**ROCHESTER UNIVERSITY**

**SCHOOL OF NURSING**

**BACHELOR OF SCIENCE**

**IN NURSING**

**STUDENT HANDBOOK**

***This handbook is intended to be used in conjunction with the***

***Rochester University Student Handbook. The faculty***

***reserve the right to revise this handbook.***

**2023-2024 School of Nursing**

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**I. SCHOOL OF NURSING MISSION STATEMENT AND CURRICULUM CONCEPTS**

 **MISSION STATEMENT** The mission of the Rochester University School of Nursing is to *develop socially conscious*

 *professional nurses who are empowered to address inequities in healthcare through civic engagement,*

 *inter-professional collaboration, and servant leadership. Students will utilize clinical reasoning in the context of an*

 *inclusive Christian environment to provide holistic care for diverse populations.*

 **SCHOOL OF NURSING CURRICULUM CONCEPTS**

**Challenge of Spirituality**: Students are exposed to a Christian perspective and are challenged to approach their life and work through personal responsibility and service.

**Critical Thinking**: Students demonstrate the ability to integrate the nursing process, conceptual frameworks/theory, and evidence-based practice (EBP) research to guide decision making in a variety of settings.

**Communication**: Students express understanding and collaborate in diverse contexts using a variety of written and verbal forms.

**Caring**: Students actively participate in a caring theory model.

**Community Oriented:** Students practice in a variety of settings, for the purpose of health promotion and disease prevention across the lifespan.

**Cultural Understanding:** Students obtain knowledge of diverse cultures that lead to an opportunity to appreciate a variety of people and their unique health practices and beliefs.

**II. ACCREDITATION**

Rochester University is accredited by the Higher Learning Commission and is a member of the North Central Association. The Baccalaureate in Nursing program at Rochester University School of Nursing is accredited by the Commission on Collegiate Nursing Education, 655 K Street, NW, Washington, DC 20001, (202)887-6791.

**III. PRE-LICENSURE BSN**

The pre-licensure nursing program requires completion of prerequisite coursework in the pre-nursing degree plan prior to 4 levels of coursework within the nursing major. Additional General Education requirements complete the degree requirements. Graduates of the RU SON Undergraduate program receive a Bachelor of Science in Nursing degree and may sit for the National Council Licensure Examination-RN (NCLEX-RN®) to become a Registered Nurse. The pre-licensure Bachelor of Science in Nursing degree program is comprised of the following requirements:

 **a. GENERAL EDUCATION COURSES (41 credit hours)**

 Requirements for the General Education Core can be found at the following link**:**

[**General Education Core**](https://rc.smartcatalogiq.com/en/2022-2023/course-catalog-2022-2023/general-education-program/general-education-core/)

 **b. REQUIRED SUPPORT COURSES**

 BIO 1013/1011 Biological Science I/Lab

 BIO 2011 Intro to Anatomy and Physiology Lab

 BIO 2013 Intro to Anatomy and Physiology Lecture

 BIO 3324 Microbiology/Lab

 CHE 1314 Intro to Chemistry I

 CHE 1324 Intro to Chemistry II

 PSY 2223 Life Span Development

 **c. NURSING COURSES**

 **FALL-1ST YEAR**

 NUR 2102 Introduction to Professional Nursing

 NUR 2304 Health Assessment

 NUR 2402 Fundamentals of Nursing with clinical

 NUR 2503 Nursing Skills Acquisitions

 **SPRING-1ST YEAR**

 NUR 2203 Integrated Pathophysiology

 NUR 2604 Innovative Pharmacology

 NUR 2705 Medical/Surgical Nursing I with clinical

 **FALL-2ND YEAR**

 NUR 3215 Medical/Surgical Nursing II with clinical

 NUR 3314 Mental Health Nursing with clinical

 NUR 3412 Applied Nursing Research I

 **SPRING-2ND YEAR**

 NUR 3422 Applied Nursing Research II

 NUR 3514 Maternal-Infant Nursing with clinical

 NUR 3614 Pediatric Nursing with clinical

 **FALL-3RD YEAR**

 NUR 4115 Medical/Surgical Nursing III with clinical

 NUR 4214 Population Based Nursing with clinical

 **SPRING-3RD YEAR**

 NUR 4415 Pre-Licensure Capstone Practicum

 NUR 4613 Comprehensive Nursing

 **CAN BE TAKEN EITHER FALL OR SPRING-3RD YEAR**

 LDR 3653 Strategic Leadership Theory and Practice

|  |  |  |  |
| --- | --- | --- | --- |
| **LEVEL 1 COURSES** | **LEVEL 2 COURSES** | **LEVEL 3 COURSES** | **LEVEL 4 COURSES** |
| NUR 2102 | NUR 2203 | NUR 3422 | NUR 4415 |
|  NUR 2304 |  NUR 2604 | NUR 3514 | NUR 4613 |
| NUR 2402 | NUR 2705 | NUR 3614 |  |
| NUR 2503 | NUR 3215 | NUR 4115 |  |
|  | NUR 3314 | NUR 4214 |  |
|  | NUR 3412 |  |  |
|  |  |  |  |

**IV. APPLICATION/ADMISSION POLICY – TRADITIONAL PRE-LICENSURE NURSING PROGRAM**

 Information on the application for admission policy regarding the **traditional process** and the **freshman direct admit**

 **process** can be found at the following link: [Application and Admission Policy](https://rochesteru.edu/academic/undergraduate/nursing-overview/)

**V. BSN PROGRAM OUTCOMES**

|  |
| --- |
| **End of Program, Leveled Outcomes****At the end of Level IV, and at the end of the program, the RU-SON graduate will be able to:**1. **Support individuals, families, and communities as an advocate. (Challenge of Spirituality)** |
| * + Level III:
 | Evaluate the impact of spiritual beliefs. |
| * + Level II:
 | Interpret impact of spiritual beliefs and values on life, health, illness, and death. |
| * + Level I:
 | Identify own personal attitudes, values, and beliefs. |
| 1. **Synthesize knowledge from liberal arts, applied sciences, and current research in the delivery of nursing care. (Critical Thinking)**
 |
| * + Level III:
 | Examine research as a tool for seeking answers to clinically significant nursing problems. |
| * + Level II:
 | Demonstrate the use of the nursing process as a systematic approach for thinking through practice issues. |
| * + Level I:
 | Define conceptual/theoretical frameworks to organize nursing practice. |
| 1. **Evaluate communication techniques utilized in the teaching-learning process. (Communication)**
 |
| * + Level III:
 | Compare and contrast different communication strategies.  |
| * + Level II:
 | Apply therapeutic communication principles during interactions with others. |
| * + Level I:
 | Describe verbal and non-verbal language that conveys the intended meaning. |
| 1. **Model behaviors associated with Jean Watson’s Theory of Human Caring/Caring Science. (Caring)**
 |
| * + Level III:
 | Demonstrate Jean Watson’s Theory of Human Caring/Caring Science behaviors. |
| * + Level II:
 | Discuss Jean Watson’s Theory of Human Caring/Caring Science |
| * + Level I:
 | Define Jean Watson’s Theory of Human Caring/Caring Science |
| 1. **Develop commitment to community involvement and leadership. (Community Oriented)**
 |
| * + Level III:
 | Appraise own practice of nursing through leadership and community service. |
| * + Level II:
 | Demonstrate health promotion and disease prevention activities in a variety of settings. |
| * + Level I:
 | Identify health promotion and disease prevention strategies in a variety of settings. |
| 1. **Advocate for culturally diverse healthcare practices. (Cultural Understanding)**
 |
| * + Level III:
 | Appraise culturally diverse healthcare practices. |
| * + Level II:
 | Demonstrate cultural assessment. |
| * + Level I:
 | Recognize diverse cultural practices. |

|  |
| --- |
| **Description of Competencies and Alignment with Professional Standards** *[Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008); Nursing Scope and Standards of Practice (ANA, 2015)]*  |
| **RU-SON Concepts**  | **Level 1 Courses****(Outcome) Competency** | **Level 2 Courses****(Outcome) Competency** | **Level 3 Courses****(Outcome) Competency** | **Level 4 Courses****(Outcome) Competency** |
| Challenge of Spirituality | (Identify own personal attitudes, values, and beliefs.) Recognize personal attitudes, values, and beliefs during treatment of illness. Examine how personal values relate to contemporary ethical issues. (**AACN Essential I, II, VII, IX) (ANA Standard 7,8, 14)** | (Interpret impact of spiritual beliefs and values on life, health, illness, and death.) Examine personal and client attitudes, values, and beliefs, and its effects on health, illness, and death.Incorporate legal/ethical standards and accountability into professional nursing practice.**(AACN Essential I, VI, VIII, IX) (ANA Standard 8,9)** | (Evaluate the impact of spiritual beliefs.) Evaluate and modify care plans in recognition of client practices/beliefs.Honor client practices to promote health and wellness. **(AACN Essential I, VI, IX) (ANA Standard 7, 9)** | (Support individuals, families, and communities as an advocate.) Demonstrate genuine interest in others.Practice loving-kindness, associated with Jean Watson’s theory of Human Caring/Caring Science, and equanimity. **(AACN Essential I, VI, IX) (ANA Standard 9,13, 14)** |
| Critical Thinking | (Define conceptual/theoretical frameworks to organize nursing practice.)Complete basic nursing skills using the nursing process.Apply Standards of Practice in the nursing care of individuals.Comprehend the critical thinking process and its relevance to nursing practice. **(AACN Essential III, V, VII, VIII, IX) (ANA Standard 5, 7)** | (Demonstrate the use of the nursing process as a systematic approach for thinking through practice issues.) Utilize the nursing process as a systematic approach for thinking through practice issues.Examine how the teaching-learning process is related to the nursing process.Determine care management needs of clients, and identify resources that affect delivery of care and client outcomes. (**AACN Essential** **III, V, VII, VIII, IX) (ANA Standard 13, 14)**  | (Examine research as a tool for seeking answers to clinically significant nursing problems.) Critique the value of his/her critical thinking process.Utilize research as a tool for seeking answers to clinically significant nursing problems.Manage complexities of clients. Identify needs, and anticipate coordination of services. **(AACN Essential III, V, VII, VIII, IX) (ANA Standard 9, 13, 14, 15)**  | (Synthesize knowledge from liberal arts, applied sciences, and current research in the delivery of nursing care.) Evaluate and revise decisions.Critically evaluate nursing care issues, and develop appropriate actions for clinical situations.Collaborate with the healthcare team to promote achievement of client outcomes. **(AACN Essential III, V, VII, VIII, IX) (ANA Standard 10, 13, 14, 16, 17)** |
| Communication  | (Describe verbal and non-verbal language that conveys the intended meaning.) Differentiate between therapeutic, social, and professional communication. Apply principles of therapeutic communication with assigned clients.**(AACN Essential I, IV, VI, VII, IX) (ANA Standard 9)**  | (Apply therapeutic communication principles during interactions with others.) Demonstrate effective communication skills during nurse-client and professional interactions.Demonstrate ability to communicate in writing with a variety of audiences. **(AACN Essential I, IV, VI, VII, IX) (ANA Standard 9,10)** | (Compare and contrast different communication strategies.) Affect patient care through initiation of effective communication (written and verbal) with clients and colleagues.Evaluate own communication skills. **(AACN Essential I, IV, VI, VII, IX) (ANA Standard 9,10, 13,14)** | (Evaluate the communication techniques utilized in the teaching-learning process.) Communicate effectively with health care team in the role of the leader/manager.Communicate effectively with communities and non-nursing officials to promote health care initiatives.**(AACN Essential II, III, IV, VI, VII, IX) (ANA Standard 9, 10, 13, 14, 15)** |
| Caring  | (Define Jean Watson’s Theory of Human Caring/Caring Science)Recognize the core concepts of the theory. Describe various ways of caring. **(AACN Essential I, VI, VII, IX) (ANA Standard 7, 8,9,10)** | (Discuss Jean Watson’s Theory of Human Caring/Caring Science.) Apply concepts of the theory to support a caring and healing environment and teamwork.Educate the client in making informed choices. **(AACN Essential I, VI, VII, IX) (ANA Standard 12, 13)** | (Demonstrate Jean Watson’s Theory of Human Caring/Caring Science behaviors.) Engage in caring-healing practices.Engage in genuine teaching-learning within the client’s frame of reference. **(AACN Essential I, VI, VII, IX) (ANA Standard 13,15, 17)** | (Model behaviors associated with Jean Watson’s Theory of Human Caring/Caring Science.) Embrace altruistic values and practice loving-kindness with self and others.Practice discernment in evaluating circumstances and situations vs. being judgmental. **(AACN Essential I, II, III, VI, VII, IX) (ANA Standard 11,15,16)** |
| Community Oriented  | (Identify health promotion and disease prevention strategies in a variety of settings.) Explain basic key health promotion and risk reduction strategies.Describe health determinants relevant to the individual, family, and community. **(AACN Essential I, V, VII, VIII, IX) (ANA Standard 7,11)** | (Demonstrate health promotion and disease prevention activities in a variety of settings.) Educate clients about disease prevention and risk reduction strategies.Analyze the importance of cultural and global factors on perception of health and illness. **(AACN Essential I, V, VII, VIII, IX0 (ANA Standard 7, 17)** | (Appraise own practice of nursing through leadership and community service.) Identify vulnerable populations.Apply disease prevention and risk reduction strategies to vulnerable populations.**(AACN Essential V, VII, VIII, IX) (ANA Standard 7, 13, 16, 17)** | (Develop commitment to community involvement and leadership.) Examines the role of nurses beyond the acute care setting. Examine policies and practices affecting health care. Identify strategies to remedy social or institutional ethical issues. **(AACN Essential II, V, VII, VIII, IX) (ANA Standard 7,10, 11,12, 16, 17)** |
| Cultural Understanding | (Recognize diverse cultural practices.) Situate professional nursing in the treatment of disease within the cultural context. Perform appropriate assessments for diverse clients. (**AACN Essential I, VIII, IX) (ANA Standard 1,2, 8)** | (Demonstrate cultural assessment.)Situate health assessment within the cultural context.Implement nursing interventions that reflect understanding of diversity. **(AACN Essential III, VII, IX) (ANA Standard 1,2,3, 4, 8)** | (Appraise culturally diverse healthcare practices.) Differentiate between cultural and social determinants of health.Develop plan of care for culturally diverse vulnerable populations. **(AACN Essential III, VII, IX) (ANA Standard 4,5a, 5b, 8)** | (Advocate for culturally diverse health care practices.) Identify barriers to a diverse workforce in nursing. Identify strategies that will improve workforce diversity in nursing. Examine strategies to improve cultural competence in the clinical settings. **(AACN Essential III, VII, IX) ANA Standard 5a, 5b, 6, 8)** |

**VI. ACADEMIC ADVISING**

**The Academic Coordinator** will help students with class scheduling, transcript updating, transfer evaluation and

general questions about Rochester University. **It is the student’s responsibility to meet with the Coordinator at**

**least once each semester to ensure that the student is meeting requirements for the nursing program and is progressing satisfactorily towards graduation.** Students will be assigned a **Nursing Faculty Adviser** who will advise students about professional/academic direction and other nursing questions.

**VII. ADDITIONAL COSTS FOR NURSING STUDENTS**

ACEMAPP clinical placement (annual) $50

Drug Screen (annual) Check w/PCP/possible ins. coverage

Michigan Background Check (annual) $10

Immunizations/titers (1st year if not up-to-date) Varies

[MMR, Varicella, Hep B, TDaP(every 10 years)]

Check with PCP/possible insurance coverage

Tb skin test (annual) varies (Check with PCP)

Flu vaccine (annual) Varies/May be covered by insurance at PCP

Physical exam (1st year only) Varies/May be covered by insurance at PCP

BLS/HCP certification (every 2 years) $80 (if completed at Rochester University)

**Must be Basic Life Support (BLS) Health Care Provider (HCP) American Heart Association (AHA)**

Uniform scrubs with RU patch/logo (1st year only) $140-$200

Kaplan NCLEX test prep (every semester) $134

Lab fee (1st year only) $100

Skills Lab Kit (1st year only) $200

Stethoscope Varies

National Student Nurse Association membership $37/1st year; $40/2nd & 3rd years

Replacement Nursing Student ID (if lost) $35

Replacement Nursing Uniform Patches (if lost) $ 5

**VIII. DOCUMENTATION REQUIREMENTS FOR ADMISSION TO RU SON**

 All official documents are to be completed before a student is allowed to attend lecture/clinical. Rochester University

 uses ACEMAPP as our clinical placement tool. Upon acceptance into the Rochester University School of Nursing,

 new student names and email addresses will be provided to ACEMAPP.

**Once the student has an ACEMAPP account, the following requirements will be uploaded, by the student, to ACEMAPP. Please use the uploading instructions from the following ACEMAPP link:**

<https://acemapp.org/kb/57>

 **To be uploaded to ACEMAPP:**

Physical Exam. Complete the student information portion of the **Comprehensive Clinical** **Health Form** (**Appendix A**) and take it to your appointment. The top portion is to be filled out by the student; the bottom portion by the healthcare provider. You can complete this at your private physician’s office and bill to your health insurance company (if applicable).

Drug Screen. A urine drug screen may be obtained at the student’s private physician’s office or at Ascension Providence Rochester Hospital’s Occupational Medicine dept. (248-652-5203). Go to Ascension Providence Rochester ER between 7am-4pm to leave a urine sample. Student should ask for results to be given directly to him/her and then upload to ACEMAPP. The drug screen will need to be submitted at the beginning of **each** school year.

Background Check. RU SON requires a Michigan State Police online background check in order to comply with clinical agency requirements. The background check will be required at the beginning of **each** year of nursing school. If the student provides a background check from another source it must be a statewide Michigan search. Please follow the procedure listed below for obtaining clearance:

Log on to <https://apps.michigan.gov/Home/Login?q=MlGPpWZJC+eyoP6U6CpNUg==%27>. Choose the “Get Started” tab. Log in as a guest user and follow instructions. Review the information provided, follow the requirements, and print your search. **Print the sheet with results** and not the payment confirmation page. (There is a $10 charge [Visa, Discover, or MasterCard] by the Michigan State Police for this service).

Immunization Records. Students must provide documentation of all vaccines received. Without proof of vaccine, titers will need to be obtained to show immunity. Proof of immunization will be needed for **Hepatitis B, MMR (Mumps, Rubella and Rubeola), TDaP (pertussis must be a part of this), Varicella (disease history of chicken pox is not proof), and flu** (immunization offered later in Fall). Students should keep a copy for their records. **Tb screen must be done annually and submitted**.

BLS Healthcare Provider. Students must have a valid **American Heart Association (AHA) Basic Life Support (BLS)** **Healthcare Provider** card prior to starting class. The BLS card will be valid for 2 years. Re-certification must be completed and uploaded to ACEMAPP prior to expiration. The BLS card must be kept current throughout nursing school.

Proof of Health Insurance Coverage. Each student must upload proof of health insurance coverage at the beginning of each academic year.

**Clinical Requirements Student Checklist**

|  |  |  |
| --- | --- | --- |
| **REQUIREMENT** | **FREQUENCY** | **PROOF OF REQUIREMENT** |
| Background check | Annually | Copy of criminal record response |
| MMR (Mumps, Rubella, Rubeola) | One time | Documented dates of 2 vaccinations OR Titers indicating immunization |
| Varicella | One time | Documented date of vaccination OR Titer indicating immunization |
| Hepatitis B | One time | Documented dates of 3 vaccinations OR Titers indicating immunization OR signed waiver (**Appendix B**) |
| TDaP | Every 10 years | Documentation of injection (Pertussis must be included) |
| TB Test (PPD) | Annually | Date and result of skin test. Chest X-ray with negative result will be accepted if student has a history of positive skin test |
| Drug Screen | Annually | Copy of drug screen result |
| BLS/HCP | Every 2 years | Copy of BLS/HCP card |
| Flu Vaccine | Annually | Documentation of injection |
| Health Insurance | Annually | Documentation of coverage |

**IX. GENERAL POLICIES**

 **RU SON CRIMINAL BACKGROUND POLICY**

 Admission to RU School of Nursing academic program is conditional upon review of prospective student’s criminal

 background check.

 **Policy:**

A. Students must submit an annual criminal background check prior to the start of each fall semester.

B. Any applicant with a misdemeanor on their record must meet with the Director of RU SON prior to the beginning of the academic year.

C. Any active RU SON student who commits a misdemeanor will be subject to the State of Michigan Board of Nursing rules.

D. If a student commits a felony while enrolled in the RU School of Nursing, the student will be dismissed from the RU School of Nursing.

 **CLINICAL REQUIREMENT POLICY**

A. Rochester University School of Nursing Clinical requirements, as outlined in the clinical requirement student checklist, are to be updated/completed and uploaded to ACEMAPP **two weeks prior to the fall semester**.

B. Any requirement, as outlined in the clinical requirement student checklist, that expires within the academic year must be updated and submitted prior to the expiration date.

C. **Students may not attend clinical with any undocumented or expired clinical requirements**.

 **MATH POLICY**

 In order to demonstrate competency in calculating safe medication dosages, the student is required to pass a math

 competency examination each semester with a score of 100% prior to administering medication in clinical. Students

 have three (3) attempts to achieve this benchmark. The 2nd/3rd attempt can occur no earlier than 48 hours after the

 previous attempt, allowing time for remediation. Completion timeline for 2nd and 3rd attempts must be established with the faculty of record for the course. Students who are not successful after the 3rd attempt are deemed unsafe in clinical practice and will receive a grade of “unsatisfactory” for the clinical component of that course. No additional attempts may be given and no alternative assignments may be utilized in place of this competency examination.

 **TESTING POLICY**

 In order to receive a passing score in a NUR course with clinical, a student must average a cumulative score of 80%

on examinations. This average is to include all course-native examinations. Kaplan product testing will not be included.

 **PROGRESSION POLICY**

* All NUR courses required for the nursing education program will be evaluated based on satisfactory completion of class, lab, and/or clinical competencies. The classroom competency standard requirement is 80% or higher. Students are required to achieve a satisfactory evaluation in the lab and clinical components of each NUR course. Numerical grades below 80% in the NUR courses and/or an unsatisfactory lab and/or clinical evaluation for the semester are considered unsatisfactory attainment of course competencies.
* One Unsatisfactory course evaluation in a class, lab and/or clinical will result in the student’s failure to progress in the NUR course sequence. Students who complete a nursing course with a 79.9 average or below will not progress in the nursing program.
* If unsuccessful in clinical/lab, the student will receive a grade of C+ if they are passing the didactic portion of the course. If successful in clinical and final course grade is below 80%, student receives grade earned.-
* If unsuccessful in non-clinical courses, the final course grade will reflect the actual grade earned by the total body of work in the course.
* Progression to the next level of NUR courses cannot occur without successful completion of the previous level NUR courses.
* Students who experience non-progression in a single course in the nursing program and who desire to remain must first meet with the nursing coordinator to discuss the future plan of study. A student must then submit a reflective summary, including a plan for improvement and a statement of intent to remain in the program to the Director of Nursing within six months. Reinstatement to the nursing program will be allowed one time only. Acceptance is contingent upon:
* Meeting the current admission, advanced placement, and graduation requirements in effect at the time of consideration for reinstatement.
* Submitting a reflective summary and statement of intent to remain in the program with a plan for improvement.
* Meeting with the lab coordinator, by appointment only, to revalidate clinical skills prior to the first clinical day.
* Program completion must occur within four years of entry into the School of Nursing.

**GENERAL EDUCATION COURSES**

While in the nursing program, students must earn a minimum of 2.0 (73%) in all general education courses. A lower grade will result in the student repeating the course to attain the 2.0 before graduation.

**DISMISSAL FROM NURSING PROGRAM**

Students will be dismissed from the RU SON when any of the following occur:

* Failure of two or more NUR courses/clinicals.
* A student engages in any act that is in violation of the Criminal Code of Michigan or compromises the welfare or integrity of another person.
* A student experiences physical, behavioral or psychological difficulties that would interfere with his or her ability to meet academic or professional standards.
* A student produces a drug screen that reflects illicit drug use or a background check that reveals a criminal record.

 **REAPPLICATION TO NURSING PROGRAM**

A student who is dismissed from RU SON due to failure in two or more NUR classes has the option to reapply. Reapplication can take place two or more years after the dismissal semester. Reapplication would follow the traditional application process.

**WITHDRAWAL FROM NURSING PROGRAM POLICY**

Withdrawal from RU SON may have both academic and financial aid consequences. Students are encouraged to

understand the consequences of withdrawal.

All withdrawals from NUR courses require approval from the RU School of Nursing Director. The student is

responsible for completing the withdrawal form found at my.rochesteru.edu.

**BEHAVIOR GUIDELINES**

Students in the RU SON are expected to hold themselves to the highest standard of integrity in all learning

environments in which they participate. They should be respectful of peers, instructors, and patients with whom they come in contact. Students should be accountable for all supplies and equipment that are issued to them. Posted guidelines in the skills lab must be followed. Students found in violation will be reviewed under the Rochester University Code of Academic Integrity.

**PLAGIARISM REPORTING PROCESS**

Any instances of plagiarism will be reported to the Director and Registrar who will follow the guidelines detailed in the Rochester University Code of Academic Integrity.

**CHAIN OF COMMUNICATION**

When a situation involving conflict arises, whether in the classroom or clinical setting, the student is expected to discuss the issue with the peer, clinical instructor or course faculty with whom they are having conflict. This meeting should be face-to-face at a mutually agreed upon time. If resolution cannot be achieved an appointment should be made with the Faculty of Record **prior** to involving the Director of the School of Nursing. For clinical or skills related concerns, it may be appropriate to include the Lab Coordinator as well. This will be done at the discretion of the clinical or course faculty.

**LAPTOP COMPUTER**

Students are **required** to have a **laptop computer** for nursing classes. Laptops must have a microphone and camera for online learning activities. IPads, Chromebooks, and other tablets are not sufficient.

**COMMUNICATION DEVICES**

Cell phones and other communication devices should be in the silent mode during classes and while in the skills lab. Computers will be utilized for learning purposes only. Taping of lectures and presentations require prior consent of the instructor, and completion of Recording Class Lectures Form. (**Appendix E)**

**APA WRITING STYLE**

All formal papers must be completed using the *Publication Manual of the American Psychological Association*

*7th Edition (APA).*

**EXAM PROCEDURES**

The following guidelines will be adhered to in all testing sessions:

1. No food or drink will be allowed during the administration of an exam.
2. Students may take a pen or pencil to their seat, and their personal computer. All other electronic devices

 will be left in a designated area in the room where students do not have access to them during the exam.

1. Book bags, backpacks and other personal items will be placed in a designated area in the room.
2. Students may be subject to assigned seating.
3. Students may leave the testing room ONLY when the exam is complete.
4. No talking is allowed during an exam.
5. Faculty reserve the right to investigate any suspicious activity.
6. Students arriving late for an exam will be given the amount of time remaining in the regularly scheduled

 timeframe to complete the exam. If any student has completed the test and left the room prior to the

 arrival of the late student, the late student will not be allowed to take the exam.

1. Students are responsible for protecting the integrity of their own exam.
2. Review of exams shall not occur during class time.
3. It is expected that students will take exams on the scheduled date and time.

 **INVASIVE PROCEDURE GUIDELINES**

 Students are not permitted to perform invasive procedures on other students for practice purposes.

**X. GUIDELINES FOR CLINICAL AND NURSING LAB EXPERIENCES**

 **GENERAL STUDENT ATTIRE EXPECTED IN ALL SETTINGS**

1. RU SON Student Identification Badge and identification required by agency
2. Fingernails must be short and trimmed, no fingernail polish
3. Hair clean, natural color, and off collar
4. Decorative hair accessories are not allowed.
5. No eyelash extensions
6. Neatly trimmed beard or mustache allowed
7. No visible tattoos
8. Watch with second hand required.
9. Plain wedding band, and one small post earring per ear lobe optional

**ADDITIONAL STUDENT ATTIRE FOR ACUTE CARE/LAB SETTING**

1. Neither shoes nor scrub uniform should be worn outside of acute care/lab setting.
2. White lab coat may be required in some clinical settings.
3. Uniform with RU SON patch, that is clean and wrinkle free
4. May wear a white long sleeve t-shirt under uniform, and/or approved SON warm up jacket
5. Stethoscope with diaphragm and bell, blood pressure cuff, simple calculator, and bandage scissors
6. Undergarments required and must be covered by uniform
7. Closed toe shoes, white, black or gray, with socks or hose

**ADDITIONAL STUDENT ATTIRE FOR COMMUNITY HEALTH AND MENTAL HEALTH CARE SETTINGS**

1. Professional attire (no denim)
2. White lab coat may be required.

**COMMUNICATION RECORDS**

A student reflection of the event in which a communication record is submitted will be due one week after the

communication record is received by the student. Completion date of clinical lab referral time will be within one week or as determined by the clinical instructor and the lab coordinator.

 **CLIENT CONFIDENTIALITY**

 **Protected Health Information Policy (PHI):**

1. **All RU SON students will agree to maintain patient confidentiality through the NURSING STUDENT CONFIDENTIALITY AGREEMENT (Appendix F).**
2. **Confidentiality and Use of Medical Records:**
	1. Students and faculty with any access to a clinical setting must comply with HIPAA rules and regulations, and cooperating clinical agency guidelines for training.
	2. Students and faculty are required to follow agency policies regarding use of and access to electronic medical records.
	3. Cooperating agency compliance modules must be completed as per cooperating clinical agency protocols.
	4. Patients’ PHI must be de-identified. PHI includes sufficient information about a patient such that the patient could be identified.

**3**. **Use of Technology and Social Media**

1. Any technology, tool, or online space in clinical agencies cannot be used for personal business. This applies to social media platforms. Students must follow clinical agency policies regarding use of technology or social media. At times, a clinical setting may allow use of technology or online space or use of social media for work purposes. They are only to be used as they relate directly to patient care or specified agency activities.
2. Agency computers cannot be used for personal business such as checking e-mail or social media sites.
3. Any personal communication such as cell phone use or texting must be done outside of agency clinical areas on the student’s personal time.
4. Posting or discussing any information about faculty, staff, other students or external clients (i.e. patients and families) on social media or online space is not permitted.

**4. HIPAA Guidelines for Travelers** **and Alternative Clinical Experiences**

a. Regardless of laws and practices at foreign sites, students who violate HIPAA while abroad will face the

 same consequences they would for a violation committed here at home. Students should be especially

 mindful of those consequences when writing about and posting images of their experiences on social

 media.

b. In the event of alternative clinical experiences in which facilities do not accept insurance, or for other

 reasons are not subject to HIPAA compliance, patient confidentiality is expected to be maintained and

 treated in accordance with HIPAA guidelines.

**5. Violation of HIPAA and Patient Confidentiality**

a. Non-compliance with policies regarding HIPAA, the use of technology and social media, patient

 confidentiality, or respecting patient privacy will result in a course failure and may be subject to dismissal

 from the RU SON.

**ATTENDANCE POLICY-THEORY COURSES**

Rochester University attendance policy allows each instructor to determine the number of absences allowed in each course. RU SON has adopted a universal attendance policy for all NUR didactic courses. Students will be allowed a maximum of two absences in each seated 16-week course. Students will be allowed a maximum of one absence in an eight-week hybrid course. Any additional absences will result in automatic failure and the student will receive a grade of F for the course.

Institutionally approved absences for athletic contests, performances, or other activities (note: absences will not be approved for practices for the above activities) for which advanced notification is given by the appropriate university employee, are granted without penalty. Athletes, performers, and others engaged in institutionally approved activities taking them out of class are responsible for informing SON faculty in advance of the missed class and must make up work missed during these absences. To this end, athletes and performers must provide an electronic copy of the schedule of games, matches, meets or performances to their SON instructors no later than the first week of class meeting (or by the first practice if a sport begins later in the semester).

The student is expected to manage their attendance so that their academic performance is not compromised.

 **ATTENDANCE POLICY-CLINICAL ROTATION**

Rochester University School of Nursing students are not permitted to engage in employment during the 12 hours prior to the beginning of a required clinical rotation experience. Further, it is expected that students do not take part in other extramural activities that distract from preparation for the clinical learning experience during this same 12 hour time period. This preparation period is reserved such that the student will be well-rested, alert and engaged during the clinical teaching-experiential learning period.

**CLINICAL ABSENCE**

* Students and faculty are expected to complete all orientation requirements for their respective cooperating clinical agencies. This must be accomplished as established by cooperating clinical agency protocol.
* In accordance with the RU SON attendance policy, two tardies at clinical is counted as an unexcused clinical absence.
* Two missed clinical days result in a course failure.
* All clinical absences will be made up at the discretion of individual course instructors, and will be comparable to the missed clinical experience. This will still be counted as a missed clinical day for the student.
* Acceptable clinical make-up experiences will be assigned by the course Faculty of Record and approved by the Director of Nursing.

**CLINICAL AND CLASS CANCELLATION**

* Refer to Clinical Cancellations due to Inclement Weather policy.
* There may be times when a decision must be made by individual faculty about clinical and classroom experiences **when there is no official cancellation**. In this event, the RU SON faculty members must make a judgment regarding the wisdom of having clinical or class experiences at this time. In making this decision, faculty should consider that maintaining safety of all is a priority.
* Class cancellation: Refer to the process outlined in the Rochester University Faculty Handbook, III. Instructional Responsibilities of Faculty and Adjuncts, Section F. Faculty and Adjunct Absences.
* Clinical Cancellation when there is no official cancellation:
* Clinical faculty will contact the cooperating clinical agency to inform them of the cancellation.
* Clinical faculty will contact the Course Faculty of Record to provide the reason for cancellation and plan for clinical make-up. Follow Clinical Absence Policy above.
* Students enrolled in NUR 4414 may attend clinical when classes are canceled.

 **STUDENT PARKING**

Faculty at the clinical site will provide information regarding parking for students at the site. Students are expected to adhere to the clinical site policy.

**PERSONAL BELONGINGS**

Students should leave books, purses and other personal items locked in their car or at home. Small items that are needed, such as identification and money, should be carried in uniform pockets.

**XI. OTHER INFORMATION**

 **CHAPEL/COMMUNITY LIFE + WORSHIP (CLW)**

 Please refer to the Rochester University Community Life + Worship guidelines found at the following link:

 [Community Life + Worship](https://rochesteru.edu/student-life/intercultural-and-spiritual-life/#chapel)

**LICENSING REQUIREMENTS**

 Requirements for the state board examination and licensure (NCLEX) can be found at:

 <https://www.michigan.gov/documents/lara/Nursing_517651_7.pdf>

The BSN program at RU meets the requirements of the Michigan Board of Nursing. Students planning on licensure outside of Michigan should check with the Board of Nursing for licensure requirements of that state.

 <https://www.ncsbn.org/14730.htm>

 **INSURANCE**

All RU SON students will be required to maintain health insurance coverage throughout the program and provide proof of current health insurance coverage at the beginning of each academic year.

All RU SON students will be required to carry a $1 million/$5 million liability insurance policy, which is covered by Rochester University within an umbrella policy.

**XII. INJURY/EXPOSURE/INCIDENT REPORTING**

Any injury, exposure or incident (involving student, faculty or patient) occurring on the Rochester University campus will be documented on the **RU SON Occurrence Report Form (Appendix C)** and reported to the Director of the School of Nursing. The Director will then report the incident to the Human Resources Office. Attending faculty or clinical instructor will assist the student with medical needs prior to initiating the reporting process. If the occurrence is offsite during clinical rotation, the student will fill out the agency’s incident report forms and bring a copy to the RU SON office. If the student is unable to acquire a copy, he/she must fill out the RU SON Occurrence Report Form. For theft and other similar types of incidents the student should use the RU **Incident Report Form (Appendix D)**.

**XIII. CODE OF ACADEMIC INTEGRITY**

The Rochester University School of Nursing adheres to the Rochester University Code of Academic Integrity found at this link: [Rochester University Code of Academic Integrity](https://rochesteru.edu/wp-content/uploads/2020/08/Code-of-Academic-Integrity-2019-.pdf)

**XIV. LETTERS OF RECOMMENDATION**

Students requesting a letter of recommendation/verbal recommendation must seek approval from the faculty member directly and submit the [Letter of RecommendationVerbal Reference Release form”](https://form.jotform.com/82065126932152) found at the link provided. Once the form is completed and submitted, the faculty member will complete the recommendation.

**APPENDIX A**

**COMPREHENSIVE CLINICAL HEALTH FORM**

**ROCHESTER UNIVERSITY SCHOOL OF NURSING**

**TO BE COMPLETED BY STUDENT (PLEASE PRINT)**

Name (Last, First, M.I.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_ Female \_\_\_\_ Male RC email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Are you being treated for any disease, disability or condition? |   |  Yes (Please explain) |   |  No |
|   |
|   |

|  |  |
| --- | --- |
| **Current Medications:** | **Current Allergies:** |

\*This record will become part of the student’s School of Nursing file and disclosed to school officials with a legitimate interest.

I hereby represent that each answer to a question herein and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer or information relates. I understand that any incorrect or false statements or information furnished by me will subject me to disqualification from the Rochester University School of Nursing at any time.

**Authorization to release this medical record to Rochester University School of Nursing**

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_**

**TO BE COMPLETED BY HEALTH CARE PROVIDER**

**NAME OF STUDENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Height:\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_\_\_\_ Blood pressure:\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Pulse:\_\_\_\_\_\_\_\_\_\_\_\_

Distance vision: right 20/\_\_\_\_\_\_ corr. to 20/\_\_\_\_\_\_\_ left 20/\_\_\_\_\_\_\_\_ corr. to 20/\_\_\_\_\_\_\_\_

**Examining Health Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Examining Health Care Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Please Print (Signature Required)**

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Normal |  Abnormal | Check each item in appropriate column.Enter **NE** if not evaluated. |  Normal |  Abnormal | Check each item in appropriate column.Enter **NE** if not evaluated. |
|   |   |  SKULL, SCALP, FACE, NECK, THYROID |   |   | ANUS and RECTUM(OPTIONAL) (Prostate, if indicated) |
|   |   |  NOSE and SINUSES |   |   |  ENDOCRINE SYSTEM |
|   |   |  MOUTH (tongue, gingivae, teeth) |   |   |  G.U.SYSTEM (OPTIONAL) (Pap test-optional) |
|   |   |  THROAT and TONSILS |   |   |  UPPER EXTREMITIES |
|   |   |  EARS (Int. and Ext. Canals) |   |   |  FEET (lateral pain, infection) |
|   |   |  EYES (Pupils, E.O.M. conjunct.) |   |   |  LOWER EXTREMITIES |
|   |   |  LUNGS and CHEST (include breasts) |   |   |  SKIN, OTHER MUSCULOSKELETAL |
|   |   |  HEART (rhythm, sounds, murmurs) |   |   |  LYMPHATIC GLANDS |
|   |   |  ABDOMEN and VISCERA (include hernia) |   |   |  NEUROLOGIC |

**This section must be completed by Health Care provider**

Physical examination date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Attach health assessment form)

**TB Test date:** \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_**mm** **If positive:**

 ***(****completion needed for all students)* **Chest X-ray date (within last 5 years): \_\_\_\_\_\_\_\_\_\_ Pos/Neg (*circle one*)**

Tetanus (tdap) date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rubella Titer date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ immune/not immune (circle one)

Rubeola Titer date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ immune/not immune (circle one)

Mumps Titer date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ immune/not immune (circle one)

 ***Or***  MMR Vaccination 1st date:\_\_\_\_\_\_\_\_\_\_ MMR Vaccination 2nd date:\_\_\_\_\_\_\_\_\_\_\_\_

Varicella Titer date: immune/not immune (circle one)\_\_\_\_\_\_\_\_\_\_\_ ***Or***  Varicella Vaccination date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Hepatitis Titer date: immune/not immune (circle one)\_\_\_\_\_\_\_\_\_\_\_

***Or***Hepatitis B Vaccination 1:\_\_\_\_\_\_\_\_\_\_\_

 Hepatitis B Vaccination 2:\_\_\_\_\_\_\_\_\_\_\_

 Hepatitis B Vaccination 3:\_\_\_\_\_\_\_\_\_\_\_

***Or***  Hepatitis B Acknowledgment and Release Form (Signed):\_\_\_\_\_\_\_\_\_\_

**Health Care Provider Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX B**

**This section should be completed and submitted ONLY in the case of a student choosing not to acquire the Hepatitis B vaccinations.**

**HEPATITIS B VACCINE ACKNOWLEDGMENT AND RELEASE**

**ROCHESTER UNIVERSITY**

**SCHOOL OF NURSING STUDENTS**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. However, I have declined the hepatitis B vaccination at this time. I agree to release, exonerate and forever unconditionally discharge and hold harmless Rochester University, its Board of Trustees, officers, directors, employees, representatives, agents and assigns and the facility where I receive my clinical training, from any and all liability, claims or causes, known or unknown, now or hereafter arising directly or indirectly out of or relating in any way to my declining the Hepatitis B vaccinations. I acknowledge that I am placing myself and others at risk of serious illness should I contract a disease that could have been prevented through proper vaccination.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX C**

This form should be completed immediately after the incident and taken to the

RU SON Office.

**PLEASE PRINT CLEARLY**

Incident/Exposure Date/Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Reporting Incident/Exposure:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RU email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee/Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Injured Person is: \_\_\_RU Student \_\_\_RC Employee \_\_\_Other

Location of incident/exposure (include room # if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did incident/exposure occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nature of injury/exposure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did injured person receive medical attention: \_\_\_\_\_ If yes, by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person was transported to medical facility by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Attention Refused\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Injured Person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Person Reporting Incident Signature of Dean

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Human Resources Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

Documentation of follow-up and planned debriefing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**APPENDIX D**

Incident Report

This form should be completed immediately after the incident and taken to the Human Resources office. As with any incident it is up to the person reporting the incident to contact the police and file a report – the college cannot file a report for an individual. Incident

Person Reporting Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exact location on campus where this incident took place (include room number if applicable):

Describe what happened in detail. If theft occurred, name all items with descriptions and any details that would identify the items. Use back of form if necessary.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If theft occurred, was the area YES NO Was there indication of forced entry? YES NO 

or vehicle secured or locked?

Was there any property damage? YES NO Please list damage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Was anyone injured? YES NO Please list all injured and describe injury:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What insurance coverage exists? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If known, give company

 name and policy number. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Whom did you contact about the incident?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is their title or role on campus?\_\_\_\_\_\_\_\_\_\_\_\_

Was an emergency service called? YES NO What services were notified

 or contacted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I chose to file a police report. Report number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I chose not to file a police report.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Person Reporting Incident Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Human Resources Signature Date

Documentation of follow-up:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX E**

 **Recording Lectures Agreement Form**

Live lectures are considered to be the property of the speaker. Students who receive accommodations have the legal right to record faculty lectures; all other students must obtain permission. Recordings must be used for educational purposes only and cannot be reproduced or posted online.

Students with accommodations should reference the ADA & Rochester University Accommodation Policy: Recording Class Lectures. All students who wish to use a device to record lectures for other uses such as publications, transcriptions, duplications, etc. must first obtain written approval from their instructor for that specific purpose. Any use of recordings without the instructor's approval is considered academic misconduct and may result in suspension or expulsion.

**Semester**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student ID Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that I will not release the recordings, or transcription, or

(Student’s Name)

otherwise hinder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s ability to obtain copyright on lectures that I have

(Instructor’s Name)

taped in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Course Title & Course Number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Instructor Signature) (Date)

\*\*A copy of the signed agreement should be sent to Academic Services (registrar@rc.edu)

**APPENDIX F**

**RU SON: NURSING STUDENT CONFIDENTIALITY AGREEMENT**

I understand that I may have access to confidential patient information and confidential information about the business and financial interests of the clinical facilities where I care for patients. I understand that Confidential Information is protected in every form, such as written and/or electronic records and correspondence, oral communications, images, and computer programs and applications.

I agree to comply with all existing and future policies and procedures of the clinical agencies to protect the confidentiality of Confidential Information. I agree not to share confidential information through electronic means such as texting, nor any social media platforms. I agree not to use, copy, make notes regarding, remove, release, or disclose Confidential Information with another individual. I agree not to share or release any authentication code or device, password, key card, or identification badge to any other person, and I agree not to use or release anyone else’s authentication code or device, password, key card, or identification badge.

I agree not to allow any other person, except those authorized by the clinical agency, to have access to the clinical agency information system under my authentication code or device, password, key card, or identification badge. I agree to notify the appropriate administrator immediately if I become aware that another person has access to my authentication code or device, password, key card, or identification badge, or otherwise has unauthorized access to the clinical agency’s information system or records.

I agree that my obligations under this Agreement continue after my role as a student ends.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX G**

**ROCHESTER UNIVERSITY SCHOOL OF NURSING STUDENT ACKNOWLEDGEMENT STATEMENT**

I have read the RU SON Student Handbook and agree to adhere to all guidelines and policies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date