

**CARROLL COLLEGE**

**NURSING DEPARTMENT**

**STUDENT HANDBOOK**



Updated May 2024

CARROLL COLLEGE NURSING  
DEPARTMENT STUDENT HANDBOOK

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## **SECTION A**

### **Mission Statements, Goals, & Program Learning Outcomes**

A-1 Mission Statement of Carroll College

A-3 Mission, Goals, & Program Learning Outcomes of Nursing  
Department

**Mission Statement of Carroll College &  
Mission, Goals & Student Learning  
Outcomes of the Nursing  
Department**

**Carroll College Mission Statement**

Founded in 1909 by Bishop John Carroll, Carroll College is a Catholic, diocesan, liberal arts college in the ecumenical tradition of the Second Vatican Council. It advances its mission by fulfilling the following objectives.

**Instilling an enduring wonder for knowledge that will prepare students for leadership and their chosen vocations**

As a liberal art school, Carroll College acknowledges the practical role of preparing its students for a career, but it also affirms the traditional role of providing for the expansion of the intellectual, imaginative, and social awareness of its students. It is dedicated to providing for its students the means for their full realization of a dual goal of vocation and enlightenment. Thus, while providing substantial professional and pre-professional programs, the College encourages and expects all students to participate in a broad spectrum of academic disciplines.

**Offering an integrative and value-centered education rooted in freedom of inquiry**

As an academic community, Carroll College affirms its commitment to the principle of freedom of inquiry in the process of investigating, understanding, critically reflecting upon, and finally judging reality and truth in all fields of human knowledge. As value-oriented, Carroll College is committed to and deeply involved in the further dimension of free deliberation and decision-making regarding values and personal commitment. Each student at Carroll, through personal and institutional means, is exposed to value systems with which one can readily identify, including secular values such as the worth of work and the use of the intellect, humanistic values centering on the uniqueness and dignity of the person, and religious and moral values concerned with one's relationship to God, self, and others.

**Engaging faithfully the intellectual tradition and the teachings of the Catholic Church**

As a Catholic college, Carroll is obligated to treat judgments concerning ultimate reality and decisions concerning ultimate value at both an academic and a pastoral level. This obligation involves the College's relationship to the Magisterium of the Catholic Church, defined as "the perennial, authentic, and infallible teaching office committed to the Apostles by Christ and now possessed and exercised by their legitimate successors, the college of bishops in union with the pope." Carroll College is committed to present faithfully within its curriculum the magisterial teachings of the Catholic Church. At the same time, it acknowledges the special role of the theologian, who-- although not a part of the authoritative teaching body of the Church--makes available to the Magisterium his or her scientific competence, while acting as a mediator between religion and culture by carrying on an academic dialogue with philosophy, science, the liberal arts, the believing community, and secular society.

**Serving all with humility, especially our neighbors who are poor and marginalized**

As a college founded by and related to the Diocese of Helena, Carroll has a special obligation to provide for the spiritual needs of the college community. At the same time, the resources of the College's Theology Department, and campus ministry organization are available for the special

religious needs of the diocesan community as a whole. Moreover, Carroll College rededicates its spiritual, academic, and social resources to the service of the citizens of Montana, its home, and to the worldwide human family through continuing efforts to guarantee to individuals, to groups, and especially to the marginalized the right to life, to personal and social dignity, and to equality of opportunity in all aspects of human activity.

**Welcoming all persons of good will in a cooperative journey toward truth and virtue**

In the ecumenical tradition of the Second Vatican Council, Carroll College is committed to a policy of open participation by members of all religious faiths and all persons of good will in the total academic and spiritual experience of the college community. While standing fast by the teaching of the Catholic Church, and avoiding a false conciliatory approach foreign to the true spirit of ecumenism, Carroll College welcomes in love and respect the full participation of other Christians and non-Christians in an ecumenical dialogue and in a truly humble and charitable joint venture in the common search for the Ultimate Truth and the Ultimate Good which is the final goal of all education.

*Officially adopted by the Carroll College Board of Trustees May 26, 1978*

*New format officially adopted by the Carroll College Board of Trustees November 7, 2014*

## Carroll College Department of Nursing MISSION

Inspired by the mission of our College, we are dedicated to preparing professional nurse generalists who promote excellence in holistic care. As community leaders, our graduates are critical thinkers, change agents, compassionate and skilled caregivers, as well as lifelong learners. Our graduates serve Montana, our region and the world.

*(Nursing Department Association reviewed and approved 1/21)*

## GOALS

The Department of Nursing prepares its graduates to enter into the practice of professional nursing with a framework of knowledge integrated from the sciences, arts and humanities. Emphasis is placed on the delivery of holistic nursing care which recognizes the dignity and uniqueness of every person. Completion of the major provides the foundation for life-long learning and graduate study in nursing.

The Faculty of the Department of Nursing seeks distinction in teaching, nursing scholarship and clinical expertise, for planning, directing, implementing, and evaluating the curriculum.

*(Nursing Department Association reviewed and approved 1/21)*

## PROGRAM LEARNING OUTCOMES

A graduate of the Department of Nursing will pass the NCLEX-RN licensure examination and enter into the profession of nursing with the following abilities:

1. Integrate knowledge from the sciences, arts and humanities into nursing practice.
2. Critique and employ individual, organizational and systems leadership for patient safety and quality care.
3. Utilize theory, research and evidence-based practice to optimize health and well-being.
4. Utilize information management systems and patient care technology to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.
5. Engage in social, political, financial, policy, and regulatory environments that affect nursing and the health care system.
6. Demonstrate excellence in communication, including interprofessional communication and collaboration for improving patient health outcomes.
7. Provide health promotion and disease prevention interventions to diverse individuals, families, groups, communities or populations in a variety of settings.
8. Assume personal accountability for professionalism and professional values, including lifelong learning, leadership, and commitment to personal health and wellbeing.
9. Uphold the standards of nursing practice as defined by the Montana Nurse Practice Act and the ANA Code of Ethics.
10. Demonstrate Baccalaureate holistic generalist nursing practice across the lifespan, providing inclusive and equitable care.

*(Nursing Department Association amended 05/22)*

## **SECTION B**

### Curriculum

- B-1 Traditional & Accelerated Nursing Curriculum Plans,  
Major in Nursing, Progression Criteria
- B-3 Four Dimension Assessment Guide
- B-13 Nursing Honors Thesis



## **Nursing Curriculum Plans**

4-year curriculum plans for Traditional Nursing Track (4-year plan) and Accelerated Nursing (ACNU) Track (15 month) can be found at: <https://www.carroll.edu/academics/support-advising/four-year-plans>

### **Major in Nursing**

The nursing program at Carroll College offers a baccalaureate degree with a major in nursing, preparing students to practice as professional nurses and for graduate studies in nursing. Upon graduation, students are eligible to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Successful passage of the NCLEX-RN is required for practice as a registered nurse. The Montana Board of Nursing makes all final decisions on issuance of RN licenses in Montana. The baccalaureate degree in nursing at Carroll College is accredited by the Commission on Collegiate Nursing Education (<https://www.aacnursing.org/ccne-accreditation>). The program is also approved by the Montana State Board of Nursing.

### **Baccalaureate Nursing**

A baccalaureate degree in nursing represents a comprehensive, holistic approach to the delivery of health care for individuals, families, and both local and global communities. Baccalaureate nurses utilize evidence-based practice models as they assess and plan care for the physical, emotional, social, and spiritual needs of their clients. Proficient in nursing skills, leadership skills and health systems assessment, the Carroll nursing graduate is well-prepared to function as a generalist practitioner.

### **Progression in the Nursing Major**

To progress in the nursing major, students must:

1. Have a grade of “C-” or better in all required nursing classes and the following co-requisites: BI 214, CH 112, MA 207, PHIL 205 or PHIL 208 (or other Ethical Reasoning course), SO 101. All nursing courses must be taken at Carroll College unless the nursing department grants an exception. Direct Entry nursing students must also have a “C-” or better in all nursing prerequisites (BI 201, BI 202, CH 111, CORE 110 or ENWR 102, Oral Communication course - e.g. CO 101/FR 101/SP 101, PSY 105, PSY 203) to maintain their placement in the nursing major.
2. Maintain a minimum CUM Carroll GPA of 2.75 at the end of each semester after admission into the nursing major.
3. Pass/Fail grades may be acceptable for courses not co-requisite to nursing courses as long as the student is within the parameters of the guidelines of the Academic Policies as stated in the Carroll College Catalog currently in effect.
4. In the event of a college academic integrity violation, the student’s ability to progress in the nursing major will be determined on an individual basis.
5. Provide documentation noting completion of and compliance with the expectations and requirements of the nursing program clinical affiliates to include, but not limited to, official documentation for specific immunizations, a criminal background check, a 10-panel urine drug screen, maintenance of current health insurance, and American Heart Association Basic Life Support for Healthcare Providers certification. Costs to complete these clinical readiness requirements are to be paid by the student. Instructions for completing these requirements will be provided by the Department of Nursing prior to 200-level nursing courses. Students with background checks that reveal a record and/or urine drug screen that reveals a positive result will be evaluated individually to determine whether they will be eligible to progress in the nursing major. Inability to comply with the outlined clinical readiness requirements may interfere with a student’s ability to participate in the nursing program clinical requirements, making the student ineligible to progress in the major. Alcohol and drug violations may interfere with Montana Board of Nursing approval to sit for the NCLEX-RN exam.

6. Students who receive any legal action that would appear on a criminal background check, such as a misdemeanor or felony charge or conviction, must immediately inform the chair of the Nursing Department, and will be evaluated individually to determine whether they will be allowed to progress in the nursing major.
7. Students must demonstrate the academic achievement, emotional maturity, integrity, and motivation necessary for progression in the nursing major.

**If the student does not meet the above progression criteria, they may not continue in the nursing major. If a student does not pass required nursing course(s), they must demonstrate competency in the failed course(s) with a grade of "C-" or better prior to taking any other nursing courses.**

The policy related to *Student Withdrawal and Re-application/Re-entry to the Nursing Major* is found in the Department of Nursing Student Handbook.

**The Carroll College Department of Nursing reserves the right to make changes in these admission and progression criteria.**

*Revised 1/23*

**Carroll College**  
**Department of Nursing**

**Four Dimension Assessment Guide\***

*\* The specific guide for the framework will be addressed in classes requiring nursing care plans. \**

The four-dimension assessment guide is designed to help students gather comprehensive data about the client for which care is given. It is meant to serve only as a guide to holistic assessment. In each situation, the student must decide what information is the most pertinent to the client. In some instances, some of the information on this guide may not be appropriate to gather while other information not on the guide may be very important.

**As one of the goals of being a professional nurse is to be a critical thinker, the student must evaluate and tailor the assessment based on the client profile and needs. It is expected that students will consult with their instructor and review the literature related to the client in order to develop a comprehensive and pertinent assessment tool for each individual client.**

- I. **PHYSIOLOGICAL DIMENSION** - That dimension of a person concerned with interrelated functions of cells, tissues, organs, and systems.
  - A. IMMUNE/DEFENSE MECHANISMS
    1. Age specific variations of growth and development
      - a. Immunization status – appropriate for age, health status and occupation
      - b. Bathing and hygiene capabilities.
      - c. Elderly more prone to impaired skin integrity.
    2. Health History and subjective data
      - a. Assess for risk of infection by collecting data regarding immobility, age, nutritional status, physical and emotional stressors, certain medical therapies, medications, immunization history and disease processes.
        - Subjective data that may indicate presence of infection are loss of appetite, nausea, loss of energy, chemotherapy, headache or other signs associated with a specific body system (ex: urinary frequency or sore throat).
      - b. Assess hygiene practices (bathing times, use of hygienic products, and cosmetics), self-care abilities (functional level and types of assistance needed for skin care), and
      - c. Presence of past or current skin problems such as allergies. Rashes, itching and description of aggravating or alleviating factors.
      - d. Foot care and nail care practices and problems.
    3. Physical examination and objective data
      - a. Signs and symptoms of infection vary according to body area involved. Generally skin and mucous membranes are involved with local signs of swelling, redness, tenderness with palpation or movement, heat and loss of function at site. Assess for skin integrity (use Braden scale), skin color and texture, lesions or wounds, drainage and hygiene status.
      - b. Signs of systemic infection: fever, increased pulse and respiration, malaise, nausea, anorexia, enlarged or tender lymph nodes that drain the area of infection.
      - c. Lab values and diagnostics: increased WBC, differential (CBC) ESR, urine, blood, sputum or other drainage cultures.
    4. Medication history and complementary therapies – Does client take any over the counter or prescription medications or herbs for colds and nasal stuffiness, antibiotics, antipyretics, analgesics or chemotherapy? If so, note dosages, times taken, results and side effects.

## B. MOBILITY/ACTIVITY

1. Age specific variations of growth and development (ex: examine spine in school age children). Fine and motor skills refined in 1-5-year age group, 6-12 years continue with refinement of fine and motor skills. Develop exercise patterns for later life. Bone density and muscle tone decrease with aging.
2. Factors affecting body alignment and activity level and mobility:
  - a. Health problems (past or current physical or mental health problems that affect muscle strength and endurance – heart disease, lung disease, stroke, musculoskeletal or neurological problems, trauma or pain.
  - b. Environmental factors – stairs, assistive devices, safety concerns that impede mobility and exercise.
  - c. Financial factors – adequate finances for equipment and aids that enhance mobility.
3. Health history and subjective data
  - a. Obtain an activity and exercise tolerance history – What activities make you tired? Do you experience dizziness, dyspnea, increased respiration rate or other problems following activity? What type of exercise, frequency and length of exercise session?
  - b. Any previous trauma or changes in functional abilities
  - c. Symptoms of pain, weakness, stiffness, swelling, fatigue, spasms, unsteady gait
  - d. Daily activity level – able to carry out ADL's independently such as eating, dressing, bathing, toileting, ambulating, use of wheelchair or special equipment, transfer, cooking, shopping and home maintenance.
  - e. Factors affecting mobility or safety concerns
4. Objective information and physical exam
  - a. Inspection for posture and gait for alignment, ease of movement, symmetry of body parts, balance, coordination
  - b. Palpate for muscle swelling or atrophy, deformities of bones, joints, increased warmth, tenderness
  - c. Range of motion
  - d. Muscle strength and mass
  - e. Activity tolerance
5. Medication and complementary therapy history, anti-inflammatory medications, analgesics, steroids, or anti-arthritic gout medications.

## C. FLUID & ELECTROLYTE BALANCE/HYDRATION

1. Growth and development considerations
  - a. Expected intake and output for age
  - b. Drinks via; breast, bottle, training cup, regular glass, uses straw
2. Subjective information and past history
  - a. History of illnesses which alter fluid and electrolyte balance:
    - Examples: renal failure, congestive heart failure, diabetes insipidus, acute GI, GU infections or fever
    - Symptoms: polydipsia, polyuria, vomiting, diarrhea, dry mouth, dry eyes
3. Objective information and physical examination data
  - a. Ability to request or access fluids independently
  - b. Status of skin turgor, mucous membranes, presence of edema, weight pattern
  - c. Intake and output record

4. Lab values
  - a. Blood: Electrolytes, BUN, Creatinine
  - b. Urine: Creatinine Clearance, Specific Gravity
5. Medication and Complementary therapy history
  - a. Diuretics
  - b. Electrolyte supplements
  - c. Other drugs impacting fluid and electrolyte status positively or negatively

#### D. CARDIOPULMONARY/OXYGENATION

1. Age specific variation of growth and development.
  - Respiratory and pulse rates are highest and most variable in newborns
  - Respiratory rate of neonate is 40-80 breaths/minute. Preschool = 25 breaths/minute. Adolescent and adult 12-18 breaths/minute. Infants use diaphragmatic breathing.
  - Heart rate of neonate 120-160 beats/minute. 80-150 beats/minute in infancy and childhood. Irregular heart rate common in infants and young children.
  - Blood pressure 90/55 by one-month, gradual rise to 120/80 for adults, hypertension during middle adulthood is a major risk factor.
2. Lifestyle and risk factors – smoking, alcohol use, exercise and activity pattern, history of cancer, CVD and TB, obesity, diet high in fat, sugar, salt, caffeine.
3. Health history and subjective data
  - a. Current or past respiratory problems
    - 1) colds, croup, asthma, allergies, TB, pneumonia, bronchitis, emphysema – frequency, duration and treatment.
    - 2) Exposure to pollutants, smoking
    - 3) Presence of cough – describe
    - 4) Description of sputum
    - 5) Use of oxygen at home
  - b. Current or past cardiovascular problems
    - 1) High blood pressure
    - 2) History of heart disease such as angina, heart attack or heart failure, rheumatic fever, endocarditis, pericarditis. If so, when.
    - 3) Presence of chest pain- describe location, pain with breathing or activity, duration, other symptoms (nausea, SOB, light headedness) what activities precipitate pain and what relieves the pain
    - 4) Any peripheral vascular disease – calf pain with walking and what relieves it.
    - 5) Do your feet and ankles swell or feel very cold, numb or tingling
    - 6) Do you become extremely fatigued with activity?
    - 7) Any problems with anemia
4. Physical exam and objective data – Radial and apical pulse, BP, respiration rate and depth, heart sounds and apical impulse, lung sounds, skin color, cyanosis, use of accessory muscles, nasal flaring, pursed lip breathing, quality of peripheral pulses, and peripheral edema.
5. Lab values and diagnostics– O<sub>2</sub> saturation, Hgb, Hct, RBC's, cholesterol, ABG's, angiogram, chest x-ray, EKG.
6. Medication history – do you take any over the counter or prescription medications for heart, blood pressure or breathing? If so, which ones and what are dosages, times taken and results, including side effects.

## E. GASTROINTESTINAL/NUTRITION

1. Growth and Developmental considerations
  - a. Feeds self; independently, with assistance, or totally dependent
  - b. Diet and calories appropriate for age
  - c. Assistive devices used for eating
2. Subjective information and past history
  - a. Request/preferences/restrictions
  - b. Religious, cultural, or personal food practices
  - c. Specific likes or dislikes
  - d. Food allergies, or intolerance
3. Objective information and physical exam
  - a. General appearance related to nutritional status
  - b. Height and weight (actual and ideal)
  - c. Method of receiving nutrients: eating, tube feeding, gastrostomy tube, PPN OR TPN
  - d. Swallowing assessment and chewing ability
  - e. Status of teeth
  - f. Current diet order
  - g. % of food eaten at meals
  - h. Abdominal assessment including bowel sounds
4. Lab values
  - a. hgb and hct
  - b. total protein
  - c. serum albumin
  - d. cholesterol
5. Medication and Complementary therapy history
  - a. appetite stimulants
  - b. antiemetics
  - c. antacids
  - d. medications that may interfere with digestion and absorption of nutrients

## F. ENDOCRINE METABOLISM

1. Growth and Development considerations
  - a. Expected growth for age according to growth chart
2. Subjective Information and history
  - a. History of endocrine or metabolic illness surgery or congenital defects including thyroid, parathyroid, pituitary, liver (cirrhosis, hepatitis, gall bladder) pancreas (pancreatitis, diabetes mellitus)
  - b. Symptoms: polydipsia, polyuria, heat or cold intolerance, fatigue, rapid pulse
3. Objective Information and physical exam
  - a. Vital signs (in relationship to endocrine condition)
  - b. Presence of enlarged or atrophied thyroid or liver
4. Lab Values
  - a. Blood glucose
  - b. Thyroid function
  - c. Liver function

5. Medication and Complementary therapy history
  - a. anti-diabetes medications
  - b. pancreatic enzymes
  - c. thyroid supplements
  - d. steroids
  - e. medications for cirrhosis, hepatitis
  - f. other related drugs

#### G. ELIMINATION

1. Growth and development
  - a. status of toilet training
  - b. words used to specify need to toilet
  - c. diaper size
  - d. type of toilet used
2. Subjective information and history
  - a. usual elimination pattern
  - b. symptoms related to elimination: pain or discomfort on urination or defecation, nocturia, hematuria, abdominal pain, constipation/diarrhea, incontinence (specify type of known)
3. Objective information and physical exam
  - a. toilets independently or with assistance
  - b. presence of incontinence
  - c. character quality and quantity of urine and stool
  - d. presence of catheter (specify type) urostomy, colostomy, ileostomy and if self-care or assisted care
4. Lab values
  - a. urine analysis or culture
  - b. stool cultures, guiac
5. Medication and complementary therapy history
  - a. drugs or therapies to treat or prevent urinary tract infections or incontinence
  - b. drugs or therapies to prevent or treat constipation or diarrhea

#### H. NEUROLOGICAL/LEVEL OF CONSCIOUSNESS

1. Age specific considerations of growth and development
  - a. Effects of congenital disorders or trauma on development
  - b. Nervous system continues to develop during childhood years
2. Health history and subjective data
  - a. Current or past problems with:
    - Trauma of head or spine
    - Headaches or dizziness
    - Lack of coordination, tremors, weakness, seizures, fevers
    - Change in sensation, numbness, weakness
    - Speech changes
    - Swallowing difficulty
    - Pain experience
    - Drowsiness
    - Anxiety and fear

3. Physical exam and objective information
  - a. Mental status for cerebral function
    - Level of consciousness – arousability, ability to speak and follow directions, alert, stuporous, unresponsive
    - Awareness – orientation x 3, perceptual deficits
    - Thought processes – problem solving, concentration, memory, judgement
    - Communication
  - b. Cranial nerves – can be assessed with sensory for symmetry of pupils and response to light
  - c. Motor function
    - Muscle size and tone – strength of hand grips
    - Gross motor function – watch gait, balance with head-to-toe walk, Romberg
    - Fine motor coordination – rapid alternating movements
    - Obvious defects
  - d. Sensory function – superficial pain and light touch, hot and cold, vibration with eyes closed. Discrimination/fine touch – stereognoses, graphesthesia.
  - e. Reflexes – deep tendon and superficial – assess for symmetry and briskness
4. Diagnostics – CT, MRI, lumbar puncture
5. Medication history – do you take any over the counter or prescription medications for convulsions, tremors, tranquilizers, anti-vertigo drugs, antidepressants, analgesics, antipyretics, narcotic analgesics, barbiturates, sedatives? If so, which ones, what dosages, times taken and results, including side effects.

#### I. SENSORY FUNCTION

1. Growth and Development
  - a. expected visual and auditory acuity and considerations for age
2. Subjective information and history
  - a. symptoms related to sensory function: eye strain, double vision, diplopia etc, tinnitus, decreased acuity, dizziness, vertigo, decreased sensation in extremities, or extra sensation such as numbness and tingling, altered sense of taste or smell
  - b. past eye or ear surgery
  - c. past or current eye or ear problems/diseases
3. Objective information and physical exam
  - a. hearing and visual acuity
  - b. tympanic membrane
  - c. PERRLA
  - d. Use of contact lenses, glasses, hearing aids, artificial eyes, prosthetic devices for communicating via phone, television, computer etc.
  - e. Speech pattern, clarity and vocabulary
  - f. Sensation of extremities
4. Lab values
  - a. Nothing specific for sensory, may observe elevated CBC if infection present in ears or eyes
5. Medication and Complementary therapy history
  - a. identify medications whose side effects may alter sense of taste, or smell or may cause tinnitus, visual disturbances
  - b. medications or therapies to treat current eye or ear problems
  - c. preventative therapies used for eye or ear health



## J. REST/SLEEP

1. Age specific considerations
2. Factors affecting sleep – age, illness, environmental fatigue, lifestyle stress, alcohol and stimulants, diet, smoking, motivation
3. Sleep history – describe sleeping problems such as waking up during the night, sleeping more than usual, falling asleep in the middle of daytime activity, snoring, walking in sleep, apnea. Describe usual sleeping pattern, bedtime rituals, sleep environment, recent changes in sleeping pattern or difficulties in sleeping.
4. Examination and assessment – observation of facial appearance, behavior – energy level
  - a. Subjective – complaints of fatigue, weakness, irritability, restlessness
  - b. Objective – dark areas around eyes, puffy eyelids, red conjunctiva, limited facial expression, slumped posture, yawning, inattentive
5. Medication history – medications (sedatives, narcotics, caffeine, decongestants, bronchodilators, antidepressants, beta-blockers)

## K. PAIN/COMFORT

1. Growth and development considerations
  - a. Infant pain assessment – physiological and behavioral indicators
  - b. Child pain assessment – pain rating scale, faces scale
  - c. Cognitively impaired elderly assessment – pain rating scale with word anchors, faces scale
2. Subjective information and history
  - a. History of painful experiences
  - b. Ongoing pain problem
  - c. Current pain
  - d. Location of pain
  - e. Pain intensity on a scale of 0-10
    - Now
    - Average
  - f. Quality of pain
  - g. Onset, duration, variation, rhythms
  - h. What relieves pain
  - i. Effects of pain on function, quality of life
3. Medication History (opioids, NSAIDS, acetaminophen, adjuvant analgesics) and Complementary Therapies

## L. REPRODUCTIVE/SEXUALITY

1. Developmental changes and stage
2. Clients at risk – altered body structure or function due to trauma, obese, disfiguring conditions, value conflicts, lack of knowledge about sexual function and expression, risk factors for cancer
3. Health history
  - a. Women – menstrual periods, pregnancies, breast self-exams, breast or ovarian

- cancer in family and last pap test or mammogram, burning with urination
  - b. Men – voiding difficulties or frequency, treatment of testicular or prostate cancer, testicular self-exams?, discharge
  - c. Men and women – sexually active, protection from infection, history of STD's, concerns about sexual health, sexual preference
- 4. Exam sequence – breasts, genitalia and rectum
- 5. Assessment data
  - a. Subjective – age, menstrual status, painful urination
  - b. Objective – masses, discharge, skin abnormalities (developmental stage), lesions
- 6. Medication history – drugs affecting sexual performance, hormones

**II. PSYCHOLOGICAL DIMENSION** - That dimension of a person concerned with mental processes and their effects on function. (*Adapted from Taber, 2001*)

1. Social History: lifestyle and available social/emotional support
2. Stressors
  - a. Level of stress (current life situation including major stressors experienced over the past year)
  - b. Normal coping pattern
3. Neurovegetative changes
  - a. Sleep pattern
  - b. Appetite
  - c. Energy level
  - d. Sexual and bowel functioning
4. Insight: client's understanding of illness, recognizes need for help, accepts responsibility for self
5. Self-Concept
  - a. Role Performance
  - b. Body Image
  - c. Self Esteem
  - d. Personal Identity
6. Sense of Control
7. Issues with Loss, Grief
8. Erikson's Stages of Psychosocial Development
9. Mental status
  - a. Appearance
  - b. Behavior/Activity
  - c. Cooperation and Reliability
  - d. Speech
  - e. Affect and Mood
  - f. Thought
    - 1) Thought Content

- 2) Thought Process/Flow
- g. Perception
- h. Cognitive Functioning (mini mental)
  - 1) Orientation
  - 2) Concentration and Calculation
  - 3) Memory
  - 4) Judgment
- 10. Risk Assessment
  - a. History of suicidal thoughts/attempts
  - b. Suicidal ideation
  - c. History of violent, aggressive behavior
  - d. Homicidal ideation
- 11. History of prior or current psychiatric treatment
  - a. What interventions have been tried so far
  - b. What has helped/not helped
  - c. What makes problems (symptoms) worse, better
  - d. Medications: effectiveness and side effects
- 12. Alcohol/Drugs
  - a. Amount, frequency, last use, problems associated with use
  - b. History of CD treatment
  - c. CAGE questionnaire
    - Cut down
    - Annoyed
    - Guilty
    - Eye opener
- 13. Strengths

III. **SOCIOCULTURAL DIMENSION** - “The learned, shared, and transmitted values, beliefs, norms, and lifeway practices of a particular group that guide thinking, decisions, and actions in patterned ways” (*Leininger, 1988, p. 158*). It includes family, social support network, roles, economic status and education.

- 1. Cultural affiliation
- 2. Beliefs about current illness
- 3. Health care practices
- 4. Illness beliefs and care practices
- 5. Family life and support systems
- 6. Roles: Family, social, work
- 7. Language
- 8. Level of Education

- IV. **SPIRITUAL DIMENSION** - A component of health related to the essence of life; the vital principle in human beings which gives life to the physical organism in contrast to its purely material aspects; gives meaning to life; a unifying force within individuals, a common bond between people; an individual perception of faith. (*Hill & Smith 1990*)

(adapted from Carson, V.B. (1989) Spiritual dimension of nursing practice. Philadelphia: W.B. Saunders)

1. Meaning and purpose in life
  - a. What gives your life meaning and purpose?
  - b. What makes you want to get out of bed every morning and do what you have to do?
  - c. Do you feel that your life makes a difference? If so, in what ways?
  - d. In what ways has your health or illness had an impact on your meaning and purpose?
2. Sources of strength and hope
  - a. Who or what provides you with a source of strength right now?
  - b. Who is the most important person in your life?
  - c. Are people available to you when you are in need?
3. Concept of God or Higher Power
  - a. Is religion or God important to you? If so, can you describe how?
  - b. Do you use prayer in your life? If so, does prayer benefit you in any way?
  - c. Do you believe God or a higher power is involved in your life? How?
  - d. What is your God or higher power like?
4. Religious/spiritual practices
  - a. Are your religious/spiritual beliefs helpful to you?
  - b. Are there any religious/spiritual practices meaningful to you?
  - c. Has your health or illness affected your religious/spiritual practices?
  - d. In what ways do you carry out your religious/spiritual practices?
  - e. Are any religious/spiritual books, symbols, services helpful for you now?
  - f. How can we help you maintain or practice your religion/spirituality in this setting?

Carroll College Department of Nursing

**Nursing Honors Thesis**

**POLICY:** The Nursing Honors Thesis involves a research project developed with the assistance of a committee composed of a thesis director and two readers in collaboration with the department chair and the student's faculty advisor. Undergraduate students with a cumulative 3.25 GPA at Carroll College are eligible to apply. Prior to commencing the thesis, the student will have completed MA 207 Statistics and NU 307 Evidence Based Practice or be concurrently enrolled unless another research course is approved by the Nursing Department Association. The student will enroll in NU 499 Honors Thesis.

**RATIONALE:** The Honors Thesis provides an opportunity for nursing students to develop their scholarly practice and prepare for the discipline of graduate study.

**PROCEDURES:** Read and follow the **Carroll College Thesis Guidelines**.

Demonstrate the steps of the research process:

- Develop a research question or a hypothesis.
- Complete the background for the project, review of the literature, and develop the methodology using APA format (Chapters I, II, and III).
- Receive Institutional Review Board (IRB) approval prior to commencing data collection.
- Commence and complete data collection.
- Complete data analysis.
- Identify the results of the research.
- Write a review of the results (Chapter IV).
- Discuss the findings and implications for nursing practice (Chapter V).
- Discuss the hypotheses or research question and identify research needs based on the results of the study.
- Prepare a presentation of the thesis and results for a professional forum or develop a poster presentation.

*(Approved Nursing Association 12/15, Reviewed 3/21)*

## **SECTION C**

### **Student Governance & Organizations**

C-1 Student Affairs Representatives

C-2 Carroll College Student Nurses' Association

**CARROLL  
COLLEGE  
DEPARTMENT OF  
NURSING**

**STUDENT AFFAIRS REPRESENTATIVES**

At the beginning of each fall semester, the Traditional track sophomore, junior, and senior classes will elect a Class Representative and Alternate to serve on the Nursing Department Student Affairs Committee. The Accelerated Nursing track will elect a Representative and Alternate to the Nursing Student Affairs Committee during the second session of their first summer. If the Class Representative is unable to attend a scheduled meeting, they should notify the Alternate to attend in their place. The elected Representative (and Alternate when needed) will serve as a liaison between their class and the nursing department faculty in addressing questions or suggestions regarding curriculum, collaborating on policies and projects affecting students, etc. In the interest of involving more students in this process of representation, students will serve no more than one year as Class Representative. The Alternate can be elected to serve as Class Representative in a future year.

If an individual student has questions concerning the conduct of classes, grading procedures, or other matters concerning an academic record or progress, students must first attempt an informal resolution by communicating with the involved faculty member. If a satisfactory resolution is not reached at this level, a student should follow the *Carroll College Academic Grievance Policy and Procedures*. This is a formal process and matters of this nature are not within the scope of Student Affairs Representatives.

**CCSNA**  
**CARROLL COLLEGE STUDENT NURSES'**  
**ASSOCIATION**

As a nursing student at Carroll College, CCSNA will provide you with information and the networking skills to reach your employment goals.

**What is CCSNA?**

CCSNA is our college chapter for the Montana Student Nurses' Association (MSNA) and the National Student Nurses' Association (NSNA). CCSNA brings students together helping further the growth of nursing in various ways, such as involving students with community projects and working together to gain awareness regarding a variety of healthcare issues.

**Who can join CCSNA?**

Membership is open to any student at Carroll College pursuing a nursing degree or any student interested in nursing as a career. Membership can occur anytime throughout the school year.

**What are the benefits of joining CCSNA?**

CCSNA is a great way to involve you with nursing through workshops and guest lecturers. It gives you the chance to meet with other nursing students at various levels in the program to learn what your coming years will include.

On the state and national levels there are more than \$75,000 worth of scholarships awarded annually. Many nursing books and study tools are offered to members at a lower cost than non-member students. Attendance at state and national conventions allows you to have an active voice in the future of nursing. Insurance, credit cards, and product discounts are also offered as membership benefits.

**What is the cost for membership in CCSNA?**

CCSNA does not have an annual membership fee.

**How do I join CCSNA?**

Look for meeting times and membership information on the CCSNA bulletin Board or by email.

**What activities does CCSNA do?**

In the past, CCSNA has put on health fairs, blood pressure screenings, distributed snack sacks as a fundraiser, organized a variety of other community fundraisers, distributed health information to students and community members, attended state and national conventions and more!



## **SECTION D**

Nursing  
Department  
Faculty and Staff

**NURSING DEPARTMENT  
FACULTY & STAFF**

**Nursing Department Faculty and Staff bios:**

**<https://www.carroll.edu/academics/program-finder/nursing-bsn/nursing-faculty>**

# **SECTION E**

## **Academic Standards**

### **E-1 Grading Policy**

Carroll College Department of Nursing

**GRADING POLICY**

The nursing faculty believes that a professional nurse has a sound knowledge base, good communication skills, and competency in nursing practice. Graduates of the nursing program pursuing professional nurse licensure need to pass the NCLEX-RN licensure examination that uses a multiple-choice testing format.

In an effort to pursue this standard, faculty support the following nursing course evaluation strategy for courses in the department in which the majority of the grade is based on multiple-choice testing. In order to progress in the nursing program, the student must achieve 75% or more of the total points possible for the multiple-choice examinations in the course. If the examination average score is 75% or greater, final calculation of the numerical grade will include the other components, i.e. paper, project, group reports. For those nursing courses not using a multiple-choice examination format, students must also receive a minimum of 75% of the possible points to pass the course.

If the nursing course has a lab/clinical component, the student must receive a pass for the lab/clinical to progress in the nursing program.

The following grading scale has been adopted by the faculty for calculation of course grades.

**GRADING SCALE OF THE NURSING DEPARTMENT:**

A student must achieve a minimum of a “C-” or better to pass this course and continue in the nursing program.

A = 93.5-100 %

A- = 89.5-93.4 %

B+ = 87.5-89.4 %

B = 84.5-87.4 %

B- = 82.5-84.4 %

C+ = 79.5-82.4 %

C = 76.5-79.4 %

C- = 74.5-76.4 %

D = 68.0-74.4 % (Unable to progress in the nursing major)

F = Below 68 % (Unable to progress in the nursing major)

\*\*Please note: standard rounding rules will be applied towards final grades of greater than or equal to 0.5%)

*(revised 5-9-23)*

## SECTION F

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## CARROLL COLLEGE NURSING DEPARTMENT

### **\*Dress Code Policy**

Students are reminded to project a professional image to peers, clients, and staff in clinical settings. Safety and cleanliness are of paramount importance. Students in clinical areas represent both nursing as a profession and Carroll College. It is the student's responsibility to ensure that their scrubs with *Carroll College Nursing Department* are worn only by persons who are associated with the Carroll College Nursing Program. As the State Board of Nursing is very clear about how nurses identify themselves in practice, it is critical that all persons wearing Carroll College Nursing Department attire represent the program.

When students separate from the Carroll College Nursing Program for any reason, including but not limited to graduation, change of major, or withdrawal from the college, they must not donate clothing articles embroidered with *Carroll College Nursing Department* to second hand stores, sell in garage/yard sales, or give to friends/family who are not associated with the Carroll Nursing Program. If uniforms are in good condition and students wish to sell or donate their uniforms to an accepted nursing student or donate to the CC Nursing Department, this is acceptable.

The Carroll College Nursing Department has adopted the following dress code for nursing students in clinical areas. For these purposes, lab is considered to be the same as clinical.

**PROFESSIONAL ATTIRE:** (when other than scrubs are required; refer to specific agency policies and course clinical assignments)

- Carroll College Name Badge
- Some clinical experiences may require students to wear scrub jacket over professional clothing (See individual course assignments. Jacket must be grape colored, embroidered, button-up, cuffed sleeves).
- Clean and unwrinkled dresses, skirts, pants hemmed to appropriate length, (blue jeans per instructor discretion, without holes, rips or frays), shirts (no sleeveless shirts)
- Clean shoes that cover the entire foot and worn with socks/stockings

**Uniform Items** (for clinical at St. Peter's Health, VA, Benefis Health System, community/critical access hospitals, nursing homes, etc. – unless instructed differently by nursing professor):

- Purple scrubs with embroidered Carroll logo – clean and unwrinkled
- Purple scrub jacket, grape colored, embroidered, button-up, cuffed
- Visible undergarments must be clean and either white or black in color without thumb holes
- Carroll College Name Badge/ID as required by clinical facility (Photo ID required at some agencies)
- Shoes that are clean, closed-toe, cover the entire foot with good traction
- Stethoscope, watch with second hand, penlight
- Handheld mobile device with appropriate software and/or apps
- Other assigned clinical areas, please see instructor for appropriate dress

#### **Personal Appearance:**

- Hair should be clean and of a natural color (no blue, green, purple or bright red or yellow for example). All long hair must be tied back away from the face or at the discretion of the clinical faculty.
- Students must be clean-shaven or have neat, well-groomed beard/mustache
- No perfume, aftershave, cologne or scented lotion
- The odor of smoke or tobacco shall not be present on a student's clothing or breath
- Short, unpolished, natural fingernails (no artificial nails)
- No studs, posts or rings in any visible piercing sites with the exception of maximum of two post or stud-type earrings in each ear. Students with gauged ears must wear flesh-colored plugs.
- Modest attire (no midriff visible or low-cut necklines)
- No visible tattoos
- No chewing of gum
- The only jewelry allowed is one ring band, a wrist watch, and items used for medical identification. Necklaces must be under clothing and taped to the skin.

**\* Modifications to the above at discretion of clinical faculty (revised 5-19; reviewed 2-21, revised 4-24)**

## Social Networking Policy

Any information gathered or obtained as part of the nursing student experience is bound by the same rules of confidentiality required by HIPAA, ANA Code of Ethics and the Montana Board of Nursing. For example, any conversation or identifying information concerning patients, peers, faculty, staff, agencies or communities on social networking sites (Facebook, YouTube, Myspace, etc.) is prohibited and may result in disciplinary action.

Advances in the capabilities of electronic media have increased the capacity to infringe upon human rights worldwide. The Carroll Nursing Program abides by the recommended guidelines of the National Council of State Boards of Nursing *White Paper: A Nurses Guide to the Use of Social Media* [https://www.ncsbn.org/Social\\_Media.pdf](https://www.ncsbn.org/Social_Media.pdf)

All students are expected to abide by these guidelines while engaged in any way with patients\*. All students are encouraged to discuss with the Nursing Department faculty their plans for community service at home or abroad prior to the event/trip so that specific questions related to human rights, privacy and confidentiality can be addressed.

\* *For the purposes of interpreting the term “patient,” the Carroll College Nursing Department defines “patient” as “any recipient of health care services. A patient may be an individual, family, group, or community anywhere in the world.”*

The *White Paper: A Nurses Guide to the Use of Social Media* provides the following guidelines:

### How to Avoid Problems

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients. The following guidelines are intended to minimize the risks of using social media:

- First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
- Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to patients in a disparaging manner, even if the patient is not identified.
- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.

- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Promptly report any identified breach of confidentiality or privacy.
- Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the work place.
- Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.

*(Reviewed 2-21)*



CARROLL COLLEGE NURSING DEPARTMENT

Nursing Lab/Simulation Policies and Guidelines

The nursing labs at Carroll College are considered clinical nursing sites. Proper behavior and attire are necessary to enhance the learning experience. Students have the responsibility to act in a professional manner at all times, showing respect for faculty, peers, mannequins/patient simulators, and the lab environment.

**What is simulation?**

Simulation is an attempt at replicating reality. In nursing education, simulation attempts to replicate some or nearly all of the essential aspects of a clinical situation so that the (healthcare issue) situation may be more readily understood and managed when it occurs in real clinical practice. Simulation is used as a teaching tool to help students refine their assessment skills. Simulation also provides a safe environment to develop critical thinking skills, clinical reasoning, clinical judgement and application of the nursing process.

**Simulation Scenarios**

Scenarios involve active participation of the students into the practice environment. Mannequins are used with respect and treated as if they were actual patients. The lab is a learning environment. Students involved in the scenario as well as student observers need to be focused on the scenario. A debriefing session provides the evaluation and a discussion of the learning objectives for the simulation and is a time to provide constructive comments for further enhancement of the simulation experience. Provide a safe, confidential learning environment for classmates. No discussion of the actions of fellow students should take place outside of the lab.

**What is debriefing?**

Debriefing is a structured time following a scenario that involves the immediate feedback and critical analysis of the simulation. It is a communication tool for the students participating in the exercise. The purpose is to provide active evaluation and focus on the positive aspects of the scenario, while also providing constructive feedback where improvement is needed. Debriefing allows time to answer questions and reinforce learning objectives.

**What is Remediation?**

Remediation may be required for any skill check-off and/or simulation in which the stated learning outcomes are not successfully met and/or safety measures were not adequate. Remediation will be assigned by the staff/faculty involved in the skill/simulation demonstration.

Remediation for skill check-offs will include, at minimum, the following:

Before you come in to re-demonstrate the skill, you will need to:

1. Reach out to the faculty of the course via email to set up an appointment for the skill re-demonstration.

2. Watch the pertinent ATI skill module(s) in the presence of the lab aide, nursing student, lab facilitator, or nursing tutor.
3. Write the skill checklist out (in your own words rather than verbatim) and bring it with you to the skill re-demonstration.
4. Practice two separate times with the lab aide, another nursing student, or lab facilitator and have them initial the clipboard that you use to sign into the labs. Reflect on the specific details you need to address from the first sign off.
5. Numbers 1-4 **MUST** be completed **PRIOR** to skill re-demonstration.

Remediation for a simulation will be a repeat of the simulation that was not successfully completed. Faculty and staff collaborate to ensure clear expectations and remediation are consistent and fair. Faculty and staff retain the right to modify the remediation requirements as deemed appropriate per the degree that the simulation objectives were not met. That includes, but is not limited to, additional lab requirements, additional simulation time, additional written work, etc.

### **Lab Guidelines:**

Please follow these guidelines when using nursing labs and participating in simulation and scenarios:

- Sign in when using the labs for practice.
- Wear appropriate clinical attire specified by the Dress Code Policy including Carroll College name badge, unless otherwise specified by your faculty or lab instructor/facilitator.
- If you borrow a lab coat, hang it up when you are done with it.
- Wear closed-toed shoes.
- Use the alcohol gel hand sanitizer prior to any “hands on” activity with the mannequins or equipment.
- Eating is allowed only while seated at tables and with permission of instructor.
- Animals are not allowed in the nursing labs, unless otherwise specified by your faculty or lab instructor/facilitator.
- Children are not allowed in the nursing labs, unless otherwise specified by your faculty or lab instructor/facilitator.
- Only drinks with closed lids are allowed in labs.
- Do not use betadine, markers, or pens on the mannequins.
- Use only the provided lubricant if it is needed.
- Regard mannequins as actual people keeping in mind safety, infection, and HIPPA regulations.
- Demonstrate therapeutic communication as evidenced by introducing self, addressing the client professionally, active listening, and closed loop communication with team members.
- Utilize sound time management and prioritize care appropriately.
- Remain professional and confidential regarding the performance of other students.
- Come prepared for simulations including research notes and necessary equipment (e.g. stethoscopes).
- Do not use the equipment for any purpose other than specified.
- No invasive procedures are allowed in the labs.
- Report any malfunction or abuse to the lab facilitator.
- Maintain a safe working environment and know the “clean” needle stick guidelines and physical safety practices (e.g. lifting and turning) required to function safely in the lab.

- Work area must be left clean, organized and sanitized before leaving the lab.
- The mannequins and their environment must be left as follows: gown and bedding appropriately covering patient, bedding straightened, equipment put away or organized on bedside table, gloves and other trash discarded.
- Wash hands with soap and water when finished in the simulation lab.
- Faculty and staff have the right to remove students from simulation/lab experiences if the conduct code is violated.
- Refer to the Social Networking Policy for appropriate use of technology in the lab and clinical settings.
- Students are not allowed to take photos or videos in the lab, except for the purpose of an assignment or as specified/approved by the faculty and/or lab facilitator/instructor.

*(Revised 5-21)*

Carroll College Nursing  
**Department Remediation  
Form**

*Remediation is instituted to assist students to improve their performance. Each faculty will independently determine the remediation plan based on individual course learning outcomes.*

Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Faculty Name: \_\_\_\_\_

Description of the concern requiring remediation: (attach documents if applicable)

Corresponds with which course learning outcome:

Plan for improvement and remediation requirements: (attach documents if applicable)

Date remediation must be completed by: \_\_\_\_\_  
Consequence if plan for remediation not met:

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

---

Improvement observed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Improvement observed by: \_\_\_\_\_  
Improvement observed by: \_\_\_\_\_  
Improvement observed by: \_\_\_\_\_  
*(approved May 2022)*  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

Remediation Requirements \_\_\_\_Met\_\_\_\_Not Met

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

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

## Clinical Absence Policy

The profession of nursing requires commitment and responsible behavior. The Department of Nursing faculty records attendance for each clinical session. Excused clinical absences are granted only for personal illness, injury or illness, accident or death of a significant other. Students who anticipate missing clinical due to an official college function must consult with the clinical faculty at least two weeks in advance of the function to determine whether or not the absence is feasible.

All clinical absences must be reported to the clinical faculty, course coordinator and/or clinical site (as per faculty instructions) prior to the time for the clinical to begin. An unexcused absence may result in the failure or immediate withdrawal from the nursing course and/or major. Unusual circumstances related to the unexcused absence will be reviewed by the faculty on an individual basis.

The faculty may require written documentation from the student's health care provider following an illness.

The faculty has the responsibility to ensure patient safety is not compromised. Therefore, any student unable to participate fully to provide safe and effective care to patients will be dismissed from the clinical experience and incur a clinical absence. Students, who are unprepared for a clinical/lab/agency experience, as determined by the faculty, will be sent home. This day will be considered an absence. The faculty reserves the right to send home any student deemed ill, physically or emotionally.

**If a student misses two or more excused clinical shifts, it may result in failure of the course or need to withdraw from the nursing course and/or major.**

It is the responsibility of the student to meet with faculty after being absent to determine if make-up is required, appropriate, or possible. The faculty reserves the right to determine whether or not makeup of missed clinical would be appropriate and necessary for a student to successfully achieve the objectives of a laboratory or clinical course.

**Note:** Please also see the Carroll College Catalog and Carroll College Nursing Department Student Handbook regarding Access to Clinical Experiences.

Rescheduling a clinical experience may not be possible due to:

- clinical experiences are not able to be replicated at a time other than when they are scheduled
- the time into the semester, because faculty may be unable to schedule or design clinical make-up experiences during the second half of the semester
- the type of experience or scheduling with the faculty and/or agency are not available
- the clinical agencies' schedules may be disrupted significantly by absences or extra clinical days due to student make up days

The faculty may work with the student to develop a simulation day that would be congruent with the hospital clinical day to ensure that the student receives the experience and content information from an excused clinical absence.

*(Revised 4/24)*

## Carroll College Department of Nursing

### **ACADEMIC POLICIES**

#### **Nursing Department Student Success Plan**

The plan recommendations are as follows:

1. Our SUCCESS PLAN for students includes referring the following students to the Saints Success Center for academic support:
  - Students who receive less than a “C-” or <75% on the first exam of the semester.
  - Students who have an average exam grade of <80% at midterm.
  - Students who demonstrate a pattern of late or incomplete assignments.
  - Students who have a pattern of absenteeism from class.
  - Any student interested in receiving study tips and improving their academic performance.
2. The second part of our SUCCESS PLAN is to encourage students to seek assistance from the professors as soon as possible. Teaching is our passion, and we really like to teach you and work with you. It brings us joy to see you understand and learn. Please let us help you be successful. Seek help from your professors early in the semester and as soon as you are feeling confused or overwhelmed.
3. We encourage you to seek support from the Wellness Center. If you are feeling overwhelmed or anxious about anything in your life (personal, academic, friends, family), please seek support from the counselors at the Wellness Center. Being able to openly talk about the pressure, anxiety, fears, or frustrations will often assist you in processing these emotions in a healthy way so you can better concentrate on your academic performance.

#### **Disability Accommodation Statement**

Please refer to the Carroll College Student Handbook to learn about Carroll’s policies and statements regarding learning disabilities.

#### **Guidelines for Accommodating Students with Disabilities**

The Carroll College nursing curriculum often requires physical demands, e.g., standing, sitting, walking, pushing and lifting, more strenuous than the usual activities of daily living. Present and past physical conditions may hinder one’s ability to perform these physical activities. In addition, the demands of decision-making and complex problem solving as a nursing student may produce challenges and stress beyond the usual of daily living.

The Nursing Department coordinates with Carroll College requirements for students to disclose a disability that might make meeting the essential elements of the nursing curriculum difficult. Disclosure of the disability to the Nursing Department must occur before admission or as soon as possible after learning of a disability, whichever is sooner, as well as the disclosure to the Academic Resource Center.

Once admitted to Carroll College, *all students must be measured by the same academic standards.*

Regardless of disability and reasonable accommodation, a student must pass all courses at an acceptable

level and master all essential clinical competencies.

**Failure to adhere to any of the following policies may result in disciplinary action, including but not limited to dismissal from the nursing major:**

### **Academic Integrity**

Students within the Nursing Department are expected to adhere to and follow the Carroll College Academic and Code of Conduct policies. The academic policies of the Nursing Department are in accordance with the overall College policies and, when additional academic policies exist for Nursing major students they are outlined below. As such, it is important for students to maintain academic and professional integrity in coursework and activities both within nursing and non-nursing courses, while actively enrolled at Carroll. Academic Integrity Violations, either in nursing or non-nursing courses, may impact a student's ability to progress in the nursing major. *(Refer to the Carroll College Student Handbook for additional information related to the Academic Integrity policy.)*

### **Plagiarism Definition**

Copying another student's paper or any portion of it is plagiarism. Additionally, copying any portion of published material (e.g., books or journals) without adequately documenting the source is plagiarism. If FIVE or more words in sequence are taken from a source, those words must be placed in quotes and the source referenced with author's name, date of publication and page number of publication. If the author's IDEAS are rephrased, by transposing words or expressing the same idea using different words, the idea must be attributed to the author by proper referencing, giving the author's name and date of publication. Authors whose words or ideas have been used in the preparation of the paper must be listed in the references cited at the end of the paper. *(Refer to the Carroll College Student Handbook for additional information related to the Academic Integrity policy.)*

### **Copyright-protected Materials Statement:** (Jan. 2014)

All course materials for Carroll College courses are the exclusive property of the individual(s) who created them. It is illegal to share or sell any course materials you may obtain as a student in this class, whether on paper or in digital form. Unauthorized reproduction and distribution of Carroll College course materials may be grounds for disciplinary and/or legal action.

### **Guidelines for Assignments**

All assignments must be submitted on the due date. Late assignments will receive no credit unless arrangements for extenuating circumstances have been made with the faculty of the course prior to the due date and time. The faculty reserves the right to adjust the grading based upon the extenuating circumstances considered when accepting an assignment after the due date and time.

### **Test Review**

Students are encouraged to learn from reviewing tests previously taken. In order to have this process be fair to both students and faculty, the following policy must be adhered to:

1. Tests will be reviewed only under supervision.
2. Review will be done by appointment or during designated class time.
3. It is acceptable to make brief notes while reviewing the test(s); however, exact reproduction of test items is prohibited.

### **Test Taking**

The student is allowed to take only required materials to the testing room. Backpacks, books, food, drinks and all other personal belongings including caps/hats shall remain at the front of the class with the test proctor. Instructors are responsible for indicating what materials the student may have with him/her during the test.

### **Attendance Policy**

The profession of nursing requires commitment and responsible behavior. For classes, the Nursing Department endorses the attendance criteria found in the Carroll College Catalog. It is the responsibility of the student to meet with faculty to determine if make-up is required, appropriate, or possible.

For clinical experiences, see *Clinical Absence Policy* in the *Carroll College Nursing Student Handbook*.

\* Clinical experiences include on-campus nursing laboratory and off-campus clinical assignments.

### **Professionalism**

Student nurses at Carroll College are expected to conduct themselves in a professional manner in accordance with the guidelines established by the Carroll College Academic Integrity Policy, The American Nurses Association Code of Ethics for Nurses (2015) <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/> and the Montana Board of Nursing. Carroll College nursing students are a reflection of both the nursing profession and Carroll College. As one of the most trusted professions, it is critical that nursing students interact with professors, peers and patients with professional behavior and communication. Components of professionalism include, but are not limited to, the following:

- Adhering to Carroll College Nursing Department dress code
- Displaying professionalism while in class and at clinical rotations by treating all individuals with respect
- Respecting the time of others by being punctual to class, meetings and clinical sites
- Responding to emails, telephone calls, etc. in a timely manner
- Speaking with integrity when resolving conflict
- Acting as a role model for all nurses by displaying appropriate behavior in public
- Maintaining academic integrity in all academic and professional endeavors while enrolled as a Carroll College student
- Utilizing “above the line” learning to create a culture of accountability

### **Electronic Communication Devices**

Use of cellular phones or any other electronic communication devices for any purpose during a clinical/lab, class or exam is prohibited by Carroll College Nursing Department, unless expressly permitted by the instructor. Use of electronic communication devices without permission from faculty may result in disciplinary action.

### **Academic Grievance Policy**

If an individual student has questions concerning the conduct of classes, grading procedures, or other matters concerning an academic record or progress, students must first attempt an informal



resolution by communicating with the involved faculty member. If a satisfactory resolution is not reached at this level, a student should follow the *Carroll College Academic Grievance Policy and Procedures*.

*(Approved by Nursing Department Association 5/16, Revised 06/22)*

## Carroll College Department of Nursing

### **Discipline Policy**

The Nursing Department expects that students, as potential members of the nursing profession, will behave in a reasonable and accountable manner when engaged in the classroom and clinical learning. In addition to student conduct expectations specific to the Carroll Code of Student Conduct (found in the college student handbook), the following are examples of violations of student conduct that pertain to the Nursing Department:

1. Unsafe clinical practice, including but not limited to:
  - Exhibiting altered cognition/behavior/symptoms of being under the influence of a substance within the clinical or lab setting.
  - Serious errors potentially affect clients' life or safety.
  - Neglect or abandonment of patient care duties.
2. Inappropriate conduct, including but not limited to:
  - Breach of patient confidentiality.
  - Unprofessional language, attitude, or behavior.
3. Unexcused clinical or lab absence\* (for example, not calling the instructor in advance, not showing up for clinical/lab, or missing clinical/lab for a sports event or sports practice without prior approval from faculty).

\*Two or more unexcused absences from clinical or lab may jeopardize student progression in the nursing major.

Procedures: Issues involving misconduct will be guided by the College expectations for student conduct, found in the college handbook.

The following assumptions and actions will guide nursing faculty response to issues of student misconduct:

1. The faculty involved will address the misconduct with the student as quickly and as effectively as possible.
2. Every effort will be made to maintain open lines of communication between involved faculty and student(s).
3. Faculty involved will document the alleged misconduct using the Disciplinary Action Form. A copy of the completed Disciplinary Action Form will be placed in the student file. (See form on next page)
4. All allegations of misconduct that could jeopardize student progression in the nursing major will be brought to the Chair of the department for discussion, advisement, and decision-making.
5. Serum or urine drug testing may be required at the expense of the student.

Potential consequences of student misconduct may include the following:

1. A failing grade or mark of zero in a course, assignment, or examination
2. Inability to progress and dismissal from the Nursing Program

*(Revised 4/24)*

Carroll College Department of Nursing  
**Disciplinary Action Form**

Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Faculty Name: \_\_\_\_\_

Disciplinary  
Action: \_\_\_\_\_ Written Warning  
          \_\_\_\_\_ Written Warning and Suspension from Nursing Program

**Incident Information (attach documentation, if any)**

Date/time of Incident: \_\_\_\_\_  
Location of incident: \_\_\_\_\_  
Description of incident (faculty statement): \_\_\_\_\_

Description of incident (student statement): \_\_\_\_\_

Witnesses, if any: \_\_\_\_\_

Policy/Policies Violated: \_\_\_\_\_

**Corrective Action: (list goals, timetables, etc.)**

Consequence(s) if student repeats this offense: \_\_\_\_\_

Date of next meeting for follow-up: \_\_\_\_\_

*I have received and read this disciplinary action form. I have been informed that a copy of this disciplinary action form will be placed in my student file.*

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

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Nursing Department Association approved 2/5/10, Reviewed 3/21)*

### **Access to Clinical Statement**

Clinical experience begins in the 200-level nursing courses and occurs in diverse community settings, varying from Helena's hospitals to public health, assisted-living, long-term care, home visits, and psychiatric and school settings. Although nursing clinical is primarily in Helena, out of town clinical may be required, necessitating personal transportation at the students' expense. In addition, on-campus clinical experiences are provided in the on-campus nursing clinical simulation center. Each nursing course at Carroll provides quality, personalized learning experiences.

Nursing students are expected to purchase Carroll College nursing scrubs, nametag, hand-held mobile device, and other items needed for clinical/lab experience. As part of the program onboarding process and prior to beginning 200-level courses, nursing students must demonstrate specific clinical readiness requirements required by our third-party clinical affiliates. These requirements must be kept current throughout the program duration and include, but may not be limited to, up-to-date immunization records, a criminal background check, a 10-panel urine drug screen, maintenance of current health insurance, and American Heart Association Basic Life Support for Healthcare Providers certification.

Professional nursing is regulated in Montana by the Board of Nursing to protect the health, safety, and welfare of the public. As part of their educational program, student nurses are entrusted with the responsibility of providing certain kinds of nursing care to clients/patients. It is the responsibility of the faculty to determine that the student nurse has demonstrated reasonable competence to render nursing interventions without risk to the client/patient. If the faculty member's evaluation of the student nurse's behavior or health status indicated that he or she is likely to provide unsafe nursing care as outlined in the course expectations, the Statutes and Rules of Nursing, and the ANA Code of Ethics, the faculty has the legal responsibility to deny the student nurse access to clinical learning experience. Professional liability insurance coverage is required for students engaged in clinical experiences and is included in registration fees.

**At Carroll College, all students are required to practice in accordance with the Statutes and Rules of Nursing for the State of Montana:** <https://boards.bsd.dli.mt.gov/nursing/regulations/statutes>

**In addition to the legal standards of professional nursing practice, students must also adhere to the Code of Ethics of Nursing as established by the American Nurses Association.**

<https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>

### **Immunizations Records**

As part of the nursing program curriculum, nursing students are placed with third-party health care providers and receive in-person clinical experiences as explained in the *Access to Clinical Statement*. Third-party health care providers may require proof of certain vaccinations as a condition of access to their medical facilities and in-person clinical experiences. Carroll College and the Nursing Department have no control over the vaccination requirements set by these third-party health care providers.

Students must provide copies of certain records to a designated electronic system for verification and tracking purposes. To request a specific vaccination waiver form, students must reach out to the Administrative Support Specialist as different forms are required by each of the clinical partners that may need to be submitted.

## **Student Criminal Background Checks**

**Policy:** The Department of Nursing requires submission of a criminal background check for all nursing students as part of the application to the nursing major and prior to entering 200-level nursing courses and placement in any clinical setting. Background checks are done at the student's expense. Students with criminal background checks that reveal a record will be evaluated individually to determine whether they will be admitted to the nursing major.

**Rationale:** To promote patient safety and decrease institutional liability, many clinical agencies require students to have cleared a criminal background check before they will permit the students in the clinical setting. To meet these requirements, the Department of Nursing requires that the check be done as part of the nursing major admission process and prior to placement in any clinical agency.

### **Procedure:**

- 1) Prospective students will be informed in college publications, web information and the nursing major application that a criminal background check will be required prior to beginning any clinical coursework. Information will also be provided regarding where students can obtain the necessary background check.
- 2) The background check will include statewide criminal records and residency history, as these are currently required by clinical agencies.
- 3) At the discretion of the department, additional checks may be requested. Any additional checks that may be required will be done at the student's expense.
- 4) Students whose criminal background check reveals a record will be reviewed individually by the Department of Nursing to determine eligibility for placement. No student will be enrolled in a clinical nursing course with an unacceptable record revealed during the background check.

## **Urine Drug Screen**

Prior to starting 200-level clinical rotations, all students must submit evidence of a negative 10-panel urine drug screen that has been completed no more than 30 days prior to the start of nursing courses with a Nu or ACNU designation. Inability to comply with the outlined clinical readiness requirements may interfere with a student's ability to participate in the nursing program clinical requirements, making the student ineligible to progress in the major.

## **Insurance**

Students must be covered with liability insurance for all clinical courses, beginning with the first nursing laboratory course. Carroll College contracts with an insurance company to provide this coverage. The fee is included with the fees paid at the time of registration in the fall.

It is a requirement of our third-party clinical affiliates that all students have health insurance. For those students not already covered by a policy, health insurance must be purchased at the beginning of the semester.

## **CPR Certification**

Students are required to have current American Heart Association Basic Life Support for Healthcare Providers certification prior to beginning clinical and must update this CPR certification as required. It is the responsibility of each student to obtain and maintain this certification; however, courses are offered periodically through the Nursing Department.

*(Reviewed/Approved by Nursing Department Association on 4/14/09, Reviewed 3/21, Revised 6/22, 4/24)*

## **Inclement Weather Policy for Clinical**

Winter storms are not uncommon in Montana and typically, highways and collector roads are well maintained for safe driving conditions. However, students need to determine their own ability to travel in inclement weather. As inclement weather can vary significantly from one part of the state to another, conditions where students are traveling to clinical may not always be the same as they are in Helena. The nursing program is aware that hospitals do not close in bad weather, and students are expected to leave early enough to have time to drive safely. Students are encouraged to utilize the [mdt.mt.gov](http://mdt.mt.gov) website for road condition reports, alerts, and closures as they make travel plans. Faculty will utilize the same system to make decisions regarding clinical cancellation, communicating this decision to students via email at least three hours prior to the scheduled clinical shift. If Carroll College is closed due to the weather, there will be no classes or clinical shifts. Cancelled clinical shifts will be rescheduled, if possible, or an alternate assignment will be provided by the course faculty.

Recognizing that no website or external report will report "in-the-moment" conditions for every stretch of road in Montana, that road conditions can be unpredictable, and students may have varying comfort driving in Montana weather conditions, if the clinical shift is not cancelled, students who opt to miss clinical due to road conditions need to notify the course faculty and CRRN, if applicable, via email. Students must also contact the clinical site via phone at least 30 minutes prior to the start of the clinical shift. Students will also have to make up the time/absence through an alternate assignment provided by the course faculty. Additionally, students need to keep their instructors informed if they need to arrive late or depart early from clinical due to inclement weather. Late arrival or early departure may be overlooked in the event of poor road and weather conditions; however, if a student misses half or more of a scheduled clinical shift, students may be required to make up the time through a supplemental assignment.

Recurrent absences from clinical may result in an incomplete or "I" grade in the course until additional clinical hours can be scheduled and completed, to maintain compliance with Montana Board of Nursing Administrative Rules.

*(Approved by Nursing Department Association on 5-9-23)*

**Carroll College Nursing Department  
Essential Functions for Nursing Student Clinical  
Performance**

<b>Age of Patient/ Customer</b>	X	Neonate 0-1mo	X	Adolescence 11-19
	X	Infant 1-12 months	X	Young Adult 19-44
	X	Toddler 1-3 Years	X	Middle Age 44-65
	X	Preschool 3-6 "	X	Geriatrics > 65
	X	Middle childhood 6-12 years		
<b>Populations Served:</b>				

*ESSENTIAL FUNCTIONS are identified by an "X" preceding the function.*

<b>PHYSICAL REQUIREMENTS: On the job time is spent in the following activities performing identified duties.</b>			<b>Amount of Time (place an "X" in appropriate cell)</b>			
<b>ACTIVITY:</b>	<b>DUTIES:</b>		<b>None</b>	<b>Up to 1/3</b>	<b>1/3 to 1/2</b>	<b>2/3 or More</b>
X Stand	Able to stand for long periods of time in patient care.			X		
X Walk	Able to ambulate the length of the hallways to deliver patient care.					X
X Sit	Able to sit for short periods of time					X
X Talk or Hear	Able to articulate clearly on phone and in direct contact and understand direction					X
X Taste or Smell						X
X Visualize or See	Possess close and distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.					X
X Listen or Hear	See the hearing required box on next page.					X
X Push/Pull	Able to manipulate and move patient and equipment of all sizes and weight.				X	
X Use hands to finger, handle or feel.	Possesses dexterity to deliver precise patient treatment.					X
X Stoop, kneel, crouch or crawl.	Possesses physical flexibility to maneuver within limited areas and in areas providing patient care.				X	
x Reach with hands and arms	Possesses dexterity to reach patient care equipment and supplies and administer in a safe manner.					X

*ESSENTIAL FUNCTIONS are identified by an "X" preceding the function.*

The hearing required for this job is: Check all that apply.		"X" = Required
X	Ability to hear alarms on equipment	X
X	Ability to hear to interact with others	X
X	Ability to hear instructions	X

The typical noise level for the work environment is:	"X" = Typical Level
Quiet	
Moderate	X
Loud	
Very Loud	

*ESSENTIAL FUNCTIONS are identified by an "X" preceding the function.*

The job required that weight be lifted or force exerted.			Amount of Time (place an "X" in appropriate cell)			
ACTIVITY:		DUTIES:	None	Up to 1/3	1/3 to 1/2	2/3 & more
	Up to 10 pounds					
	Up to 25 pounds					
x	Up to 50 pounds	Possesses the strength and agility to lift and manipulate patients and equipment of varying weights and sizes.				X
	Up to 75 pounds					
	More than 75 pounds					

**Updated 6/12/2020 (Adapted from St. Peter's Health Position Description)**

*Reviewed 3/21*



**Student Exposure to Hazardous Material Procedure**

Student contact with clients/patients in health care settings is accompanied by risk of exposure to pathogens and other hazardous materials. In the event a student does become exposed to blood or body fluid of another person, the assumption must be made the blood or body fluid could be carrying pathogens, which would put the student at risk of contracting disease. The following are the minimum steps that must be taken by a Carroll College Nursing Department student who is exposed to body fluids, receives a wound from medical equipment contaminated with body fluids or is in any other way potentially exposed to pathogens/hazardous materials.

For the purposes of this policy, a hazard is defined as any substance, situation, or condition capable of doing harm to human health, property, or system function. A list of hazardous materials are maintained in the lab and updated yearly.

Objectives:

- To assure the safety of students and faculty with hazardous materials that are in use.
  - To promote protection of the environment through the education of proper handling of hazardous material.
1. Immediately following an exposure to blood:
    - a. Needle sticks and cuts should be washed with soap and water.
    - b. Splashes to the nose, mouth, or skin should be flushed with water.
    - c. Eyes should be irrigated with clean water, saline, or sterile irrigants.
  2. Notify the instructor (CRRN)/preceptor for the clinical experience immediately after cleansing the exposed area.
  3. Immediately seek medical advice from the provider of the student's choice. For some types of exposure, testing and post-exposure treatment are time-sensitive and may need to be initiated as soon as possible after the exposure. Students may or may not be covered under worker's compensation; costs of follow-up and costs of care are the responsibility of the student.
  4. Review facility policies and procedures of the facility at which the incident occurred.
  5. Notify the course coordinator/faculty within 24 hours of the incident.
  6. Complete a Carroll College Nursing Department Incident Report at the time of the injury or exposure or no later than 48 hours after the incident. The student should work with the course coordinator/faculty to complete the incident report. The incident report is filed in the Nursing Department in a file separate from the file of the student involved.

*(Revised 4/21)*

CARROLL COLLEGE NURSING DEPARTMENT

**INCIDENT REPORT**

*(To be completed immediately following the incident or no later than 48 hours after incident)*

Name of Student: \_\_\_\_\_ Name of Faculty: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Exact location of incident: \_\_\_\_\_

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---

Exact description of incident in detail: *(continue on back of form if necessary)*

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Names of all those present and involved: *(including student, faculty, staff and client)*

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Name and number of course in which student is performing clinical experience: \_\_\_\_\_

---

---

Reason client/patient involved is receiving services from the agency in which student was participating in a clinical experience at the time of the incident:

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---

Immediate steps taken by student and/or others after the incident occurred: *(chronicle by 15 minute intervals)*

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---

List the name(s) of persons whose treatment advice was solicited and the treatment given and/or planned: \_\_\_\_\_

---

---

---

Was a facility incident report(s) completed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

Plan for follow-up \_\_\_\_\_

---

---

\_\_\_\_\_  
Name of clinical instructor *(please print)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of clinical instructor

*(Revised 5/16, Reviewed 4/21)*

Carroll College Department of Nursing

**Student Safety Policies**

**No Invasive Procedures Policy**

Practicing invasive procedures for the sole purpose of learning the skill on fellow students, professors, or staff in the clinical agencies or designated Carroll labs is forbidden. The Faculty of the Nursing Department has determined that the risks outweigh the benefits of students or faculty practicing or receiving invasive procedures.

Student nurses may perform invasive procedures for therapeutic purposes if the procedure is performed under the defined policy and procedure of the designated clinical agency. Further, such invasive procedures shall only be performed under the direct supervision of a licensed nurse.

*(Amended 11/16/09, reviewed 4/21)*

**Travel**

Students are responsible for providing their own transportation to and from clinical facilities. Students may be required to travel in groups for field trips and community assignments. Students are **not** permitted to transport patients or clients in any vehicles.

*(reviewed 4/21)*

**Student Pregnancy**

The Nursing Department at Carroll College is committed to the health and wellbeing of our pregnant students and their unborn children. A student who is pregnant may continue in the nursing program as long as her health status is satisfactory, and she is able to meet the objectives of the course. Student pregnancy is to be reported to instructor(s) promptly to minimize risk to the fetus and the student. For the safety of the student, she may not enter where radioisotopes or x-ray therapy is being administered. In addition, it is the pregnant student's responsibility to provide a written statement from her healthcare provider indicating that there is no known medical reason why she should not continue in the clinical or academic phases of the program. Clinical agencies may have policies that determine the placement of students during pregnancy and assignments will be made accordingly.

Students who deliver during the semester must present a written official statement of health clearance from their healthcare provider permitting return to clinical activities.

*(Reviewed 4/21)*

Carroll College Department of Nursing  
**Policy for Student Withdrawal & Re-application/Re-entry to the Nursing Major**

Students who leave the program must meet with the Department Chair to clarify their status and may be asked to sign the Student Exit Form.

Re-application: Traditional track nursing students who do not satisfactorily complete the Fundamentals and Health Promotion and/or Assessment and Health Promotion nursing courses/labs and who wish to be considered for re-admission, must submit their petition for re-application to the Chair of the nursing department by February 1. The criteria for re-admission for students who are still enrolled at Carroll College will reflect the protocol in place for the current pre-nursing applicants. The criteria for re-admission of students no longer enrolled at the college or who will have obtained post-baccalaureate status by the fall following their re-application, will reflect the protocol in place for external transfer students.

Re-entry: For Traditional track nursing students whose break in progression occurs after the first semester of nursing courses are completed, they must submit their petition for re-entry to the Chair of the nursing department by December 1 (for spring semester consideration) or May 1 (for fall semester consideration). See criteria for Progression in Nursing Major. Accelerated Nursing (ACNU) students who have a break in progression and want to re-enter the nursing major must submit their petition for re-entry at least 12 weeks prior to the session of their re-entry.

The nursing faculty will make a decision, on an individual basis, as to whether or not the student can re-apply or be re-admitted into the nursing major. This decision will be based on the petitioning student's previous standing, plan for success, and the availability of space in the program, and may be in competition with other students.

Petition: Depending on the student's individual situation, their petition for re-application or re-entry may need to include the following:

- A letter explaining the extenuating circumstances which contributed to the need for withdrawing and/or cause for failure or GPA falling below 2.75.
- A detailed plan describing how the student will prevent this situation from recurring.
- A letter signed by the student's counselor or health care provider that attests to the ability of the student to work towards meeting the expected learning outcomes of the nursing major.

If appropriate, the plan must specifically address what steps will be taken to be successful in this program.

Possible areas to consider addressing in the plan include:

1. Comply with recommendations of health care provider (if applicable)
2. Participate in counseling\*
3. Utilize academic support resources on campus
4. Contract with a study partner
5. Focus on improving communication
6. Meet with advisor and instructors as needed

\* If part of the plan for success includes participation in counseling, the student will need to sign a consent form so that the Nursing faculty can verify the student is following the plan for success. Consent will allow faculty to verify attendance only and not any content of counseling sessions.

*(Revised 5/21)*

Carroll College Department of Nursing

**Student Exit Form**

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

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

Current level in nursing program: 200-level \_\_\_\_\_ 300-level \_\_\_\_\_ 400-level \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

Reason for exit:

I understand that by exiting the Nursing Department for whatever reason (change of major, no longer eligible to continue, health concerns, etc.), I relinquish my placement in the Carroll College nursing program. I am aware that there are no guarantees of future placement in either of the Carroll College nursing program tracks.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Nursing Chair Signature

*(Approved 9/10, Reviewed 4/21)*

CARROLL COLLEGE DEPARTMENT OF NURSING  
STUDENT SKILLS INVENTORY

**Introduction**

**The Department of Nursing offers a baccalaureate nursing program preparing graduates, through the use of the nursing process, for the beginning generalized practice of professional nursing in a variety of community settings.**

**Whether caring for the acutely ill in hospitals or caring for people where they live or work, Carroll students are taught to use the nursing process, to involve the family in any care plan, and to utilize all resources in the community to help people achieve their highest level of functioning. Students are taught skills which may be classified separately as cognitive, affective, and psychomotor. However, in most instances every nursing skill contains elements of all three types of skills.**

**Leadership skills, which are most apt to be classified within the cognitive and affective domains, are integrated throughout the nursing curriculum, and are specifically taught and practiced during the senior year.**

The following, therefore, is a list of skills taught and evaluated by demonstration and supervised laboratory practice prior to assignment in a health care agency. Within the various health care agencies, students are supervised by both faculty and agency nursing staff as they practice the skills listed.

Student Skills Inventory

The Student Skills Inventory will provide students with evidence of current competence in those skills listed for applications to summer internships, job applications, nurse tech positions, etc. It is the students' responsibility to keep this checklist current, with appropriate dates and signatures. This checklist will not be provided every semester, so students must keep it with their clinical materials. The checklist should be brought to clinical each day so that skills can be checked off by the nurse who is observing your technique and competency.

200 Level Student Skills inventory	
<b>Assessment</b>	<b>Mobility/Activity</b>
Vital signs – TPR, BP, RR, HR, pain	Transfers
Head to toe assessment	Ambulation aids-gait belt
Focused assessment	Walker
Use of Doppler	Cane
<b>Communication</b>	Crutches
Health history	Positioning
Charting	Log roll
Discharge planning	Range of motion
End of Shift Report	Anti Embolism stockings
Patient teaching	SCDs
Therapeutic Communication	Restraints
Interprofessional Communication	<b>Fluid &amp; Electrolyte/Hydration</b>
SBAR	Intake & output
<b>Hygiene</b>	<b>Neurological/Consciousness</b>
Hand washing-soap and water	Assessments
Hand hygiene-sanitizer	Reflexes
Aseptic technique	Neurological signs
Bed making-occupied	Mini Mental Status Exam
Bed making-unoccupied	<b>Cardiopulmonary/Oxygenation</b>
Bathing	Manual BP Measurement
Oral Care	Monitoring O <sub>2</sub> saturation rates
Perineal Care	Lung sounds
Nail & foot care	Heart sounds
Care of assistive devices (lip, hearing aid, contact lenses, false teeth)	<b>Gastrointestinal/Nutrition</b>
Medical asepsis/PPE	Plot height & weight on growth chart
Surgical asepsis: sterile field	Height & weight
Surgical asepsis: sterile gloves	Diets
<b>Medication Administration</b>	<b>Elimination</b>
Seven Rights Every Time	Indwelling placement
Check with 2nd RN for specific meds	Indwelling catheter care
Ear (otic)	Indwelling catheter removal
Eye (ophthalmic)	Straight Catheter placement
Intramuscular (IM)	Condom Catheter
Z-track	Urinal/commode hat
Inhalation	Bedpan
Intradermal (ID)	Bladder Scan
Nasal	Bowel management-enemas
PQ	
Subcutaneous	
Sublingual	
Transdermal	
Vaginal	
Rectal	

300 Level Student Skills inventory	
<b>Hygiene</b>	<b>Cardiopulmonary/Oxygenation</b>
Sitz Bath	Interpret EKG
<b>Wound care</b>	Attach monitor equipment
Assessment	Cardiac telemetry
Wet to dry	Administration of Oxygen Therapy
Wound Vac	Nasal Cannula
Irrigation	Simple Face Mask
<b>Drains/Irrigation</b>	Venturi Mask
Penrose	Non Rebreather Mask
JP	Deep breathing and coughing
Hemovac	Splinting
Drain removal	Incentive spirometry
CBI CARE	ABG interpretation
<b>Surgical Asepsis</b>	<b>Airway and Suctioning</b>
Pre-op care	Nasotracheal
Post-op care	Oral
<b>Fluid &amp; Electrolyte/Hydration</b>	Endotracheal
Initiating PIV	Tracheostomy care
Monitoring PIV therapy	Tracheostomy suctioning
Saline Lock PIV	Postural drainage
Discontinue PIV	Chest tubes
Peripheral IV Infusion bag change	<b>Gastrointestinal and Diets</b>
PIV Site care	Nasogastric tube
PIV Tubing Change	Gastric suction
Setting PIV pumps	Gastrostomy tubes & care
Counting drip rate	Tube feedings & check residuals
<b>Medication Administration</b>	Hyperalimentation (TPN) monitoring
PCA	Blood glucose testing
IV piggyback	Ostomy care
IV push	<b>Mother/Baby</b>
<b>Specimen collection:</b>	Well child assessment
Sputum	Fetal heart tone assessment
Stool	Postpartum discharge instructions
Throat	Newborn assessment
Wound	Initial bath & give bath demo
Tubes for blood	Hearing screening
<b>Central line</b>	Security, safe baby
Site care	Infant pain scale assess/ intervention
Dressing change	Postpartum assessment
Intermittent flushing	Assess breastfeeding LATCH
Infusion bag change	Lap scan
Tubing change	<b>Mobility/Activity</b>
Blood draw	Traction
Port access	Continuous passive motion machine

200 Level student have completed the skills in yellow by the end of the semester

300 Level student have completed the skills in purple by the end of the semester

400 Level student have completed the skills in green by the end of the semester

Clinical faculty:  
Clinical faculty email:  
Clinical faculty phone number:

Clinical faculty:  
Clinical faculty email:  
Clinical faculty phone number:

Clinical faculty:  
Clinical faculty email:  
Clinical faculty phone number:

400 Level Student Skills Inventory	
<b>Emergency Care</b>	<b>Neurological/Consciousness</b>
BLS Certified	CIWA
STABLE Certified	FAST Stroke Assessment
PALS Certified	<b>Cardiopulmonary</b>
ACLS Certified	Arterial line monitoring
Defibrillation	CVP
Advanced Cardiac Monitoring	ETT care
Monitor mechanical ventilation	ETT suctioning
Interpret CVP, arterial pressure	Closed line ETT care

## CARROLL COLLEGE NURSING DEPARTMENT

### GENERAL DEPARTMENT GUIDELINES

#### Faculty

Faculty members usually post their schedule and office hours outside their office doors and/or in their course syllabi. If you would like to meet with a faculty member, please make an appointment with them directly. Students accepted into the nursing program will be assigned a faculty advisor within the Nursing Department.

#### Department Administrative Support

The Nursing Department office hours are usually 9:00 a.m. – 4:00 p.m. (summer hours are more limited and variable). The Nursing Department Office is Rm. 415 Simperman Hall, 406-447-5491. The administrative Specialist manages the office and provides support to the faculty and students of the Nursing Department.



#### Copying

The administrative specialist is unable to do personal copying for students. There are copiers available for student use in various campus locations.

#### Cleanliness

Please show respect for your fellow classmates by keeping classrooms free of garbage and food debris and cleaning up any spills or messes. If there is an event on the nursing floor and trashcans are full, please notify the administrative specialist or call Facilities to pick up the garbage. Please do not place garbage in the sharp containers in the labs.

#### Checking out Department resources

If you need to check out nursing lab equipment, please see RN Lab Facilitators. You are responsible for the equipment while it is checked out to you. If you are interested in checking out any of the resources in the Holistic Health lab, please see Administrative Specialist.

#### Student Folders

Each nursing student who has been accepted into the nursing major (beginning with 200-level courses) will have a student file folder in the mailbox drop system located in the nursing office (carts are placed in hallway during regular work hours). These files are for students to pass messages to one another and for the faculty to communicate with you. Please do not place any sensitive or confidential material in the files. This is for light paper items **only**, please do not place any heavy objects in the paper files and check and empty your folder often.

*(Revised 4/24)*



CARROLL COLLEGE NURSING DEPARTMENT

**Holistic Health Lab Guidelines\***

This room is dedicated to the learning and practice of holistic healing modalities, for self-care and enhancing the wellness of others.



We respectfully request your partnership in supporting the following guidelines:

- ☉ Treat others and the lab resources with care and respect
- ☉ Consider removing shoes prior to entering (*easier on carpet and furniture & aids in relaxation*)
- ☉ No food or drinks in lab (*water and herbal tea okay*)
- ☉ No cell phone conversations in lab; no video recordings or photos; if sharing lab with others, use earphones for listening to music, guided meditations, etc.
- ☉ Those who have scheduled room have priority (*room scheduling will occur through Nursing Department administrative specialist*)
- ☉ Return all resources to their original location after use (*some resources can be checked out – see Nursing Department administrative specialist*)
- ☉ Please notify department administrative specialist for equipment or room maintenance needs
- ☉ The Holistic Health Lab is open during the standard lab hours and open lab times.

If these guidelines are not adhered to, more restrictive policies will be required, which may impact our mission.

We hope you find this space a valuable and integral part of your journey in becoming a professional nurse!

*(Reviewed 4/24)*