family Health Management 3 Simulation Lab
5. NURS 7460 Family Clinical Practicum

Clinical performance is designed to scaffold over the three semesters.

NURS 7410 Family Health Management 1

This course accompanies NURS 7410L Family Health Management 1 Simulation Lab. This family nurse practitioner course scaffolds and threads the information from all previous courses and is the first in a series of three disease management courses that focus on diagnosing and treating illness across populations. Students focus on health promotion and meeting the needs of patients with variations in differentiated and undifferentiated problems. Utilizing competency-based education techniques, students focus on simple acute illnesses for adults. Students analyze data collected to create differential diagnoses, order and evaluate appropriate diagnostic testing, select a diagnosis, and develop management strategies. Students begin to utilize evidence-based practice to develop clinical reasoning in decision-making while developing independent and collaborative health care plans. Students must receive a passing grade in both NURS 7410 and NURS 7410L or will be required to repeat both courses.

NURS 7410L Family Health Management 1 Simulation Lab

This course accompanies NURS 7410 Family Health Management 1 Theory. This one-unit course is completed as an in-person on campus workshop to prepare for in person clinical. This simulation course utilizes competency-based learning

experiences for family nurse practitioner students to meet the nationally recognized patient care competencies required prior to beginning direct patient care clinical hours. Students must receive a passing grade in both NURS 7410 and NURS 7410L or will be required to repeat both courses.

NURS 7430 Family Health Management 2

This course accompanies NURS 7430C Family Health Management 2 Clinical and NURS 7430L Family Health Management 2 Simulation Lab. This family nurse practitioner course scaffolds and threads the information from all previous courses and is the second in a series of three disease management courses that focus on diagnosing and treating illness across populations. Students focus on assessment and management of common chronic health problems across the lifespan in primary care settings. Students evaluate the evidence for screening, differential diagnosis, and wholistic management of health problems, including pharmacological and non-pharmacological treatment modalities in diverse populations. Technology and information systems are incorporated to improve patient outcomes and access to care. Students must receive a passing grade in each of the following courses: NURS 7430, NURS 7430C, and NURS 7430L. If any grade is below passing, students will be required to repeat all three courses.

NURS 7430C Family Health Management 2 Clinical

This course accompanies NURS 7430 Family Health Management 2 Theory and NURS 7430L Family Health Management 2 Simulation Lab. This course applies concepts for the family nurse practitioner student to assess, diagnose, and manage care in primary care and community-based settings. Pathophysiological and pharmacological concepts are applied in the clinical decision-making process. Supervised clinical practicum emphasizes using the best evidence to formulate diagnosis and management plan for common chronic illnesses in individuals and families across lifespan with the guidance of preceptors. Students must receive a passing grade in each of the following courses: NURS 7430, NURS 7430C, and NURS 7430L. If any grade is below passing, students will be required to repeat all three courses.

NURS 7430L Family Health Management 2 Simulation Lab

This course accompanies NURS 7430 Family Health Management 2 Theory and NURS 7430C Family Health Management 2 Clinical. This one-unit course is completed as an in-person on- campus workshop to develop basic clinical skills for in person clinical practice. This simulation course utilizes competency-based learning experiences for family nurse practitioner students to practice clinical skills that will be utilized in clinical practice. Students must receive a passing grade in each of the following courses: NURS 7430, NURS 7430C, and NURS 7430L. If any grade is below passing, students will be required to repeat all three courses.

NURS 7450 Family Health Management 3

This course accompanies NURS 7450C Family Health Management 3 Clinical and NURS 7450L Family Health Management 3 Simulation Lab. This family nurse practitioner course scaffolds and threads the information from all previous courses and is the third in a series of three disease management courses that focus on diagnosing and treating illness across populations. Students focus on assessment and management of comorbidities and complex health problems, including the role of genomics and genetics, across the lifespan in primary care settings. Students evaluate the evidence for screening, differential diagnosis, and wholistic management of health problems, including pharmacological and non-pharmacological treatment modalities in diverse populations. Technology and information systems are incorporated to improve patient outcomes and access to care. Students

must receive a passing grade in each of the following courses: NURS 7450, NURS 7450C, and NURS 7450L. If any grade is below passing, students will be required to repeat all three courses.

NURS 7450C Family Health Management 3 Clinical

This course accompanies NURS 7450 Family Health Management Theory 3, NURS 7450C Family Health Management 3 Clinical, and NURS 7450L Family Health Management 3 Simulation Lab. Application of family nurse practitioner concepts and skills in assessment, diagnosis, and management in primary care and community based settings. Pathophysiological and pharmacological concepts are applied in the clinical decision-making process. Supervised clinical practice emphasizes using best evidence to formulate diagnosis and management plan for the common and less common comorbidity and chronic illness in individuals and families across lifespan with the guidance of preceptors. Students must receive a passing grade in each of the following courses: NURS 7450, NURS 7450C, and NURS 7450L. If any grade is below passing, students will be required to repeat all three courses.

NURS 7450L Family Health Management 3 Simulation Lab

This course accompanies NURS 7450 Family Health Management 3 Theory and NURS 7450C Family Health Management 3 Clinical. This one-unit course is completed as an in-person on campus workshop to develop advanced clinical skills for in person clinical practice. This simulation course utilizes competency-based learning experiences for family nurse practitioner students to practice clinical skills that will be utilized in clinical practice. Students must receive a passing grade in each of the following courses: NURS 7450, NURS 7450C, and NURS 7450L. If any grade is below passing, students will be required to repeat all three courses.

NURS 7460 Family Clinical Practicum

This clinical practicum allows family nurse practitioner (FNP) students to incorporate all knowledge gained throughout the program to provide safe and effective patient-centered care using evidenced-based practice and clinical judgement in the primary care setting. Emphasis is placed on advanced competency in the formation and evaluation of comprehensive evidence-based plans of care for simple to complex and multisystem disorders across the lifespan. Extensive clinical experiences prepare the student to assume the advanced practice role and professional responsibilities of the entry level FNP.

DNP Program Outcomes

Graduates will demonstrate competency in:

1. ***Clinical practice*** by demonstrating advanced nursing practice knowledge through providing holistic person-centered evidence-based care and engaging in shared decision making with individuals and families in collaboration with interprofessional stakeholders.

2. ***Clinical scholarship*** by translating evidence-based research, informatics, and healthcare technologies into practice that improves health outcomes for individuals and communities.

3. ***Leadership*** in healthcare promoting population health, health equity, and navigating organizational and healthcare systems to address quality and safety for individuals and organizations.

4. *Professionalism* by modeling respect for diversity, equity and inclusion of all individuals and advocating for an environment that promotes self-care and wellbeing and demonstrating accountability to professional practice standards.

5. *Advocacy* for equity and social justice by respecting diversity and promoting inclusion of all individuals, with considerations of determinants of health, to improve health outcomes.

Student Learning Outcomes

Graduates will demonstrate competency in the following areas:

1. *Clinical Practice*- Provide holistic person-centered evidenced-based care including:

- Perform a comprehensive health history and physical exam.
- Order and interpret appropriate diagnostic tests.
- Differentiate, diagnose and manage acute and chronic health concerns.
- Prescribe and manage appropriate pharmacologic and nonpharmacologic treatment/ therapeutics.

2. *Clinical Scholarship*-

- Translate evidence-based research into practice to improve health outcomes for individuals and communities.

3. *Leadership*-

- Guide individuals navigating the healthcare system.
- Collaborate within an interprofessional team to improve health outcomes with consideration for the determinants of health.

4. *Professionalism*-

- Model respect for diversity, equity and inclusion of all individuals, including other members of the healthcare team.
- Advocate for an environment that promotes self-care and wellbeing.
- Demonstrate accountability to professional practice standards, including regulatory requirements.

5. Advocacy-

- Engage in shared decision making with individuals and families in collaboration with interprofessional stakeholders.
- Advocate for social justice and health equity with considerations for determinants of health.

Student Requirements and Compliance

Health and Safety Compliance Policy

Compliance is essential and includes immunizations, titers, certifications, drug screening and background checks, and any other documents required by the clinical agency.

DNP students are legally and ethically bound to provide safe care to the clients they serve. It is required that all nursing students assume accountability for the safety of themselves, colleagues, and their clients.

Requirements are based on legal contracts with clinical agencies, prevailing factors in the education and healthcare environments, and risk management concerns. Compliance is required in order to be enrolled in and/or attend classes and participate in simulation/skills labs on-campus, clinical experiences at clinical agencies and in the community.

SON and Clinical Agency Compliance

The SON publishes due dates for compliance. Students are expected to meet published due dates for SON and clinical agency documents. Failure to meet the due dates may result in disciplinary actions.

It is the student's responsibility to understand the compliance requirements and to keep themself updated and in compliance, and to provide the SON with documentation that compliance requirements have been met by established due dates and in advance of any expiration dates. Excuses are not accepted. If the student is not in compliance with each of the requirements, they *will not be permitted to attend clinical.* The student may be dropped from courses. If the student wishes to reapply, the student is directed to refer to the student handbook. The SON reserves the right to add, change, or modify these requirements at any time. It is the responsibility of the student to contact Nursing Info regarding any compliance issues.

Approved APR 08/31/2022 FO 09/23/2022

Students are expected to demonstrate performance in specific core performance standards (with reasonable accommodation upon verification of disability) including:

- Critical thinking ability sufficient for clinical judgment.
- Interpersonal abilities sufficient to interact with individuals, families and groups. Communication abilities sufficient for verbal and written interaction.
- Physical ability to move from place to place and demonstrate manual dexterity and eye-hand coordination.
- Demonstrated auditory, visual, tactile, and olfactory ability sufficient to assess and monitor patients safely.

Background Checks/Fingerprinting

The SON requires all students to submit a cleared criminal background checks before participating in any course. Students are responsible for paying for the background check and for making sure the school gets the information by the due date. The School of Nursing uses a designated vendor to perform the background check and maintains the records, protecting confidentiality. The student will receive this information via email prior to entering the program.

The process can be done online and should not take more than a few days. If a student has not obtained the background check by the due date, the student will not be able to participate in the DNP Program. **If a student does not obtain a "clear" background report, the student needs to report to the School Chair/DNP Program Director immediately. If the student's background check cannot be cleared by the time class starts, the student may be dropped from the program.** There are NO EXCEPTIONS TO FULFILLING THIS MANDATORY REQUIREMENT.

If at any time a CSUSB DNP student is charged for any offenses after the initial background check, the student MUST notify in writing the School Chair and DNP Program Director within 48-72 hours of the charges are filed, violations and/or convictions that occur after the Background check is completed. The student MUST meet with the School Chair and DNP Program Director. Failure to inform the School Chair and DNP Program Director may result in dismissal from the program. In addition, if a student discontinues or suspends participation in the program, a background check will be required upon reinstatement of the program.

Arrests, violations and/or convictions may result in denial by clinical agencies of the student for clinical experiences that are required for successful completion of the nursing program. Arrests, violations and/or convictions may or may not violate University and/or department policies and/or standards that could result in sanctions. Failure to notify the SON Chair/DNP Program Director will be deemed as a deception and/or a misrepresentation by the student and will be handled as a form of academic dishonesty in addition to any other consequences.

Some clinical agencies may require additional background checks, which may include Live Scan. This will be required if you are assigned to the clinical site.

Students may be responsible for paying for these additional background checks. A student may be directed to obtain an updated background check at any time during the program. This policy holds true for drug screens as well.

Drug Screen Test

A drug screen is required for all students upon admission to the nursing program. All students in the DNP Program are required to have a CLEAR DRUG SCREEN TEST COMPLETED BEFORE THE START OF THE NURSING PROGRAM.

The Nursing Department uses a designated vendor to perform the drug screen test and maintain the records. Students are responsible for paying and getting this information to the SON by the due date. It is the students' responsibility to pay for the initial admission test. If the test result is positive, the student will not be allowed to participate in the program. There are many vendor sites available across the country.

If the student wishes to appeal the result, the student must speak to the SON Chair or DNP Program Director. If the test comes back inconclusive, the student will be required to repeat the test once within 72 hours at their own expense.

If a repeat drug test is required by a clinical partner, the School of Nursing will pay for the first test. If it needs to be repeated, the cost is the responsibility of the student.

> **Students may be required to do random drug testing any time during the program**. CSUSB contracts with clinical agencies and retains the right to perform drug screen testing of CSUSB DNP students "for cause." A DNP student should comply with any clinical agency requests for random drug screening. The student should immediately notify the clinical supervising faculty. If requested, the student will be immediately removed from the clinical agency. The student must contact the SON Chair/ DNP Program Director of the CSUSB DON within 24 hours.
> **If a student does not obtain an acceptable drug screen result**, the student must contact the SON Chair/DNP Program Director within 24 hours. A DNP student who has adverse information in their drug screen report cannot participate in direct-care clinical rotations and will be notified of consequences, up to and including, being dropped from the program.
> Approved by APR 8/31/2022 FO 09/23/2022

List of Core Requirements

Students are required to provide the SON with copies (verified with original document) of the following:

- Current state driver's license or state issued identification card
- Current and valid social security card
- Current and valid green card (if applicable)
- Current and unencumbered RN license

Vaccinations

Physical Exam and Immunizations

Upon admission to the DNP program, each student must provide documentation from their healthcare provider that they meet the requirements for essential duties in clinical practice through a recent (within the past month) physical exam and are free of contagious diseases. The healthcare provider is to be a licensed primary care provider, a MD, DO, NP, or PA.

Each student is required to prove immunity, via lab report of blood testing indicating positive IgG titer, to the rubeola and rubella viruses, varicella (chicken pox), mumps, and Hepatitis B. In addition, proof of up-to-date Tetanus Diphtheria and Pertussis (Tdap), proof of a completed polio immunization series as well as proof of influenza immunization are required. Declinations are not permitted unless due to medical condition(s) at which time proper documentation will be required. In addition, some clinical agencies may require their own test and lab studies be completed.

Measles, Mumps & Rubella (MMR) – Positive antibody titers for all 3 components (lab report required). If you report an equivocal or negative titer, you MUST receive two doses of MMR, 4-6 weeks apart. No follow up titer is needed.

Varicella (Chicken Pox) - Positive antibody titer (lab report required) for Varicella. IgG results must be reported. If you report an equivocal or negative titer, you MUST receive two doses of Varicella, 4-6 weeks apart. No follow up titer is needed.

Hepatitis B - Positive antibody titers for all 3 components (lab report required). If you report an equivocal or negative titer, you MUST receive three doses of the Hep B booster at 0, 1, 6 months. Post-vaccination students must draw a titer 1-2 months after the series. If the report shows equivocal or negative titer, students may ask for a signed declination waiver.

Tetanus, Diphtheria & Pertussis (Tdap): documentation of a Tdap booster within the past 10 years OR one Tdap at any point and Td booster within the past 10 years.

Influenza - Documentation of a flu shot administered between August 31 and October 31 of that year.

PPD (TB) Two-Step Skin Test

A two-step PPD skin test (2 separate injections and 2 readings, 1-3 weeks apart) is required in the first year of the nursing program, OR 2 consecutive annual PPD tests (no more than 12 months between tests and at least 1 in the last 12 months, OR 2 consecutive annual TB blood test (QuantiFERON gold or T-spot with lab report). Yearly renewal follows with one-step PPD (1 injection and 1 reading, 72-hours post-injection), OR QuantiFERON Gold Test or T-spot with lab report) is required.

Any student with a positive PPD skin test or have a history of prior positive PPD results (indicating exposure to TB or from prior vaccination with a BCG vaccine) must provide a copy of the positive PPD lab result, a clear chest x-ray (expires every 4 years) and complete the DON Annual Health Screening Questionnaire (signed by the student's healthcare provider).

CPR Certification – Must be the American Heart Association Healthcare Provider course. Copy of front & back of signed card received following completion of an American Heart Association Healthcare Provider course.

HIPAA Certification – Watch HIPAA video during new student orientation (1st term) or clinical class, fill out a form and submit to the nursing office/faculty.

Universal Precautions and Blood Borne Pathogens – Watch BBP video during new student orientation (1st term) or clinical class, fill out a form and submit to the nursing office/faculty.

Background Check

Students will be using Exxat for Background Check and Drug Screen. Read information noted in the compliance packet provided via email prior to the start of the program. Please email the DNP Clinical Coordinator if you have not received the email by August 1.

Without these documents, students will not be allowed to continue in the nursing program. Failure to conform to these policies may result in an administrative drop from courses, and the student will have to reapply to the DNP program. **IT IS THE RESPONSIBILITY OF THE STUDENT** to maintain current documentation of these compliance requirements with the nursing department. It is also the responsibility of the student to retain copies of all documentation submitted. The SON will NOT make copies of any documents submitted and will NOT provide copies of records or any other information submitted.

Liability Insurance

Each student in the DON is required to have Student Professional Liability insurance through CSUSB. Currently the CSU Chancellor's Office provides General Liability and Professional Liability for students enrolled in a for credit Health Profession Practicum with a CSUSB partner. Policy coverage is referred to as SPLIP (Student Professional Liability Insurance Program) and may be viewed on the CSU website. The student obtains evidence of the coverage from SON and must carry the certificate with them to all clinical activities.

Cardiopulmonary Resuscitation (CPR) BLS for Healthcare Providers Card

It is the students' responsibility to maintain a current, valid certification card (copy to be submitted to the School of Nursing office). The required CPR course MUST BE American Heart Association (AHA) HealthCare Provider (2-year certification). If previously taken certification must be valid during the school year (September-June) for the entire two years. Renewals are **only** done during the Summer (earliest is finals week in Spring and latest is the set compliance deadline) to ensure coverage for the entire academic year. Completing the certification early or for employment purposes will not be acceptable.

Health Insurance Coverage

Proof of current, active health insurance coverage must be submitted each year, or as appropriate based upon expiration date, prior to attending classes and participating in skills labs on-campus, clinical experiences at clinical agencies and in the community. In addition, a copy of the card (verified with original), along with proof of current/active status is required. The health insurance card must have the student's name listed.

Access to Transportation

A valid driver's license along with proof of minimum state auto insurance is required. The insurance card or policy must have the student's name listed. Should a student not have a valid driver's license, a copy (verified by original) of ID must be submitted. A notarized letter from the person responsible for driving the student to and from clinical must be submitted each term. The letter must indicate the driver is taking full responsibility for the student.

Essential Duties to Meet Clinical Requirements

To begin and to complete the DNP program, students must be able to meet the emotional and physical requirements of the SON and the agencies in which students are placed for clinical. If accommodations are required for a student to meet these requirements the student and faculty are to work with Services to Students with Disabilities to determine what accommodations are reasonable in a clinical setting. SSD accommodations are renewed each term and submitted to faculty at the beginning of the term.

Emotional Requirements

The student must have sufficient emotional stability to perform under stress produced by both academic study and the necessity of providing health care in real patient situations while being observed by instructors, preceptors, and other health care personnel.

Physical Requirements

In order to participate in CSUSB DON, students are required to travel to agencies and possibly homes with unpredictable environments. Students need to have the endurance to adapt to a physically and emotionally demanding program. The following physical requirements are necessary to participate in the clinical application courses in nursing:

Strength: Sufficient strength to lift, move and transfer most patients; to restrain and carry children; to move and carry equipment; and to perform CPR, which requires sufficient body weight and adequate lung expansion.

Mobility: Sufficient to bend, stoop, get down on the floor; combination of strength, dexterity, mobility and coordination to assist patients; ability to move around physically and adequately in confined spaces (treatment settings, around patient equipment, etc.). Be able to perform all physical skills required to deliver patient care such as CPR, ambulation, transport, reposition, lifting, and other healthcare provider duties.

Fine Motor Movements: Necessary to manipulate syringes and IVs; to write appropriate notations; to document in health record; to perform sterile procedures and other skilled procedures such as incision and drainage, suturing, wound debridement, etc.

Speech: Ability to speak clearly in order to communicate with staff, physicians and patients; need to be understood on the telephone.

Vision: Visualize patients in order to assess and observe their health status; skin tone, color changes, dermatological conditions, non-verbal behaviors, changes in signs and symptoms of illness, health improvement or deterioration, etc.

Hearing: Hear and see patients, monitor signs and symptoms, hear alarms, patient voices, call lights, and assess patient conditions, non-verbal behaviors, changes in signs and symptoms of illness, health improvement or deterioration, hear through the stethoscope to discriminate sounds, and accurately hear on the telephone.

Touch: Ability to palpate both superficially and deeply and to discriminate tactile sensations.

Professional Standards in Clinical Practice

Professional standards are to be maintained. A student who demonstrates unprofessional behavior or behavior which indicates unsafe practice or improper classroom behavior (online and in person) may be denied progression or may be dismissed from the program. See Code of Ethics for Nurses.

Criteria are:

1) Safety
2) Demonstrates safe clinical performance skills.
3) Notifies instructor or agency immediately if an error was made or safety was violated.
4) Protects the patient from environmental hazards and provides for the safety of the patient, self, and others.
5) Personal/Professional Accountability
6) Consistently takes initiative in seeking faculty consultation and supervision.
7) Seeks assistance in aspects of patient assessment in which the student lacks confidence or skills.
8) Communicates online and in person, in a manner which maintains and promotes professional relationships.
9) Communicates important patient problems identified during the clinical experience to the appropriate persons accurately and without delay.
10) Performs all clinical assignments or informs the instructor of inability to do so in adequate time or with the required level of competence.
11) Recognizes and assumes responsibility for the consequences of own actions.
12) Demonstrates organizational skills and priority setting appropriate to the clinical setting.
13) Assumes responsibility for attempting to identify and organize data for problem-solving.
14) Exhibits decision-making and leadership skills appropriate for an independently functioning professional.
15) Demonstrates judgment appropriate for an independently functioning professional.
16) Demonstrates professional conduct at all times while performing clinical assignment (non- professional conduct includes use of abusive language, substance abuse — alcohol and drugs, and other behavior indicating loss of emotional control).
17) Demonstrates honesty at all times.
18) Reports to the agency prepared for assignment on time and dressed appropriately (hair and clothes clean and appropriate for the assignment).
19) Notifies appropriate persons of absences or when late in arriving for clinical experience.
20) Demonstrates ethical behavior as outlined in the ANA Code of Ethics (2015).
21) Provides services with respect for human dignity and the uniqueness of the client, unrestricted by consideration of social or economic status, personal attributes, or the nature of the health problem.
22) Safeguards the client's right to privacy by judiciously protecting information of a confidential nature.
23) Acts to safeguard the client and the public when health care and safety are affected by the incompetent, unethical or illegal practice of any person.
24) Students are not allowed to bring or use cell phones in the clinical sites when prohibited by hospital regulations.
25) Students are expected to bring to clinical the required devices and software as their clinical resource, unless prohibited by the facility.

The student is expected to meet all clinical assignments and to arrive on time. The preceptor or clinical supervising faculty, who becomes aware of a student failing to meet one or more clinical objectives, will notify the student immediately.

The Code of Ethics for Nurses

On June 30, 2001, the House of Delegates of the American Nurses' Association adopted a new Code of Ethics. The Code was revised in 2015 with input from nurses throughout the United States. The Code establishes the ethical standards for the nursing profession and is a guide for ethical decision-making and ethical analysis.

American Nurses Association Code of Ethics for Nurses with Interpretive Statements (2015)

1) The nurse practices with compassion and respect for the inherent dignity, worth and unique attributes of every person.
2) The nurse's primary commitment is to the patient, whether an individual, family, group, community or population.
3) The nurse promotes, advocates for and protects the rights, health, and safety of the patient.
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.
5) The nurse owes the same duties to oneself as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence and continue personal and professional growth.
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.
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.
8) The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
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.

Integrity

'Integrity' definition is firm adherence to a code of especially moral or artistic values, an unimpaired condition and the quality of state of being complete or undivided. (Merriam- Webster Dictionary, New Edition, 2016).

The faculty and staff of the California State University, San Bernardino School of Nursing believe that integrity is one of the fundamental bases for academic and professional nursing and allied health communities. Accordingly, the faculty's goal is to assist all students in adopting acceptable standards of professional behavior.

Civility Definition

According to the American Nurses Association, "incivility" is described as:

> "Incivility may be exhibited through behaviors such as rudeness, open disdain, passive aggressiveness, bullying, and psychological abuse. Or deliberate undermining of activities. These types of incivility may lead to a non-supportive organizational climate in which students feel pressured by peers to look the other way, and thus fail to support the person experiencing such incivility."

Students in the DNP Program at CSUSB are expected to be civil in their actions towards each other, clinical agencies, and the SON and college faculty, and staff. Civility entails being polite, courteous, and showing regard for others. Such actions may be demonstrated in both verbal and non-verbal behaviors.

Students are expected to conduct themselves ethically, honestly, and with integrity as responsible members of the CSUSB DON community. This requires the demonstration of mutual respect and civility in academic and professional discourse.

An institute of higher education, such as CSUSB, is a place where ideas are openly shared. In the search for truth, it is essential that freedom exists for contrary ideas to be expressed. Accordingly, students are expected to respect the rights and privileges of others and to foster an environment conducive to learning. Students are accountable for their actions and are required to work independently, as well as collaboratively with teams, in achieving learning goals and objectives.

Behavior, either on or off campus, that is determined to impair, interfere, or obstruct the opportunities of others to learn or that disrupts the mission, processes, or orderly functions of the CSUSB DON will be deemed misconduct and shall be subject to appropriate disciplinary action.

Please refer to the CSUSB Student Code of Conduct in the Bulletin of Courses for disciplinary actions should incivility occur within the nursing program.

Clinical/Simulation Center Injuries

If a student receives any type of injury while participating in a class (clinical, simulation, theory), the student should report the injury immediately to the instructor and seek appropriate care at the respective student health center or the student's healthcare provider. Costs, if any, are the student's responsibility. A written clearance, on physician's letterhead, may be required to resume learning activities.

Students experiencing any type of injury in a classroom, clinical, or skills laboratory setting at the **San Bernardino Campus** and the **Palm Desert campuses** must:

- Immediately notify the instructor.
- Complete documentation 'DON Incident or Near Miss Report' if applicable, 'Incident Report' and the 'Supervisor's Injury/Illness prevention report.
- Complete clinical site forms as mandated by the specific facility's policies and procedures.
- Submit the "Incident Report" form within 24 hours to the Department Chair.
- In an emergency, call 911.
- For non-emergent injury, consult with the student health center or follow up with your primary provider.
- Submit a physician or nurse practitioner's clearance before returning to school to faculty, DNP Program Director/Department Chair.
    - The release statement must be on either an official prescription pad or physician's or nurse practitioner's letterhead stationery.

For the protection of students, clients, clinical personnel and faculty, the following policies must be adhered to:

a. If prior to enrollment or while enrolled in the program, a student experiences a health condition that could create a hazard to themselves, employees or patients, the student is expected to present a clearance form to the SON from their health care provider (physician, nurse practitioner, or physician's assistant) that it is safe for the student to attend class, lab, and clinical.
b. Any student with a visible injury or illness involving a potential communicable disease will be required to furnish a clearance statement from the primary healthcare provider (physician, nurse

practitioner, or physician's assistant) before returning to the class or clinical setting. Examples of the above include: conditions requiring casts, canes, crutches, slings, elastic bandages, skin rashes, sore throats and draining wounds.

c. Letters from primary healthcare providers (physicians, nurse practitioner, or physician's assistant) regarding student illness, surgery, injury, or other health conditions must include specific limitations or restrictions, as well as a statement defining classroom and clinical activities allowed. Any limitation or restriction must be followed up by a written release from the physician before returning to full activity.
d. In any or all clinical situations, alternative assignments and/or rotation to specialty units is up to the discretion of the instructor.
e. In all circumstances, students must be able to meet learning objectives, with consideration of the restrictions stipulated by the physician, to remain in good standing in the Nursing Program.

Please Note: The SON may require additional written medical clearance to ensure student and client safety.

SON Incident or Near Miss Policy

PURPOSE: To provide a policy and procedure regarding the documentation and follow-up of incidents and near misses, which occur during any clinical/class/course-related experience.

FOR: SON Faculty, Staff, and Students, Nursing Council, Nursing Handbook

POLICY:

Incident is defined as an error, "circumstances in which planned actions fail to achieve the desired outcome". Source: Patient Safety Duke

Near miss is defined as "an event, situation, or error that took place but was captured before reaching the patient." Source: ISMP Near Miss

In a near miss situation, this event was originally missed but was captured before reaching the patient by both the faculty member and the student. Students who are involved in an incident or near miss in a clinical/class/course-related experience setting should follow the clinical agency policies governing such incident or near miss. If a student is involved in an incident or near miss during the clinical/class/course-related experience he/she must report the injury or exposure immediately to the faculty member supervising the clinical/class/course-related experience. The intention of this policy is not to create blame, but to examine the process that caused the incident or near miss to occur as well as create an opportunity for learning.

"Students who are involved in an incident at a clinical facility must comply with that agency's policy and procedure pertinent to the incident. At a minimum, this compliance includes completing all required documentation and reporting as required by the agency where the incident and/or near miss occurred. Students who are involved in an incident and/or near miss during the clinical/class/course-related experience shall complete the documentation on the form that is included with this policy".

See Student Handbook.

The CSF and student (including witnesses) are responsible for assuring the reports are completed immediately following the incident or near miss that occurred during the clinical/class/course-related experience. Failure to complete the requirements in this policy prohibits faculty and students from returning to the setting. In the case of an incident (not a near miss), the CSF must immediately contact the Department Chair and program director or designee. In a clinical situation, the lead faculty also needs to

be notified. If unable to contact the Department Chair and program director or designee, the faculty member must contact the Dean of the College of Natural Sciences.

PROCEDURE:

i. Faculty and students shall follow the policy of the cooperating agency in regard to reporting and follow up of the incident or near miss that occurred, in addition to completing the CSUSB forms.

In the case of an incident, the faculty member and student will each be responsible for completing both the agency incident report and the 'CSUSB Incident and Near Miss Report' (see Appendix).

ii. For clarification, both the faculty member and the student will complete their own CSUSB form. Neither the faculty and/or the student will view the other's form. However, faculty will have a conversation with the student to ensure completeness and HIPAA compliance (in the clinical setting, faculty will assure that no patient identifiers are on any CSUSB form). Faculty and students must sign and date their own forms and submit to the chair or designee. *The SON chair will review both 'CSUSB Incident and Near Miss Report and will clarify, educate and/or provide guidance if needed (i.e., discrepancies, disparagements).*

iii. In the case of a near miss, the faculty member and student will complete the 'CSUSB Incident and Near Miss Report' (see attached form).

iv. The faculty member shall be responsible for reporting the incident to the Department Chair and program director or designee.

v. The School Chair will monitor the reports that have been submitted to examine trends and report these to the Assessment Evaluation Committee on an annual basis. Revised 01.05.16

Medical Clearance

Students unable to attend clinical rotations because of illness, injury or disease longer than two (2) days and/or requiring follow-up treatment or management by a health care provider will be required to provide medical clearance from a primary health care provider prior to returning to class. Medical clearance will be in written form on official letterhead.

Impaired Student Policy

The SON faculty members follow the guidelines established by the BRN related to impaired nursing students and the CSUSB policies and procedures.

See the Board of Registered Nursing Statement **GUIDELINES FOR SCHOOLS OF NURSING IN HANDLING NURSING STUDENTS IMPAIRED BY CHEMICAL DEPENDENCY OR MENTAL ILLNESS** (Appendix section)

In the matter of nursing students impaired by alcoholism, drug abuse and emotional illness the California Board of Registered Nursing recognizes that these are diseases and should be treated as such:

- personal and health problems involving these diseases can affect one's academic and clinical performance and that the impaired nursing student is a danger to self and a grave danger to the patients in her or his care.
- nursing students who develop these diseases can be helped to recover; it is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness; and confidential

handling of the diagnosis and treatment of these diseases is essential.

Therefore, the Board of Registered Nursing expects schools of nursing with students impaired by these diseases to offer appropriate assistance, either directly or by referral.

Furthermore, the Board expects that schools of nursing will ensure that instructors have the responsibility and authority to take immediate corrective action with regard to the student's conduct and performance in the clinical setting.

It is outside of the Board's scope of function to endorse or recommend a particular course of therapy; however, it does wish to inform nursing students of the importance of seeking voluntary aid for conditions that could, if left unattended, lead to disciplinary action and may prevent them from being licensed [or losing their license] to practice nursing in the State of California.
As a preventive measure, schools of nursing are asked to provide factual material to incoming students regarding school policy on drug or alcohol abuse and mental illness among nursing students.

- Student behaviors such as the following that may be related to alcoholism, drug abuse and/or emotional illness.
  - Sudden decrease in academic performance
  - Unsafe clinical nursing practice
  - Increased absenteeism
  - Drastic change in behavior or mood
  - Physical signs and symptoms of alcohol or drug abuse
- Faculty actions beyond documentation include:
  - Document steps outlined for dealing with the behavior in the student file.
  - The student is required to obtain a drug test the student must comply within 24- hours of referral by faculty. The Department Chair/Program Director must be notified in order to ensure the student obtains correct forms and ensures it is completed within required time.
  - If the drug screen is positive, the student will be removed from the clinical site immediately upon discovery. The student may also be removed from the program based on Program Dismissal Policy.
  - Consult with the student and the Department Chair/Program Director or designated faculty member regarding observations, decreased academic performance, and/or unsafe clinical nursing practices.
  - With the SON Chair/Program Director or other faculty member present, refer the student to the CSUSB Health Center and/or Counseling Center, or the student may choose a personal resource for rehabilitation.
- Follow-up:
  - If a student's behavior, academic and/or clinical performance improves, no further action is necessary.
  - If a student's behavior does not improve and academic and clinical performances are not adequate or safe, follow the policy on "Removal of Student for Unsafe Clinical Practice."
  - See also "BRN Policy on Denial of Licensure."

Policy for Prescribed Medication Use by Students in the Clinical Setting

Safety in the clinical setting for both students and patients is the highest priority for the SON. Therefore, the school requires students to notify the clinical instructor and accept an excused absence from clinical if they have been prescribed and are taking any medications that may interfere with normal functioning. Medication in this policy may include, but is **not limited to**:

- Muscle relaxants
- Narcotics
- Benzodiazepines
- Anticonvulsants

Study Expectations

In order to be successful in the DNP Program, it is recommended that each student sets aside at least 30-36 hours of study time each week. This is about 3 hours/unit/week. Time in class and studying is equivalent to a 40–50-hour workweek. Working full time, in addition to taking nursing courses, is strongly discouraged. A gauge of whether a student understands the material is if the student is able to talk about the subject and teach it to someone else.

Please visit the appropriate support centers on campus BEFORE you encounter any problems (i.e., testing center, counseling center, writing center, financial aid, services to students with disabilities, learning center).

Abuse Reporting

Students and Faculty of this nursing program will be oriented to the professional obligation to protect and advocate for those who are unable to speak for themselves. This primarily refers to children, elderly and the disabled but may involve anyone who demonstrates symptoms of abuse at the hands of another.

Students and faculty who observe or suspect that a client is being abused will report their observations immediately to the assigned nurse and clinical faculty. The student and faculty will not call state authorities themselves, but will respect the right of the facility to do so.

Students and faculty will complete an Incident Report Form along with any other forms required by the facility and will provide this to the clinical facility and SON administration. The SON Administration will keep a file of incidents and will follow up appropriately.

Faculty or administrator who observes students or staff with signs or symptoms of abuse will follow the above procedure as well.

Classroom & Clinical Expectations

Professional and courteous behaviors are expected for both lecture and clinical settings. Students are expected to attend ALL classes and clinical settings on time as scheduled. This is based on but not limited to the professional

values of altruism, autonomy, human dignity, integrity, and social justice as identified by the American Association of Colleges of Nursing (AACN) – American Association of Colleges of Nursing (AACN) – AACN Essentials

Such behaviors include but are not limited to:

Clinical

1) Follow BRN 'Standards of Competent Performance' (See policy in Appendices)
2) Attend clinical as scheduled.
3) Students are not allowed to leave the clinical site during clinical hours.
4) Should an emergency arise, obtain faculty permission prior to leaving the clinical setting.

Classroom

A student is expected:

1) To be an active participation in class without interruptions and showing courtesy and respect to others.
2) To give undivided attention in the classroom. (There will be no conversation, verbal/non- verbal when a person has been recognized.) Remember: An instructor is always recognized. Behavior that demonstrates a lack of interest will be asked to leave the classroom and will be marked absent.
3) To obtain faculty permission if necessary to leave the class early, preferably prior to the start of class.
4) Enter the classroom quietly and take a seat in the rear of the classroom if a student is late.
5) To be alert in class. If a student is seen sleeping, the student may be asked to leave and marked absent.
6) Silence all electronic devices in classroom and/or clinical settings.
7) To avoid personal phone calls, text messaging or exchanging electronic information during class and/or clinical. Exceptions must be approved prior to the start of class/clinical.

Eating

No eating in the vicinity of computers and skill lab equipment. If the presence of food supports the curriculum or daily lesson plan, the instructor may make exceptions. It will then be the responsibility of the students and those faculty members to see that the environment is habitable for other faculty and students. All trash must be cleared out of the room.

Beverages

During long nursing classes, the need for hydration is acknowledged. All beverages must have a tight seal. No paper cups with plastic lids and no cans. It is the responsibility of students to clean up any spills completely.

*During times of emergency and off campus classes, exceptions to these policies will be at the discretion of the instructor.

Clinical Placement

The DNP Program requires a total of 750 direct care clinical hours for all students. Clinical rotations begin in NURS 7430C Family Health Management 2 Clinical. This clinical rotation is through the sixth semester of the program, which is a summer semester.

- Semester 6- Summer NURS 7430C Family Health Management 2 Clinical 180 hours

- Semester 7- Fall NURS 7430C Family Health Management 3 Clinical 255 hours
- Semester 8- Spring NURS 7450 Family Clinical Practicum 315 hours

Students must gain experience with all patients, across the lifespan. Students must obtain a minimum of 90 hours in pediatrics and 45 hours in women's health/obstetrics. These hours can be incorporated within all clinical rotations or they may be a stand-alone clinical rotation.

Expected days/times in clinical rotations

Please note that if there is a delay in your clinical rotation beginning, if your preceptor has a scheduled vacation, if you or your preceptor have a sick day, etc. This will increase your time to make-up your clinical hours. Students will not be eligible to receive an incomplete for clinical hours for any reason. Students will not be permitted to progress in the program if all direct care clinical hours are not met and the student has met the objectives for the course.

If a student does not meet the objectives for the course, the faculty, student, and preceptor will meet to determine how to proceed forward. This may increase the number of clinical hours the student must complete. The minimum number of direct care clinical hours is 750, the caveat is that the student must be progressing and meet or exceed all course objectives to progress.

- NURS 7430C: Students should plan on 2-3 days each week
- NURS 7450C: Students should plan on 2-3 days each week
- NURS 7460: Students should plan on 3-4 days each week

Students' clinical rotation setting is a priority for the DNP Program. The clinical setting and preceptor play an integral role in the student's development and progression through the program. We encourage students to reach out to colleagues, contacts, and referrals for potential preceptors. Students with a new potential preceptor should contact the DNP Clinical Coordinator. Students should begin the search for a preceptor at least one semester before the clinical rotation and it may need to be earlier depending on the clinical site. Students must keep in contact with the DNP Clinical Coordinator during the clinical placement times. Do not ignore emails! Failure to respond, within 48 hours, to the DNP Clinical Coordinator may result in the student not having a clinical site.

When a potential preceptor has been located, the approval process will begin. This is a labor intensive and time-consuming endeavor. The DNP Clinical Coordinator will work with the student and potential preceptor to navigate the process, including processing CSUSB legal contracts and Dean approval. We make every attempt to have a clinical placement in place for the start of the semester, on-time placement is not guaranteed.

Students will be assigned to DNP Program approved clinical placements based on the following criteria:

- Site provides care across the lifespan, or for a specific high need age group (pediatrics and women's health/obstetrics)
- Learning opportunity
- Student's strengths and areas for growth
- Preceptor and clinical site availability
- Preceptor and clinical site university approval
- Student's fluency in the primary/ secondary language in the clinical site

Every effort will be made to ensure your clinical site is located near the students' place of residence. However, due to competition for preceptors and student needs, students should be prepared to:

- Drive to a clinical site that is within 100 miles of the students' place of residence.
- Be flexible with hours of availability for clinical rotations.

Clinical Site Requirements FNP Specialty

- Scope of Practice: FNPs provide primary care to patients across the lifespan.
- Preceptors must be an MD, DO, FNP, or an APRN approved by the DNP Program Director, who has been licensed a minimum of one year and without license restrictions. *Physician Assistants (PA's) may not precept a DNP student.*
- Clinical Settings are primary care offices and the ideal site for FNP students. Other acceptable sites include urgent cares, pediatrician offices, women's health/obstetric practices, long-term care practices and community health centers.
- Students may have 2-3 clinical sites in one semester. There will be a primary setting for the majority of clinical hours. In addition, each preceptor must complete a midterm and final evaluation.
- Students may select one "specialty" rotation, such as cardiology, endocrinology, etc. The site is subject to approval by the DNP Program and the University. These rotations can be up to 45 clinical hours. Inappropriate specialty clinical sites include inpatient hospital rotations, cosmetic care, or podiatry. The DNP Program Director reserves the right to deny a specialty clinical request.

Student Practice Guidelines:

1) Students schedule clinical time directly with the preceptor, consistent with the preceptor's availability/schedule.
2) Students may perform only selected diagnostic and therapeutic skills and procedures under direct supervision as taught in the Simulation Lab courses. (No other procedures may be performed by the student under any circumstances. This is irrespective of a preceptor's willingness to supervise the student in performing other procedures.)
3) Students may NOT provide patient care in a clinic in which they have worked in the past year.
4) Students are responsible for preceptor submission of midterm and final evaluations.
5) You may not provide direct patient care if the preceptor is not at the clinical site.
6) Students may not attend clinical at a site without express notification from the DNP Clinical Coordinator.
7) Students will be assigned a Clinical Supervising Faculty. This resource person may remove you from clinical for any reason.
8) Students ***may not decline a clinical placement*** for any reason; clinical placements are determined considering a multitude of factors and the decision is final.
    a. If you feel that you have a disability that will prevent you from fulfilling a clinical obligation, please contact CSUSB Services to Students with Disabilities Office.

        CSUSB Services to Students with Disabilities Office
        ssd@csusb.edu
        Phone 909-537-5238
        Location UH-183

Clinical Competencies must be met prior to Clinical

The following clinical competencies must be demonstrated in-person prior to entering direct care clinical hours as required by the National Task Force (NTF), 2022 Standards for Quality NP Education:

Domain 1: Patient Care

Domain Descriptor: Designs, delivers, manages, and evaluates comprehensive patient care.

Competency	Time 1
1. Perform a comprehensive, evidence-based assessment.	Performs a focused assessment of a patient with only 1-2 presenting problems, using a template and under mentored guidance.
2. Use advanced clinical judgment to diagnose.	Uses patient and clinical data to formulate common healthcare diagnosis(es) in a patient with only 1-2 presenting problems.
3. Synthesize relevant data to develop a patient-centered evidence-based plan of care.	Identifies evidence-based, patient-centered plan of care for common health problems for an individual patient.
4. Manage care across the health continuum including prescribing, ordering, and evaluating therapeutic interventions.	Identifies and evaluates the appropriate therapeutic interventions (pharmacologic and nonpharmacologic) for the management of common problems.
5. Educate patients, families, and communities to empower themselves to participate in their care and enable shared decision making.	Provides education to patients, families, and/or communities regarding their health condition and potential health risks.

Clinical Experience

DNP clinical rotations will include a variety of clinical agencies and clinical days and hours. The student must be prepared to have evening, night and/or day assignments, weekday and/or weekend assignments. Some clinical sites may require travel outside of the San Bernardino and/or Riverside counties. Students may also be required to choose their patient(s) the day before clinical in order to be prepared for patient care the following day. It is the student's responsibility to make transportation, childcare, or work arrangements to meet these assignments.

Skills Practice and Validation of Competency

Each student receives a skills bag of supplies for skills practice at the beginning of each simulation lab course. These are available for purchase in the CSUSB bookstore.

Each student will also receive a list of skills to learn for each clinical course. Students are expected to demonstrate competency for the skills as defined in the syllabus and are expected to perform these various nursing procedures in the skills lab and/or the hospital/clinical setting. Instructors validate student competency by initialing each skill demonstrated and signing the student's skills checklist. **STUDENTS MUST SUBMIT A COPY OF THE COMPLETED SKILLS CHECKLIST TO THEIR FACULTY AT THE END OF EACH SIMULATION LAB COURSE**.

Students are encouraged to maintain the original skills checklists for their personal files. In addition to the skills checklists, the instructor at the end of each clinical course completes the clinical evaluation form.

Clinical & On Campus Lab Uniform & Dress Code

The purpose of this policy is to define standards of dress and appearance for CSUSB DNP Students when traveling to and attending clinical experiences and representing the University at functions on and off campus. A student's appearance reflects upon the University and the SON. Students are expected to observe personal hygiene standards and to exercise good judgment in personal dress and appearance.

Dress Attire for Clinical Rotations, and Simulation Lab Courses

Students are expected to wear business or business casual. This includes no blue jeans, no revealing clothing. All dresses/skirts must be at least knee length, appropriate undergarments are to be worn, hair should be kept neat and pulled back as needed to ensure cross contamination does not occur, shoes must be closed toed.

White Coats

Students are required to wear CSUSB DNP Program issued white coats with identification embroidered names and school designation at all times while in the clinical setting.

Identification

CSUSB nursing student uniforms must include a CSUSB photo ID badge. Photo ID badges are mandatory on white coats at all times. CSUSB Name tag/photo ID badge is purchased at the Coyote One Card Office and is mandatory to be displayed on white coats.

Personal Hygiene

1) Bathing
    a. A daily bath or shower and use of a body deodorant are highly recommended.
2) Scents
    a. The use of perfume, scented lotions, colognes, or aftershave is not allowed due to possible client sensitivity or allergy.
3) Hair
    a. Must be clean and neatly combed
    b. Any extreme look or color is not permitted
    c. Hair at shoulder length is expected to be up off the shoulder and/or appropriately styled so that it is away from the face and will not fall forward while performing normal nursing duties.
    d. Long hair must be able to be tied back without excessive ornamentation.
    e. Hair is not required to be up at all times in the clinical setting, but you must have the ability to put it up and back in the event that you are doing a procedure or there are any bodily fluids present.
    f. Mustaches, sideburns, and/or beards must be neatly trimmed.
4) Finger Nails
    a. Nails must be clean and trimmed to a short length that will not place the client at risk for injury.
    b. Nail polish may not be worn.
    c. Acrylic, gel, and other artificial nails and nail extensions are **prohibited** as they harbor microorganisms that place the client at risk.
5) Makeup
    a. Make-up must be kept to a minimum.
    b. Artificial eyelashes are **not allowed** in clinical settings.
6) Jewelry
    a. No dangling or hoop-style earrings are allowed.
    b. Only one small stud/post-type earring per ear is allowed.
    c. Visible body piercing, including tongue jewelry, is NOT allowed.
    d. No necklaces, bracelets, pendants, pins, or buttons may be worn.

e. Only one ring is allowed to be worn (or one engagement and wedding ring combination)

7) Body Piercing/Art
   a. No more than one visible piercing in each ear and those must conform to the clinical agency's dress code.
   b. No jewelry/hardware may be evident other than one small stud per ear.
   c. Tattoos must be covered at all times, if the tattoo could be offensive due to the nature of the picture or words. If you have a tattoo that will show, please confirm with the DNP Program Director that it is acceptable to remain uncovered.

Adherence to the Dress Code is mandatory for ALL clinical experiences. This includes clinical settings, skills lab and SIM lab setting.

Inappropriate dress/hygiene will be handled by requiring the student to immediately change or leave the site.

STUDENTS NOT IN REQUIRED ATTIRE WILL RECEIVE AN UNEXCUSED ABSENCE. Students will be required to make-up hours.

Copying or Transmitting Client Records/HIPAA

The Patient Bill of Rights identifies the clients' right to confidentiality. The CSUSB SON Student Policy and Procedure Manual addresses safeguarding the confidential information acquired from any source regarding clients and considering all information obtained. The client's status is strictly confidential and is not to be discussed with anyone except instructors, student peers, and significant hospital personnel in the appropriate settings.

The Health Insurance Portability and Accountability Act (HIPAA) privacy rules are designed to protect the way client information is stored, conveyed and revealed.

Clinic guidelines exist to safeguard the security of client data that is electronically transferred (e-mail, fax, etc.). Specific clinical facility policies and procedures will be discussed.

To assure compliance with HIPAA and facility regulations, learners in the DNP program at CSU, San Bernardino will not be permitted to print any portion of a patient's medical record in any clinical setting by any means at any time. Students will not electronically transmit any portion of a client's medical record. Failure to abide by this policy will result in dismissal from the DNP program and the state board of nursing will be notified.

Students are required to log specific information from each patient encounter into Exxat for the CSF to review. Students may write the necessary information on a piece of paper this may **not** contain any personal identifiers (other than age in years or months and male or female) no names, initials, birthdates, patient record numbers, patient addresses, patient phone numbers, etc. Any paper that notes are written on must be kept confidential and must be destroyed as soon as possible.

Students will watch the "Privacy, Security, and You: Protecting Patient Confidentiality Under HIPAA" video and sign the Health Insurance Portability and Accountability Act (HIPAA) Education form during their first clinical and at the start of every Fall term thereafter.

Social Media Network Guidelines and Policy

The increasing use of social media and other electronic communication by nurses and nursing students provides opportunities for dissemination of health care related information. Utilization of social media networks must be done in a manner that protects patient privacy and confidentiality. Any patient information learned by the nurse/student nurse during the course of treatment is considered confidential and must be protected. Inappropriate disclosure of confidential information is a breach of the patient-nurse relationship and damages the individuals involved as well as the general trustworthiness of the nursing profession. Improper use of social media by nurses/student nurses may result in disciplinary action by the Board of Registered Nursing, civil and criminal penalties, and employment consequences, National Council of State Boards of Nursing, 2011.

Electronic Devices and Clinical:

Students should not use cell phones, pagers, recording devices, or other electronic communication devices in the clinical area. However, students may be allowed to use electronic communication devices within the clinical setting with the direct permission of their clinical faculty. Students must adhere to all specific institutional policies and procedures and professional behaviors about using electronic devices during clinical lab time (including clinical conference times). Personal computer use within the clinical setting is restricted to clinical care-related activities only, this does not include student's Exxat clinical encounter charting. Using computers for personal communication, entertainment, and to work on academic assignments is strictly prohibited. Inappropriate use of any electronic device during clinical may result in dismissal from the clinical setting. In addition, improper use of electronic devices within the clinical environment constitutes unprofessional behavior.

Electronic Health Record (EHR)

Students are expected to chart in the clinical sites EHR. If the clinical site will not permit this, the student must notify the CSF for further instructions.

Exxat Prism

Students are required to utilize the web-based platform Exxat Prism. This will be utilized for submitting de-identified patient log information, submitting all compliance requirements, and other items as determined by the DNP Program Director. This platform is HIPAA and FERPA compliant. Please see attached document.

Infection Control

The implementation of infection control procedures known as standard precautions is basic in all health care. Standard precautions are regarded by the BRN as a common standard of nursing practice necessary to protect both patients and health care workers from disease transmission.

Failure to adhere to the appropriate proper procedure may result in failure of the course and/or removal from the program CDC Infection Control Guidelines.

Communicable Disease

Information on issues related to communicable disease is available from the U.S. Centers for Disease Control (CDC) and from agencies in the State Department of Health Services and County and City Health Agencies.

Standard Precautions

Medical history and examination cannot reliably identify all clients infected with viral or other blood borne pathogens. Therefore, blood and body-fluid precautions should be consistently used for **all** clients. This approach is referred to as "universal blood and body-fluid precautions" or "standard precautions", and is recommended by the DON faculty in conjunction with the Centers for Disease Control.

1) All nursing students and faculty should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood and or other body fluids of any client is anticipated.
2) Gloves should be worn when touching blood, blood products, mucous membranes, and body fluids (urine, feces, saliva, and wound drainage). For your convenience, it is recommended that you carry a pair of gloves in your pocket at all times.
3) Gloves must be changed after contact with each client.
4) Hand hygiene must be performed prior to and immediately after every client contact, even when gloves are worn. It should also be performed before and after gloving. Hands or other skin surfaces must be washed immediately and thoroughly if contaminated with blood or other body fluids.
5) Hands must also be washed before and after practicing each procedure involving another student as a client.
6) As there is increasing evidence from the CDC that artificial nails are more likely than natural nails to harbor pathogens that can lead to nosocomial infections, artificial nails and nail extenders may not be worn in clinical areas.
7) Masks and protective eyewear or face-shields must be worn during procedures that are likely to generate droplets of blood or other body fluids to protect exposure of mucous membranes of the mouth, nose, and eyes.
8) Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids. Contaminated gowns are to be discarded per hospital policy.

Disposable articles contaminated with blood, blood products, wound drainage or body

1) secretions/excretions should be disposed of per hospital policy.
2) All nursing students and faculty should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleansing used instruments; during disposal of used needles; when handling sharp instruments after procedures.
3) To prevent needle-stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
4) After they are used, disposable syringes and needles, scalpel blades, and other sharp items should activate safety devices and be placed in puncture-resistant containers for disposal.
5) Nursing students who have open lesions or weeping dermatitis may be required to utilize appropriate protective measures (such as double gloving) or, depending on the extent and location of lesions, refrain from all direct client care and from handling equipment until the condition resolves.

6) Although saliva has not been implicated in HIV transmission, minimize the need for emergency mouth-to-mouth resuscitation by making resuscitation bags, mouthpieces and ventilation devices available in client care areas where the need for resuscitation is predictable.
7) Although pregnancy is not known to create a greater risk of contracting HIV infection, health- care providers who develop HIV infection during pregnancy may place the infant at risk of infection resulting from perinatal transmission. Additionally, several of the opportunistic diseases associated with HIV infection may be hazardous to the unborn fetus. For these reasons students and faculty who are pregnant should refrain from direct care of patients with known HIV infection.

Student Needlestick/Blood & Body Fluid Exposure Guidelines

In order to establish the requirements for preventing potential exposure to blood-borne pathogens through compliance with guidelines from the Center for Disease Control (CDC), Federal Occupational Safety and Health Administration (OSHA), 29 CFR 1910.1030 https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030 , (Appendix II-A) and the California OSHA, 8 CCR 5193 https://www.dir.ca.gov/title8/5193.html , the following procedure has been implemented.

Students who sustain exposure to blood or body fluids or come in contact with a needle stick or sharp object injury will report the incident, be assessed and treated. (Report must be completed).

1) Definitions
   a) Blood-borne Pathogens
      i) Certain pathogenic microorganisms found in the blood of infected individuals that can be transmitted from the infected individual to through blood and other body fluids to cause blood-borne diseases specifically Hepatitis B Virus (HBV), Hepatitis C (HCV), and AIDS Human Immunodeficiency (HIV).
   b) Exposure Incident
      i) Contact with eye, mouth, or other mucous membrane, non-intact skin, or parenteral (needle) contact with blood or other potentially infectious materials that may occur in the performance of duties.
   c) Infectious Waste
      i) Includes blood, blood products, contaminated sharps (needle, etc.), pathological waste, and microbiological waste.
   d) Standard precautions:
      i) Handle all blood and body fluids as if they are infectious.
      ii) Use personal protective equipment (i.e. gloves, gowns, and face protection) to prevent contact with blood and body fluids.
      iii) Wash hands before contact and after glove removal.
   e) Engineering Controls
      i) Use sharps with engineered safety features for venous access, venipunctures and parenteral injections.
      ii) Pick up all contaminated glass and needles with forceps or another tool to avoid hand contact.
      iii) Place puncture resistant sharps containers in patient and procedure rooms.
   f) Work practice controls

i) Always use and activate sharps safety devices.
ii) Do not pass contaminated sharps from one person to another.
iii) Assure you have a stable work surface and sharps container available.
iv) Assess client before procedure, obtain assistance for uncooperative, combative, or confused clients.

2) Procedure
   a) Precautions to prevent needle sticks and body fluid exposure include:
      i) Standard precautions must be followed at all times.
      ii) Engineering controls must be used at all times.
      iii) Work practice controls must be followed at all times.
      iv) Students are never to recap needles and must discard used needles in the sharps disposal container provided in the skills lab or clinical facility.
      v) When breaking ampules, students must protect their fingers by using a gauze covering or an alcohol wipe or safety cover and should break the ampule in the opposite direction of their, and others, face.
      vi) Gloves are worn by students and faculty during any contact with body fluids.
      vii) All students and faculty will practice proper hand washing.
      viii) There shall be no drinking or eating in any practice area.
      ix) Exposure guidelines of the clinical agency must be followed.
   b) After a needlestick and/or body fluid contamination exposure, the student will:
      i) Identify the client by name and location.
      ii) Request the client to stay if the client is an outpatient of the agency.
      iii) Request another nurse or student to stay with the client, if possible.
      iv) Wash the exposed area as soon as possible.
      v) Report the incident to the clinical instructor immediately for determination of possible blood-borne disease exposure.
      vi) If the clinical instructor cannot be found, the student should immediately inform the charge nurse.
      vii) Upon exposure, the student will notify (1) the clinical instructor, (2) the Employee Health Nurse within the clinical facility (if exposure occurs outside the CSUSB nursing laboratory), (3) the/ Chief Nurse Administrator (CNA) of the CSUSB Nursing Department, Program Director, and the Compliance Coordinator (4) the skills lab coordinator, as appropriate.
      viii) Setting for exposure:
         (1) CSUSB nursing laboratory:
            (a) Students will complete the “Student/Faculty Incident Report” form.
            (b) Students will report to the Student Health Center, appropriate agency, or personal physician depending upon the nature of exposure.
         (2) Clinical site:
            (a) Complete the appropriate form(s) and follow all procedures for that institution and the “Student/Faculty Incident Report” form. This might include reporting to the nearest emergency room department for examination and treatment before leaving the clinical site.
         (3) Any incident occurring in the Skills, or during on and off campus clinical

times must be reported to the faculty, Compliance Coordinator, Department Chair / Chief Nurse Administrator, Program Director, and Skills lab coordinator (as appropriate) within 24 hours.

(4) Incident Report must be submitted to CNA or Program Director within 24 hours of the incident.

ix) Follow-up care may include sero-screening, HIV testing, Hepatitis B vaccine administration and postexposure immuno- prophylaxis (immune globulin).

x) Costs for immediate and follow-up care are the responsibility of the student.

3) Resources
   a) Environmental Health and Safety
   b) California Healthcare Association's Publication: The California Guide to Preventing Sharps Injury

Nursing Students Post Blood Exposure/Needle Stick Procedure

When students are exposed to potentially contaminated blood during a course or clinical experience, they should seek care immediately. Ideally the person would start Post Exposure Prophylaxis (PEP) within 2 hours of exposure, unless contraindicated.

Per the Centers for Disease Control (CDC):

- PEP (post-exposure prophylaxis) means taking medicine to prevent HIV after a possible exposure. PEP should be used only in emergency situations and **must** be started within 72 hours after a recent possible exposure to HIV to be effective.
- The sooner you start PEP, the better.
- If you are prescribed PEP, you will need to take it daily for 28 days. PEP is safe but may cause side effects like nausea in some people.
- In almost all cases, these side effects can be treated and are not life-threatening.

Per CDC, standard precautions dictate that health care workers must assume that blood and other body fluids from all patients are potentially infectious.

Steps

The student will:

1. Wash the affected area with soap and water.
2. Notify your clinical instructor or the faculty supervising you at the site of the event.
3. In a clinical setting, follow the institution's protocol for treatment.
4. If the facility or field site does not have a protocol go to an emergency room doctor, or an urgent care provider about PEP if you think you recently have been exposed to HIV or other bloodborne pathogen. It is important that you are seen that day to start treatment.
5. Complete and submit DON Incident or Near Miss Policy report and applicable clinical site incident report.

Paying for PEP

- If your insurance does not cover PEP, your health care provider can apply for free PEP medicines through the medication assistance programs run by the manufacturers.
- These requests for assistance can be handled urgently in many cases to avoid a delay in getting medicine.
- Examples of enrollment applications on the CDC website https://www.cdc.gov/hiv/basics/pep/pep-workplace.html

Reference

- DeHaan E. Post-Exposure Prophylaxis (PEP) to Prevent HIV Infection [Internet]. Baltimore (MD): Johns Hopkins University; 2020 Jun. Available from: https://www.ncbi.nlm.nih.gov/books/NBK562734/

Approved APR 4.30.21 FO 05.07.21

Gloving (Latex Sensitivity) Policy

In the first term of the DNP Program, Latex-sensitive students need to present a letter from a health care provider documenting the latex sensitivity and the treatment that will be required in the event of an adverse reaction prior to engaging in any clinical or laboratory practicum. The student must keep the emergency medications with them at all times when involved with school related functions or school related activities throughout the entire nursing program.

Latex-sensitive students will use only non-latex supplies. Latex free gloves must be provided by the student during the on-campus laboratory practicum. During clinical, students may use hospital latex-free gloves supplied by the hospital.

All students with evidence of latex sensitivity will be responsible for obtaining and wearing a medical alert bracelet, carrying non-latex gloves and emergency medical instructions, including emergency medications if applicable. Latex sensitive students will need to be evaluated by faculty on a case-by-case situation to ensure student health safety.

Hand Hygiene Policy:

1) Improved adherence to hand hygiene (i.e., hand washing or use of alcohol-based hand rubs) has been shown to terminate outbreaks in health care facilities, to reduce transmission of antimicrobial resistant organisms (e.g. methicillin resistant staphylococcus aureus) and reduce overall infection rates.
2) In addition to traditional hand washing with soap and water, the Centers for Disease Control (CDC) is recommending the use of alcohol-based hand rubs by health care personnel for patient care because they address some of the obstacles that health care professionals face when taking care of patients.
3) Hand washing with soap and water remains a sensible strategy for hand hygiene in non-health care settings and is recommended by CDC and other experts.
4) When health care personnel's hands are visibly soiled, they should wash with soap and water.
5) The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. Gloves reduce hand contamination by 70 percent to 90 percent, prevent cross-contamination and protect patients and health care personnel from infection. Hand rubs should be used before and after each patient just as gloves

should be changed before and after each patient.

6) When using an alcohol-based hand rub, apply product to the palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Note that the volume needed to reduce the number of bacteria on hands varies by product.
7) Alcohol-based hand rubs significantly reduce the number of microorganisms on skin, are fast acting and cause less skin irritation.
8) Health care personnel may not wear artificial nails and must keep natural nails less than one quarter of an inch long.

Loss of Clinical/Lecture Due to Public Emergency

The goal of all required clinical time is the meeting of clinical competencies as cited in the course description &/or syllabus. In cases of situations of publicly proclaimed (local, community, federal, Centers for Disease Control) emergencies affecting clinical/class time, you must make up this clinical time. Students must alert the preceptor and the CSF, in advance, that the day will be missed.

In cases of a campus closure due to a campus specific event, students are to report to clinical as scheduled.

Skills Lab Policy

It is the intent of the faculty and administration in the SON to provide a safe learning experience for all students and provide guidelines for the development, implementation, and maintenance of a comprehensive department safety program.

The following guidelines are established to provide instructions in maintaining safety for students, staff, and faculty when using the skills laboratory. All concerned shall adhere to these guidelines. Any revision(s) shall be posted in the skills lab.

1) **General Guidelines**
   a) The Skills lab is locked unless occupied by faculty during class or practice. To gain access during business hours, the faculty must obtain the key to unlock the doors. The key is to be returned immediately at the conclusion of use. After hours, arrangements with the Skills Lab Coordinator must be made prior to the lab need.
   b) Locking of the lab doors is the responsibility of the faculty at the end of the lab's use. During business hours, the faculty must notify the department office to lock the lab doors. After hours, communication with the Skills Lab Coordinator or University Police is necessary.
   c) It is the responsibility of the faculty to log off or shut down the computer(s) in the skills lab after use. Passwords for computer access will be given to faculty at their orientation. Any break in security must be reported immediately to University Police, SON Chair, DNP Program Director, and Skills Lab Coordinator at that campus.
   d) All faculty, staff, and students must know and practice the safety guidelines at all times while using the skills labs. Failure to adhere to general guidelines can result in disciplinary action. See Student Needlestick; Hand Hygiene; Stand Precautions; Uniform;

Student Illness; Latex.

a. Students must report any misconduct occurring in the skills labs immediately to the faculty, SON Chair / Chief Nurse Administrator, Program Director, and/or Skills Lab Coordinator at that campus. Failure to report misconduct can result in disciplinary action.

e) Students must come to the lab prepared by having read the lab objectives and assignments prior to the start of the lab session. Students must be knowledgeable of the care, handling, and proper use of equipment prior to using it in the laboratory.

f) There shall be no drinking, eating, or smoking/electronic vaping in the practice/computer areas of the Skills Labs. Water will be permitted at the student desks that are away from the practice/computer areas.

g) Access to the doorways in the labs must be clear at all times to allow exit of the labs in emergency situations. Personal articles (i.e., backpacks) must be stored out of walkways.

h) All doors and cabinets will remain closed when not in use.

i) Return equipment used during lab practice to the proper location as directed by the instructor. Pick up and dispose of trash into trash containers. Keep the labs neat and clean, i.e. remake disheveled hospital beds and wipe up non-hazardous spills. The skills lab will not be used as a health center for ill students, staff, or faculty, except in publicly proclaimed emergencies.

j) Children or unauthorized personnel are not allowed in the labs at any time.

k) Gloves are worn by students and faculty during any contact with body fluids. Gloves are utilized for practice and demonstration of skills. The SON will provide sterile and non-sterile gloves for faculty and students. (Refer to "Gloving Latex Sensitivity) Policy and Student Needle stick Blood and Body Fluid Exposure Guidelines."

l) The labs are not to be used as a social area.

m) General rules for equipment check-out are:

a. Most lab equipment cannot be checked out of the lab by students – the exception is equipment used in health assessment and community nursing courses, this equipment may be checked out for up to one (1) term depending on reason and equipment.

b. Students are responsible for the equipment and will return it to the CSUSB School of Nursing in working condition.

c. Failure to return equipment will result in revoking a student's checkout privileges and the student will not be allowed to register for future classes, graduate, or obtain transcripts until the equipment is returned in working order or the CSUSB School of Nursing has been reimbursed.

2) **Skills Lab Safety**

a) Students will be instructed to practice and return to demonstrate only those skills for which they have had prior instruction and gained familiarity with content and proper procedure.

b) Students must practice safe techniques while learning in the skills labs. See Student Needlestick Guidelines.

c) Needles provided for practice of injections and venipunctures are used in the skills lab only and only when faculty members are present for assistance.

d) Students must demonstrate safety precautions while utilizing needles during practice as instructed in class. Any irresponsible use of needles will result in disciplinary action and possible failure in that lab course.
e) Needles and other sharp objects must not be discarded in the trash or left out open in the skills lab at any time.
f) Students are to practice injections and suturing only on the manikins provided in the skills lab.
g) Under NO circumstances should a faculty inject a student/faculty with a needle, or a student inject another student/faculty with a needle.

3) **Electrical Safety**
a) Wet materials may not be used around electrical outlets or equipment.
b) Faculty and students are responsible for reporting any frayed electrical cords, cracked plugs, missing outlet covers, etc., as well as any problems encountered while using electrical equipment.
c) No electrical cords will be left in the pathway of walking traffic. Extension cords will be properly taped to the floor if used over a walkway.
d) Electrical hospital beds in the skills lab will be inspected as needed for repairs. Electric beds will be maintained in the lowest position.
e) Only three-prong plugs that contain a ground wire are used to power equipment in the skills lab.

4) **Physical Safety**
a) Students will be instructed in principles of body mechanics prior to practice and return demonstration of moving, lifting, and transferring skills.
b) Students must use caution when practicing lifting skills and should not lift another student without assistance. Irresponsible behavior will result in disciplinary action.
c) The wheels of all equipment (wheelchairs, stretchers, and beds) are to be locked during practice and return demonstration.
d) Equipment needed for body mechanics practice must be kept in good working condition. Any broken part will be reported immediately to the Skills Lab Coordinator.
e) Clinical Lab Safety the policies and procedures of the specific clinical agency will be adhered to as well as the policies and procedures of CSUSB's SON.
f) Refer to "Unsafe Clinical Behavior Policy".

5) **Reporting an injury**
a) Any incident occurring in the Skills, or during on and off campus clinical times must be reported to the faculty, Compliance Coordinator, SON Chair/Chief Nurse Administrator, DNP Program Director, and Skills lab coordinator (as appropriate) within 24 hours.
b) If the injury involves a needle stick/blood and body fluid exposure, refer to the "Student Needle stick Blood and Body Fluid Exposure Guidelines".
c) Incident Report must be submitted to the SONChair/Chief Nurse Administrator or DNP Program Director within 24 hours of the incident.

6) **Cleaning of Laboratory and Equipment**
a) The Skills Lab Coordinator will be responsible for the disinfection and maintenance of equipment, and monitoring of the labs at all times. The Skills Lab Coordinator may delegate

this task, but will be responsible for the overall performance of these duties.

b) Appropriate personnel at the end of each term and more frequently if needed will clean floors, counters and furniture.

c) Equipment/manikins located in the skills lab will be cleaned each term and more often if necessary.

d) Linen on beds will be changed and laundered when soiled, after extensive use, and at the end of each term.

7) **Hazardous Waste Disposal**

Potential infectious and hazardous wastes are collected, contained, stored, and disposed of according to the Occupational Safety and Health Administration (OSHA) guidelines and the CSUSB Environmental Health and Safety (EHS) Department guidelines.

a) Current definitions and guidelines

i) Select "Waste" from the menu.

b) All biohazard contaminated supplies used during Skills labs are collected and stored in the locked storage room within HP 234. All biohazard waste is labeled and transported to the Student Health Center's biohazard container by the Skills Lab Coordinator, or their designee, at the end of each term or as necessary.

8) **Fire and Emergency**

In case of fire or emergency, the University protocol will be followed. Protocol is posted in the Skills and Media labs.

(1) Fire

- Alert people in the area to evacuate.
- Pull the fire alarm in the area.
- Call Emergency 911, state your name and where the fire is located.
- Attempt to put out the fire with an extinguisher, if it is safe to do so.
- Do not use the elevators. Use the stairs to exit the building.

(2) Emergency

- Use the San Bernardino campus the phone in hallway outside of HP-246 (Media Lab)
- Call Emergency 911 and state your name, where, and the nature of the emergency.

Weapons on Campus

Weapons are not allowed anywhere on the grounds or buildings of any clinical or class site. This includes parking lots and personal vehicles. This is consistent with university policy prohibiting weapons on CSUSB campus. This applies to all CSUSB nursing students, faculty, and staff when in clinical, class, and/or representing CSUSB.

Student Clinical Site Responsibility

- When you have received your final assignment, contact your preceptor by phone or email. Introduce yourself and arrange a time to begin clinical rotations. Also inquire about building access, parking instructions, lunch times, etc. Ensure your preceptor has your phone number and email address.
    - Inquire if you need to learn the EHR system prior to clinical rotations.
- If you do not receive a response after two attempts, please contact the DNP Clinical Coordinator.

- The DNP Clinical Coordinator will inform you if you have further instructions or requirements that need to be met prior to clinical.
- Clinical hours are defined as direct patient care, any preparation work, drive time, lunch breaks, etc. do not count toward the clinical hours. In addition, there are requirements for clinical visits and how much time you can attest for the visit. These hours change based on the semester and type of visit. Please refer to the correlating course syllabus for more information.
- If placement is lost due to student unresponsiveness or unprofessional behavior, it is the student's responsibility to secure an alternate preceptor at a CSUSB affiliated site that meets program requirements for the semester placement.
- Students must attend clinical rotations as scheduled and must arrange alternate plans when a preceptor is absent from the clinical site.
- Students must dress appropriately (see policy above) and wear their CSUSB name badge and white coat during clinical rotations.
- Students must introduce themselves as a Nurse Practitioner Student to the patient prior to conducting the patient encounter.
- Students must notify the CSF immediately of any problems that arise while in the clinical setting.

Clinical Preceptors

An integral part of the DNP student's education is the clinical preceptor. The preceptor guides the student to implement the knowledge and skills acquired in the theory and skills development courses. Preceptors must be a certified MD, DO or NP with at least one year of practice experience.

The student will work with all members of the preceptor's team to experience the role development for a family nurse practitioner.

Clinical Preceptor Responsibilities

Preceptors serve as a role model and direct supervisor for the student. The following are guidelines for the preceptor:

a. Provide space for the student to provide patient care.
b. The student may "observe" for the first 1-2 days of the clinical rotation. The student should be given more responsibility each day to provide further care with each patient, this is based on performance.
c. Students are not required to see every patient that you see. Please choose the patients that align with the students course objectives and that allow you to keep your practice moving throughout the day.
d. Students have a guideline on time limits with patients. Please see the course syllabus for this information.
e. As a preceptor you provide guidance, supervision, teaching as well as observing the student to ensure they are providing safe, appropriate care.
f. Participate in teaching, supervising, and evaluating students, and shall be competent in the content and skills being taught to the students.
g. Preceptors must be in the clinic available to the DNP student while the DNP student is caring for patients.
h. Preceptors may go into the patient room with the student in the beginning, the goal is to allow the student to obtain the health history and exam autonomously. However, the preceptor determines when and if this is appropriate based on student performance.

i. Students should be formulating a list of differential diagnoses, diagnostic and laboratory testing needed, and a treatment plan. This should be presented to you (preceptor) and not the patient. The preceptor should guide the student if there is an inaccuracy or anything is missed.
j. Students should give an oral presentation of the visit to the preceptor and discuss the treatment plan.
k. Students should be charting in the clinic EHR system, the preceptor should review and approve this charting.
l. The preceptor should give continual feedback each clinical day, either throughout or as a wrap-up near the end of the clinical day. Students should have a clear understanding of how they are performing and progressing throughout the clinical rotation.
m. Students *may not* offer a diagnosis, treatment plan, diagnostic plan, and/or medication suggestion to the patient without having been given express consent by the preceptor.
n. If at any time, the preceptor feels the student is acting inappropriately or has been unsafe, the preceptor should notify the clinical supervising faculty, by email or phone, either immediately or as soon as possible. If necessary, a preceptor may remove a student from the patient's room or from the clinic.
o. As a preceptor, you will have received an email with the DNP Program Director and clinical supervising faculty contact information. The student will also have this information.

Preceptor Clinical Evaluation

1. The preceptor will complete a midterm and final student evaluation. The link for the evaluation will be sent to the email address on file. The preceptor will click the link and be directed to the online evaluation. Please complete and submit this when received. The evaluations will guide the clinical supervising faculty (CSF) as they assess the student as midterm and the final evaluation. The CSF may have further questions based on your responses.
2. The midterm evaluation will be sent when the student has completed approximately half of the hours for the rotation. The final evaluation will be sent when the clinical rotation is nearly complete.
3. The CSF will also perform a midterm and final evaluation of the student. Ideally, at least one of the evaluations will be in person. The student and CSF will work with the preceptor to schedule this when it is most convenient for the clinic.
4. The DNP Student is responsible for ensuring the evaluations have been completed. However, the student will not see the preceptor's evaluation, only the evaluation provided by the CSF.
5. The CSF should maintain contact with the preceptor throughout the semester.

Clinical Supervising Faculty (CSF)

The clinical supervising faculty oversees the student within the clinical setting. CSF's should have frequent contact with the DNP student. CSF's should also have frequent contact with the preceptor, at least once a week via email or phone. Communication is necessary for the CSF to understand how the student is performing and allows for early intervention when necessary.

Clinical supervising faculty monitor and evaluate the student's performance using assessment data and input from the preceptor. The CSF determines a student's clinical grade in a clinical course.

The CSF will provide their contact information and the contact information for the DNP Program Director at the beginning of the semester. The student and CSF collaborate to arrange a time with the preceptor for a site visit to observe the student providing patient care minimally once a semester. The student evaluations may be completed using HIPPA-compliant video conferencing.

Clinical Evaluations

The CSF is responsible for a student's final clinical grade in a course. The preceptor will notify the CSF immediately if a patient safety issue arises or if student's performance is below expectations.

The student will be immediately removed from direct patient care in a case of compromised patient safety, this may be done by the CSF, preceptor, or DNP Program Director.

1. CSF Midterm Evaluation: the CSF meets with the student and the preceptor, reviews the preceptor's evaluation, and completes a combined evaluation in the Exxat system at the midpoint of clinical hours in the clinical rotation.
2. CSF Semester Final Evaluation: the CSF meets with the student and the preceptor, reviews the preceptor's evaluation, and completes a combined final evaluation in the Exxat system near the end of clinical hours in the clinical rotation.
3. Preceptor Midterm and Final Evaluation - the preceptor will receive an online evaluation from Exxat, at the midpoint and near the end of the clinical rotation hours, This feedback is reviewed by the CSF and guides the CSF's evaluations.
4. Student Evaluation of Preceptor: Students receive and complete an online evaluation from Exxat at the end of every clinical rotation.

Standardized Patient Exams

Clinical competency performance exams: Clinical Skill Development exams, Objective Structured Clinical Exams (OSCEs), and Clinical Practice Exams are used throughout the program to evaluate student's progress toward achieving clinical competencies. These exams are not included in the minimum direct patient care hours. Scoring of these exams is done by DNP faculty.

In the event a student does not demonstrate baseline competencies at the expected level on the first attempt, the CSF will develop a remediation plan with the student for successful achievement of competencies. Remediation plans may include, but are not limited to, additional clinical hours, repeat assessment, additional CSF site visits. In addition, a failure of an exam may require the student to remain or return for additional in person simulation lab time on campus.

The Final Clinical Practice Examination is a comprehensive clinical exam administered prior to graduation. It is an exam utilizing standardized patients. Students are required to perform an appropriate history, physical exam, and psychosocial assessment, and develop a differential diagnosis list, accurately diagnose and treatment plan. If the student does not receive a passing score, the student will be required to complete a remediation developed by the CSF and complete a re-examination. Failure to pass the reexam will result in a failure of the course.

Appendix

CSUSB Incident and Near Miss Report

A student/faculty incident report is completed when any event (such as a fall, being struck by a patient, medication error, IV error, student injury, faculty injury, and any other non-injury event that needs to be documented) occurs which may cause potential harm to a student, faculty member, or a client in the clinical setting or during any course-related activity. The form should be completed as soon as the student and/or faculty member have knowledge of the event. The form is then immediately sent to the Department Chair. See Policy near page 68.

1. Date of this report: _____
   - Date of Incident _____
2. Name of person completing this report: _____
   - Names and titles of all individuals involved in incident (i.e. Preceptor, Faculty, Patient, etc.):

     _____

     _____
3. Name of student:
   - Cohort (graduation date): _____
   - Name of clinical supervising faculty: _____
4. Academic program and campus in which this student is enrolled: _____
5. Time and date of student incident/injury/near miss: _____
6. Name of Setting (exact location of incident), (clinical/class/course-related experience, agency and/or unit or other site) and course number where this incident/injury/near miss occurred:
   - Agency phone number, if applicable: _____
7. If an incident occurred, was a clinical agency incident report completed? _____

   _____
8. Description of the incident/injury/near miss and circumstances surrounding the incident/injury/near miss by faculty/student (who, what, when, where and how):
9. Describe treatment received:
   - Date of treatment: _____
   - Treated at: _____
   - By whom? _____
   - If not treated, why not? _____
12.
   - Client physical injury related:

- Procedure related:

- Other:

I attest that the information provided on this form, to the best of my knowledge, describes the cited incident or near miss.

Signature and Date: _____

This document must be transmitted to the Department Chair or designee, if unavailable as soon as possible but no later than 24 hours following the incident or near miss. In the case of serious incident, the reporting party must contact the Department Chair immediately or designee if they cannot be reached. It is understood that the Department Chair or designee will contact the appropriate university officials.

I have reviewed this report:

Signature of the Chair of the DON: _____ Date: _____

The Department Chair will retain a copy of this report.

FOLLOW-UP ACTION REQUIRED

(To be completed by the Department Chair):

Individual Interviewed_____

Reported to Agency's Risk Management _____

Education/Training Provided_____

Reported to Dean of CNS _____

Other:

Reported to CSUSB Risk Management _____

Reviewed 2016

BRN Impaired Policy

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BOARD OF **REGISTERED NURSING**

PO Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 F {9116) 574-8637 I www.rnca.gov

IMPAIRED NURSING STUDENTS

GUIDELINES FOR SCHOOLS OF NURSING IN HANDLING NURSING STUDENTS IMPAIRED BY CHEMICAL DEPENDENCY OR MENTAL ILLNESS

BOARD STATEMENT:

The Board of Registered Nursing considers the student use of controlled substances, dangerous drugs or devices or alcoholic beverages to an extent or in a manner injurious to self or others to constitute unprofessional conduct. The conviction of a criminal offense involving the prescription, consumption or self-administration of the above substances is conclusive eviidenoe thereof. (B&P 2762)..

Nursing students showing signs of mentalliillness or chemical dependency should be directed to a health care provider for diagnosis and treatment of the illness. Chemical dependency and mental illness are diseases and should be treated as such. The Board has established an intervention program for impaired registered nurses as a voluntary alternatiive to traditional Board disciplinary actions. (B&P 2770)

Link to Intervention Program Brochure: http://rn.ca.gov/pdfs/iintervention/intbrochure.pdf

NURSING PROGRAMS ARE EXPECTED TO:

- Have a policy f,or students who are impaired by or demonstrate characteristics of chemiical dependency or mentalliillness which directs the student to seelk. appropriate assistanoe through a heallth care provider and provide the nursing program with proof of treatment.
- Provide instructors with the authority and responsibillity to take immediate corrective action with regard ·to the impaired student's conduct and performance iin the clinical setting. This includes removing the impaired student from the patient care area until the student is deemed medicalliy saie to return to patient care activities.
- Provide this iintormation to incoming students in their nursing program handbooks along with factual material!related to chemical dependency and mentalliillness among nursing students.

- Handle the matter confidentially.

STUDENTS ARE EXPECTED TO:

- Voluntarily seek diagnosiis and treatment for chemical dependency or mental iillness and provide evidence of treatment and fitness for practice to the nursing program.
- Show evidence of rehabiilitation When submitting their application for licensure.

EDP-B-03 (REVIEWED 08/18; REV 08/10; APPROVED] 1/84)