Dear Nursing Student:

It is a pleasure to welcome you to the Pre-Licensure Registered Nursing program at California Baptist University.

It is our intention that the pre-licensure program will provide the best possible academic foundation for you. As a result of your studies, we expect that you will begin the process of integrating the theoretical concepts and practical skills necessary to become a competent, successful, ethical and productive nurse who demonstrates a readiness for leadership and graduate study in nursing. My prayers go with you as you begin this journey and prepare to engage with others in a meaningful way as they live health and quality of life.

Please familiarize yourself with this handbook. If you have questions, please consult me or any member of the core faculty.

We wish you well as you begin this course of study with us.

Geneva G. Oaks, PhD, RN, FNP
Dean School of Nursing
California Baptist University
RECEIPT AND ACKNOWLEDGEMENT OF STUDENT HANDBOOK AND AGREEMENT TO ARBITRATE

I the undersigned acknowledge that I have received both the California Baptist University Student Handbook & Calendar as well as attached California Baptist BSN Student Handbook, both of which set forth the policies and procedures applicable to myself as relates to my attendance at California Baptist University. To the extent, if at all, there is any inconsistency between these two Handbooks, I understand the California Baptist University Student Handbook & Calendar is to control.

I further understand that as a condition of my becoming a student at the University and continued status as a student, I agree to submit any complaints or disputes through the grievance procedure set forth in the Handbooks. However, to the extent that any such matter cannot be resolved by way of the internal grievance procedure set forth at the University, I agree to abide by and accept the final decision of the arbitrator with respect to any and all events that relate to or arise out of my status as being a student, as set forth in the University’s Handbooks. I further understand that arbitration represents an alternative to a jury trial and this constitutes a waiver of my right to a jury trial.

PRINT NAME: ______________________________________________

SIGNATURE: ______________________________________________

DATE: ______________________________________________

After signing, return to the School of Nursing for placement in the student’s file.
# Table of Contents

**School of Nursing Faculty** ........................................................................................................ Page 3

**Section 1: Core Foundations** ........................................................................................................ Page 4

1.1: Mission ........................................................................................................................................ Page 4

1.2: Purpose ....................................................................................................................................... Page 5

1.3: Philosophy .................................................................................................................................. Page 6

1.4: Conceptual Framework .............................................................................................................. Page 9

1.5: Program Objectives & Outcomes BSN ...................................................................................... Page 11

1.6: Program Objectives & Outcomes ELMSN ................................................................................ Page 12

1.7: Program Objectives & Outcomes RN-BSN ............................................................................. Page 14

**Section 2: Admissions** ................................................................................................................ Page 15

2.1: Admission Requirements BSN .................................................................................................. Page 15

2.2: Admissions Requirements ELMSN .......................................................................................... Page 17

2.3: Transfer/Challenge .................................................................................................................... Page 19

2.4: LVN-BSN .................................................................................................................................... Page 21

2.5: 30- unit option ............................................................................................................................ Page 23

2.6: RN to BSN .................................................................................................................................. Page 24

**Section 3: Program Requirements** ............................................................................................... Page 26

3.1: Course Descriptions & Sample Course Progression ............................................................... Page 26

**Section 4: Policies- Academic Standards** ..................................................................................... Page 28

4.1: Sexual Harassment &/or Discrimination ................................................................................... Page 28

4.2: GPA & Grading Scale ................................................................................................................ Page 30

4.3: Withdrawal, repeating courses, dismissal from program ....................................................... Page 31
4.4: Academic Honesty ................................................................. Page 32
4.5: Testing, Competency, and Clinical Absences ....................... Page 33
4.6: Clinical Evaluation of Students ............................................. Page 34
4.7: Below Satisfactory Performance ........................................... Page 35
4.8: Student Grievances ............................................................... Page 37

Section 5: Policies: Student Responsibilities ............................... Page 40

5.1: Student Conduct ................................................................. Page 40
5.2: Professional Attire & Deportment ........................................ Page 43
5.3: Communication & Student Feedback ................................. Page 45
5.4: Kaplan Testing ................................................................. Page 46

Section 6: Policies: Learning Resource Center ............................ Page 49

6.1: Learning Resource Center Lab Guidelines .......................... Page 49
6.2: Simulation Learning Environment ....................................... Page 50
6.3: Latex Allergy ..................................................................... Page 51
6.4: Social Media Policy ............................................................. Page 53

Section 7: Policies: Clinical Affiliations ........................................ Page 56

7.1: Background Check ............................................................. Page 56
7.2: Health Status & Clinical Clearance ...................................... Page 58
7.3: Student Accident & Incident .............................................. Page 61
7.4: Pregnancy ........................................................................ Page 63
7.5: Physical Activity Restriction .............................................. Page 64
7.6: Medication Errors ............................................................... Page 66
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### The mission of the California Baptist University School of Nursing is to educate competent, responsible, caring, and professional nurses prepared from a Biblical worldview to serve locally, nationally and globally; revering the human dignity of all persons created in the image of God.

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<tbody>
<tr>
<td>Section 1: Core Foundations</td>
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| Subject: Mission | Responsible Department: Nursing Faculty |
The purpose of the baccalaureate program leading to a Bachelor of Science in Nursing is to provide a curriculum that will broaden the theoretical knowledge base of the learner in preparation for an entry-level professional nursing practice and possibility of graduate nursing study.

The purpose of the pre-licensure coursework leading to a Master’s of Science in Nursing is to provide a curriculum that will broaden the theoretical knowledge base of the learner in preparation for an entry-level professional nursing practice and graduate nursing study.
The Nature of the Individual
The Faculty of the School of Nursing at California Baptist University believes that nursing is a scientific discipline, the practice of which is a performing art. As such, and consistent with the overall mission and philosophy of California Baptist University, the faculty believes that nursing is concerned with quality of life from the person’s perspective. Each individual is unique, created in God’s image, and endowed by God with dignity and worth. Each person is an open being, becoming, freely choosing meaning in situation, and responsible for decisions. Persons are not merely composed of parts, instead, they are unitary, that is more than and different from the sum of parts. Persons have innate worth and a right to live and die with dignity. Throughout human life, persons coexist with and interconnect with the universe in community and establish health priorities based on value priorities. As choices are made known in situation, persons, families, and communities are characterized by unique patterns of relating.

Health
The term health may be defined from the viewpoints of different perspectives. For example, health may be defined as a label or diagnosis from a biomedical physician’s perspective. However, to the person who is living it, the definition of what constitutes health may be very different. What constitutes the meaning of health in individuals, families, and communities can only be defined from the perspective of the persons. Health is dynamic and ever-changing. In the 21st century, more persons are defining their own health and making explicit choices in their healthcare.

Nursing
The phenomenon of concern for nursing is the human-universe-health process. Nurses provide leadership to society through a concern for a persons, families, communities, healthcare and quality of living, and through participating in community change. Nursing practice focuses on offering attentive presence to persons, families, communities in choosing possibilities in their ever-changing health process. The nurse initiates nurse-person, nurse-family, and nurse-group processes for the purpose of offering services and to be present with people as they enhance health and quality of life. The essence or quality of living is the core substance that makes each human life created by God to be different, and uniquely irreplaceable. The purpose of nursing is to demonstrate fruits of the Holy Spirit, to respect, support and enhance each person’s quality of life.

Nursing is an ever-changing, scientific discipline with its own growing body of knowledge which is embedded in the nursing theories and frameworks. The Faculty values the extant nursing theoretical frameworks as guides for nursing practice, research, and education. The science of nursing is supported by natural, behavioral, social sciences, and the humanities. Nurses integrate knowledge of other disciplines when practicing the art of nursing. The art of nursing requires critical thinking ability and the purposeful planning with persons, families, and communities through unique processes emanating from the theoretical frameworks. Nurses provide services to society related to health, well-being and illness.
Nurses cooperate with other healthcare providers to meet this mandate to society which is quality healthcare. The practice of nursing is complementary to the practice of medicine.

As one of the major healthcare professions, the faculty believes that nursing is accountable to God and to society for the provision of quality healthcare services in a broad variety of settings. Baccalaureate prepared nurses endeavor to encounter this responsibility through leadership, collaboration, research utilization, and educational activities to improve nursing practice in all community settings, influence healthcare policies, and further enhance the development of nursing science.

**Nursing in Society**
In a rapidly, ever-changing technological universe, adequate and equitable delivery of nursing services and healthcare is a critical issue. Through its unique contributions, nursing can and ought to be a voice advocating for quality of healthcare services for all persons. To participate in changing healthcare delivery systems, baccalaureate–prepared nurses are exposed to thinking and discussions regarding ethical issues, issues of healthcare law, issues regarding the evaluation of the adequacy of healthcare services, as well as participating in community legislative processes at the local, state, national, and international levels.

**Nursing Education**
The faculty believes that initial preparation of professional nurses to meet the healthcare needs of society is best accomplished through learning acquired through baccalaureate nursing education. Baccalaureate nursing education provides teaching-learning opportunities that facilitate knowledge acquisition along with the practice necessary to prepare graduates for professional practice, leadership and graduate nursing education.

Consistent with this belief about the nature of persons, the faculty (as defined by CBU’s Faculty Section of the Employee Manual) believes that students and faculty members are created by God and are uniquely endowed with dignity and worth. The educators and students have distinctive backgrounds and histories and the faculty and students affirms that encounters with each person enhances the opportunities for learning.

Baccalaureate nursing education provides an opportunity for the educator to creatively create a climate of learning with the student for the purposes of providing an atmosphere of enhancement through utilization of diverse learning styles, maturation of character, and a discovery –validation process of values clarification.

Teaching–learning is a process of coming to know through guided and purposeful activities. The processes transform both the teacher and learner all-at-once. Teacher and learner collaborate in the educational process through sharing knowledge and planning educationally sound and fulfilling experiences. Learning is an active, purposeful, dynamic process that involves transformation with knowledge, skills, attitudes, values, and beliefs.

Transformation happens as experiences move and shift the unfamiliar with the familiar. Organizing principles are emphasized to facilitate learning with novel situations.

The Faculty believes critical and creative thinking are essential attributes of professional nursing. The development of these skills is nurtured with settings of learning whereby students have designed activities of problem-solving, inquiry, and discovery. These activities promote increasing self-direction, independence, and confidence in the role development and practice of nursing.
The nurse educator serves as a mentor and role model by demonstrating characteristics consistent with Christian love and the skills of inquiry, discovery, and expert practice. Faculty members serve as expert teachers, facilitators, and resource persons as students’ journey with professional nursing education. The faculty believes that education is a life-long process of coming to know and be with others in meaningful ways as they seek health and quality of life.
CONCEPTUAL FRAMEWORK

The conceptual framework emerges from the philosophy. The major concepts of the philosophy of the School of Nursing are: person, community, environment, and health. The unifying concepts of the baccalaureate conceptual framework are meaning, rhythmicity, transcendence, and the themes are communication-collaboration, teaching-learning, change-persistence, critical thinking-problem-solving, and leading-following. The following unifying concepts, themes, support theories, and theorists are defined as follows:

From the nursing theoretical perspective of the human becoming school of thought (Parse, 1981, 1998), the nurse is guided in practice with the following dimensions:

**Meaning** is structured uniquely in all person-community relationships. It is assigning significance to persons, places, events, and ideas as they are experienced in diverse situations by persons. All persons make choices in healthcare. Each person assigns different significance to personal situations. Persons signify what is important in picturing, making clear, and exploring ramifications for healthcare choices. All persons, families, and communities choose what their healthcare needs are and prioritize what is most important for them.

**Rhythmicity** is the resonance arising in person-community relationships as persons choose a focus of healthcare services and seek desired healthcare information. Rhythmicity refers to the cadence of human experiences that are paradoxical. Paradoxes are seeming opposites and yet coexist as one rhythm. These rhythms happen all-at-once in human relationships as persons decide to tell their story and disclose some aspects of their health and at the same time choose to not tell and conceal or hide other aspects of their situation. Human beings are unfolding mysteries as persons choose one possible direction in healthcare decision-making over others. In choosing a particular focus and making a decision in one direction, some doors are opened while simultaneously other doors are closed. Making healthcare decisions and choosing a priority for health in one direction means that persons also live with the responsibilities, ramifications or consequences of those decisions which have unknown outcomes. In choosing one direction over another, there is movement and change in lives of individuals, families, and communities.

**Transcendence** is the movement or change happening in person-community relationships. As intentions are made known as persons picture hopes, dreams, and plans for the future, they are moving beyond the moment and creating the new. As persons picture and speak about their situations, their health options, and what they hope will happen, they are creating a new way with different perspectives with the changing of health patterns. Nurses encourage, support, and follow the lead of the community and change in offering services as people change in the desire for healthcare services.

**Conceptual Themes**
The curriculum of the California Baptist University School of Nursing baccalaureate program emphasizes increasing demonstration of competence in communication/collaboration and critical thinking, and
researching while participating in activities of teaching-learning, change-persistence, and leading-following.

Communication/collaboration is a complex, ongoing, interactive process which forms the basis for interpersonal relationships in the human-nurse-health process. Communication processes include listening, oral, non-verbal and written skills (AACN 1998, p. 10). Nurses listen and dialogue with individuals, families, and communities who ponder and shape future resources according to articulated health desires and preferences. Communication/collaboration activities are essential to the professional practice of nursing which further enhance the ongoing development of nursing science. As professional nurses collaborate with other healthcare providers, questions surface and consideration is given for the meaning and utilization of what select nursing activities are considered to be best practices or evidence for practice through systematic processes of coming to know and interrogation activities known as researching. Teaching-learning is a process of coming to know through purposeful and guided activities which transform the teacher and learner all-at-once. Faculty members are facilitators of learning and are responsible to collaborate with providers of nursing services including students, non-faculty nursing preceptors in diverse healthcare agencies, and the recipients of nursing services in the design of educationally sound and fulfilling learning experiences. Providers and recipients of nursing services engage in purposeful healthcare activities and projects with ongoing rhythms of change-persistence. In the human-universe global healthcare context, professional nurses are present with individuals, families, and communities as values, priorities, and intentions for healthcare services, resources, and systems change-persist with diversity over time. Professional nurses offer their energies to the attainment of desired changes in the global healthcare community.

Critical thinking skills are essential processes necessary for the practice of professional nursing. This core competency underlies independent and interdependent decision-making. It includes such processes as questioning, analysis, synthesis, interpretation, inference, inductive and deductive reasoning, intuition, application, and creativity (AACN, 1998, p. 9). In utilizing these processes in nursing theory guided practice with nurse-person, nurse-group and nurse-community relationships, the baccalaureate prepared nurse assumes the roles of provider of care, designer/manager/coordinator of care, and member of a profession. These professional nursing roles are performed in leading-following situations whereby the baccalaureate-prepared nurse uses theory-guided and research-based knowledge in the direct and indirect delivery of nursing services to persons, groups, and communities where a priority and direction is set forth for decision-making and the changing of healthcare patterns, policies, and procedures needed in the shaping of local, national, and global healthcare delivery systems.
Program Objectives: BSN

1. To prepare competent, responsible practitioners guided by a theoretical perspective of nursing, grounded in a Biblical worldview and committed to compassionate service.
2. To integrate knowledge from Christian studies, the human sciences, the behavioral, biological, physical and medical sciences together with knowledge of nursing science as a basis for professional nursing practice.
3. To equip graduates with the knowledge, skills, and attitudes necessary to function competently as an entry level professional in a wide variety of settings who integrate Christ-centered nursing practice in a global context as a foundation for service.
4. To expose graduates to dynamic, evolving changes in healthcare systems.
5. To prepare graduates with a global perspective of healthcare needs for potential leadership opportunities and graduate nursing education who will impact local, national, and international communities.

Program Outcomes: BSN

Graduates of the baccalaureate nursing program shall

1. Demonstrate competent, responsible practice guided by a theoretical perspective of nursing, grounded in a Biblical worldview committed to compassionate service.
2. Utilize scholarship in the practice of nursing, integrating a wide range of knowledge drawn from sciences, cultures, and societies, within a Biblical perspective.
3. Demonstrate knowledge, skills, and attitudes necessary to function competently as an entry level professional in a wide variety of settings, integrating Christ-centered nursing practice in a global context as a foundation for service.
4. Transfer academic nursing principles into the dynamic, evolving interprofessional healthcare system.
5. Develop a global perspective of healthcare needs, demonstrating innovative leadership and professionalism that impacts local, national, and international communities.
PROGRAM OBJECTIVES: ELMSN

1. To prepare competent, responsible practitioners guided by a theoretical perspective of nursing, grounded in a Biblical worldview and committed to compassionate service.
2. To integrate knowledge from Christian studies, the human sciences, the behavioral, biological, physical and medical sciences together with knowledge of nursing science as a basis for professional nursing practice.
3. To equip graduates with the knowledge, skills, and attitudes necessary to function competently as an entry level professional in a wide variety of settings who integrate Christ-centered nursing practice in a global context as a foundation for service.
4. To expose graduates to dynamic, evolving changes in healthcare systems.
5. To prepare graduates with a global perspective of healthcare needs for potential leadership opportunities and graduate nursing education who will impact local, national, and international communities.

Entry Level Master’s students participate in both pre-licensure and post-licensure coursework leading to a Master in Science degree in nursing. Students must meet the AACN Essentials of Baccalaureate Education in Nursing (2008) and the AACN Essentials of Master’s Education in Nursing (2011).

PROGRAM OUTCOMES: ELMSN (Pre-licensure)
Graduates of the baccalaureate nursing program shall

1. Demonstrate competent, responsible practice guided by a theoretical perspective of nursing, grounded in a Biblical worldview committed to compassionate service.
2. Utilize scholarship in the practice of nursing, integrating a wide range of knowledge drawn from sciences, cultures, and societies, within a Biblical perspective.
3. Demonstrate knowledge, skills, and attitudes necessary to function competently as an entry level professional in a wide variety of settings, integrating Christ-centered nursing practice in a global context as a foundation for service.
4. Transfer academic nursing principles into the dynamic, evolving interprofessional healthcare system.
5. Develop a global perspective of healthcare needs, demonstrating innovative leadership and professionalism that impacts local, national, and international communities.

PROGRAM OUTCOMES: ELMSN (Post-licensure)
Consistent with these AACN recommendations, CBU’s student learning outcomes, and the School of Nursing’s mission, upon completion of the post-licensure Master’s Degree Program, the graduate will be able to:
1. Demonstrate competent, responsible graduate and/or advanced practice nursing guided by a theoretical perspective, grounded in a Biblical worldview committed to compassionate service, life-long learning, and professional development (Essential I, IX).
2. Translate and integrate scholarship into practice, within a Biblical perspective using evidence drawn from science and humanities (Essential I, IV, IX).
3. Implement information technology to manage data, communicate, coordinate care, improve patient outcomes, and optimize patient safety (Essential III, IV, V, IX).
4. Analyze social determinants and policies to influence population health, healthcare systems, and patient outcomes (Essential I, II, VI, VII, VIII, IX).
5. Develop a global perspective of healthcare needs and display innovative, interprofessional leadership that improves health in local, national, and international populations (Essential II, VII, VIII, IX).
PROGRAM OBJECTIVES: RN-BSN
1. To prepare competent, responsible practitioners guided by a theoretical perspective of nursing, grounded in a Biblical worldview and committed to compassionate service.
2. To integrate knowledge from Christian studies, the human sciences, the behavioral, biological, physical and medical sciences together with knowledge of nursing science as a basis for professional nursing practice.
3. To equip graduates with the knowledge, skills, and attitudes necessary to function competently as a professional in a wide variety of settings who integrate Christ-centered nursing practice in a global context as a foundation for service.
4. To expose graduates to dynamic, evolving changes in healthcare systems.
5. To prepare graduates with a global perspective of healthcare needs for potential leadership opportunities and graduate nursing education who will impact local, national, and international communities.

PROGRAM OUTCOMES: RN-BSN
Graduates of the baccalaureate nursing program shall
1. Demonstrate competent, responsible practice guided by a theoretical perspective of nursing, grounded in a Biblical worldview committed to compassionate service.
2. Utilize scholarship in the practice of nursing, integrating a wide range of knowledge drawn from sciences, cultures, and societies, within a Biblical perspective.
3. Demonstrate knowledge, skills, and attitudes necessary to function competently as a professional in a wide variety of settings, integrating Christ-centered nursing practice in a global context as a foundation for service.
4. Transfer academic nursing principles into the dynamic, evolving interprofessional healthcare system.
5. Develop a global perspective of healthcare needs, demonstrating innovative leadership and professionalism that impacts local, national, and international communities.
Students are admitted as freshmen to pre-nursing status, and must complete the required pre-requisite courses to be considered for the nursing major. Transfer students who have completed the required prerequisites may also apply for admission to the nursing major (program). Eighty students may be selected for admission to the sophomore class annually for the fall semester. Eighty students may be selected for admission to the sophomore class annually for the spring semester. Selection is made using holistic review process, giving experience, character, and academic metrics equal consideration. A minimum overall 2.700 college/university GPA is required on a 4-point scale. LVN’s licensed in the state of California may be accepted into the program with advanced standing based on transfer of credit on a space available basis.

Eligibility

1. Acceptance to California Baptist University as a pre-nursing student
2. Submission of an online application through Nursing’s Centralized Application System (NursingCAS).
3. Submission of all supplemental application documents:
   a. Online Application
      i. Transcripts
      ii. Recommendations
      iii. Conduct Clearance
      iv. Release & Waiver form
   b. A comprehensive essay of no more than 1000 words that includes the following elements:
      i. How will you support the mission of CBU School of Nursing?
      ii. What gifts do you bring to the CBU School of Nursing?
      iii. What significant events and influences have affected your approach to Nursing?
      iv. What are your long-term professional goals?
4. Overall cumulative GPA of 2.7 or better on a 4-point scale. A cumulative GPA of 2.7 does not guarantee acceptance into the program.
5. Completion of the following prerequisites (or their equivalent) with a minimum grade of “C” in each: Fundamentals of Chemistry (3 semester credits), Organic and Biochemistry for Health Services w/lab (4), Human Anatomy and Physiology (8), Human Microbiology w/lab (4), English Composition (6), Oral Communication (3), Intermediate Algebra (3), Lifespan Development (3)
6. Pre-Admission Examination
7. Interview with the School of Nursing
8. Additional Program Requirements
   a. Proof of identification
   b. Clearances
      i. Background check
      ii. Health clearance
         1. Physical examination
2. Immunizations
3. TB screening
   iii. Drug testing
c. CPR - American Heart Association
d. Health insurance
e. Reliable form of transportation
The Entry Level MSN program is designed for candidates who hold a non-nursing baccalaureate degree who are interested in transitioning into the field of nursing and/or pursuing a doctoral degree. CBU’s Entry-Level Master of Science in Nursing (EL MSN) offers applicants the opportunity to become a licensed RN, and then complete post-licensure coursework to earn a Master of Science in Nursing (MSN).

EL MSN students complete 62 units of Board of Registered Nursing (BRN) approved pre-licensure nursing courses designed to prepare the students to take the National Council Licensure Examination NCLEX-RN. Once licensed and employed as a Registered Nurse, the student completes an additional 45-61 units of post-licensure coursework depending on their chosen concentration.

The 16 week semesters are comprised of courses which are scheduled in an accelerated full-time delivery mode for the pre-licensure theoretical and practicum content and a part-time delivery mode for the post-licensure portion of the program. Classroom theoretical and clinical courses match the BRN time allocation required and approved for all pre-licensure nursing students. Students are advised that the pre-licensure portion of the program represents a very intensive, full-time commitment for the students. The School of Nursing recommends students not work or entertain other commitments outside of this program during pre-licensure portion of the program. Admission standards for Graduate Studies at California Baptist University can be found in the Admissions section of the University Catalog.

Additional application requirements for the Graduate Programs in Nursing are:
1. Grade Point Average
   - A minimum 3.25 GPA for unconditional admission and a minimum 3.0 GPA for conditional admission
2. Prerequisites*. All prerequisites must be completed with a grade of C or higher prior to pre-licensure admission
   - Intermediate Composition
   - Interpersonal Communication
   - General Sociology or Cultural Anthropology
   - Abnormal Psychology
   - Introductory Statistics
   - Lifespan Development or Developmental Psychology
   - Human Anatomy/Physiology with Lab (2 semesters)
   - Organic and Biochemistry for Health Sciences with Lab
   - Human Microbiology with Lab
   - Microsoft Office Competency**
3. Clearances*:
   - CPR Certification
   - Background Check Clearance
   - Health Clearance
   - Random Drug Testing

Effective Date: 2005
Revisions/Re-approval: 2015

Section 2: Admissions
Sub-Section: 2.2

Subject: Admission Requirements ELMSN

Responsible Department: Director of Nursing Admissions & Nursing Administration
• Proof of Health Insurance
• Proof of Motor Vehicle Insurance
4. Graduate Record Examination (GRE) or California Critical Thinking Skills Test (CCTST) score*
5. Test of Essential Academic Skills (TEAS) Score. Score at or above the BSN Program mean.*^  
6. Passport Photo*
7. Three Recommendations completed on forms provided.
   • Must be from sources who can personally attest to the candidate’s potential for scholarly and
     professional success: one personal, one academic, and one employer. Family members and friends may
     not complete recommendations.
8. A Comprehensive Essay that includes the following elements:
   • Purpose for entering the program
   • Significant events and influences that have affected your approach to life
   • Long-term professional goals
   • Reasons for choosing to study at California Baptist University
9. Successful Interview with the School of Nursing*
   *Not required to enroll in pre-nursing curriculum; must be complete after acceptance to the EL-MSN pre-
   licensure and MSN postlicensure programs.
   **Microsoft Office Competency includes Word, PowerPoint, Excel, and Outlook. This prerequisite can
   be satisfied by the completion of a degree (within the last 5 years), coursework or exam.
   ^Not required to enroll in MSN post-licensure program.
Transfer students have equal access for open spaces in nursing courses. California Baptist University policy on challenging courses can be found on page 53 of the University catalogue.

**General Transfer/Challenge Policies:**

1. Applicants planning to transfer nursing courses must first be accepted by and fulfill all matriculation requirements for California Baptist University. The School of Nursing should be contacted at the time of application to the University.
2. Applicants must meet one or more of the following criteria:
   A. Hold a current registered nurse licensure in the U.S.
   B. Be a graduate of a regionally accredited program or California Board of Registered Nursing approved school.
   C. Be a BSN student in a regionally accredited or California Board of Registered Nursing approved program.
   D. Provide proof of completed nursing education from outside the United States.
3. Placement of students is based upon individual portfolio evaluation and space in the proposed cohort.
4. Separate application with application must be made to the School of Nursing. It is recommended that this be done concurrently with application to the University. Final acceptance into nursing will not be made until official acceptance to the University is granted.
5. To be considered for acceptance into the program, all applicants must have a minimum cumulative GPA of 2.7.
6. Transfer/challenge students must meet all of the prerequisite coursework to be considered for the nursing program.
7. ENG 113 and ENG 123 must be completed before starting the transfer process. It is recommended that all of the required non-nursing prerequisites as outlined in the Nursing Course Plan for the nursing major be completed before entering clinical nursing courses. Transfer credit for non-nursing courses will be granted by the Registrar’s Office as outlined in the University Catalog. If a given nursing course from a regionally accredited nursing program is comparable in content and level to a given course offered by School of Nursing Baccalaureate Program, transfer credit will be granted.
8. All RN degree completion candidates will participate in a transition course (NUR 201) specially designed to facilitate socialization into baccalaureate professional nursing. It will be taken during the first year following acceptance into the baccalaureate nursing program.
   8.1 RN degree completion students may be required to pass the NUR 215 Fundamental skills for Nursing Practice course. Transfer/challenge students may receive credit for this course through demonstration of current clinical practice whereby the agency where the student is employed validates fundamental skills through a check list evaluation.
8.2 All transfer/challenge students must successfully demonstrate clinical and theory skills of physical assessment to the same level as traditional students in the course in which the RN intends to enroll.

8.3 NURS 235 Physical Assessment must be successfully completed prior to enrollment in any other clinical nursing course.

9. Licensed practicing RNs who have graduated from California BRN approved schools may transfer credit for the following courses: Fundamental Skills for Nursing Practice, Pathophysiology, Pharmacology and Nutrition, Adult Health I and Adult Health I Practicum; Nursing Services with the Childbearing family theory course and practicum; Nursing Services with the Childrearing Family theory course and Practicum; and Mental Health Nursing and Mental Health Nursing Practicum.

10. Students receiving financial assistance may need to take 12 units while they are challenging nursing courses.

11. Following notification of acceptance into the baccalaureate program of the School of Nursing, the candidate may begin the transfer/challenge process. The process consists of a portfolio review of prior learning; transfer credit shall be awarded for assessment and validation of prior coursework followed by an opportunity for the RN degree completion student to challenge other required nursing courses. The challenge process shall consist of examination with theory and clinical components. The theory portion should be passed before the clinical component is taken.

12. Prior to going to the clinical agency, all challenge students must have evidence of healthcare provider current CPR certification. The School of Nursing health clearance form and clinical requirements required of all nursing majors must be submitted prior to clinical challenge and admission to clinical nursing courses.

13. Candidates for the challenge process have the option of scheduling the examination in such a way that, if unsuccessful, subsequent enrollment in the course is possible.

14. Students wishing to receive university credit for the challenged course must register for the course and tuition will be charged. The course will appear on the transcript and will have a non-letter grade of “credit” or “no credit.” Students wishing to be exempt from the requirement, but not wishing to receive university credit, will be billed the credit by exam fee, and no credit will be earned. Courses may be challenged one time only.

15. Transfer/challenge students must meet all agency requirements and nursing student requirements for clinical experience as outlined in the California Baptist University School of Nursing student handbook.

The following nursing courses may be challenged:

NUR 255 Adult Health I and NUR 256 Adult Health I Practicum;
NUR 260 Nursing Services for the Older Adult/Family and NUR 261 Nursing Practicum with the Older Adult/Family;
NUR 325 Nursing Services with the Childbearing Family and NUR 326 Nursing Services with the Childbearing Family Practicum
NUR 335 Nursing Services with the Childrearing Family and NUR 336 Nursing Services with the Childrearing Family Practicum
NUR335 Mental Health Nursing Services and NUR 356 Mental Health Nursing Services Practicum
NUR 440 Adult Health II and NUR 441 Adult Health II Practicum
Licensed Vocational Nurses seeking a baccalaureate degree and RN licensure fall under the following transfer and challenge policies.

1. Applicants planning to challenge nursing courses must first be accepted by and fulfill all matriculation requirements of California Baptist University. The School of Nursing should be contacted at the time of application to the University.

2. Separate application must be made to the School of Nursing. It is recommended that this be done concurrently with application to the University. Final acceptance into nursing will not be made until official acceptance to the University is granted.

3. To be considered for acceptance into the baccalaureate nursing program, all applicants must have a minimum of grade point average of 2.7.

4. Transfer/challenge students who have met prerequisites comparable to the generic student will have equal access for open spaces in all nursing courses.

5. All the required pre-nursing prerequisites as outlined in the Nursing Course Plan for the baccalaureate nursing major must be completed before entering clinical nursing courses (except 30-unit option). Transfer credit for non-nursing courses will be granted by the Registrar’s office as indicated in the University catalog. If a given nursing course from a regionally accredited nursing program is comparable in content to a given course offered by the School of Nursing baccalaureate nursing program, transfer credit will be granted.

6. Students receiving financial assistance may need to take a minimum of 12 units while they are challenging nursing courses.

7. Following notification of acceptance into the baccalaureate major in nursing, the candidate may begin the challenge process.

8. Candidates for the challenge process have the option of scheduling the examination in such a way that, if unsuccessful, subsequent enrollment in the course is possible.

9. Students wishing to receive university credit for the challenged course must register for the course and tuition will be charged. The course will appear on the transcript and will have a non-letter grade of “credit” or “no credit.” Students wishing to be exempt from the requirement, but not wishing to receive university credit, will be billed the credit by exam fee, and no credit will be earned. Courses may be challenged one time only. Specific policies related to LVNs or LPNs (Licensed Practical Nurses) follow. Transfer/challenge students nursing programs or other health profession backgrounds will evaluated individually.

LVNs will be allowed to challenge lower division courses if unable to demonstrate comparability from a regionally accredited academic institution.

Lower division nursing courses must be challenged in sequence. 200 level nursing courses may be challenged based on examination and individual portfolio evaluation. See RN
transfer/challenge guidelines if applicable. All 300 level and 400 level nursing courses must be taken.

10. All LVNs or LPNs will participate in NUR 201 Theoretical Foundations of Nursing, a 3 unit didactic course designed to facilitate a transition into the theoretical philosophical foundations of professional nursing and the conceptual framework for California Baptist University School of Nursing. It must be taken in the first year following acceptance into the program.

11. The LVN applicant must hold current, active, unencumbered licensure in the United States.

12. The LVN applicant may take the 30 unit option curriculum or seek application to the BSN program.

13. Students must meet all health and clinical agency nursing policies that are applicable to other nursing students. Students will provide their own transportation to clinical agencies. All students must have a valid driver’s license and access to a car.
This option permits the LVN to take nursing and related science courses in order to qualify for the California Registered Nurse Licensure Examination. Transfer into the degree program is possible.

1. The applicant’s portfolio will be evaluated on an individual basis. Academic credit earned in regionally accredited institutions of higher education for comparable courses will be accepted for transfer.

2. The following courses must be completed prior to the NCLEX RN examination:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO 153</td>
<td>Human Anatomy and Physiology</td>
<td>4</td>
</tr>
<tr>
<td>BIO 205</td>
<td>Microbiology</td>
<td>4</td>
</tr>
<tr>
<td>NUR 255</td>
<td>Adult Health Nursing I</td>
<td>4</td>
</tr>
<tr>
<td>NUR 256</td>
<td>Adult Health I Nursing Practicum</td>
<td>3</td>
</tr>
<tr>
<td>NUR 355</td>
<td>Mental Health Nursing</td>
<td>3</td>
</tr>
<tr>
<td>NUR 356</td>
<td>Mental Health Nursing Practicum</td>
<td>2</td>
</tr>
<tr>
<td>NUR 260</td>
<td>Nursing of the Older Adult Client/Family</td>
<td>2</td>
</tr>
<tr>
<td>NUR 261</td>
<td>Nursing of the Older Adult Client/Family Practicum</td>
<td>1</td>
</tr>
<tr>
<td>NUR 470</td>
<td>Christian Leadership and Management in Nursing</td>
<td>3</td>
</tr>
<tr>
<td>NUR 471</td>
<td>Christian Leadership/Management in Nursing Practicum</td>
<td>2</td>
</tr>
<tr>
<td>NUR 499</td>
<td>Senior Capstone Practicum</td>
<td>2</td>
</tr>
</tbody>
</table>

Total 30 units
Transfer/challenge for registered nurses and students transferring from other RN programs but who wish to obtain a baccalaureate degree fall under the following general policies:

1. Applicants planning to transfer nursing courses must first be accepted by and fulfill all matriculation requirements for California Baptist University. The School of Nursing should be contacted at the time of application to the University.
2. Applicants must meet one or more of the following criteria:
   A. Hold a current registered nurse licensure in the U.S.
   B. Be a graduate of a regionally accredited program or California Board of Registered Nursing approved school.
   C. Be an RN student in a regionally accredited or California Board of Registered Nursing approved program.
   D. Provide proof of completed nursing education from outside the United States.
3. Placement of students is based upon individual portfolio evaluation.
4. Separate application with application fee must be made to the School of Nursing. It is recommended that this be done concurrently with application to the University. Final acceptance into nursing will not be made until official acceptance to the University is granted.
5. To be considered for acceptance into the program, all applicants must have a minimum cumulative GPA of 2.7.
6. Transfer/challenge students who have met prerequisites comparable to traditional students will have equal access for all open spaces in all nursing courses.
7. ENG 113 and ENG 123 must be completed before starting the transfer process. It is recommended that this be done concurrently with application to the University. Final acceptance into nursing will not be made until official acceptance to the University is granted.
8. All RN degree completion candidates will participate in a theoretical foundations course (NUR 201) specially designed to facilitate socialization into baccalaureate professional nursing. It will be taken during the first year following acceptance into the baccalaureate nursing program.
8.1 RN degree completion students may be required to pass the NURS 215 Fundamental Skills for Nursing course. Transfer/challenge students may receive credit for this course through demonstration of current clinical practice whereby the agency where the student is employed validates fundamental skills through a check list evaluation.
8.2 All transfer/challenge students must successfully demonstrate clinical and theory skills of physical assessment to the same level as traditional students in the course in which the RN intends to enroll.
8.3 NURS 236 Physical Assessment must be successfully completed prior to enrollment in any other clinical nursing course.

9. Licensed practicing RNs who have graduated from California BRN approved schools may transfer credit for the following courses: Fundamental Skills for Nursing Practice, Pathophysiology, Pharmacology and Nutrition, Adult Health I and Adult Health I Practicum; Nursing Services for the Older Adult/family and Nursing Practicum with the Older Adult/Family; Nursing Services with the Childbearing family theory course and practicum; Nursing Services with the Childrearing Family theory course and Practicum; and Mental Health Nursing and Mental Health Nursing Practicum.

10. Students receiving financial assistance may need to take 12 units while they are challenging nursing courses.

11. Following notification of acceptance into the baccalaureate program of the School of Nursing, the candidate may begin the transfer/challenge process. The process consists of a portfolio review of prior learning; transfer credit shall be awarded for assessment and validation of prior coursework followed by an opportunity for the RN degree completion student to challenge other required nursing courses. The challenge process shall consist of examination with theory and clinical components. The theory portion should be passed before the clinical component is taken.

12. Prior to going to the clinical agency, all challenge students must have evidence of current CPR certification. The School of Nursing health form and all agency clinical requirements required of all nursing majors must be submitted prior to clinical challenge and admission to clinical nursing courses.

13. Candidates for the challenge process have the option of scheduling the examination in such a way that, if unsuccessful, subsequent enrollment in the course is possible.

14. Students wishing to receive university credit for the challenged course must register for the course and tuition will be charged. The course will appear on the transcript and will have a non-letter grade of “credit” or “no credit.” Students wishing to be exempt from the requirement, but not wishing to receive university credit, will be billed the credit by exam fee, and no credit will be earned. Courses may be challenged one time only.
### Sample Course Progression

#### Freshman Year – Pre-requisite Course Work (Level 1)

<table>
<thead>
<tr>
<th>Fall</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>GST 100 FOCUS (1)</td>
<td>BIO163 Anatomy/Physiology II w/Lab (4) [Sci/Kin]</td>
</tr>
<tr>
<td>BIO153 Anatomy/Physiology I w/Lab (4) [Lab Sci]</td>
<td>CHE112 Organic and Biochemistry for Health Sciences w/Lab (4)</td>
</tr>
<tr>
<td>CHE102 Fundamentals of Chemistry (3)</td>
<td>ENG123 Intermediate Composition (3) [English Comp]</td>
</tr>
<tr>
<td>BIO205 Human Microbiology w/Lab (4)</td>
<td>PSY120 Lifespan Development (3) [Beh. Sci. 1]</td>
</tr>
<tr>
<td>ENG113 Composition (3) [English competency]</td>
<td>SPC113 Oral Communication (3) [Com Arts]</td>
</tr>
<tr>
<td>MAT115 College Algebra (3) [Math]</td>
<td></td>
</tr>
</tbody>
</table>

Total Units: 17

#### Sophomore Year – Level 2

<table>
<thead>
<tr>
<th>Fall</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR201 Theoretical Foundations in Nursing (3)</td>
<td>NUR255 Adult Health I (4)</td>
</tr>
<tr>
<td>NUR215 Fundamental Skills for Nursing Practice(4)</td>
<td>NUR 256 Adult Health I Practicum (3)</td>
</tr>
<tr>
<td>NUR235 Physical Assessment (4)</td>
<td>NUR 315 Pathophysiology (3 u)</td>
</tr>
<tr>
<td>NUR 301 Informatics (3)</td>
<td>PSY 345 ABN PSYCH (3 u)</td>
</tr>
</tbody>
</table>

Total Units: 14

#### Junior Year – Level 3

<table>
<thead>
<tr>
<th>Fall</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANT225 Cultural Anthropology (3) [Beh. Sci. 2]</td>
<td>NUR 320 Pharm &amp; Nut (3)</td>
</tr>
<tr>
<td>NUR325 Nursing Services-Childbearing Family (3)</td>
<td>NUR355 Mental Health Nursing (3)</td>
</tr>
<tr>
<td>NUR326 Nursing Services-Childbearing Family Practicum (2)</td>
<td>NUR356 Mental Health Nursing Practicum (2)</td>
</tr>
<tr>
<td>NUR335 Nursing Services-Childrearing Family (3)</td>
<td>NUR420 Community/Public Health Nursing (3) [Poly Sci.]</td>
</tr>
<tr>
<td>NUR336 Nursing Services -Childrearing Family Practicum (2)</td>
<td>NUR421 Community/Public Health Practicum (3)</td>
</tr>
<tr>
<td>NUR 375 Research/Write for the Health Care Professional (3)</td>
<td>SPA110 Spanish for Healthcare Professionals (3) [Foreign Lang. 1]</td>
</tr>
</tbody>
</table>

Total Units: 16

### ELMSN PRE-LICENSEURE COURSE DESCRIPTIONS: See University Graduate Catalog
<table>
<thead>
<tr>
<th>Fall</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 450 Nursing Services for the Older Adult/Family (2)</td>
<td>NUR460 Ethics and Issues in Healthcare (3) [Phil.]</td>
</tr>
<tr>
<td>NUR 451 Nursing Practicum - Older Adult/Family (1)</td>
<td>NUR470 Christian Leadership in Nursing (3) [CST 3]</td>
</tr>
<tr>
<td>NUR430 Transcultural Patterns of Health (3) [Non-U.S. History]</td>
<td>NUR471 Christian Leadership in Nursing Practicum (3)</td>
</tr>
<tr>
<td>NUR440 Adult Health II (3)</td>
<td>NUR499 Senior Capstone Practicum(3)</td>
</tr>
<tr>
<td>NUR441 Adult Health II Practicum (3)</td>
<td>SPA 120 Spanish for Healthcare Professionals (3) [Foreign Lang. 2]</td>
</tr>
<tr>
<td>HIS U.S. History (3) [US History]</td>
<td>ART/MUS [Art/Music] (3)</td>
</tr>
<tr>
<td>CST Christian Studies (3) [CST 2]</td>
<td>NUR494 NCLEX Review (1)</td>
</tr>
</tbody>
</table>

Total Units: 18

Total Units: 19
A. Sexual harassment and discriminatory harassment may consist of an offense of verbal, physical, or visual conduct when such conduct is based on or related to an individual’s sex and/or customership in one of the above described protective classifications, and:

1. Submission to the offensive conduct is an explicit or implicit term condition of the student’s continued status as a student at the University and/or in the clinical setting, an explicit or implicit term of their continuation as a member participating in that particular clinical program;

2. Submission to or rejection of the offensive conduct forms a basis for any University decision affecting the student; or

3. The offensive conduct has the purpose or affective unreasonably interfering with the student’s performance at the University or creates an intimidating, hostile or offensive educational environment for the student.

B. Examples of what may constitute prohibitive sexual harassment include but are not limited to the following:

1. Kidding or joking about sex;

2. Hugs, pats, and similar physical contact;

3. Assault, impeding or blocking movement, or any physical interference with normal work or movement;

4. Cartoons, posters, and other materials referring to sex;

5. Threats intended to induce sexual favors;

6. Continued suggestions or invitations to social events outside the University setting or outside the clinical setting after being told such suggestions are unwelcome;

7. Degrading words or offensive terms of a sexual nature;

8. Prolonged staring or leering at a person;

C. Examples of what may constitute prohibitive discriminatory harassment include the similar conduct referenced in this section directed at an individual on the basis of race, color, national
origin, ancestry, sex, sexual orientation, age (over 40), creed, physical or mental disability, medical condition, marital status, citizenship status, military service status, or any other basis protected by law as applies to California Baptist University.

All students that are aware of or in good faith believe that they or another student has been subjected to harassment or discrimination prohibited by this section or any other policy or procedure of the University is obligated to immediately report the same to the University as referenced herein.
### Policy:
After admission to the nursing major, students must maintain a cumulative GPA of 2.5 and have no grades lower than a “C” in all theory and clinical courses in order to progress in pre-licensure nursing courses. Entry-level Master’s students must meet the academic requirements of the graduate student (see graduate catalog).

The CBU-SON uses the following grade scale (April 11, 2014):

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>94-100%</td>
</tr>
<tr>
<td>A-</td>
<td>90-93.9%</td>
</tr>
<tr>
<td>B+</td>
<td>87-89.9%</td>
</tr>
<tr>
<td>B</td>
<td>84-86.9%</td>
</tr>
<tr>
<td>B-</td>
<td>80-83.9%</td>
</tr>
<tr>
<td>C+</td>
<td>77.5-79.9%</td>
</tr>
<tr>
<td>C</td>
<td>75-77.4%</td>
</tr>
<tr>
<td>C-</td>
<td>70-74.9%</td>
</tr>
<tr>
<td>D+</td>
<td>66-69.9%</td>
</tr>
<tr>
<td>D</td>
<td>62-65.9%</td>
</tr>
<tr>
<td>D-</td>
<td>60-61.9%</td>
</tr>
<tr>
<td>F</td>
<td>&lt;60</td>
</tr>
</tbody>
</table>
Policy:

Students who withdraw from nursing in good standing will be readmitted on a space-available basis.

Students failing theory only, clinical only, or both clinical and theory may not progress to any other course until they have successfully completed the concurrent course requirements. Repeated failures of this nature may result in the student's dismissal from the program.

Students will be permitted to repeat nursing courses one time only. This is University policy for all courses.

Students withdrawing more than once at a failing level (C- or below) or failing two nursing courses may be dropped from the nursing program.

Students placed on contract two or more times for the same related problem may be dismissed from the program.

Unsafe clinical nursing practice, regardless of GPA, may result in dismissal from the nursing program.

If the student has failed as a result of dishonesty or plagiarism the student may be reported to the University Student Services and University policy applies, which may result in the removal from the program. Student files outside of the school of nursing are considered for any honor code violations. If violations are found, the student may be dismissed from the program or put on contract. Subsequent violations may result in expulsion from the program. Readmission to the nursing program will be on a space available basis and is not guaranteed.
If a student writes while looking at a source or while looking at notes taken from a source, a citation to that source should be given. Whenever any idea is taken from a specific work, even when the student writes the idea entirely in his [or her] own words, there must be a citation giving credit to the author responsible for the idea. The student is entirely responsible for knowing and following the principles of paraphrasing. The student should never retain sentence patterns and/or substitute synonyms for the original words. The student should never retain the original words and alter the sentence pattern. In other words, academic dishonesty includes giving or receiving assistance on an exam, unauthorized use of notes or books during an exam, falsifying information on an assignment or project, or claiming credit of an idea or statement that belongs to someone else. Academic dishonesty may result in an “F” for the course. If you have questions about whether or not a specific act would be considered dishonest, please read the CBU Student Handbook & Calendar and then discuss the matter with the professor.
Testing: Academic honesty in course and clinical testing is expected and dishonesty may lead to program dismissal. All students must participate in NCLEX-RN preparation testing throughout program. Makeup course examinations must be approved by the instructor and scheduled in advance with the Academic Success Center. All students are responsible for reading the syllabus attachment provided each semester.

Competency: Students are expected to be clinically competent in all skills completed during the program and skill competency will be documented on the skills checklist throughout the program.

Competency in writing shall be demonstrated in formal papers that are neatly typed using correct spelling, punctuation, and grammar; and demonstrate appropriate command of Standard English. Papers will include a title page and reference list. Quoted materials must be properly documented using the APA 6th edition format for professional papers. Students are expected to obtain an APA style manual which they will use in the preparation of all formal papers.

Late papers will be graded down all one half letter grade for each day late (e.g. B to B-) unless otherwise stated in individual course syllabi.

Students who receive lower than a C on an assignment may be given the opportunity to repeat the assignment at the discretion of the instructor for a maximum of a C grade. Instructors may elect not to allow late work to be resubmitted.

Clinical Absences: All clinical hours must be completed and per the California BRN a minimum of 75% of clinical hours MUST be in direct patient care. Therefore, students may not be absent from clinical without extenuating circumstances and in that case must make-up the clinical hours.
Clinical evaluation facilitates the personal and professional growth of each student. Evaluation of clinical performance is based upon written behavioral objectives consistent with level and program objectives which take into account the stage of the learner. To facilitate both formative and summative evaluations, the faculty is expected to maintain written anecdotal records of student performance.

Formative evaluations, based on anecdotal records, provide continuous feedback for the student throughout the semester relative to areas of strength and areas in need of improvement. Students are expected to evaluate their own performance in conjunction with instructor feedback. Dialogue between students and faculty is a critical component in this formative process. Summative evaluation measures the student’s final overall achievements.

A summative mid rotation evaluation given in student-teacher conference identifies areas of strength and improvement. Regular formative assessments assist the faculty member in completing the summative evaluation. The formative evaluations examine incidents related to student learning; summative evaluations survey the patterns of behavior noted in a group of incidences to arrive at a grade.

Any student performing at an unsatisfactory level will be informed both verbally and in writing as soon as the problem is identified. A conference will be held with the student to discuss specific areas where improvement must be made. These areas will be written in the form of a contract and will be signed by the student and the clinical instructor.

Summative evaluations, which reflect consistent patterns of behavior and improvement throughout the semester as well as areas of strength and areas for improvement, are discussed with the student in conference. The student is also provided a written copy of this evaluation. A clinical evaluation tool is used throughout the pre-licensure program to evaluate student performance.
Students having difficulty in one or more areas of performance may be placed on a contract. Contract status serves as a formal warning of potential for failure. The contract will document specific areas for student growth and provide specific guidelines for the student to meet course or nursing program expectations. Contracts may be initiated at the discretion of one or more faculty members in consultation with other level faculty, the Level Coordinator, and the Program Director. Failure to meet the terms of the contract may result in temporary or permanent dismissal from the nursing program.

Students placed on a contract by a faculty member will be notified in writing and counseled by that faculty member to assess individual learning needs. A copy of this contract will be discussed with and given to the student, a faculty member, the Level Coordinator, Program Director, the Associate Dean, and the Dean. A copy will be placed in the student’s file.

Students must meet all contract requirements. Students may be required to use the Academic Success Center for tutorial assistance or attend a study skills seminar at the faculty member’s discretion.

The student will remain on contract status throughout the semester. The status may be renewed in the next semester at the discretion of the faculty member in consultation with the Program Director.

A student may be placed on contract for any of the following reasons.

1. A cumulative GPA below 2.5.
2. A majority of the faculty recommend contract status as a result of questions regarding students past academic record.
3. A student fails to meet minimum course requirements at any point during the semester.

Specific reasons for a contract may include, but are not limited to, the following.

<table>
<thead>
<tr>
<th>REASON</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Unsatisfactory or unsafe clinical performance</td>
<td>1. Safe nursing practice is essential for the professional nurse.</td>
</tr>
<tr>
<td>Unsafe personal health practices to self or others</td>
<td></td>
</tr>
<tr>
<td>2. Inability to meet math placement requirements</td>
<td>2. Mathematical competence is essential to dosage calculation and safe nursing care.</td>
</tr>
<tr>
<td>3. Inadequate knowledge base</td>
<td>3. Adequate knowledge is the foundation of safe nursing care.</td>
</tr>
</tbody>
</table>

Effective Date: 2005
Revisions/Re-approval: 2015
Section 4: Policies-Academic Standards
Sub-Section: 4.7

Subject: Below Satisfactory Performance
Responsible Department: Nursing faculty & Nursing administration
4. Irresponsible behaviors

   Absenteeism - tardiness
   late papers - dishonesty
   plagiarism - misrepresentation of information
   incivility - disrespect

4. Responsibility and integrity are essential qualities for a Christian professional nurse.
   Failure to comply with policy on expected student contract behaviors
The Student Grievance policy may be found in the University Student Handbook. Consistent with this policy, the School of Nursing has established the following grievance procedure to be followed within the School of Nursing.

I. GRIEVANCE PROCEDURE OVERVIEW
The Grievance Committee serves in an advisory capacity to the Dean of the School of Nursing. The Grievance Committee shall act as a vehicle for communication between the student(s) and faculty member(s), and provide a process to mediate grievances that arise within the School of Nursing which can be resolved internally.

A. Justifiable cause for grievances should be defined as any act which in the opinion of the student(s) is perceived as a prejudiced or capricious action on the part of the faculty member(s).

B. The School of Nursing Grievance Procedure interfaces with the University Grievance Policy.

II. PROCEDURE: The Grievance Committee (hereinafter called the Committee) shall consist of the Associate Dean of Nursing, three students, one student alternate, three faculty members, and one alternate faculty member serving for one academic year plus summer.

A. Selection of student members:
   1. In the fall of each academic year, the students from each level (Level 2, Level 3, and Level 4) shall select by ballot three students (one from each level) who will serve on the Committee for the year. One additional student shall be selected as an alternate. This will be handled by the Nursing Student Association.
   2. If any of the three students selected are unable to serve, the alternate will serve in his/her place.
   3. If any students feel they would not be able to vote against a fellow student for any reason they will be asked to disqualify themselves from the Committee.

B. Selection of faculty members:
   1. Three faculty representatives are selected by the Dean. The Dean will select three faculty members representing each level of baccalaureate nursing education (Level 2, Level 3, and Level 4) if possible. One alternate faculty member will also be selected.
   2. The Associate Dean will be the chairperson of the Committee.

C. Organization of the Committee:
   1. Responsibilities of the chair of the grievance committee:
      a. Meet with the person(s) filing the grievance to clarify the process and potential outcomes.
      b. Schedule all meetings of the Committee.
      c. Accept only written, signed requests for grievance.
      d. Make the following written notifications:
1) Notify the people involved that a Grievance Committee meeting has been established.
2) Notification of the meeting is to be made within five working days of receiving the written signed request.

III. PROCESS
A. A written request to the chair of the grievance committee will initiate the grievance procedure. Under ordinary circumstances, a grievance shall be initiated by the student(s) as soon as possible, but not later than one month after the incident has occurred. The student(s) shall submit the written grievance to the Associate Dean.
B. The Associate Dean will be responsible for notifying the faculty member(s) involved and the Dean.
C. Any Committee member has the right to disqualify himself/herself.
D. Both parties have the right to reject any one Committee member with justifiable cause.
E. One support person may accompany each participant. The role of this person is, by their presence, to provide support only. They do not serve as active participants in the process. Legal representation is not allowed.
F. The involved student(s) and faculty member(s) will be given the opportunity to present evidence and witnesses which are relevant to the issue at hand.
G. Action by the Committee will be initiated as soon as possible within ten (10) working days of receiving the grievance. If the grievance occurs outside of the academic semester more time may be needed to establish a committee.
H. The advisory decision made by the Grievance Committee to the Dean is final. Of the six voting members, a two-thirds majority is necessary for a decision.
I. The decision of the Committee will be made available in writing to the involved student(s) and faculty member(s) within two weeks of hearing the case.
J. If the outcome is not satisfactory to the person filing the grievance, a further appeal can be made through the appropriate University appeals process contained in the Student Handbook & Calendar.

INSTRUCTIONS FOR CONDUCTING ACTUAL GRIEVANCE HEARING

The following procedures will be followed in conducting the grievance meeting:

- Whenever possible, all member of the committee will have a copy of the written grievance in advance of the actual meeting.
- The Committee will meet in advance for at least 15 minutes to ensure that everyone is aware of the process, to attend to any organizational details, and to reinforce the need to maintain confidentiality regarding the deliberations and outcome. A faculty and student co-secretary shall be elected at this time.
- The person(s) filing the grievance and the person(s) against whom the grievance is filed will be given equal time of approximately 20-30 minutes for presentation of information relevant to the grievance. The chair will appoint a time keeper to ensure the equity of the time allocation. At the discretion of the committee, in unusually complex situations, additional time may be allocated to both sides. Following the presentations, the committee members may ask for clarification related to any of the information presented. Additional information may be sought if committee members feel it is relevant to the deliberations.
- The meeting will start with prayer and introductions as indicated. The chair conducts the meeting, and with the help of all committee members, is responsible to ensure that all issues are examined objectively.
A student and a faculty member will serve together as co-secretaries for the proceedings. These persons will be elected by the committee members and will write the minutes and the final report together. In the event there are differences in their perceptions, the chair will be asked to assist in the decisions related to the wording of the report. To assist in maintaining confidentiality, no taping of the grievance committee deliberations will be allowed.

The final report is to be word processed, signed or initialed by all committee members, and given to the person(s) against whom the grievance is brought, the person(s) bringing the grievance, and the Dean. Before the hearing begins, a tentative agenda of the issues to be considered will be established based only on the issues presented by the person requesting the grievance. At the completion of the hearing, the committee will determine if additional issues need to be acted upon or deleted based on the information presented in the grievance request and/or during the presentation of the grievance.

All issues are to be discussed and then voted upon. All votes are to be in writing, submitted anonymously, and counted by the chair. A two thirds majority vote is needed for each decision. At the discretion of the committee, rationale for decisions may be included in the report submitted to the Dean and/or the involved persons. Since the Committee functions in an advisory capacity to the Dean, a tally of all votes will be recorded and given to the Dean to aid the Dean in decision-making. The Committee does not have the obligation to share the tally of votes with either the person(s) filing the grievance or the person(s) against whom the grievance is brought. All committee members must unanimously agree on disclosure or the tally is not to be revealed to the persons involved in the actual grievance. The Committee decision(s) will be limited to the issues discussed during the grievance process.

RESULTS OF GRIEVANCE PROCESS

- The Grievance Committee only has the power to make recommendations to the Dean. The Dean makes the final decision.
- If the person(s) filing the grievance disagrees with the decision(s) of the Dean; the person(s) may invoke the appropriate University appeals process published in the University Student Handbook.
Students are expected to adhere to the following rules of conduct when enrolled in courses in the nursing program. Class rules regarding theory are:

1. Water is allowed in a closed bottle or container.
2. No cell phone use in class. This includes texting and checking e-mails. The instructor reserves the right to confiscate phones if this is violated or ask the student to leave.
3. Students are expected to follow professional decorum including addressing instructors by their professional title.
4. Students will be expected to respect faculty members and each other. Submit to one another out of reverence for Christ (Ephesians 5:21, NIV).
5. Laptops and/or smart devices may be used only with permission. The professor has the discretion to allow laptop use. Class time is NOT the occasion for surfing the net or social networking. Please respect the professor and each other by refraining from this during class time. This is so a positive learning environment may be maintained for all students.
6. Talking during class unrelated to course content is disruptive to other students. Students engaging in disruptive dialogue will be asked to stop. If students do not stop after the first request, they will be asked to leave the classroom. This is so a positive learning environment may be maintained for all students.
7. Students are expected to be prepared to attend each class reviewing the content for that day listed on the course calendar prior to class. Questions related to course content are encouraged during class. Questions should be related to the topic on hand and benefit the majority of students.
8. Office hours for the professor are posted on their door and in the syllabus and questions that relate to the student alone may be asked privately.
9. The course moves quickly through new and challenging material. Students are encouraged to start projects early enough to allow time to discuss problems with the instructor BEFORE they become a crisis. Let us not grow weary in doing good, for at the proper time we will reap if we do not give up (Galatians 6:9, NIV).
10. Students are expected to seek help for any problems that may interfere with their success in this course. Faculty can refer students to appropriate student services.
11. The expectation is that students will come to class prepared with printed handouts if provided on Blackboard.
12. Attendance is required and roll will be taken. Class activities have been planned to enhance understanding of the material and to help students’ complete assignments.
more than 2 unexcused absences will result in grades being lowered one letter grade.
Excessive absences for any reason will adversely affect grades. Above all else, guard
your heart, for everything you do flows from it (Prov. 4:23, NIV).

Under no circumstances will bullying, lateral hostility, unprofessionalism, or
disrespectful behavior by a student, staff, or faculty member be tolerated. Any such
behavior should be reported to the Program Director immediately (see the BSN or MSN
Student Handbook for more details).

Class rules regarding clinical/practicum are:

1. No eating or drinking in clinical areas.
2. You are expected to be on time for each assigned clinical and to exhibit professional
appearance (clean/pressed uniforms, clinical name tag visible per facility policy, hair tied
back, no nail polish, no artificial nails including gel, no false eye lashes, and no perfume
or tobacco odors).
3. Visible tattoos and body piercings must be covered. Only one small pair of stud earring
allowed and no necklaces.
4. You are to contact your clinical professor if you are going to miss or arrive late prior to
the start of a clinical rotation. The clinical instructor reserves the right to send students
home if they arrive late to clinical.
5. You must report on and off with your nurse preceptor when leaving the unit or engaging
in other activities not related to assigned patients.
6. You are expected to actively engage in patient care and search out new learning
experiences during slow periods.
7. You are not to use cell phones for personal reasons during work time or on the clinical
units. Cell phones must be turned off or not taken to the clinical site per hospital policy.
If allowed in the hospital, some units may restrict the use as they may interfere with
equipment.
8. You are expected to never share your computer sign on with anyone.
9. No photography allowed at any clinical site.
10. You are to adhere to all policies and procedures of the assigned unit/facility and to only
practice within the scope of your current training.
11. Students are expected to follow professional decorum including addressing instructors by
their professional title (refer to BSN or MSN Student Handbook for more information
about professionalism).
12. Students will be expected to respect and communicate with faculty members, all
members of the health team, patients, families and each other. Submit to one another out
of reverence for Christ (Ephesians 5:21, NIV).
13. Students are expected to be prepared to attend each clinical session with all needed
paperwork, equipment, syllabus, and all preclinical preparation.
14. Students are expected to seek help for any issues that may interfere with their success in
this course. Instructors can refer students to appropriate services as needed.
15. Attendance is required to meet the Board of Registered Nursing’s requirements. Students
are responsible to meet with the instructor to determine an appropriate make-up
assignment. More than 1 unexcused absence may result in failure of the clinical
course.
16. Clinical facility mandates must be completed and turned in the first week of school.
17. Certified profile must be kept updated throughout the school year and clinical clearance must be carried at all times.

18. Talking during pre and post conferences unrelated to course content is disruptive to other students. Students engaging in disruptive dialogue will be asked to stop. If students do not stop after the first request, they will be asked to leave the room. This is so a positive learning environment may be maintained for all students.

19. Office hours for the professor are posted on their door and in the syllabus and questions that relate to the student alone may be asked privately. Discuss meeting times with adjunct professors.

20. The course moves quickly through new and challenging material. Students are encouraged to start projects early enough to allow time to discuss problems with the instructor BEFORE they become a crisis. Let us not grow weary in doing good, for at the proper time we will reap if we do not give up (Galatians 6:9, NIV).

21. Under no circumstances will bullying, lateral hostility, unprofessionalism, or disrespectful behavior by a student, staff, or faculty member be tolerated. Any such behavior should be reported to the Program Director immediately (see the BSN or MSN Student Handbook for more details).

22. Students are not permitted to visit clients outside of the clinical assignment except with consent of the instructor, client/family, and agency. Students are never permitted to bring family or friends into the nurse/patient the relationships.
Nursing students are expected to present a positive, professional nursing image at all times in all clinical areas. Should a situation occur where street clothes are appropriate, business attire is expected at all times. Jeans, warm up suits, athletic attire and stretch pants are never appropriate. In addition, you are expected to maintain the highest standards of personal cleanliness and present a neat, conservative, and professional appearance at all times. To that extent, the displaying of tattoos or anything less than conservative body piercing is strictly prohibited. It is also required that all students conduct themselves in a pleasant and courteous manner towards all persons with whom they are in contact in the clinical setting; however, if for any reason a student believes they have been subjected to inappropriate or hostile treatment of any kind in the clinical setting they are to report such immediately to their supervisor in the clinical setting as well as to any of the members of the School of Nursing Faculty.

Uniform Regulations for All Students

1. *School nursing emblem*: The nursing emblem is to be securely sewn on the sleeve of the right upper arm one inch from the shoulder seam of nursing uniforms.

2. *Nursing uniforms* must be clean and pressed. No wool sweaters may be worn while at a client's bedside. Any sweater worn in a clinical area must be white and of washable material. Sweatshirts are not considered professional attire and may not be worn in a clinical area.

3. *For women*: undergarments must be solid white or beige. Plain white or beige hose in good repair should be worn. White mid-calf socks may be worn with uniform pants. Sports socks are not considered professional attire and may not be worn in a clinical area.

4. *Shoes*: white leather shoes, polished, with silent heels and in good repair shall be worn as part of the professional attire. Both toes and heels should be closed. Canvas tennis shoes and clogs/crocs are not appropriate.

5. *Accessories*: ID badge (worn above the waist), black and red pens, pencil and bandage scissors, wrist watch with a secondhand, and stethoscope should be carried discreetly as part of the professional attire.
6. *Hair* must be neat, clean, and well kept off the shoulder and away from the face at all times including the skills lab. Hair bows and decorations are not appropriate. Bobby pins, plain barrettes, or hair bands should be used to keep hair in place.

7. *Jewelry:* it is recommended the rings not be worn during clinical practice. In situations where it is safe, a wedding ring may be worn. No other jewelry, except small matching gold or silver metal stud earrings may be worn in pierced ears. No more than one stud per ear may be worn. Visible body piercing jewelry including tongue jewelry is never appropriate in a clinical setting. No necklaces or bracelets should be worn. Visible tattoos should be covered. Any body piercing difficult to remove may be required to be covered at the discretion of the clinical agency or clinical faculty.

8. *No perfume, cologne or aftershave should be worn.* Students should also avoid using scented soaps, deodorants or lotions before entering a clinical area. Use unscented products.

9. *Fingernails* should be kept clean and short. Because of the potential for infection, no artificial nails or nail extensions are permitted. Unchipped, light or clear nail polish is generally acceptable, but is **not permitted** in operating rooms or delivery rooms.

10. *Chewing gum* or eating food is not permitted in the clinical area or in the nursing skills lab.

11. *The Nursing Skills Checklist* (booklet) is considered part of the uniform.
Students are invited to participate in CBU-SON committees and are expected to participate in feedback by written evaluation, focus groups, and director’s council r/t all aspects of the program including but not limited to: clinical agencies; courses; preceptors; software & learning resources; and faculty. Students are expected to give constructive feedback regarding program improvement. Appropriate use of the chain of command to solve problems before the end of the course is expected.

Following the chain of command is expected for nursing students. The role of faculty, staff, and administration as students use the chain of command, is to assist the student to follow Biblical principles; going to one another in love as conflict is brought into light and problems are resolved.

Clinical faculty members are responsible to provide clinical agencies and students with phone numbers and access to faculty/administration per the chain of command. A 24-hour a day/7-day a week phone line is dedicated to the CBU-SON for urgent issues and rotated between Deans & Directors.
Protocol:

All pre-licensure CBU-SON students will participate in review, remediation, and integrative testing through Kaplan. Course assignments will include reviewing content in the “Basics” book, participation in non-proctored focus tests, case studies, remediation, and proctored content examinations. *Students must meet the minimum cut-off score on each proctored examination except Nutrition, Critical Thinking, Medical-Surgical Nursing (given during research), and Gerontology to progress in the nursing program (Spring, 2015).*

Please note that the “minimum cut-off score” for each examination will be a different “raw percentage” depending on the examination; however, the national percentile for that cut-off score is only 50% (meaning 50% of the students in the nation did better than you; and 50% did worse). *Therefore, you should really be scoring well above the cut-off score on each examination.* The purpose of the Kaplan testing platform is to offer students multiple test questions simulating NCLEX-RN and identifying and remediating weak content areas throughout the program. The goal is successful passing of the NCLEX-RN examination on the first attempt.

Process:

A student **MUST** complete the following in courses that require Kaplan testing to receive a passing grade for the course:

- **Non-Proctored Examinations** (at a minimum score of 90%; do not attempt to “memorize answers). Students must complete the non-proctored examinations throughout each course to sit for the Kaplan integrative proctored test given in class.

- **Proctored Examinations**: All proctored tests are to be taken at the CBU-SON and proctored by faculty. **No Exceptions!** *Taking proctored examinations from home will result in immediate dismissal from the nursing program.*

  - Students who pass the proctored Kaplan examination on the first try and remediate will earn 100 points (or 10% of the course grade) and be exempt from a designated course examination or final (depending on the course). The first Kaplan examination for each course will be given approximately 2 weeks before the end of the semester.
Students who do not pass the Kaplan examination on the first try will remediate and take the Kaplan examination a second time prior to the designated course exam or final. The second Kaplan re-take will be with the Kaplan coordinator on pre-determined dates during the week before final examinations. Students who pass the exam on the second try will be given 85 points and be exempt from the designated course exam or final.

Students who do not pass the Kaplan examination on the first or second attempt will remediate and take the designated course examination or final (earning the corresponding grade) and be given a contract for success that includes a re-take testing date prior to the following semester. A copy of the contract will be given to the Kaplan coordinator for follow-up.

The designated course examination or final will equal no more than 10% of final course grade.

Remediation consists of a comprehensive and thorough explanation of the rational for each question missed. Directions:

- Under “Integrated Testing” click on Review Results. Select the appropriate exam and click “Review”.
- Select missed question, indicated with a red X, by clicking on the hyperlinked term on the right. This will open up one to three sections. Be sure to open EACH.
- HANDWRITE at least one sentence summarizing the Kaplan Overview, at least two sentences synthesizing Essential Nursing Care, and at least one sentence summarizing Background for Nursing Care. Remediation for each question should consist of at least four sentences.
- Remediation MUST be submitted for the student to be awarded any points for the final examination.

Students please note (your signature indicating you received the handbook acknowledges the following):

It is the student’s responsibility to keep track of their Kaplan scores and to remediate all weak content areas. Failure to complete the required Kaplan integrative testing meeting the minimum cut-off scores may result in program dismissal &/or delay for the student to sit for the NCLEX examination. It is the student’s responsibility to continue Kaplan testing throughout the program meeting the minimum cut-off scores for each test. Students who consistently fail to meet the minimum Kaplan cut-off scores may be required to complete additional requirements; such as Virtual ATI; before successfully completing the program.
# Proctored Kaplan Testing in CBU SON

<table>
<thead>
<tr>
<th>Course Trad/ELMSN</th>
<th>Kaplan Proctored Exam</th>
<th>Number of Questions</th>
<th>Cut-off score (per lead faculty)</th>
<th>Your Score</th>
<th>Your repeat Score (if applicable)</th>
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<tbody>
<tr>
<td>NUR 215/ 502</td>
<td>Fundamentals</td>
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<tr>
<td>NUR 235/ 512</td>
<td>Wellness &amp; Physical Assessment</td>
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<td>75</td>
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<tr>
<td>NUR 450/ 523</td>
<td>Gerontontology</td>
<td>75</td>
<td></td>
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<tr>
<td>NUR 420/ 538</td>
<td>Community Health</td>
<td>75</td>
<td></td>
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<tr>
<td>NUR 470/ 541</td>
<td>Management/Prof. Issues</td>
<td>75</td>
<td></td>
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<tr>
<td>NUR 494/ 549</td>
<td>Nursing Assessment test: content mastery first week last semester</td>
<td>180</td>
<td>n/a</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>NCLEX-RN Diagnostic Exam:</strong> start of Kaplan review</td>
<td>180</td>
<td>n/a</td>
<td></td>
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<tr>
<td></td>
<td><strong>NCLEX-RN Readiness Test:</strong> end of Kaplan review</td>
<td></td>
<td>n/a</td>
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<tr>
<td></td>
<td><strong>Kaplan Predictive Test:</strong> predicts probability of passing NCLEX</td>
<td></td>
<td>150</td>
<td></td>
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<tr>
<td>NUR 494/ 549</td>
<td>Trainer 1</td>
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<tr>
<td>NUR 494/ 549</td>
<td>Trainer 2</td>
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<td>NUR 494/ 549</td>
<td>Trainer 3</td>
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<td>NUR 494/ 549</td>
<td>Trainer 4</td>
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<td>NUR 494/ 549</td>
<td>Trainer 5</td>
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<td>NUR 494/ 549</td>
<td>Trainer 6</td>
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<tr>
<td>NUR 494/ 549</td>
<td>Trainer 7</td>
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<tr>
<td>NUR 494/ 549</td>
<td>Q BANK</td>
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</table>

Please note: These cut-off scores are only approximately the 50 percentile; meaning 50 percent of the country’s students scored better than you and 50 percent scored worse. This is the BARE MINIMUM for progression. You should be scoring higher than the minimum cut-off score to be successful on the NCLEX-RN examination.
Students are responsible for following all the LRC lab rules, including those officially posted and written, as well as those verbalized by faculty and staff. It is the expectation that the utmost care will be utilized in the use of the mannequins, furniture, and supplies.

**Purposes:**
1. Provide efficient, safe, clean and well-maintained Simulation/Skills Lab environment to promote optimal learning opportunities to all lab users.
2. Protect and maintain costly lab equipment for optimal use by faculty/staff/students/community users.

**Protocols:**
1. **NO** students are to be in the labs (all non-classroom) without faculty or staff present.
2. Absolutely **NO** food or drink allowed in the simulation/learning lab areas.
3. Professional dress mandatory, i.e. nursing uniform with optional white lab coat and closed-toe shoes. No jewelry below the elbow. No artificial finger-nails. Hairstyles that allow hair to occupy/contaminate patient areas must be pulled back. Students will not be allowed in the simulation / learning labs until professional dress is present.
4. Any student or users with a LATEX ALLERGY must have documentation on Certified Profile (see Latex Allergy policy).
5. All cell phones, pagers or electronic devices must be switched to silent mode or turned completely off during Simulation Clinical.
6. No ball point/felt tip pens allowed near the manikins due to potential permanent discoloration of manikin “skin”. **Please wash hands and wear gloves when working with all mannequins.**
7. All damage/malfunction of manikins or other LRC equipment must be reported immediately to the Assistant Director of the LRC
8. No LRC equipment or technology located in the LRC can be removed.
9. The expectation is that each student will clean up all supplies and equipment used.
10. Always leave working areas in better condition than the way they were found.
11. Beds should be made and areas should be tidy. Unless a skill is actively being practiced, beds should be kept in low position with at least 2 side rails up.
12. Mannequins should be left flat when not in use in order to protect their integrity.
13. Use furniture as intended. No sitting or lying on beds unless faculty are present and it is part of an assignment. Extra chairs are available.
14. Any needle injections and injectable use should be performed on live people ONLY in block labs with faculty directly observing. During open lab hours, injections or IV insertions may be performed on practice pads and practice arms only with proper faculty supervision.
15. Changes to the above rules can be made at the discretion of the Director of the LRC.
Subject: Simulation Learning Environment

Purposes:
1. To ensure the simulation lab exemplifies the CBU SON values of integrity, human dignity and confidentiality.
2. To provide students, staff and faculty of CBU SON an environment in which nursing students can practice and learn without fear of excess embarrassment or destructive negative feedback.

Policy:
1. The Simulation/Skill lab is a learning environment. All scenarios, regardless of their outcome, should be treated in a professional manner.
2. The student’s involved in the scenario should have everyone’s respect and attention.
3. Situations simulated in the lab are to be used as a learning tool and no discussion of the action(s) of fellow students should take place out of the lab.
4. The environment will be fostered by maintaining confidentiality surrounding events involving scenario performance and debriefing sessions in the Nursing Simulation Laboratory.
5. Destructive criticism and/or punitive or negative discussion, either in the Simulation Laboratory or at another location, regarding another student’s performance will not be tolerated.
6. All users of the CBU SON Simulation /Skills should display professional, courteous conduct and communication as described in the CBU University Policy entitled “Sexual Harassment and Other Unlawful Harassment & Campus Communications”.
7. All students must have a signed confidentiality agreement and a photo release form signed by electronic signature on Certified Profile before participating in a clinical simulation.
### Purpose
1. To provide guidelines to reduce exposure to natural rubber latex and decrease the risk for development of latex allergy among nursing students.
2. To establish protocols for the identification and management of students with documented latex allergy.

### Scope
This policy applies to all California Baptist University, School of Nursing, faculty, staff, and students. A documented case of latex allergy is defined as: an individual experiencing nasal, eye, or sinus irritation, hives, shortness of breath, coughing, wheezing, or unexplained shock after latex exposure; and has been diagnosed by a healthcare provider using results from a medical history, physical examination, and tests (NIOSH, 1997). A new or suspect case of latex allergy is defined as: an individual developing nasal, eye, or sinus irritation, hives, shortness of breath, coughing, wheezing, or unexplained shock after latex exposure.

### Policy Statement
California Baptist University, School of Nursing, cannot provide or ensure a latex-free environment in the classroom buildings on campus or at the affiliated clinical sites off campus. The CBU SON will, as feasible, provide a reduced or latex-safe environment for students participating in the nursing program. This will include, at a minimum, powder-free latex gloves for general use and non-latex gloves for those with documented latex allergy. Students with a documented or suspected latex allergy must consult with their primary care provider, and provide a medical clearance to the SON for participation in clinical aspects of the program. If the student elects to continue in the nursing program, the student must assume the risk of continued exposure to latex, as well as the responsibility to follow this policy. In the event of a severe allergic reaction, emergency measures will be taken which may include reporting to the emergency department of an affiliated clinical site or dialing 911 for emergency transport as consistent with University healthcare policy found in the student handbook and nursing student handbook.

### Responsibilities
1. The health records analyst will review the history and physical examination forms submitted by each student. Assess the risk of latex allergy based on potential symptoms, food allergies, and history of spina bifida, asthma, atopic dermatitis, eczema, or multiple allergies. If a documented or suspect case of latex allergy is identified, request and obtain a medical clearance for the student. Evaluate the current policy every 2 years, or in the event that a new or suspect case of latex allergy is identified in a nursing student.
2. Faculty: Integrate latex exposures and the potential for complications for both students and patients into the nursing program curricula. If a student experiences symptoms related to an allergic reaction after latex exposure, take the necessary precautions, and have the student report to the Health Records Analyst as soon as possible, after any treatment has been received.
Collaborate with Employee Health, or designee, at the affiliated clinical site to review necessary modifications for students with documented latex allergy (Haynes, 2001).

3. Skills Laboratory Director &/or Coordinator: Maintain an inventory list of all products containing natural rubber latex. Provide powder-free latex, with reduced protein, exam and sterile gloves for general use in all skills or simulation laboratories. Provide latex-free (nitrile or vinyl) exam and sterile gloves for those students identified with a documented latex allergy. Procure latex-free supplies and equipment when possible (Haynes, 2001).

4. Students:
   a. All students: Wash and dry hands immediately after removing gloves. Read labels to determine the presence of latex. Use powder-free, reduced protein gloves, and other appropriate barrier protection as needed. If wearing latex gloves, avoid oil-based hand creams or lotions (NIOSH, 1997). Learn the signs and symptoms of latex allergy (skin rash, redness, hives, flushing, itching, nasal/eye/sinus symptoms, asthma, and shock).
   
   b. Students with suspected latex allergy: Follow responsibilities for all students plus, if the above symptoms are experienced, remove gloves, wash and dry hands immediately and avoid direct contact with latex items. Report this immediately to your faculty supervisor. Seek medical attention immediately as needed. Follow-up with the Health Records Analyst as soon as possible. The student will be excluded from participation in the clinical environment until there is a medical evaluation by a physician and the student receives a documented medical clearance.
   
   c. Students with documented latex allergy: In addition to the above responsibilities, avoid direct contact with latex gloves and other products containing latex (NIOSH, 1997). It is the student’s responsibility to inform each of their faculty members regarding their latex allergy, as well as to follow instructions provided by their provider to reduce latex exposures.
Background: The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Nurses often use electronic media both personally and professionally. Instances of inappropriate use of electronic media by nurses have been reported to boards of registered nursing (BRN) and, in some cases, reported in nursing literature and the media. Without a sense of caution, however, these understandable needs and potential benefits may result in the student nurse disclosing too much information and violating patient privacy and confidentiality.

Purpose:

Students are expected to adhere to the guidelines for use of social media set by American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN). The following excerpt from the NCSBN White Paper: A Nurse’s Guide to the Use of Social Media (August, 2011) discusses these guidelines.

Policy

1. Use of Social Media is prohibited while performing direct patient care activities or in unit work areas.
2. Protect confidential, sensitive, and proprietary information: Do not post confidential or proprietary information (text or pictures) about the university, staff, students, clinical facilities, patients/clients, or others with whom one has contact in the role of a California Baptist University School of Nursing student.
3. HIPPA guidelines must be followed at all times. Identifiable information concerning clients/clinical rotations must not be posted in any online forum or webpage.
   a. Patient privacy must be maintained in all communications. Do not disclose information that may be used to identify patients or their health condition that may be recognized by patients, their families, or their employers.
   b. Do not use information that identifies clinical affiliates (clinical sites).
   c. Do not harass, libel, slander, or embarrass anyone. Do not post any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful, or embarrassing to another person or entity. Individuals may be held personally liable for defamatory, proprietary, or libelous commentary.
4. Do not “friend” patients or their family members, caregivers. Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
5. Do not use California Baptist University or School of Nursing marks, such as logos and graphics, on personal social media sites.
6. Be aware of your association with California Baptist University in online social networks. If you identify yourself as a student, ensure your profile and related content is consistent with how you wish to present yourself to colleagues, clients, and potential employers. Identify your views as your own. When posting your point of view, you should neither claim nor imply you are speaking on the California Baptist University School of Nursing behalf, unless you are authorized to do so in writing.

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

- First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Do not share, post, or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
- Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to patients in a disparaging manner, even if the patient is not identified.
- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Promptly report any identified breach of confidentiality or privacy.
- Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the work place.
- Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.
SON Consequences:
- Violations of patient/client privacy with an electronic device will be subject to HIPAA procedures/guidelines and consequences.
- Students who share confidential or unprofessional information do so at the risk of disciplinary action including failure in a course and/or dismissal from the program.
- Each student is legally responsible for individual postings and may be subject to liability if individual postings are found defamatory, harassing, or in violation of any other applicable law. Students may also be liable if individual postings include confidential or copyrighted information (music, videos, text, etc.).

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

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

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

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

References
http://ana.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/NursingStandards/A
NAPrinciples.aspx
Purpose: To comply with The Joint Commission (TJC), state and local regulations regarding background checks for healthcare providers, the following position statement has been drafted by the IECP Consortium for Nursing:

The California Board of Registered Nursing or other licensing agencies determine eligibility for licensure which supersedes these guidelines. Students may be denied access to clinical facilities based on offenses appearing on the criminal background check. All offenses including juvenile offenses must be disclosed to the California Board of Registered Nursing and all other licensing agencies.

Scope: All California Baptist University, School of Nursing students and faculty.

Policy:
1. Nursing students must have criminal background checks to participate in placement(s) in clinical facilities. Background checks are required for registration in clinical nursing courses. The initial background check satisfies this requirement during continuous enrollment in the program; should the educational process be interrupted, a new background check will be required. The background check information will be maintained by Certified Background (the online document manager).

2. Students must provide schools with information allowing the school (and clinical facilities as necessary) access to the background check. If the student’s record is not clear, the student will be responsible for obtaining documents and having the record corrected to clear it. If this is not possible, the student will be unable to attend clinical rotations. Clinical rotations are a mandatory part of nursing education; therefore the student will be ineligible to continue in a school of nursing.

3. The background check cost is assumed by the student. The cost is subjective to change.

4. Background check results with infractions will be shared with the Human Resources specialist at the student’s assigned clinical facility. Convictions listed below may render students ineligible to participate in clinical experiences.

5. Students may be denied access to clinical facilities based on offenses appearing on the criminal record which may have occurred more than seven years ago.
6. Students will be required to provide documentation regarding clearance of background check infractions. Failure to provide sufficient proof of rehabilitation to the Board of Registered Nurses may result in denial of licensure.

7. The background check done as a requirement for the program or course participation in clinical learning may not be used for licensure purposes.

8. Credit checks are not performed on students.

9. Background checks will minimally include the following:
   a. Seven year history
   b. Address verification
   c. Sex offender database search
   d. Two names (current legal and one other name)
   e. Three counties
   f. Office of Inspector General (OIG) search
   g. Social security number verification

10. Students will be unable to attend clinical facilities for the following convictions:
    a. Murder
    b. Felony assault
    c. Sexual offenses/sexual assault
    d. Felony possession and furnishing
    e. Felony drug and alcohol offenses (without certificate of rehabilitation)
    f. Other felonies involving weapons and/or violent crimes
    g. Class B and Class A misdemeanor theft
    h. Felony theft
    i. Fraud
    j. Multiple offenses
Purpose: To provide guidelines for students to complete their health requirements and maintain clinical clearance. These requirements are in accord with policies from the clinical affiliates which ensures that students are in good health and free of communicable disease when caring for patients.

Scope: All CBU nursing students. A student must be in optimal physical and mental condition in the clinical area to ensure the safe and effective care of clients.

Policy:
1. Physical Examination and Immunizations:
   a. Students are required to have a complete physical examination prior to starting the nursing program and annually thereafter.
   b. The examination must demonstrate that the student is physically fit and free from and/or immunized for communicable diseases, in order for the student to be assigned in the clinical agencies. The physical exam includes a complete blood count (CBC), serology VDRL, and urinalysis.
   c. In addition to the physical examination, students must receive a clearance to participate in clinical nursing. This form must be signed by a physician or nurse practitioner. As part of the physical examination requirements, students must complete the following:
      1) A tuberculosis screening with a PPD skin test or a Quantiferon blood test. A 2-step PPD is required upon entry into the nursing program, followed by an annual 1-step PPD. If there is a history of a positive TB skin test or positive Quantiferon, students must submit documentation of a chest x-ray upon entry into the program, then an annual TB symptom screen.
         a) If the PPD skin test converts from negative to positive during enrollment in the program, immediate medical follow-up and chest x-ray are required. Thereafter, an annual TB symptom screen is required.
      2) Students are required to receive the Influenza vaccine annually.
      3) All students are required to have evidence of immunity to the following:
         a) MMR (measles, mumps, and rubella) titer levels (blood test); if negative, submit documentation of 2-dose childhood immunization and booster.
         b) Hepatitis B with a 3-dose series and positive titer; if titer is negative, repeat 3-dose series and get a 2nd titer; if second titer is negative, student considered a non-converter.
c) Varicella (chickenpox) with a positive titer; if titer is negative, need a 2-dose vaccine series. History of disease is not acceptable.
d) Tdap (tetanus, diphtheria, and pertussis) one time dose; then Td required every 10 years.
e) Hepatitis A (2-dose series) and Meningococcal vaccine are highly recommended, but not required.
d. Documentation of the health requirements will be maintained by the online document manager, Certified Background.com. Instructions for this process will be emailed to each student.

2. Drug Screening:
a. In order to comply with clinical agency affiliation agreement requirements and to ensure patient safety, all nursing students will be required to submit to mandatory drug screening upon entering the nursing program and to random drug screening thereafter. The initial screening will be performed by Certified Background.com upon creating an account. For random screening, students will be notified by the Clinical Affiliations office.
b. Students will be responsible for the cost of their own screening.
c. If a student’s physical condition or behavior is symptomatic of substance abuse, the instructor has the right and responsibility to remove that student from the patient care area. Before returning to the clinical area, the student will meet with the instructor, and the Program Director. At this time, a written statement of the incident will be prepared by the instructor; this report may be supplemented with a statement by the student. Repetition of this unsafe behavior by the student will result in the student’s failure to meet the clinical objectives of the course and the student will be dropped from the program. See more detailed procedure in the School of Nursing Student Illness/Injury Policy and the University Alcohol/Drug abuse policy.
d. Any student receiving any prescribed drug therapy will be encouraged to make this known to the instructor and/or Program Director. Appropriate adjustments in assignment might be made.

3. Mental Health:
a. Students in clinical will often experience high stress and will need to be able to concentrate and perform critical thinking in a very stressful environment. If a student’s behavior is symptomatic of emotional distress, the instructor has the right and responsibility to remove that student from the patient care area.
b. Before returning to the clinical area, the student will meet with the instructor, and the Program Director. Students should not be allowed to return to clinical nursing until they are able to tolerate a stressful environment without endangering their own or their clients’ wellbeing. A clinical clearance signed by a psychiatrist may be necessary.

4. Clinical Clearance Certificate:
a. Students are issued a Clinical Clearance Certificate which must be carried at all times in the class/clinical setting.
b. Students who do not have health clearance will not be allowed to participate in clinical experiences. Students whose certificate expires in the middle of the semester will be sent home from clinical if a new certificate from the CBU-SON is not produced prior to the expiration date on the certificate.
c. Students will be held responsible for their own clinical records & this will be enforced.
5. Health Insurance:
   a. All students are required to carry adequate health coverage per CBU Student Handbook.
   b. Students have the option of health coverage through the University, or they may sign a waiver indicating coverage under another policy.
   c. Should the student become ill or be injured while in a clinical agency, the clinical instructor should be notified at once. The clinical instructor will then determine if a worker's compensation form should be filed.
   d. If emergency room care is required, the student may be charged; however the student's health coverage for workers' compensation should provide reimbursement. If emergency care is not required, the student should seek service through their health care provider physician.
   e. Also see protocol for “Student Incident/unexplained illness in clinical setting”.

6. CPR Certification:
   a. Each nursing student is to have a current CPR card from the American Heart Association, Basic Life Support (BLS) for the Healthcare Provider, certifying proficiency in 1 and a 2-man adult, infant, and child cardiopulmonary resuscitation as well as use of AED (automatic external defibrillator).
   b. Verification of valid cards with signatures (in the form of a Xerox copy of both sides) must be on file with the School of Nursing before students will be allowed to begin classes or clinical.

7. Transportation:
   a. Students are responsible for providing their own transportation to and from clinical agencies. It is further expected that all students will have a valid driver’s license, insurance, and access to a car or other appropriate, reliable transportation.
   b. Lack of transportation is not considered a valid excuse for absence from clinical.
   c. In the case of carpooling to clinical sites, all students will complete the form “Authorization to operate personal vehicle” and upload to the online document manager.
Purpose
1. To protect the wellbeing of students.
2. To establish protocols for any incident/injury or any unexplained illness.
3. To provide guidelines of coverage of Worker’s Compensation Insurance for nursing students.

Scope
This policy applies to all California Baptist University, School of Nursing students. The policy covers students in clinical areas who sustain any incident such as, but not limited to, TB exposure, needle stick injury, or slip and fall, and any unexplained illness such as, but not limited to, dizziness, fainting, nausea, vomiting, syncope, vaso vagal response, or seizure.

Policy Statement
In the event of any incident/injury or unexplained illness, the student must immediately notify the clinical instructor. The clinical instructor will direct the student to the appropriate level of medical care; facility urgent care or emergency department, or the CBU contracted urgent care. CBU Worker’s Compensation Insurance information will be provided by the student or clinical instructor to the health care provider. The student and clinical instructor will communicate details of the incident/injury or unexplained illness to the Health Records Analyst who will ensure the student obtains treatment and clearance, if applicable, and make recommendations to decrease potential incidents in the future.

Responsibilities

STUDENT:
1. In the event of any incident/injury or unexplained illness, immediately notify clinical instructor.
2. Provide CBU Worker’s Compensation Insurance information to health care provider.
   The Worker’s Compensation Insurance information is:
   Church Mutual Insurance Group
   P.O. Box 357
   3000 Schuster Lane
   Merrill, WI 54452-0357
   Phone 800-554-2642
   Policy # 0239508
3. Complete all forms required by the clinical agency. **Do not use your own insurance policy.**
4. Fill out claim form at CBU Human Resources (HR) within 24 hours of the incident or the next business day. The phone number for HR is 951-343-4302.
5. Meet with Clinical Affiliations Director within 24 hours of the incident or the next business day. To contact the Clinical Affiliations Director, call 951-343-4700.
CLINICAL INSTRUCTOR:
1. Upon notification of any incident/injury or unexplained illness of a student, the clinical instructor will evaluate the student and determine whether the student will be seen in the facility’s urgent care or emergency department.
   a. Needlestick injuries are to be seen in the facility’s emergency room.
2. Ensure safe transport of student to urgent care or emergency department.
3. Contact responsible party for after care management. Stay with student until responsible party arrives.
4. Notify the following individuals immediately: Lead faculty, Clinical Affiliations Director. If after hours, or unable to contact Clinical Affiliations Director, notify the administrative team member on call.
5. Complete the Incident/Injury/Unexplained Illness report and forward to the Health Records Analyst as soon as possible and within 24 hours of the incident or next business day.
6. Communicate with student regarding make-up assignments.

HEALTH RECORDS ANALYST:
1. Meet with the student to obtain details of the incident.
2. Follow up with student regarding clinical clearance and any follow up medical needs.
3. Complete a report with recommendations and submit to administrative team.
4. Trend incidents on a quarterly basis and submit quarterly and annual reports to administrative team.

Location of CBU Contracted Urgent Care:
Riverside Medical Clinic
Occupational Medicine
7117 Brockton Avenue
Riverside, CA 92506
Nursing students who are or become pregnant while in the program must have medical approval to continue in the nursing program. In each case of pregnancy, the student will be required to inform the clinical instructor of her pregnancy and to file with the Director of Clinical Affiliations a written statement (upload to Certified Background.com) from her qualified provider stating the following:

A. Confirmation the provider has reviewed CBU’s School of Nursing’s written functional abilities essential for nurse practice;

B. The expected date of delivery;

C. Approval to continue in the nursing program either with or without accommodation until the date of delivery; however, if with accommodation(s), the provider must give a specified date. If accommodation(s) is being required by the student’s provider, the School of Nursing will determine whether or not it can reasonably provide such an accommodation before allowing the student to continue on in the program. If the School of Nursing determines it cannot provide the accommodation(s), the student will have the right to go through the grievance procedure set forth in the University Student Handbook.

It is further required that the student notify the faculty if the doctor finds any medical reason to limit activities or to recommend withdrawal from the program anytime during the pregnancy. The student who elects to continue in the program accepts full responsibility for any risks to herself and fetus associated with an assignment in the hospital setting. In an effort to reduce known potential hazards, pregnant students will not be assigned to known risk areas in medical surgical and psychiatric units.

Following delivery, if the student anticipates re-entering a nursing course before four weeks after birth, written approval from the provider must also be obtained and filed with the Director of Clinical Affiliations (upload to Certified Background.com).

In the event the student should begin labor or experience symptoms of complications while in class attendance, either on campus or in a participating agency, the student will be expected to do one of the following:

A. Report to emergency room if in hospital, or appropriate evaluation prior to leaving hospital or

B. Wait at the college or hospital until a responsible family member arrives to take her home, or

C. Makes arrangements to be transported by responsible person or ambulance to the hospital where she plans to deliver.
If the student becomes aware of any problem in their health status (examples: broken bone, skin lesions, chest pain, contagious disease, pregnancy, injury, back injury, surgery), the student as a precondition to having any further client contact, is required to obtain from a qualified provider a written statement providing the following:

A. Confirmation the provider has reviewed CBU’s School of Nursing’s written functional abilities essential for nurse practice;

B. Confirmation if applicable, that the student has approval to continue in the nursing program either with or without accommodation; however, if with accommodation, for the doctor to specify what that accommodation or accommodations would be until a specified date. If accommodation is being required by the student’s physician, the School of Nursing will determine whether or not it can reasonably provide such an accommodation before allowing the student to continue on in the program. If the School of Nursing determines it cannot provide the accommodation, the student will have the right to go through the grievance procedure set forth in the University Student Handbook.

This statement must be on file prior to the student having client contact.

Restricted physical activities may prohibit participation in clinical/hospital experience and may delay progress in the nursing program until the restriction is discontinued and normal unrestricted hospital/clinical nursing activities may be resumed. This policy is necessary to ensure client and student safety.

The following essential eligibility requirements for participation in the School of Nursing and examples of necessary activities (not all inclusive) should be used to assist each applicant/student in determining whether accommodations or modifications are necessary.

ADA Guidelines apply to all qualified persons. If you have a diagnosed disability that needs specific consideration, see the Dean of the School of Nursing prior to accepting placement in the nursing program to discuss your needs. Under California law, disability has been defined as any situation wherein the individual’s condition interferes with their “normal life activities”.

A person with a diagnosed disability is a person who is otherwise qualified with reasonable modifications to rules, policies, or practices, the removal of architectural, communication or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services, or the participation in programs or activities provided by a private entity and must be able to perform the “essential functions” of the position with reasonable accommodations. Any student who, because of a disabling condition, may require some special arrangements in order to meet course requirements should contact the Dean of the School of Nursing as soon as possible to make necessary accommodations. Students should be prepared to present a disability verification form from their physician and the CBU Disabilities Office.
<table>
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<tr>
<th><strong>Essential Functions</strong></th>
<th><strong>Some Examples of Necessary Activities</strong></th>
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<tbody>
<tr>
<td>Critical thinking abilities sufficient for clinical judgment.</td>
<td>Identify critical relationships in clinical situation; develop and plan nursing care; medication drug dosage math calculations</td>
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<tr>
<td>Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.</td>
<td>Establish rapport with patients/ families and colleagues.</td>
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<tr>
<td>Abilities sufficient to move from room to room and to maneuver in small places.</td>
<td>Move around in patients’ rooms, work spaces, and treatment areas, and administer cardio-pulmonary resuscitation.</td>
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<tr>
<td>Abilities sufficient to provide safe and effective nursing care.</td>
<td>Calibrate and use equipment; position patients/clients. Safely lift and move patients/clients.</td>
</tr>
<tr>
<td>Abilities sufficient to monitor and assess health needs.</td>
<td>Hear monitor alarms, emergency signals, auscultory sounds, and cries for help.</td>
</tr>
<tr>
<td>Abilities sufficient for physical assessment.</td>
<td>Perform palpation, functions of physical examination and/or those related to therapeutic intervention, e.g. insertion of a catheter</td>
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</table>
A Report of Unusual Occurrence/Medication Error form is to be completed when any unusual occurrence and/or medication error occurs involving a CBU nursing student in the clinical setting. This is to be done regardless of whether or not an agency incident report is required.

Scope
This policy applies to all California Baptist University, School of Nursing students in the clinical setting. The scope of this policy covers student involvement in any unusual occurrence such as but not limited to medication errors, patient falls, breach of facility policy and procedures, and disclosure of confidential information (HIPAA).

Policy statement
Students will follow facility policies and procedures. In the event of an unusual occurrence and/or medication error in the clinical setting, the student will immediately notify the clinical instructor. The facility supervisor will be notified immediately and facility procedures for unusual occurrences and/or medication errors will be followed.

Procedure
1. Carry out patient safety measures and report the incident to the facility nursing supervisor (RN assigned to patient, charge nurse, and/or nurse manager) and physician or per facility protocol.
2. The clinical instructor is responsible for having the student complete the Report of Unusual Occurrence/Medication Error form in the clinical area.
3. The clinical instructor will sign and distribute copies to the appropriate individuals: Lead Faculty, Program Director, Associate Dean, and Dean.
4. In collaboration with lead faculty, the clinical instructor is responsible for counseling the student and scheduling remedial assignments and/or practice in the nursing skills laboratory.
5. A student making any medication error may be placed on contract. A student involved in two unusual occurrences in one semester or three during the total clinical nursing program will be placed on contract. Repeated and/or serious clinical errors/unusual occurrences may result in immediate withdrawal from the nursing program.
6. A copy of each completed report will be placed in the students file until graduation.
7. If an agency report is not required in the situation, the instructor will use discretion as to whether a copy of this report should be returned to the agency.
8. Each incident will be evaluated in terms of the consequences or outcomes to the client. In the case of any single error with serious or life-threatening outcomes, the student will be evaluated by faculty for progression and/or retention and may result in immediate withdrawal from the nursing program.
9. Any unusual occurrences/medication errors will be reflected on the overall clinical evaluation.
Criteria for Reporting Medication Errors

A Report of Unusual Occurrence/Medication Error form will be completed by the student and clinical faculty for the following actions:

1. Administering the wrong medication.
2. Administering medication to the wrong client.
3. Administering the wrong dose or drip rate.
4. Administering medication via the wrong route.
5. Administering medication at the wrong time or wrongfully omitting a dose.
6. Administering medication in an unsafe manner.
7. Incomplete, inaccurate, or incorrect charting, delayed charting, or failure to chart a medication.

Faculty discretion may be used in considering the following either potential or actual errors on Level 2 only.

1. Inadequate knowledge base about medication prior to preparation and administration (e.g. not knowing appropriateness of medication for specific client or rationale for giving it).
2. Poor nursing judgment (e.g. not knowing when to give or hold dose, or when to question appropriateness of medication).
4. Inaccurate or unsafe medication preparation.
5. Not utilizing the "5 rights."
7. Not checking pertinent vital signs (T, P, R, B/P), weight, or lab values (e.g. electrolytes, blood chemistry, therapeutic level).
8. Selecting wrong medication but not administering it (stopped by the instructor or RN).