Chestnut Hill College

Department of Nursing

Student Handbook

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Table of Contents

Introduction

Dear Students,

Welcome to the Department of Nursing at Chestnut Hill College! You have chosen a rigorous and exciting course of study which will lead you to fulfilling and important work. Today's professional nurse is at the forefront of health care, with the capacity to make authentic and lasting changes in the lives of individuals, families, communities and yourselves! Nursing education is highly specialized. Department policies and procedures have been designed to assure that Chestnut Hill College's nursing program prepares competent, confident graduates. This Handbook has been prepared to provide you with a guide to the nursing program policies and procedures designed to promote student and patient safety and success. The Chestnut Hill College School of Undergraduate Studies Catalogue is the primary source of information about the College in general.

Please note you are responsible for the policies in this book. Policy changes will be communicated to you using a variety of strategies: e-mail; posts on the Departmental bulletin board; and, through the Chestnut Hill College Student Nurses' Association leadership. The Center Chair for Nursing is responsible for distributing any changes in policy. Your signature on the first page of this document will serve as testimony to the fact that you have read and understood these policies.

The faculty and I wish you best wishes for a successful program of study. The future of nursing will be in your capable hands. Make yourselves AND Chestnut Hill College proud!

Be well,

Mission

The Department of Nursing seeks to educate students in an intellectually rigorous program of study to become skilled and compassionate providers of nursing care through a transformative holistic nursing curriculum which is rooted in the charism of the Sisters of Saint Joseph and devoted to the service of the needs of the "dear neighbor".

The Department of Nursing will prepare compassionate nurses who understand that the formation of healthy relationships is the foundation of health and that the provision of care requires the fostering of those relationships.

In pursuit of that mission, Chestnut Hill College nurses will be able to:
initiate and adapt to change, engage in critical thinking in health care innovation, engage in bold leadership in pursuit of individual, family, community, and environmental and professional advocacy, and seek knowledge wherever it presents itself in pursuit of a global culture of health.

Vision

Chestnut Hill College Department of Nursing will be the program of choice for students seeking personal and professional fulfillment in the discipline of nursing in an intentionally diverse environment. Nursing will be presented as it was meant to be: bold, innovative, taking care of the world as it is and the world as it will become.

Philosophy of Nursing and Nursing Education

The Department of Nursing affirms the Chestnut Hill College mission. It shares the College's commitment to transformative holistic education, just relationships, innovative thinking, responsible action and an animated spiritual life for ourselves and the recipients of our care, who are: individuals, families, communities and our planet.

The faculty in the Department of Nursing believe that health is vital for a full and complete life, a more unified global society and sustainable earth. Health is defined as a state of wellness, not just the absence of disease, with the capacity to "use well every power we have" (Nightingale). Health care refers to the provision of all services which promote wellness. Professional nurses assist in the promotion of wellness and prevention of illness and diagnose and treat human responses to disease. Chestnut Hill College Department of Nursing subscribes to Henderson's classic perspective on nursing, that "the nurse does for others what they would do for themselves if they had the strength, the will and the knowledge". Professional nursing practice requires data collection, assessment, problem identification (based on data analysis and a

sound body of knowledge from liberal arts and social and physical sciences), intervention, and evaluation of care with an intentional focus on and appreciation for diversity, equity, inclusion and belonging.

The nursing program at Chestnut Hill recognizes and values the wholistic nature of individuals, families, communities, and our earth who are entrusted to our care. We believe that central to every successful nurse-patient encounter lies an appreciation for the sanctity of human dignity.

The Department of Nursing believes that nursing education must occur in a supportive environment that empowers nurses to be confident, competent clinicians who possess the capacity to assume bold leadership in the health care industry. *Nursing faculty understand that care of the self is essential for professional nursing success and for authentic care of our patients. The Department of nursing will provide students with the skills necessary to care for self in preparation for the professional nurse role.* Nursing education is an active and collaborative endeavor between expert teacher/clinician and student. Chestnut Hill College of Nursing cultivates and supports faculty/student collaboration and mentoring with a focus on self-care, building resilience and developing personal strength and hardiness.

Effective nursing education can be delivered only by clinically competent nursing educators. Faculty model the philosophy of nursing by maintaining clinical competence, actively engaging in their profession and in their relationships with colleagues, students, and the community.

The Department of Nursing embraces a number of relevant professional nursing standards, specifically:

- American Association of Colleges of Nursing's Essentials (April, 2024) which provides structure for the curriculum.
- Quality and Safety Education for Nurses Competencies (2021)
- Nursing Scope and Standards of Practice, ANA, (2021)
- The Code of Ethics for Nurses, ANA, (2025)

The program is designed to build on liberal education; develop professional and values-base behaviors; expand and hone critical thinking and communication skills; develop technical skills; teach core nursing knowledge; develop an appreciation for and understanding of diversity equity and inclusion; and, facilitate development of the students' role as a member of the profession of nursing.

End-of-Program Objectives

The End-of-Program Objectives are to:

- Provide competent professional registered nurses who use evidence to make
- health care decisions to the health care workforce.
- Pass the NCLEX-RN on their first attempt with an aggregate cohort pass rate of 80%.
- Obtain positions as Professional Registered Nurses within 9 months of graduation.

Nursing Program Outcomes

(Including Relationship to College Mission and Values and Nursing Profession Standards)

At the completion of the Bachelor of Science program in nursing, the graduate will be able to:

1. Demonstrate that nursing process decisions are person-centered based upon knowledge from liberal arts, physical and social sciences and nursing science to assure safe, inclusive and equitable quality, evidence-based care to individuals, families, communities.

ALIGNMENT with CHESTNUT HILL COLLEGE MISSION and VALUES

Mission and Values: . . .an inclusive Catholic community; committee to transformative holistic education, just relationships. . .responsible action toward a more unified global society and sustainable Earth".

PROFESSIONAL STANDARDS ADDRESSED

AACN Domains (2024): Knowledge for Nursing Practice

QSEN Competency: Patient Centered Care

ANA Scope and Standards of Practice: Standards of Practice:

Standards 1-6, Assessment, Diagnosis, Outcomes Identification, Planning, Implementation, Evaluation, Coordination of Care

ANA Code of Ethics:

Provisions 4, 7

2. Create person centered nursing interventions designed to address health promotion, disease prevention and risk management for population health within the interprofessional care team.

ALIGNMENT with CHESTNUT HILL COLLEGE MISSION and VALUES

Mission and Values: Just relationships, innovative thinking, responsible action

PROFESSIONAL STANDARDS ADDRESSED

AACN Domains (2024): Person Centered Care

QSEN Competency: Patient Centered Care

ANA Scope and Standards of Practice: Standards of Practice:

Standard 5, Implementation, Coordination of Care

ANA Code of Ethics:
Provisions 1, 2, 3, 4

3. Translate research, evidence, and practice patterns into personal and innovative nursing practice.

ALIGNMENT with CHESTNUT HILL COLLEGE MISSION and VALUES

Mission and Values: Transformative holistic education; innovative thinking; responsible action

PROFESSIONAL STANDARDS ADDRESSED

AACN Domains (2024): Scholarship for Nursing Discipline

QSEN Competency: Evidence Based Practice

ANA Scope and Standards of Practice: Standards of Professional Performance:
Standard 14, Scholarly Inquiry

ANA Code of Ethics
Provisions 1, 2, 3, 4, 7, 8

4**. Utilize information technology within a health care team, to gather data, plan and implement care, evaluate outcomes and develop quality improvement strategies.**

ALIGNMENT with CHESTNUT HILL COLLEGE MISSION and VALUES

Mission and Values: Transformative holistic education; innovative thinking, responsible action

PROFESSIONAL STANDARDS ADDRESSED

AACN Domain s (2024): Informatics and Healthcare Technologies

QSEN Competency: Informatics

ANA Scope and Standards of Practice: Standards of Practice,
Standard 14 Scholarly Inquiry, Standard 15 Quality of Practice

ANA Code of Ethics
Provision 7

5. Provide safe, high quality, ethical, culturally, and spiritually sensitive care to recipients of nursing care without distinction.

ALIGNMENT with CHESTNUT HILL COLLEGE MISSION and VALUES

Mission: Entire mission; just relationships, responsible action and animated spiritual life

PROFESSIONAL STANDARDS ADDRESSED

AACN Domain (2024): Quality and Safety

QSEN Competency: Safety, Quality Improvement

ANA Scope and Standards of Practice: Standards of Professional Performance:
Standard 7 Ethics, Standard 8 Advocacy, Standard 15 Quality of Practice,
Standard 18 Environmental Health

ANA Code of Ethics

Provisions 1,2,3,4

6. Collaborate with all stakeholders across professions to maximize the experiences of the recipients of nursing care.

ALIGNMENT with CHESTNUT HILL COLLEGE MISSION and VALUES

Mission: Entire mission; just relationships, responsible action and animated spiritual life

PROFESSIONAL STANDARDS ADDRESSED

AACN Domain (2024): Interprofessional Partnerships

QSEN Competency: Teamwork and Collaboration

ANA Scope and Standards of Practice: Standards of Professional Performance, Standard 11 Collaboration

ANA Code of Ethics

Provisions 6, 8, 9, 10

7. Demonstrate bold leadership in health care systems in pursuit of safety, quality, and equity for the recipients of nursing care.

ALIGNMENT with CHESTNUT HILL COLLEGE MISSION and VALUES

Mission and Values: Community engagement; just relationships; innovative thinking

PROFESSIONAL STANDARDS ADDRESSED

AACN Domains (2024): Personal, Professional, and Leadership Development

QSEN Competency: Teamwork and Collaboration

ANA Scope and Standards of Practice:

Standards of Professional Performance, Standard 12 Leadership

ANA Code of Ethics

Provisions 9, 10

8. Assess the relationship between public policy, health care finance and health care regulation and its influence on the recipients of nursing care.

ALIGNMENT with CHESTNUT HILL COLLEGE MISSION and VALUES:

Mission and Values: Just relationships, innovative thinking, responsible action

PROFESSIONAL STANDARDS ADDRESSED

AACN Domains (2024): Systems Based Practice

QSEN Competency: Quality Improvement, Safety, Teamwork and Collaboration

ANA Scope and Standards of Practice: Standards of Professional Performance, Standard 8 Advocacy

ANA Code of Ethics

Provisions 9, 10

9. Engage in high quality professional communication (written, oral, inter-personal, technologic) to provide safe, compassionate and effective team-based care.

ALIGNMENT with CHESTNUT HILL COLLEGE MISSION AND VALUES

Mission and Values: Innovative thinking, responsible action

PROFESSIONAL STANDARDS ADDRESSED

AACN Domains (2024): All Domains
ANA Scope and Standards of Practice: Standard 10, Communication
ANA Scope and Standards of Practice: Standards of Professional Performance, Standard 10 Communication
ANA Code of Ethics
All Provisions

10. Represent in practice, behavior and attitude the professional values of self-care, altruism, autonomy, human dignity, integrity, social justice, and life-long learning.

ALIGNMENT with CHESTNUT HILL COLLEGE MISSION and VALUES

Mission: Entire mission and values of transformative holistic education, just relationships and responsible action

PROFESSIONAL STANDARDS ADDRESSED

AACN Domain (2024): Professionalism
QSEN Competency: Inherent in all QSEN Competencies
ANA Scope and Standards of Practice: Standards of Professional Performance, Standard 7 Ethics, Standard 9 Respectful and Equitable Practice, Standard 13 Education, Standard 16 Professional Practice Evaluation, Standard 17 Resource Stewardship
ANA Code of Ethics
Provisions 5, 6

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Curriculum Plan: Traditional Undergraduate Program

Total Credits for the Traditional Undergraduate Baccalaureate Program in Nursing = 120 credits

Year One: Semester 1, Fall		**Year One: Semester 2, Spring**	
Course Number and Title	**Cr**	**Course Number and Title**	**Cr**
WCHC 101 Welcome to CHC	3	ENGL 101 College Writing	3
LADS 120 Discovery Seminar	3	RST 104 or 105 Religious Studies	3
MATH 121 Pre-Calculus or Math 227 Intro to Probability	3	PSYCH 101 General Psychology	3
CHEM 131 Principles of Chemistry (with lab)	4	BIOL 210 Nutrition	3
CORE Foreign Language and Culture	3	CORE Foreign Language and Culture	3
Total Term Credit	16	Total Term Credit	15
Year Two: Semester 1, Fall		**Year Two: Semester 2, Spring**	
Course Number and Title	**Cr**	**Course Number and Title**	**Cr**
BIOL 201/201LAnatomy and Physiology I (with lab)	4	BIOL 303/303L Anatomy and Physiology II with Lab	4
BIOL 215 Biological and Medical Ethics	3	BIOL 324 Microbiology with Lab	4
GLST 201 Global Studies	3	PSYC 420 Developmental Psychology	3
CORE Analysis of the Social World	3	CORE Art and Creative Expression	3
NURS 300 Culture of Health	3	CORE Meaning and the Interpretation of the Human Experience	3
Total Term Credit	16	Total Term Credit	17
Year Three: Semester 1, Fall		**Year Three: Semester 2, Spring**	
Course Number and Title	**Cr**	**Course Number and Title**	**Cr**
NURS 301 Health Assessment with Lab	3	NURS 305 Nursing Care of the Adult and Aging Patient I	4
NURS 304 Fundamentals of Patient Centered Care	6	NURS 306 Nursing Care of the Adult and Aging Patient II	4
NURS 302 Pathophysiology	3	NURS 307 Considerations in the Care of the Aging Adult	3
CORE Elective	3	NURS 303 Pharmacology	3
Total Term Credit	15	Total Term Credit	14
Year Four: Semester 1, Fall		**Year Four: Semester 2, Spring**	
Course Number and Title	**Cr**	**Course Number and Title**	**Cr**
NURS 402 Population Health: Women, Children and the Childbearing Family	4	NURS 404 Population Health: Nursing Care of the Community	4
NURS 405 Population Health: Behavioral Health	4	NURS 415 Nursing Leadership Development	3
NURS 410 Evidence Basis for Nursing Practice	3	NURS 416 CAPSTONE Leadership and Transition to Professional Nursing	8
NURS 310 Evolving Issues in Nursing	3		
Total Term Credit	14	Total Term Credit	15

Accelerated Second Degree Program

Year One: Semester 1, Fall		**Year One: Semester 2, spring**	
Course Number and Title	**Cr**	**Course Number and Title**	**Cr**
NURS 301AC Health Assessment	3	NURS 305AC Nursing Care of the Adult and Aging Patient I	4
NURS 300AC Culture of Health	3	NURS 306AC Nursing Care of the Adult and Aging Patient II	4
NURS 304AC Fundamentals of Patient Centered Care	6	NURS 307AC Considerations in the Care of the Aging Adult	2
NURS 302AC Pathophysiology	3	NURS 303AC Pharmacology	3
Total Term Credit	15	Total Term Credit	13
Year Two: Semester 3, Summer		**Year Two: Semester 4, Fall**	
Course Number and Title	**Cr**	**Course Number and Title**	**Cr**
NURS 402AC Population Health: Women, Children and the Childbearing Family	4	NURS 404AC Population Health: Communities	4
NURS 405AC Population Health: Behavioral Health	4	NURS 415AC Leadership Development	3
NURS 410AC Evidence Basis for Nursing Practice	3	NURS 416AC CAPSTONE Leadership and Transition to Professional Nursing	8
NURS 310AC Evolving Issues in Nursing	2		
Total Term Credit	13	Total Term Credit	15

Total Credits for the Accelerated Second-Degree Baccalaureate Program in Nursing = 56 credits

All students must have taken the following courses as a condition of Enrollment in any of these courses:

*A General Chemistry (or its equivalent) with a lab
*Anatomy and Physiology I and II with labs
*Microbiology with a lab
Nutrition
Developmental Psychology or its Equivalent

Course Descriptions

300 Level Courses

NURS 300/NURS 300AC: Culture of Health

Course Description: This course examines theories and principles of health promotion, disease prevention and risk reduction. Primary (prevention), secondary (detection) and tertiary (reduction of continuing risk will be reviewed across the lifespan. Contemporary theories of health promotion will be examined. Utilizing current and federal guidelines for prevention including such documents as Healthy People 2030, CDC Guidelines and Institute of Medicine documents students will identify health behaviors for themselves and their patients. Social determinants of health (SCOH), public policy, and health care financing will be examined in the context of promoting health for all. (3 classroom hours/week)

NURS 301/NURS 301AC: Health Assessment

Course Description: This course provides students with the theoretical knowledge and clinical skills necessary for comprehensive and systematic collection of subjective and objective patient data. Students will learn to develop a database through collection of a health history, evaluation of pertinent laboratory data and performance of a physical assessment. The emphasis of this course is on the differentiation between normal and abnormal findings. This course includes a laboratory experience which will provide students with the opportunity to refine clinical assessment skills and synthesize the components of a health history and physical assessment findings. (3 credits: 2 classroom hours/3 laboratory hours/week)

NURS 310/NURS 310AC: Evolving Issues in Nursing

Course Description: This student led seminar will delve into the rich history of nursing, explore trends in nursing and healthcare today, and provide students with a forum for innovative thinking to co-create the future of nursing within the health care system. Students will select topics of interest (with faculty approval) and utilize creative strategies to engage their group of colleagues. Students will explore techniques of groups and group dynamics, including group leadership. (2 Credits: 2 classroom hours/week)

NURS 302/NURS 302AC: Pathophysiology

Course Description: This course explores alternations in physiologic mechanisms as they relate to health and illness. Common pathophysiologic alterations will be presented with attention to the impact of these alterations on the mind, body and spirit of the individuals affected by them. The role of genetics will be explored and considered within the context of primary, secondary and tertiary prevention. (3 credits: 3 classroom hours/week)

NURS 303/NURS 303AC: Pharmacology

Course Description: This course investigates principles of pharmacology as they apply to pharmacologic intervention in the care of patients. Principles of pharmacodynamics, drug-drug interactions, adverse effects, side effects and professional nursing responsibilities for safe pharmacologic intervention will be

discussed within the context of the nursing process and care planning**.** (3 credits: 3 classroom hours/week)

NURS 304/NURS 304AC: Fundamentals of Patient Centered Nursing Care

Course Description: This course provides nursing students with critical thinking skills necessary to begin engaging in the nursing process to safely assess patient needs, develop a plan of care, identify quality interventions to meet those needs and evaluate the effectiveness of the plan of care. The nursing process as the critical thinking model of nursing care will be presented and applied to actions basic to nursing care, the promotion of healthy physiologic, and psychosocial responses to actual and potential health issues. Students will learn processes of basic skills in nursing practice. This course includes a laboratory and clinical component. Students will be expected to participate in both clinical laboratory and clinical patient settings**.** (6 credits: 4 classroom hours/6 clinical hours/week)

NURS 305/NURS 305AC: Nursing Care of the Adult and Aging Patient

Course Description: This course is the first course in the adult and aging patient sequence. It provides students with the information, knowledge and attitudes necessary to provide safe, high-quality care to adults from early adulthood through the aging process. Acute and chronic health issues, adult development, primary, secondary and tertiary prevention will be addressed. Issues of diversity and inclusivity will be explored within the context of the delivery of nursing care. Concepts of patient advocacy will be discussed with application of these concepts to direct patient care. This course includes both didactic/theoretical learning as well as clinical practice experiences with adult patients in in-patient acute care and out-patient primary care clinical settings. (4 credits: 5 classroom hours/9 clinical hours/week)

NURS 306/NURS 306AC: Nursing Care of the Adult and Aging Patient

Course Description: This course is the second course in the adult and aging patient sequence. It provides students with the information, knowledge and attitudes necessary to provide safe, high-quality care to adults from early adulthood through the aging process. Acute and chronic health issues, adult development, primary, secondary and tertiary prevention will be addressed. Issues of diversity and inclusivity will be explored within the context of the delivery of nursing care. Concepts of patient advocacy will be discussed with application of these concepts to direct patient care. This course includes both didactic/theoretical learning as well as clinical practice experiences with adult patients in in-patient acute care and out-patient primary care clinical settings. (4 credits: 5 classroom hours/9 clinical hours/week)

NURS 307/NURS 307AC: Considerations in the Care of the Aging Adult

Course Description: This course examines the experiences of aging in American culture and the role of the nurse in facilitating health and reducing risk. The course will focus on the fastest growing population in America, individuals over the age of 65 and the frail elderly and examine the role of nursing in engaging in the health, wellness and quality of life in this population. Physiologic, psychologic, developmental and social issues will be discussed. The course will also examine the role of family caregiving and end-of-life experiences. Emphasis will be given to syndromes most often associated with aging, such as polypharmacy, decompensatory pathologies, frailty, abuse and geriatric syndromes. Strategies essential for the treatment and coordination of care for individuals and families

dealing with aging family members, as well as the impact on population health locally, nationally, and globally will be addressed**.** (2 credits: 2 classroom hours/week)

400 Level Courses

NURS 402/NURS 402AC: Nursing Care of Women, Children and the Childbearing Family

Course Description: This course focuses on the information, knowledge and attitudes necessary to provide safe, high-quality care for children and the child-bearing family. Acute and chronic health issues, child and family development, primary, secondary and tertiary prevention will be addressed. Issues of diversity and inclusivity will be explored within the context of the delivery of nursing care. Concepts of patient advocacy will be discussed with application of these concepts to direct patient care. This course includes both didactic/theoretical learning as well as exposure to adult patients in a variety of clinical settings. (4 credits.: 2 classroom hours/6 clinical hours/week)

NURS 404/NURS 404AC: Population Health: Nursing Care in the Community

Course Description: This course investigates the role of the nurse in the application of nursing process to aggregate populations with similar health needs and problems. Principles and practices of community health are discussed. Public health principles will be investigated. Emphasis is placed on assessing factors that influence the health of populations and the use of evidence-based practices in the delivery of spiritually, caring presence and culturally appropriate health promotion and disease prevention interventions. The nurse's role in the health of the planet will be discussed. Students will have clinical experiences in community health centers, public health organizations and primary care facilities (4 credits.: 2 classroom hours/6 clinical hours/week)

NURS 405/NURS 405AC: Population Health: Behavioral Health

Course Description: This course investigates the role of the nurse in the application of nursing process to individuals and groups with behavioral and mental health disorders. Prevention, assessment and nursing treatment of individuals and groups with behavioral and mental health disorders will be

discussed. Emphasis is placed on assisting individuals, families and communities with the promotion, restoration, maintenance of health and the evaluation of nursing care in those situations. This course includes both didactic/theoretical learning as well as exposure to patients in acute in-patient and community out-patient settings. (4 credits.: 2 classroom hours/6 clinical hours/week)

NURS 410/NURS 410AC: Evidence Basis for Nursing Care

Course Description**:** This course focuses on the theoretical and research foundations of nursing care. Research methodologies and theories from nursing and other disciplines will be used to provide evidence for the basis of nursing care and the creation of nursing knowledge. Students will be introduced to the processes of scientific inquiry in nursing and nursing theory development. Current nursing research will be discussed in relation to key theories explaining phenomena relevant to nursing practice. Critical analysis of published research students regarding implications for clinical practice will be addressed. (3 credits: 3 classroom hours/week)

NURS 415/NURS 415AC: Leadership Development in Nursing

Course Description: This course is designed to fundamental issues in leadership and the application of leadership theory to working in teams. Approaches to leadership development will probe leadership of self in the context of self awareness and therapeutic use of self, leadership of groups and leadership of systems. Concepts of leadership will be explored in the context of history, current events in health care and exploration of future possibilities for the profession of nursing. Students will apply and reflect upon the meaning of nursing leadership. (3 credits: 3 classroom hours/week)

NURS 416/NURS 416AC: Transition to Professional Nursing

Course Description: This Capstone course focuses on the integration and synthesis of theory and practice across the lifespan and health care settings. Included in this course is an intense 126 clinical precepted experience, which emphasizes the transition from the role of student nurse to that of a graduate professional nurse. The healthcare settings that are used for this experience cross population health groups and provide an opportunity for students to apply knowledge, refine skill, integrate relevant nursing research, collaborate with members of the interdisciplinary healthcare team, evaluate personal/professional development in this transitional process and initiate a plan for self-growth. (8 credits: 4 classroom hours/12 clinical hours/week)

Academic Policies and Procedures

Academic Integrity

Policy: Academic integrity is essential to academic excellence. Integrity and a code of ethics are central to any profession. Academic integrity is the responsibility of every member of the nursing program (faculty, students and staff). It is an expectation that all students maintain academic integrity in all course work and in all clinical settings. Violation of academic integrity in any form will result in swift and immediate action with the possibility of dismissal from Chestnut Hill College. Breaches of academic/professional integrity include but are not limited to plagiarism (misrepresenting material as your own when it is not), cheating on a test, gossiping, breaching patient confidentiality (this is also a violation of federal law). Chestnut Hill College's policies on Academic Integrity and Appeals can be found in corresponding policies in the Student Undergraduate Handbook.

Admission and Progression Requirements for Nursing Majors

First-Time College Freshman Application Process

(see also CHC Undergraduate Catalog, p. 17)

Each year, the School of Undergraduate Studies enrolls a first-year class of motivated, diverse students whose records show academic achievement, intellectual curiosity, and potential for growth. We recommend that a student prepare for Chestnut Hill College by taking the strongest course of study offered by his/her high school. Specifically, this should include the following:

- four years of English composition and literature
- four years of social science/history
- three years of mathematics
- three years of science
  - Students who wish to be accepted into the Nursing Major must have 1 year of Chemistry and 1 year of Biology,
  - 1 year of Anatomy and Physiology is recommended.

In accordance with Pennsylvania State Board of Nursing, Chapter 21.101(c) applicants to the traditional Undergraduate Program in Nursing will have minimally completed work equal to a standard high school course with a minimum of 16 units, including 4 units of English, 3 units of Social Studies alternates, 2 units of Mathematics (1 of which is Algebra) and 2 units of Science with a related laboratory or the equivalent". (49 § 21.201)

Chestnut Hill College will accept college-level course work completed prior to matriculation provided the relevant courses were completed successfully at an accredited college or university.

Credit may also be given for performance on Advanced Placement examinations and completed International Baccalaureate Diplomas.

Application

Application for admission should be made after the completion of the Junior year of high school. Chestnut Hill College subscribes to a rolling admissions policy that strives to notify the applicant of the Admissions Committee's decision within two weeks after a complete application is received. The following credentials are required or preferred for a complete basic application:
Completed Chestnut Hill College Application or Common Application

- Score results from the Scholastic Aptitude Test (SAT I) (Optional) or American College Test (ACT) (Optional)
- Official high school transcript(s)
- An essay/personal statement and letter(s) of recommendation are optional but strongly recommended. The Admissions Committee reserves the right to request additional documentation and/or a personal interview with a member of the Admissions staff.

Criteria for Progression for Traditional Students moving into the Clinical Phase of their Nursing Program

Applicants must meet the Admission Criteria for all traditional Undergraduate students. In order to progress into the clinical education portion of the program (as early as first Semester Junior year), students must have (or successfully completed)

- A 3.0 cumulative GPA at the end of the sophomore year (or 60 credits) or the equivalent
- Completion of TEAS test with a minimum score of "basic" (students may retake the TEAS test one time; it is recommended that student sit for the TEAS no later than the second semester of their sophomore year)
- Minimum of 80% (B or B-, depending upon the school) or better in all science prerequisites
- Prerequisite coursework (within 5 years of completion)
    - Anatomy and Physiology I and II (with lab)
    - General Chemistry (with lab)
    - Microbiology (with lab)
    - Developmental Psychology
    - Nutrition

*Only one science course may be repeated one time. Two withdrawals from a science is considered a failure.

Admission to the Accelerated Second Degree Program

Applicants for the Accelerated Second Degree Program must meet the following criteria:

- 3.0 cumulative Undergraduate GPA
- Completion of TEAS test with a minimum score of "basic" (students may retake the TEAS one time)
- Minimum of 80% (B or B-, depending upon the school) or better in all science prerequisites, completed within 5 years of application to the program:
- Prerequisite coursework (within 5 years of completion)
    - Anatomy and Physiology I and II (with lab)
    - General Chemistry (with lab)
    - Microbiology (with lab)
    - Developmental Psychology
    - Nutrition

* Only one science course may be repeated one time. Two withdrawals from a science is considered a failure.

Progression Criteria through the Nursing Program

All Nursing Programs of Study

- Once the student enters the clinical phase of the program, a minimum c2.67 GPA must be maintained. Any student who falls below this threshold will be placed on academic probation. A student may be on academic probation for one semester. Failure to return to good academic standing may result in dismissal from the program.

- Only ONE nursing course may be repeated ONE time. Any two course withdrawals in a nursing course (whether from the same or different courses) equate to one failure. Course withdrawals resulting from an approved leave of absence will not count against the student's progression in the program.

- Students who are unsuccessful in any two nursing courses will be dismissed from the program.

Academic Advisement

All students in the nursing program will be assigned a nursing faculty advisor. The nursing faculty advisor is the student's direct point of contact to discuss and seek guidance with the academic program of study, career planning, graduate education and professional letters of recommendation.

Alternate Path to Academic Progression <u>(Accelerated Second Degree Students)</u>

<u>Policy:</u> Students who have been accepted into the Accelerated Second Degree Bachelor of Science in Nursing program may be eligible to withdraw from the full-time program of study and complete the program on an alternative schedule. Eligibility for this option will be decided on a case-by-case basis. Situations that may be considered for this alternate path include, but are not limited to: illness, life events such as pregnancy, family emergencies or illnesses, and/or an inability to meet the outcomes of a course.

<u>Procedure</u>:

1. The student must speak to their advisor as soon as possible to discuss this option.
2. The decision to seek an alternate path to academic progression must be communicated to the Center Chair of Nursing no later than week 4 of any clinical course.

3. A written request must be made to the Center Chair of Nursing, seeking permission to complete the nursing program on an alternate schedule. The letter must include:
    a. the reason for the request
    b. a reasonable timeline for completion of the program

4. Once a student has been given permission to complete the program using an alternate schedule, the student may not opt to return to the Accelerated Program.
5. Students who are granted the privilege of an alternate path to progression will be charged a pro-rated per credit rate.
6. Students must complete their program of study within 18 months of beginning their alternate schedule.

Chain of Communication

Policy: Students are to observe the chain of communication as outlined in the Nursing Department Table of Organization.
When discussing course/class issues, students are to address issues as follows:

- Speak to the instructor involved (either the instructor of record or the clinical instructor). Document the interaction.
- If the issue remains unresolved, contact the Accelerated or Traditional Undergraduate Program Director. Document the interaction.
- If the issue remains unresolved, contact the Center Chair of Nursing
- If the issue remains unresolved, contact the VPAA

N.B: Students practicing in a clinical setting are the responsibility of Chestnut Hill College and **not** the clinical agency. Students at all times report to and are responsible for following the instructions of the clinical faculty. Clinical facilities have no jurisdiction over Chestnut Hill College policies and procedures. Therefore, any issue of concern that arises while in the clinical facility must be addressed by the clinical faculty and proceed through the Chain of Communication as listed above.

Class Attendance

Students are expected to be present, prepared and on time for each class session. Students are responsible for all missed classwork. Students who have unexcused absences for quizzes or exams will receive a "0" for the missed quiz or exam. Students who are late will NOT be given extended time to complete the quiz or exam. Students who arrive more than 15 minutes late for a quiz or exam will not be permitted to test and will receive a grade of "0". Faculty are under no obligation to provide make-up quizzes or examinations or to extend deadlines.

Students who are unable to attend class, that is, students who have notified their professor of a personal situation may be granted consideration by the professor.

Clinical Attendance

Policy: 100% attendance is required for all clinical rotations.

Rationale: Nursing is a practice profession. The Nursing Clinical Arts Center (NCAC) and clinical agencies provide students with opportunities to apply theory to the direct care of clients. Self-responsibility and accountability are essential aspects of professional nursing education.

Students are to arrive at all clinical rotations, including the Nursing Clinical Arts Center (NCAC) **on time** (time designated by the clinical professor and NCAC faculty) and remain in those clinical

agencies for the time designated by the clinical professor and NCAC faculty. **Lack of punctuality and lack of attendance are not acceptable, will be reflected in students' clinical performance evaluation and may be cause for dismissal from the program.** An unexcused clinical absence will result in failure of the course. An unexcused clinical absence is defined as a "no call, no show" event; that is, the student fails to notify the clinical professor and/or NCAC faculty. This applies to both agency and NCAC clinical experiences. *While 100% attendance at clinical rotations are expected, students may face illness or emergency that precludes attendance. Clinical faculty will determine whether or not any clinical absence is "excused." Excused absences include (but are not limited to) military obligations, death of a family member, mandated court hearing, student hospitalization or contagious illness (must provide proof from an authorized provide [NP, PA, MD, OD). The decision of the students' clinical faculty on issues of attendance is final.*

Whether an absence is excused or unexcused, the clinical experience MUST be made up. Students who require a clinical experience make-up will be charged $150.00 to cover the cost of additional faculty time.

Procedure: Should a student determine that a clinical absence is imminent, that student must notify their clinical professor and/or NCAC faculty as soon as they become aware of the possibility of a clinical absence**.** More than one clinical absence may result in course failure or dismissal from the Nursing program.

Clinical Clearance Requirements

Policy: *The Pennsylvania Code, Title 49, Professional & Vocational Standards, Section 21.111 Health Program of the State Board of Nursing requires that the health program include*: pre-entrance and periodic health examinations, an immunization policy, and that appropriate cumulative student health records be maintained throughout the enrollment of the student. All clearance and student health records are to be submitted through Certiphi. Students are responsible for paying for, opening and maintaining a Certiphi account. Requirements for entering the clinical portion of the Nursing program are listed below:
Health clearance requirements include:

- Annual physical
- Seasonal influenza vaccination (annually)
- COVID vaccination in accordance with CDC and clinical agency guidelines
- Two-step PPD testing (preferred over QuantiFERON) (annually)
- Immunizations and titers:
    - Measles
    - Mumps
    - Rubella
    - Varicella
    - Hepatitis B
    - Hepatitis C

- Tetanus

Professional clearance documents:

- CPR Certification, Basic Life Support (American Heart Association [AHA] ONLY)
- HIPPA certification
- Personal Health Insurance
- Professional liability insurance
- A professional background check that includes drug screening (annually)
- FBI background check
- Child abuse education (pediatrics, mental health rotations)

All nursing students must purchase a Certiphi account to track health and professional clearances.

Please note that students who change to a positive background check, for any reason, will be dismissed from the program until their record is cleared.

Criminal Background Check Policy for Clinical Education

An FBI background check must be conducted each year that the student is in a clinical rotation. Students are responsible to notify the Center Chair of any change in legal status. Students who change to a positive background, for any reason, will be dismissed from the program until their record is cleared.

Any offense (arrest, conviction, misdemeanor, felony, etc.) on a student's record will prohibit him/her from being validated for progression in the Nursing program. Students must have a clear background to continue in nursing courses. Any student found to have anything on their FBI background check will be dismissed from clinical courses and/or dismissed from the nursing program until such time that their background is cleared. (Some offenses cannot be removed from a record. This includes some felonies and insurance fraud.) If the offense is expungable, the student is encouraged to seek legal counsel. If the student's record is cleared, once the record shows as "clear" the student is eligible for progression, provided all other eligibility requirements are met.

Any student with an offense listed on the "Prohibitive Offenses" contained in PA Act 169 of 1996 as amended by Act 13 of 1997, the Older Adult Protective Services Act, will not be admitted to the Nursing Program.

Drug Testing Policy for Clinical Education

A student will not be validated to enter clinical unless the student's 10 panel drug screen is negative. Drug testing is done through instructions in Certiphi.

Upon faculty member's discretion, students may be asked to obtain an additional drug screen at any point in the semester, at the student's expense. This drug screen must be completed immediately upon request. The student is required to go directly to the testing site from the College or clinical site. Students have one hour to arrive at the testing site. Any student who does not arrive within the hour will be assumed to have a positive result and be dismissed from the program.

STUDENTS ENROLLED IN THE TRADITIONAL UNDERGRADUATE PROGRAM MUST HAVE ALL CLINICAL CLEARNCES SUBMITTED BY JULY 15 IN ORDER TO BEGIN CLINICAL ROTATIONS IN THE FALL SEMESTER

STUDENTS ENROLLED IN THE ACCELERATED SECOND DEGREE PROGRAM MUST HAVE ALL CLINICAL CLEARANCES SUBMITTED BY AUGUST 1 IN ORDER TO BEGIN THE PROGRAM IN THE FALL SEMESTER. STUDENTS MUST HAVE CLINICAL CLEARANCES SUBMITTED BY JULY 1 IN ORDER TO BEGIN CLINICAL ROTATIONS IN THE LAST 4 SEMESTER OF THE PROGRAM.

STUDENTS WHO DO NOT COMPLY WITH THESE DATES WILL NOT BE PERMITTED TO PROGRESS THROUGH THE PROGRAM UNTIL THE FOLLOWING SEMESTER.

Course Residency

Policy: All courses carrying a "NURS" prefix must be taken at Chestnut Hill College. Except under unusual circumstances, Chestnut Hill College does not accept nursing course credits from other colleges. All unusual circumstances will be reviewed by the Center Chair of Nursing.

Course Withdrawal and Repeat Procedures

Students may repeat one course with a NURS prefix one time. The student will be eligible to repeat the course the next time it is offered. Two course withdrawals are the equivalent of one course failure.

Dress Code

Policy: While in any clinical agency, students are expected to dress professionally. Professional dress means that all students will appear in clothing which is clean, pressed, conservative and modest.

While in a hospital or clinical agency or in the Nursing Clinical Arts Center (NCAC) students will wear the formal uniform for nursing students at Chestnut Hill College. Students may wear turtlenecks or tops under their scrub top. All scrubs are to be purchased through the College's official vendor, Flynn and O'Hara. Uniform shoes are to be worn with scrubs and can be either black or white**.** Sneakers may be worn; however, they must be able to be cleaned (they must be "scrub able"-no mesh)

When in a clinical agency that does not require scrubs, women's blouses/tops are to be buttoned/zipped or otherwise closed so that the décolletage is completely covered.

Jeans, Capri pants, sneakers, any form of "flip-flop", clogs and Crocs™ are prohibited. Jewelry is to be kept to a minimum. Piercings are limited to one earring in each ear. No hoop or "dangling" earrings may be worn. With the exception of a MedicAlert Bracelet, bracelets are prohibited.

Neck chains are to be no longer than 18 inches.

Hair is to be clean, off the face and shoulders, and free of adornment. Facial hair is to be neat, trimmed and clean. No unnatural hair color e.g. bright green, bright blue. Large ornamental hair attachments are not considered proper when in uniform; hairbands are limited to 2 inches in width and must be white, or black in color. Facial hair should be short and neatly trimmed.

Tattoos may be visible unless a clinical site has a policy of no visible tattoos. In that case, the student must abide by that policy of the clinical facility and conceal any tattoos. Tattoos that may be offensive or cause distress to patients, coworkers, or visitors or that contain profanity, nudity, violence, racial references, alcohol or controlled substances must be covered regardless of agency policy. A Chestnut Hill College name pin must be worn. Black or white socks without patterns or decorations may be worn.
The following are not acceptable* in the Clinical agency and NCAC:

- Strong perfume, aftershave, colognes and/or cigarette smoke
- Chewing gum
- Heavy make-up
- Eyelash extensions
- Long fingernails: fingernails must be kept short and well-groomed. No acrylic nails or gel tips are permitted and if nail polish is worn, it must be clear and unchipped. **For further information on hand and nail hygiene, please see: https://www.cdc.gov/hygiene/personal-hygiene/nails.html**
- Jewelry: earrings are limited to one post/stud per ear, no dangling or hoop earrings are permitted; bracelets, necklaces and rings (other than wedding bands) are not permitted. Medical Alert bracelets, are permitted.
- Body Piercings: no obvious body piercings including nose, eyebrow, tongue and lip are permitted except for religious purposes.

*Religious exemptions are to be discussed with the Clinical Instructor.

Uniform Modifications and Exemptions

Exemptions to the required uniform based on religious observance or other reasons should be discussed with the Program Coordinator.

Religious and Customary Attire

Clothing worn in addition to the uniform as part of religious or customary dress, such as a turban, hijab, or other head covering, should be royal blue or black to match the uniform.

Head Coverings

Head coverings are permitted in clinical settings only under the following circumstances:

- When they are part of the scrub uniform (e.g., surgical cap)
- When worn for religious purposes (e.g., hijab scrub cap, bun cap)
- When required for health or safety reasons

Nursing students who require special accommodation should refer to the Program Coordinator for accommodation. All head coverings must comply with applicable health and safety regulations. Acceptable brands include MedicUS Caps, Capy Bun, and Wink Scrubs.

Failure to comply with this policy will result in dismissal from the clinical agency for the day and constitute an unexcused absence.

Critical Incident Policy for Clinical Courses

Purpose

A student is responsible for implementation of safe patient care during the supervised clinical practicum.

Policy

Any student whose behavior demonstrates unsafe clinical practice or endangers a patient, colleague, or self in the clinical setting will be suspended immediately from that day's clinical learning experience. The clinical faculty and Director of Undergraduate or ABSN program will meet with the student to discuss the unsafe behavior, potential complications, and a document of concern will be filed. Unsafe behavior can result in failure of the course and/or dismissal from the Nursing Program.

Procedure

1. The following behaviors will result in immediate failure from the course:
   a. Disconnecting life support system without authority
   b. Lying about provisions of care in speech or in writing
   c. Stealing drugs or supplies from agency
   d. Obvious signs of being under the influence of drugs, alcohol and extreme fatigue while on duty
   e. Knowingly exposing patients, colleagues, and others to actual or potential life threatening communicable diseases.

2. The following behaviors will result in removal from the clinical setting, faculty documentation of the incident/s, and will be referred to Center Chair for Nursing
   a. Violating HIPAA requirements and regulations
   b. Violating OSHA requirements
   c. Performing a procedure outside the nursing scope of practice
   d. Performing a procedure in which he/she has not been prepared
   e. Administering medications in any form via any route without supervision from the clinical instructor. Students must administer medications with the clinical instructor present. Administering medications with only the agency RN present is not permitted.
   f. Failure to use safety equipment (including, but not limited to side rails, call lights, gait belt)
   g. Behavior inconsistent with the American Nurses' Association Code of Ethics include but are not limited to:
      i. Informing patients about their diagnosis, treatment, and/or prognosis without authorization
      ii. Removing copies of patient care material from health care agencies
      iii. Removal of patient identification
      iv. Refusal of the care of a client or failure to notify the instructor of the inability to carry out a clinical assignment

3. Students are expected to function in an emotionally and physically responsible manner and/or institute means to correct difficulty or problems in the following areas:
   a. Under the influence of substances that impedes clinical judgment and functions
   b. Inability to communicate verbally with a patient
   c. Unprofessional behavior and communication to peers, instructor, staff and/or patients
   d. Failure to adhere to the Chestnut Hill College and clinical agency policies
   e. Implementation of care that reflects inadequate preparation and/or insufficient documentation to ensure safe care of clients

4. The following patterns of behavior that are inconsistent with Nursing Program or clinical agency policies and may result in removal from the clinical setting. The faculty of record will meet with the student to discuss the unsafe behavior, potential complications, and a document of concern will be filed.
      a. Absence from clinical rotation without notification
      b. Lateness for clinical and/or the Nursing Clinical Arts Center
      c. Failure to adhere to the CHC nursing uniform policies
      d. Charting not reflective of care given
      e. Lack of preparation to provide care, including, but not limited to knowledge of medications, treatments, disease processes
      f. Performance not in compliance with stated student expectations as outlined in clinical course syllabi

g. Providing information and making referrals to ancillary services (meals on wheels, home health, hospice, etc.) without first discussing patient plan with the clinical instructor and/or patient's assigned staff nurse first.
h. Leaving the clinical area without consent of the clinical faculty member
i. Failing to use universal precautions

Differentiation between Traditional and Accelerated Nursing Programs

The *traditional* and *accelerated second degree* nursing programs are separate and distinct programs and are registered as such by official accrediting bodies. Students enrolled in the traditional nursing program are not permitted to take nursing courses in the accelerated program, and students enrolled in the accelerated program may not take courses in the traditional program.

Electronic/Cell Phone Communication

Policy: Use of electronic communication, i.e., cell phone calls, text messaging, instant messaging for non-academic purposes while in the classroom or clinical site is prohibited.

Rationale: When in the classroom or patient care setting, professionals are expected to be fully engaged in the educational/care giving experience. Communication for non-academic or care delivery purposes is a distraction from the primary purpose of the educational experience.

Procedure:

1. Cell phone use in a clinical agency: At all times students and faculty will follow agency policy on the use of cell phones. No student is to use a cell phone for any purpose in a patient designated area. Students who accept or make a call, instant message or text message on their cell phone during a clinical rotation will be fined $100.00, be sent home from that rotation and have the incident documented on their clinical evaluation. A second offense will result in disciplinary action and may result in dismissal from the Nursing Program. Use of cell phone cameras in any area of any clinical agency is a violation of federal law (HIPPA violation). Such violations can result in fines and civil action. For further information on HIPPA, view: https://www.hipaajournal.com/what-are-the-penalties-for-hipaa-violations-7096/
2. Electronic communication in the classroom: Students who use electronic technology in the classroom for other than academic purposes may be prohibited from bringing electronic media into the classroom for the duration of the Nursing program.

Eligibility for NCLEX-RN Examination

Policy: Students will be recommended for NCLEX-RN candidacy by the Nursing Center Chair upon successful completion of all coursework in the nursing program and successful completion of the standardized capstone testing through Kaplan Testing. Kaplan Testing will be a component of the student's final grade in NURS 416.

Rationale: The faculty in the Nursing Department believe that it is our responsibility to assure that nursing students are in the best possible position to be successful on NCLEX-RN the first time they take it. Therefore, students will be required to participate in the Kaplan Program in order to assure that they are maximally prepared for the NCLEX-RN examination.

Procedure:

1. During NURS 416/NURS 416AC Transitions in Nursing Leadership, students will be required to take a simulated NCLEX-RN examination with Kaplan Test Prep NCLEX Review and Nursing Test Prep. The test will be administered and proctored by nursing faculty.

2. Students will have the opportunity to repeat the test one time.

Evaluation of Clinical Progress

Policy: All students will receive both formative and summative evaluations of clinical progress. Formative evaluations will be given at the mid-point of each clinical rotation. Formative evaluations will consist of a review of strengths and challenges the student and clinical faculty member have encountered during the beginning of the clinical rotation. Summative evaluations will take place at the end of each clinical rotation. Summative evaluations will consist of a review of the students' progress during the semester, and determination of the students' clinical competence. Students must receive a passing grade in their Summative evaluations in order to pass the course.

Rationale: Formative evaluations provide the student with a realistic assessment of their clinical progress at mid-semester and provide the student with the opportunity to optimize clinical skills and take corrective action if necessary. Summative evaluations provide the student with evaluation of their clinical progress and competence at the end of a clinical rotation.

Procedure: Clinical faculty will meet individually with each student at a mutually agreed upon time at mid-term and at the end of the semester to engage in the evaluation process. All evaluations will be provided to the student in writing. Copies of the summative evaluations will be retained in the students' file.

Formal Complaints

The nursing program defines a formal complaint as follows:

> "Section 494C (j) of the Higher Education Act of 1965, as amended, provides that a student, faculty member of any other person who believes he or she has been aggrieved by an institution of higher education has the right to file a written complaint."

A Formal Complaint is a written statement of a grievance experienced by any individual, faculty, administrative or support staff member in the Nursing Program. Any formal complaint is to be

provided in writing first to the Center Chair for Nursing (or the Vice-President for Academic Affairs and the Vice-President for Student Life if the Formal Complaint involves the Nursing Program Dean.) The Formal Complaint will be heard in accordance with Chestnut Hill College Procedures for Formal complaints.

Policies and procedures for Formal Complaints are found in the following College documents: Employee Handbook, Faculty Manual, Student Manual

Grievances/Grade Appeals: Department of Nursing

Students who believe that a Center for Nursing policy has not been accurately followed may initiate a grievance/appeal. Prior to initiating a grievance/appeal the student must attempt to resolve the issue following Chain of Communication (see Policy in the Nursing Student Handbook). Students may file a grievance/appeal under the following circumstances:

- An error in grade calculation
- A decision rendered that was not part of the original syllabus OR a policy that was on the original syllabus and was not followed
- A final grade that does not reflect grades earned during the course as listed in the evaluation criteria on the syllabus
- A clinical decision that appears arbitrary
- A decision made that violates Student Policy

Procedure

Students are to observe the Chain of Communication as outlined in the Nursing Department Table of Organization. Specifically: when discussing course/class issues, students are to address issues as follows:

- Speak to the instructor involved (the course instructor of record or the clinical instructor); document the interaction.
- If the issue remains unresolved, contact the Program Coordinator (students in the Accelerated Program, contact the Accelerated Program Director; students in the Traditional Undergraduate Program, contact the Traditional Undergraduate Program Director), document the interaction.
- If the issue remains unresolved, contact the Center Chair of Nursing (if the grievance/appeal involves the Center Chair of Nursing, the student will contact the Dean for Undergraduate Studies).

A formal grievance can <u>only</u> be filed in the Nursing Program after the Chain of Communication has been followed and pursuant to the conditions outlined in the first paragraph of this policy

A formal grievance/appeal can be filed if the issue remains unresolved after the student has exhausted attempts to resolve it using the Chain of Communication

- A requisition to file a grievance/appeal must be provided in writing to the Center Chair of Nursing within 10 days of the last attempt to resolve the issue according to the Chain of Communication
- The request for a grievance hearing must include:
    - Concise fact-based evidence of the appealable issue
    - Documentation of efforts to resolve the issue at each level of the process (Chain of Communication)

- Any written documents and/or communication between the student and other members of the faculty/professional staff involved in the issue.
- The following issues may not be grieved:

    - Exams
    - Items on exams/quizzes or criteria for papers
    - Grades on papers or assignments
    - Safety based clinical decisions made by the clinical instructor
    - Policies in the Nursing Student Handbook

- The Center Chair of Nursing will respond to the grievance/appeal request within 3 business days of its submission

- If the grievance request is approved:
    - A grievance/appeal board will be convened consisting of one member of the professional staff selected by the student, one faculty member selected by the student and one faculty member selected by the Center Chair of Nursing

    - The decision of the grievance team within the Department of Nursing is final; students have the right to bring a formal grievance/appeal to the College Provost/VP for Academic Affairs (Undergraduate Student Handbook, p. 12).

N.B: Students practicing in a clinical setting are the responsibility of Chestnut Hill College and **not** the clinical agency. Students at all times report to and are responsible for following the instructions of the clinical faculty. Clinical facilities have no jurisdiction over Chestnut Hill College policies and procedures. Therefore, any issue of concern that arises while in the clinical facility must be addressed by the clinical faculty and proceed through the Chain of Communication as listed above.

Grading Policies

Grading and Progression Criteria

1.The minimum grade for successfully passing any course with a NURS prefix is C+ (a minimum numeric grade of 76.45)

2.A student may repeat ONE course with a NURS prefix ONE time. That is, only one nursing course may be repeated ONE time.

3.A student must maintain a minimum cGPA of 2.67 (B-) in order to be considered in good academic standing. A student who earns a cGPA lower than 2.67 will be placed on academic probation in the Nursing major.

A student may be on academic probation in the nursing program for one semester. Failure to achieve a 2.67 cGPA in the subsequent semester may result in dismissal from the Nursing program.

4.Grades on examinations and papers will carry their original number value to the hundredth place. The final course grade will be rounded to the tenth place after totaling all assignments.

5. All coursework must be completed by the last day of the semester. Coursework submitted or completed after the last day of the semester will not be accepted.

Nothing in this policy shall be construed to mean that students are permitted to submit late work with the permission of the professor.

6. No course examinations or papers may be re-taken or re-submitted in an effort to seek a higher grade. No request at the end of the semester to "locate points" on a previously submitted and graded work will be considered.

7.Any dispute regarding a final course grade must follow the Nursing program grievance policy outlined in this Handbook.

8. Criteria for grades that carry a NURS prefix are:

Grade	Numeric Value
A	**93—100**
A-	**90—92**
B+	**87—89**
B	**83—86**
B-	**80—82**
C+	**77—79**
C	**73—76**
C-	**70—72**

Medication Dosage and Drug Calculation Policy:

Each semester, students must achieve a minimum score of 90% on the faculty-administered dosage and drug calculation test to progress to the next clinical course or to administer medications. Students are permitted three attempts per semester. If a student does not achieve 90% by the second attempt, a meeting with the course faculty is mandatory. Following this meeting, a remediation plan will be developed and must be completed prior to the subsequent dosage and drug calculation test attempt. Eligibility for each dosage and drug calculation retake requires the student to submit evidence of a 100% score on a **practice dosage and drug calculation test**. Retake opportunities are scheduled one week after the preceding attempt. The dosage and drug calculation test is administered each semester. Students may use calculators during the examination.

Should the student require a third test, they must achieve a score of 100% on that third test. Should the student not achieve a 100% on their third test, progression to the next clinical course is not permitted until this requirement is satisfied. The student may repeat the nursing course once. The entire nursing course, not just the dosage and calculation component, must be repeated. According to Nursing policy, a nursing course may be repeated only once.

Media, Text and Resource Requirements

Media: Students must have a personal laptop **(tablets are NOT supported for some software packages**) for use during the program. While some programs MAY run on older systems, the requirements listed below represent the BEST systems and requirements for running nursing program software efficiently:

For Windows 11:

- Processors/CPUs (Central Processing Units): 1 Ghz or faster with 2 or more cores
- RAM: 4 GB
- Storage: 64 GB or larger
- A working USB port (or ports)
- For technical troubleshooting, account passwords, including BitLocker keys, may be required.
- Internet connection
- Screen Resolution should be at least 1024x768 or higher.
- Administrator level account permissions

For MAC OS X

- Processing: OS X 10.9 or later
- RAM: 4 GB
- Storage: 35.5GB
- A working USB port (or ports)
- For technical troubleshooting, account passwords, including BitLocker keys, may be required.
- Internet connection
- Screen Resolution should be at least 1024x768 or higher.
- Administrator level account permissions

Textbooks: Students are responsible for procuring all textbooks listed in the course syllabi

Resources: Additional resources e.g. journal articles will be listed in course syllabi for access to library materials OR provided by instructors in Canvas (Chestnut Hill Course management system).

Professional Decorum

Student nurses represent both the profession of nursing and Chestnut Hill College. Students must, in all circumstances, but particularly when wearing the Chestnut Hill College uniform, behave in a professional manner toward faculty, staff and patients and to the public in general. It is an expectation that students demonstrate courtesy, honesty, and responsibility in verbal and electronic communication. Behavior that interferes with clinical agency/staff/faculty or public relationships may be cause for dismissal from the Nursing program.

Unprofessional behavior or any display of incivility towards administrators, faculty, staff, fellow students or others on and off campus, in the classroom, or in any clinical setting, will result in a hearing with either the Nursing Program Director or his/her designee. Disciplinary action may result in a warning, probation, or dismissal from the program. A “Warning” is a formal notice of conduct which must be rectified immediately; “Probation” is a status in which the student is identified as having seriously breached the policies contained in this handbook OR has either repeatedly engaged in prohibited conduct and received warnings for previous unprofessional conduct. Students who disagree with the decisions of the hearing may file a formal complaint and initiate the Grievance Procedure outlined in this Handbook. Unprofessional behavior or incivility includes, but is not limited to:

1. Academic misconduct, including but not limited to cheating on an exam, plagiarism, falsification of documents or forgery.
2. Disruption or obstruction or teaching, classroom, or educational interactions or use of abusive, aggressive or rude language or behavior towards administrator, faculty, staff fellow students or others on campus, or at a clinical site.
3. Unprofessional or dishonorable conduct which may deceive, defraud or injure patients
4. Violation of safety and/or infection control practices, impairment or intoxication
5. Physical, verbal abuse, threats, intimidation, stalking, bullying or harassment
6. Sexual misconduct or indecent language or behavior
7. Violation of HIPPA regulations
8. Failure to comply with the verbal or written direction of staff, faculty or employees while performing clinical duties unless those actions violate standards of professional practice
9. Attempt or actual theft, vandalism or damage of school, hospital, and clinical facilities/property
10. Use, possession, distribution of alcoholic beverages, illegal drugs or weapons

Testing

Overview for Supplemental Work and Examinations

The Department of Nursing at Chestnut Hill College requires the use of the Kaplan program as supplemental study and practice for the NCLEX-RN examination. This program is required of all students in order to maximize their success on NCLEX. Kaplan supplemental material will be embedded throughout the curriculum. Students will be working with Kaplan resources and take examinations throughout the curriculum. All students MUST participate in practice exams and remediation work.

Overview for Unit Examinations

The Department of Nursing has implemented ExamSoft as the testing platform for all nursing courses. ExamSoft is a secure, computer-based testing environment providing students with an experience similar to the NCLEX-RN exam.

Student Responsibilities for ExamSoft Use:

1. Students are expected to have access to a fully functioning laptop computer meeting the minimal system requirements for ExamSoft for all testing sessions in nursing courses. (The minimal system requirements for computer devices can be found after this section.)
2. Prior to the start of the nursing program, students are expected to download ExamSoft by the designated due date using the instructions provided by the Center for Nursing. This information will be communicated via College email. If the student has an issue with downloading or utilizing Examsoft, it is the responsibility of the student to directly notify and discuss the circumstance with the Program Coordinator by the date when ExamSoft is to be downloaded. ExamSoft downloads must be completed at least one hour prior to the start of the exam. Failure to download the exam within the specified time frame will result in a 5-point deduction on the test grade. Make-up examinations will not be administered for failure to download the exam.
3. Students are expected to have a functioning computer for all examinations. Students are expected to report any problems with examination downloading or technical issues related to personal computers to the Accelerated or Traditional Undergraduate Program Director as soon as a problem is identified and no later than 5:00pm on the last business day PRIOR to the scheduled testing session. (For example, if the exam is at 9:00am on Monday, the student needs to notify the faculty by 5:00pm on Friday of any problems; for an 8:00am exam on a Tuesday when Monday is a holiday, the student needs to notify the faculty by 5:00pm on

Friday). If persistent computer issues prevent the student from using their own device beyond one exam 5% may be deducted from the examination score.

4. Students are expected to follow all pre-testing computer set-up instructions including, but not limited to, closing all applications and de-activating all anti-virus software. These practices will ensure optimal performance of the program during the testing session.
5. Students are expected to arrive at the testing session with a fully charged computer device. Each classroom will have differing levels of access to electrical outlets. Electrical outlets can be used as available.
6. Students are expected to upload their completed examinations immediately upon completion of testing.
7. All students are expected to follow the College's Academic Integrity policy as stated in the Nursing Handbook.
8. All students are expected to follow the Testing Session Procedure as stated in the Nursing Handbook.

Testing Session Procedures

1. Students are expected to arrive on time for testing sessions and are to be seated and ready to test at the designated start time.
2. All personal belongings should be placed in the front of the room or in a designated area determined by the faculty. This includes all bags, coats, hats, phones, watches, electronic devices and any other items at the discretion of the faculty.
3. All cell phones or other electronic devices should be turned off. Cell phones may not be visible to the student or the exam proctor.
4. Students should use the restroom prior to the testing session. Restroom use is restricted during the testing session and will be allowed only in emergency situations.
5. Students will not be permitted to leave the classroom during testing except in the case of an emergency.
6. Only a computer and mouse (as needed), College identification, and a pencil will be allowed on the desk during the testing session.
7. Faculty will provide scratch paper for each student. Students will be required to write their name on the paper and return it to the faculty at the conclusion of the examination.
8. No food or beverages will be allowed at the desk during testing sessions.
9. Talking during the exam is not permitted unless an emergency occurs.
10. No questions will be answered during the examination unless related to an error/typo on the examination or a technical difficulty. Raise your hand for assistance if this occurs.
11. Do your own work. Any evidence of cheating will be subject to the College's Academic Integrity Policy.
12. Students are required to upload the examination as soon as the examination is completed or when testing time has expired. Proctors should confirm the green screen prior to the student leaving the testing room. Students should not leave the testing session without confirming an examination upload with the proctor.
13. When the student leaves the testing session after the completion of the examination, the student will not be allowed to return to the testing session until all students have completed the examination.

Examination Review

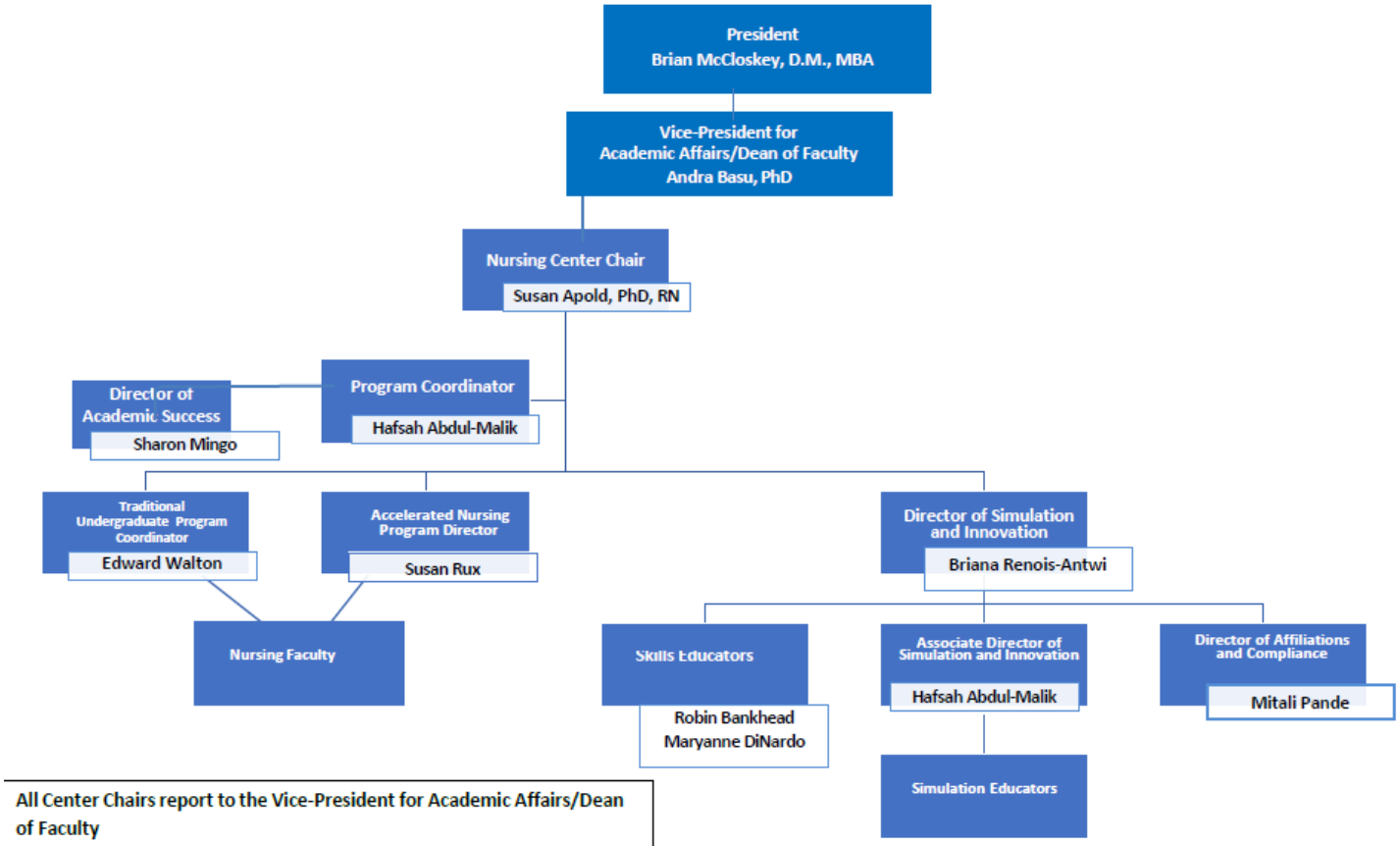
<u>Procedures</u>:

1. Students must take exams on the date, time and location specified by the course instructor.

2. Students are to notify the course instructor if they are unable to take the examination on the date/time specified. Make-up examinations are permitted only at the discretion of the course instructor.
3. Students may make up only one examination during any given semester.
4. Pre-test reviews ARE NOT conducted in the Nursing program.
5. Examination blueprints will not be provided.
6. Students will be provided with a basic calculator, one piece of scrap paper provided by the proctor, and a pencil during the testing period.
7. Apparel and objects that obstruct the student's face, e.g. hats, blankets, hooded sweatshirts with a hood over the student's head, are prohibited.
8. All student belongings will be placed in a secure location during the testing period. Students are advised to bring as few personal items to the testing space as possible. NO ELECTRONIC DEVICES are permitted in the testing area, this includes phones, ear buds, earphones smart watches or Google glasses. Any student who has these items in their possession once the testing period begins will be disqualified from taking the test, receive a "0" for a score and be prohibited from re-taking the examination.
9. Students are advised to use the restroom prior to the start of the examination. Students who require a bathroom break will not be given additional time to complete their examination.
10. Students who are more than 10 minutes late for the examination will not be permitted to take the examination.
11. No post-examination review will be held in a group setting. Students who wish to discuss areas with which they struggled on the exam must make an in-person appointment to meet with the instructor to discuss these questions.
12. NO EXAMINATION IN THE NURSING PROGRAM is graded on a curve; EXTRA POINTS ARE NOT GIVEN ON ANY EXAMINATION FOR ANY REASON
13. All testing accommodations approved by the Center for Accessibility and Learning Services will be honored.

Appendix A: Department of Nursing Table of Organization

TABLE OF ORGANIZATION
DEPARTMENT OF NURSING



All Center Chairs report to the Vice-President for Academic Affairs/Dean of Faculty

SEE ATTACHMENT 2: Academic Affairs Organizational Chart for Complete Reporting of Academic Centers to the VPAA who reports directly to the President.

Appendix B: Clinical, Laboratory, and Simulation Improvement Policy

Policy: All students will receive evaluative feedback from their clinical, laboratory, and simulation faculty regarding their progress by the mid-term of each clinical course. Students who are not meeting expected clinical, laboratory, and/or simulation outcomes at mid-term are required to meet with their instructor. During this meeting, the instructor will provide a clear and concise explanation of the objectives or behaviors placing the student at academic risk.
Procedure:

1. **Initiation of a Clinical Improvement Plan (CIP)**
   A Clinical Improvement Plan must be initiated by the clinical faculty if a student:
   - Receives more than one unsatisfactory/not met rating for any objective on the clinical evaluation tool; or
   - Requires additional support for any reason deemed necessary by clinical faculty.
2. **Development of the Clinical Improvement Plan**
   The student and faculty member must collaboratively develop a Clinical Improvement Plan (see attached) that identifies:
   - The specific objectives that have not been met;
   - the rationale, including concrete examples, for why the objectives were not met; and
   - the specific, measurable actions the student must take to successfully meet the objectives.

3. **Timeframe for Improvement**
   - Students will be provided with no less than one clinical week, or an alternative timeframe explicitly designated in writing by the instructor, to address the identified unsatisfactory objective(s).
4. **Progress Review**
   The student and faculty member will meet at the time designated by clinical faculty to review progress.
   - Faculty will provide the student with a written summary of progress.
   - Faculty will also provide a written mid-term grade indicating whether the student is passing or failing.
   - Students may continue in the clinical setting through the end of the semester.
   - A final clinical evaluation meeting will occur at the end of the clinical semester.

5. **Course Outcome**
   Students who do not successfully meet the clinical component requirements of the course will not receive a passing grade for the clinical course.

Clinical Improvement Plan for Unsatisfactory Objectives

A Clinical Improvement Plan (CIP) must be initiated when a student demonstrates performance concerns in the clinical setting. A CIP is required when:

1. A student receives more than one unsatisfactory/not met rating (defined as a score below 2.0) for any objective on the weekly clinical evaluation tool, or
2. Clinical faculty determine that a CIP is warranted for any other reason related to student performance or professional behavior.

Faculty must provide clear written documentation supporting any “not met” or “unsatisfactory” ratings. Verbal discussions regarding performance concerns will occur at the time when the issue is identified and must be documented and signed by both the clinical faculty member and the student. By the end of the clinical rotation, the student must demonstrate competent, satisfactory performance on all clinical objectives, as reflected in the final clinical evaluation. Failure to do so will result in a failing grade for the clinical course.

Student signature:_____ Date:_____

Faculty signature:_____ Date:_____

Process Steps

Step 1:

The faculty member holds a verbal discussion with the student at the time the unsatisfactory objective(s) or behaviors are identified.

Step 2:

The faculty member completes Sections A and B and forwards the form to the student and course coordinator within 48 hours.

Step 3:
The student completes Section C and returns it to the faculty member and course coordinator within 24 hours.

Step 4:

During a scheduled face-to-face meeting, the student, faculty member, and/or course coordinator complete Section D, outlining a detailed improvement plan with a defined timeframe for completion. All documentation must be signed by both the clinical faculty member and the student.

Step 5:

The faculty member notifies the course coordinator (or designated administrator) at least 24 hours prior to the scheduled face-to-face meeting.

The course coordinator or clinical faculty member will meet with the student to review progress and complete Section F. The course coordinator will maintain the completed documentation in the student's file.

Section A: Discuss clinical behavior(s) that need improvement (please list clinical outcome and behavior):

Section B: Situation and background (if applicable):

Section C: Assessment (root cause analysis of issue):

Section D: The improvement plan must include specific, measurable actions and a realistic timeframe for completion. Additional pages may be attached if needed.

Section E. The student provides a written reflection on the need for the improvement plan and the steps required to meet clinical objectives. Additional pages may be attached if needed.

By signing below, I acknowledge the expectations outlined in this Clinical Improvement Plan and agree to participate in all required remediation activities. I understand that failure to complete the remediation plan and/or continued unsatisfactory performance within the designated timeframe will result in clinical failure.

Student signature:_____ Date:_____

Faculty signature:_____ Date:_____

Section F: Evaluation of the Clinical Competence Improvement Plan

(Check one)

☐ The student successfully completed the improvement plan within the identified timeframe.

☐ The student did not complete the improvement plan within the identified timeframe.

☐ The student submitted a reflection on the competency improvement plan

Additional Comments:

Student signature:_____ Date:_____

Faculty signature:_____ Date:_____

Appendix C: Chestnut Hill College Student Nursing Association Draft By-Laws

Article I: Name of Organization

Section 1: the name of the organization shall be the Chestnut Hill College Student Nurses Association (CHCSNA)

Article II: Purpose, Functions and Goals

Section 1: Purpose of this organization is to:

1. become an independent organization under the NSNA guidelines.

2. assume responsibility for contribution to nursing education in order to provide quality health care.

3. provide programs representative of fundamental interest and concerns to nursing students.

4. serve as a model organization for student governance in the Center for Nursing at Chestnut Hill College

Section 2: Function

1. to represent all nursing students at Chestnut Hill College.

2. To promote and encourage students' participation in interdisciplinary activities in the College

3. to promote and encourage participation in student activities and educational opportunities regardless of a person's race, color, sex, national origin, age or economic status.

4. To promote and encourage participation in community fairs and activities toward improved health care and the resolution of related social issues.

Section 3: Goals

1. to give our members support in pursuing their personal and educational goals throughout their entire nursing education.

2. To increase membership and encourage involvement in our student nursing organization.

3. to serve as a liaison between the students and nursing faculty.

Article III: Members

Section 1: Center for Nursing: CHCSNA

1. Chestnut Hill College SNA shall be composed of at least 5 members from of the Center for Nursing.

Section 2: Categories of constituent Membership

1. Active members:
    a. All nursing majors at Chestnut Hill College are eligible for membership in the CHCSNA

Article IV. Dues

Section 1:

1. The annual NSNA dues for active and associate members shall be 10.00 per academic year.
2. Any member who fails to pay current dues shall forfeit all privileges of membership.

Article V: Offices

Section 1: Offices

1. President, vice President, Secretary/Treasurer, and 2 Cohort Representatives.

Section 2: 1. President

a. Shall preside at all meetings of this association, appoint special committees as needed.

b. Serve with Cohort Representatives as the liaison for faculty, staff and student matters.
c. Represent Chestnut Hill College Center for Nursing at all meetings both within the College and in local, state and national nursing organizations
d. Approve expenditures as submitted by the treasurer and authorized by the faculty representative.

2. Vice President
a. Shall assume responsibility of the office of President in the event of a vacancy occurring in the office during the Spring elections in April, until the next election in the Fall of that year.
b. Shall preside at meetings in the absence of the President.
c. Shall assist the President as delegate and act as advisor to the President.

3. Secretary/Treasurer
    a. Shall record and distribute the minutes of all meetings of this association as directed the President.
    b. Shall keep a file as a permanent record of all reports, papers, and documents submitted to the Secretary.
    c. Refer to duly appointed committees the necessary records for the completion of business.
    d. Notify the Membership the time and place of meetings and serve to publicize.
    e. Shall keep a permanent record of all dues received from members and any other monies.

Section 3: Absence of Offices

1. Officers who have missed more than two regularly scheduled meetings of any current term year without prior notification and who offer no valid reason for such absences may be removed from office by a plurality vote of the current membership present at the next scheduled meeting. The officer in questions will be notified in advance of the meeting.
2. Any officer may also be removed from office by a plurality vote of the Officers present at the meeting

called for the purpose if that officer is deemed negligent in the functions of that office as stated in these by-laws

3. Prior notification of two weeks shall be given to the officer in questions and a special Officers meeting shall be held to review the circumstances.

Article VI: Elections

Section 1: Election of Officers

1. Elections shall be held in the first week of April during the Spring semester.
2. All elections shall be by secret ballot.
3. A plurality vote of the members present and entitled to vote and voting shall constitute an official election.
4. In the event of a tie, a re-vote shall be held.
5. In the event that an elected officer resigns his/her office, a re-election will be held in the following Fall.

Article VII: Meeting

Section 1: Membership Meetings

1. Meeting dates shall be set by plurality vote of members present at each previous meeting.
2. Meeting location and time will be voted on and approved by plurality vote at each previous meeting.
3. The President shall have the authority to convene a special meeting at such time as is deemed necessary and shall notify the general membership of such meeting, location and time.

Article VIII: Committees

Section 1: Committees will be appointed on an ad hoc basis by the President with recommendations from the Officers

Section 2: Responsibility

1. All committees shall be responsible to the Officers for reporting committee activities on a regular basis and shall, report the same to the general membership.

NURSING CLINICAL ARTS CENTER (NCAC)

Policy and Procedure Manual

Chestnut Hill College | Center of Nursing

Section 1: Overview

1.1 Mission and Purpose

The Nursing Clinical Arts Center (NCAC) at Chestnut Hill College serves as an integrated clinical learning environment designed to prepare nursing students to deliver safe, compassionate, and equitable care across diverse healthcare settings.

Rooted in the College's mission of cura personalis and the call to care for the "Dear Neighbor," the NCAC fosters a culture of inclusivity, dignity, and respect. The Center is committed to developing nurses who demonstrate clinical competence while embodying empathy, cultural humility, and ethical responsibility.

Through simulation, skills training, and health assessment experiences, students are guided to engage with patients as whole persons, recognizing the physical, emotional, social, and spiritual dimensions of care.

1.2 Educational Philosophy

The NCAC utilizes experiential learning grounded in:

- CCNE Essentials and competency-based education
- Next Generation NCLEX (NGN) Clinical Judgment Model
- INACSL Standards of Best Practice in Simulation
- Pennsylvania State Board of Nursing regulations permitting up to 50% clinical hour replacement with simulation

Learning experiences are designed to promote:

- Clinical judgment and decision-making
- Patient-centered care
- Therapeutic communication
- Safety and quality improvement
- Professional identity formation

Simulation emphasizes not only knowledge acquisition, but how students think, respond, and engage in complex, ambiguous clinical situations.

1.3 Scope of Services

The NCAC supports BSN and Accelerated BSN (ABSN) programs at Chestnut Hill College through:

- High-fidelity simulation (mannequins including SimMan 3G+, Mama Anne, SimNewborn, SimJunior)
- Standardized patient (SP) encounters
- Skills-based training using task trainers
- Virtual reality simulation (UBISIM VR)
- Health assessment practice
- Pre-clinical rotation intensive preparation sessions

Simulation hours are documented and counted toward clinical requirements in compliance with Pennsylvania BON guidelines (up to 50% clinical hour replacement).

1.4 Leadership

Role	Name	Credentials
Director of Simulation Education and Innovation	Briana Renois	MSN, AGPCNP-BC, CPHQ, NEA-BC
Associate Director of Simulation and Innovation	Hafsah Abdul-Malik	M.S.

Simulation activities are developed collaboratively with faculty, clinical experts, and standardized patients.

Section 2: Governance and Roles

2.1 Director of Simulation Education and Innovation

- Oversees all NCAC operations, policy, and strategic direction
- Approves all scheduling and lab use
- Designs, develops, and leads simulation experiences
- Ensures alignment with curriculum, CCNE accreditation standards, and PA BON guidelines
- Oversees faculty development related to simulation pedagogy
- Reviews and signs off on all incident reports

2.2 Associate Director of Simulation and Innovation

- Manages simulation setup, breakdown, and technical operations
- Maintains all equipment and simulation systems including Laerdal platforms and SimCapture
- Supports Director in scenario implementation and real-time facilitation
- Coordinates with facilities for lab cleaning, restocking, and maintenance

2.3 Faculty

- Collaborate with the Director on scenario design aligned with course objectives
- Support student learning before, during, and after simulation
- Participate in prebriefing, facilitation, and debriefing as assigned
- Document student performance using approved evaluation tools
- Adhere to all NCAC policies, standards, and confidentiality requirements

2.4 Students

- Engage actively and authentically in all simulation and lab activities
- Demonstrate professionalism, preparedness, and respect at all times
- Complete assigned pre-simulation preparation (readings, chart review, etc.)
- Adhere to all NCAC policies throughout every phase of lab use
- Sign the Student Orientation Acknowledgment Form prior to first NCAC experience

2.5 Standardized Patients (SPs)

- Portray patient roles realistically and respectfully as trained
- Provide structured, behaviorally anchored feedback to students post-simulation
- Maintain strict confidentiality regarding scenario content and student performance

- Conduct themselves professionally before, during, and after all sessions
- Complete SP training facilitated by the Director prior to any student encounter

Section 3: General Policies

3.1 Professional Conduct

All participants—students, faculty, staff, and standardized patients—must demonstrate professionalism at all times within the NCAC. The simulation lab is a clinical learning environment; behavior expectations mirror those of an actual healthcare setting.

Expectations include:

- Treating all individuals with dignity and respect
- Using therapeutic and professional communication
- Arriving on time and fully prepared for all assigned activities
- Wearing appropriate attire: clinical scrubs, hair secured, closed-toe shoes
- Silencing or storing personal devices; phone use is not permitted during simulation
- Refraining from eating, drinking, or gum chewing in active simulation spaces

3.2 Respectful Treatment of Simulation Equipment and Mannequins

All mannequins, task trainers, and simulation equipment represent real patients and clinical settings. Participants are expected to approach every simulation experience with the same professionalism required in actual clinical environments. This is not optional—it is a core professional standard of the NCAC.

Participants must:

- Treat mannequins as real patients at all times—interact using therapeutic communication, appropriate physical handling, and clinical care as you would with a living person
- Maintain dignity and respect toward all mannequins throughout every phase of simulation, including setup, active scenario, and breakdown
- Refrain from joking, mocking, using derogatory language, or engaging in any playful or inappropriate behavior directed at mannequins or simulation equipment
- Avoid rough handling, unauthorized manipulation, or misuse of mannequins and task trainers
- Report any accidental damage or malfunction immediately to the Director or Associate Director

Violations of the mannequin dignity policy are treated as professional conduct concerns and may result in removal from the simulation session and/or disciplinary action consistent with the College's academic integrity and professional standards policies.

3.3 Confidentiality

All simulation activities, scenario content, and observations of peer performance are strictly confidential. Confidentiality is the foundation of psychological safety in the NCAC.

Participants will:

- Not share, discuss, post, or otherwise disclose scenario content or peer performance outside the NCAC
- Not record any session (audio, video, or photo) without explicit written permission from the Director
- Understand that breach of confidentiality is a violation of the fiction contract and may result in academic disciplinary action

3.4 Psychological Safety and the Fiction Contract

The NCAC operates under a "fiction contract": all participants agree to engage in simulation activities as if scenarios are real, while understanding that mistakes are expected, normal, and integral to the learning process. No student will be penalized for clinical errors made during simulation.

Under this contract:

- Students engage fully as if the scenario is occurring in a real clinical environment
- Errors are treated as learning opportunities, not punitive events
- Students may pause or step out of a scenario if overwhelmed by notifying the facilitator
- Facilitators will support a safe re-entry into the scenario or transition directly to debriefing
- Faculty do not use simulation performance as grounds for clinical failure unless the simulation is formally designated as a summative exit exam

3.5 Scheduling and Lab Access

- All NCAC lab use must be approved by the Director
- Scheduling requests must be submitted at least one month in advance
- Confirmation of scheduling is provided via official College email
- Unscheduled or unauthorized lab use is not permitted under any circumstances

Students may only access the NCAC when:

- A session has been formally scheduled and confirmed
- A faculty or staff member is physically present in the lab

3.6 Attendance and Punctuality

- Students are required to arrive on time and fully prepared for all scheduled sessions
- Students who arrive more than 10 minutes late may be denied participation at the facilitator's discretion

- Missed sessions require makeup and must be coordinated through the Director
- Simulation absences are documented and communicated to the course faculty of record
- Repeated or pattern attendance concerns will be addressed through academic channels

3.7 Safety and Emergency Procedures

General Safety

- All participants must always follow faculty and staff instructions
- Unsafe or disruptive behavior will result in immediate removal from the lab
- No food, drinks, or personal items should be placed on simulation equipment

Equipment Safety

- Only simulated or expired medications may be used in lab activities—no real medications permitted
- Oxygen tanks are present for realism and are non-functional; they are not to be tampered with
- Sharps (needles, lancets) must be disposed of immediately in designated sharps containers

Emergency Response Protocol

- Stop the simulation immediately and call “Time out”
- Notify the supervising faculty or staff member
- Call 911 if a real medical emergency is occurring
- Access the emergency kit located in the lab (location posted on wall)
- Clear the area of non-essential personnel
- Complete an NCAC Incident Report Form following any emergency

3.8 Infection Control

- Hand hygiene is required upon entry, between activities, and upon exit
- PPE must be used appropriately for all applicable procedures
- All equipment, mannequins, and task trainers must be cleaned and stored properly after each use
- Cleaning supplies and protocols are located in the NCAC supply closet

3.9 Incident Reporting

All incidents occurring in the NCAC must be reported promptly. Reportable incidents include:

- Physical injury to any participant
- Equipment malfunction or damage
- Safety breaches or policy violations
- Participant psychological distress requiring intervention
- Any event that disrupts the safety or integrity of the simulation experience

Procedure:

- Notify the supervising faculty or staff member immediately
- Provide appropriate care or support to the affected individual
- Complete the NCAC Incident Report Form (see Appendix A)
- Submit the completed form to the Director within 24 hours
- Director will conduct follow-up review and determine corrective action if applicable

3.10 Red Flag Escalation Protocol

Faculty and staff must seek immediate support if any participant exhibits the following during any NCAC activity:

- Statements suggesting suicidal ideation, self-harm, or harm to others
- Aggressive, threatening, or hostile behavior
- Sudden changes in mental status or orientation
- Signs of substance intoxication, overdose, or withdrawal
- Verbal expression of feeling unsafe in the environment

Recommended language for de-escalation and handoff: “I’m going to get my nurse/facilitator so we can make sure you have the support you need right now.”

All red flag events must be documented using the NCAC Incident Report Form and reported to the Director and, as appropriate, to the College’s Dean of Students or Counseling Services.

SECTION 4: SIMULATION-BASED LEARNING

4.1 Simulation Design

- All scenarios are developed by the Director in collaboration with faculty and clinical experts
- Every simulation must have clearly defined, measurable learning objectives tied to course competencies
- Scenarios are grounded in clinical judgment, real-world application, and CCNE Essentials
- Simulation design follows INACSL Standards: Design, Facilitation, Debriefing, and Evaluation
- Pre-clinical intensive simulations (e.g., maternity/neonatal, psychiatric, med-surg rotations) are designed to prepare students for the specific clinical environment they are entering

4.2 Prebriefing

Prebriefing is a required, structured component of every simulation session. It sets the stage for safe, effective learning.

Prebriefing includes:

- Establishment of psychological safety and the fiction contract
- Review of learning objectives

- Orientation to the scenario environment, patient chart, and available resources
- Clarification of student roles and faculty expectations
- Technology orientation (SimCapture, SimMan controls, UBISIM VR) as applicable
- Review of emergency protocols and lab safety reminders

4.3 Debriefing

Debriefing is a required component of every simulation experience. It is the primary mechanism by which learning is consolidated and clinical judgment is developed.

Debriefing at the NCAC is facilitated using:

- PEARLS (Promoting Excellence and Reflective Learning in Simulation) framework
- Advocacy-inquiry approach to explore student thinking

Debriefing focuses on:

- Reflection on actions taken and clinical reasoning processes
- Communication patterns and teamwork
- Identification of what went well and what could be improved
- Connecting simulation performance to course objectives and CCNE competencies

Debriefing is conducted in a psychologically safe environment. Student performance discussed in debriefing remains confidential.

4.4 Standardized Patients

- SPs are trained prior to each session by the Director or a designated faculty member
- SPs receive written role guides, case background, and behavioral objectives
- SPs provide structured, behaviorally anchored feedback to students following the simulation
- SPs sign a confidentiality and professionalism agreement prior to each engagement
- SP encounters are used across rotation types including psychiatric, primary care, and gerontological nursing

4.5 Recording and Privacy

- SimCapture is used to record all simulation sessions for educational purposes
- Recordings are stored securely on the SimCapture platform and accessed only by authorized faculty and staff
- Recordings are used solely for formative feedback and educational review—never for punitive purposes
- Students are informed of recording at the start of every session

- Recordings are retained per College data retention policies and deleted when no longer needed for educational use

4.6 Evaluation

- The Creighton Competency Evaluation Instrument (C-CEI) is the primary tool for evaluating student performance in simulation
- Simulation evaluation is primarily formative in nature
- Exit or summative simulations may be designated as pass/fail at the Director's discretion, with advance notice to students
- All evaluation data is documented and stored per College records and FERPA policies
- Evaluation findings are shared with students during or following debriefing

Section 5: CCNE Essentials Alignment

The NCAC is designed as a curricular infrastructure, not merely a practice space. All simulation, skills, and health assessment activities are explicitly mapped to the AACN CCNE Essentials (2021) to ensure that every learning experience supports program outcomes, accreditation requirements, and the development of practice-ready nurses.

The table below documents how NCAC activities align with each CCNE Domain and selected competencies.

CCNE Domain	Domain Focus	NCAC Activities	Examples in Practice
Domain 1 Knowledge for Nursing Practice	Integration of scientific knowledge to guide practice	High-fidelity simulation scenarios; skills lab; VR (UBISIM)	Pathophysiology review embedded in scenario design; pharmacology reinforcement via med administration tasks
Domain 2 Person-Centered Care	Holistic, individualized, culturally responsive care	SP encounters; therapeutic communication practice; health assessment lab	SP-based psychiatric, geriatric, and primary care scenarios; peer assessment with professional boundaries
Domain 3 Population Health	Health equity, social determinants, and community-level care	Scenario design incorporating diverse populations; correctional health integration; CHW navigation content	Scenarios reflecting Haitian TPS, incarcerated, and underserved populations; trauma-informed care simulations

Domain 4 Scholarship for Practice	Evidence-based practice and translational knowledge	Scenario grounding in current clinical guidelines; debriefing linking practice to evidence	SBAR communication; evidence-based wound care, neonatal resuscitation protocols (NRP)
Domain 5 Quality and Safety	Safe care delivery, error prevention, quality improvement	Incident reporting protocol; safety simulation scenarios; emergency response drills	Hypertensive emergency/stroke scenario; sepsis identification; medication safety tasks; sharps disposal training
Domain 6 Interprofessional Partnerships	Collaborative, team-based practice	SP + multi-role simulation; interdisciplinary scenario elements	Team-based code scenarios; handoff/SBAR practice; SP role as social worker or physician in complex cases
Domain 7 Systems-Based Practice	Navigating and improving healthcare systems	Discharge planning scenarios; care coordination tasks; real-world system navigation embedded in simulations	Discharge planning for geriatric patients; correctional-to-community care transition scenarios
Domain 8 Informatics and Healthcare Technologies	Technology-enabled care and data-informed practice	SimCapture recording/debriefing platform; UBISIM VR; EHR simulation tasks	Virtual reality clinical experiences (UBISIM); SimCapture review for reflective learning; EHR charting practice

Domain 9 Professional Identity	Formation of nursing professional identity and values	Fiction contract; professional conduct standards; reflection in debriefing	Cura personalis ethos embedded in all NCAC activities; mannequin dignity policy; professional formation discussions in debriefing
Domain 10 Personal, Professional, and Leadership Development	Leadership, self-reflection, and ongoing professional growth	Simulation leadership roles; debriefing as structured reflection; escalation protocol practice	Team lead role assignment in scenarios; advocacy-inquiry debriefing; pre-clinical intensive preparation as leadership readiness

This alignment matrix is reviewed annually by the Director and updated to reflect changes in CCNE standards, program curriculum, or NCAC offerings.

Section 6: Skills Lab

- Task trainers are used for focused skill development activities
- Open lab opportunities may be offered with faculty or staff supervision as scheduling permits
- Supplies must be used appropriately and conserved; waste is not permitted
- All equipment must be cleaned and returned to designated storage after each use
- Students are not permitted to remove supplies or equipment from the NCAC
- Skills performed in the lab include but are not limited to: IV insertion, urinary catheterization, wound care, nasogastric tube insertion, newborn assessment, and medication preparation

Section 7: Health Assessment Lab

- Peer assessments are conducted with mutual respect and explicit verbal consent
- Professional boundaries must be maintained at all times
- Privacy and dignity of all participants are upheld throughout all activities
- Equipment must be handled and stored properly following each session
- Students who are uncomfortable with any assessment activity must notify the supervising faculty immediately without fear of penalty
- Consent may be withdrawn at any time; an alternative learning accommodation will be provided

Section 8: Equipment and Technology

8.1 Simulation Equipment Inventory

Equipment	Type	Description
SimMan 3G+	High-Fidelity	Adult mannequin; cardiopulmonary, airway, and vascular simulation
Mama Anne (Evelyn Meyers)	High-Fidelity	Obstetric mannequin; labor, delivery, and postpartum simulation
SimNewborn (Carol Vale)	High-Fidelity	Neonatal mannequin; newborn assessment and NRP simulation
SimJunior	High-Fidelity	Pediatric mannequin; child assessment and emergency simulation
Nursing Anne Simulators	Mid-Fidelity	Adult mannequins for skills and basic simulation
Task Trainers	Low-Fidelity	IV arms, wound care pads, urinary catheter trainers, etc.
UBISIM VR System	Virtual Reality	Immersive virtual simulation platform
SimCapture	Technology Platform	Session recording, playback, and debriefing system

8.2 Equipment Responsibilities

Responsibility	Responsible Party
Scenario setup and configuration	Associate Director
Scenario breakdown and reset	Associate Director and faculty
Routine technical maintenance	Laerdal representatives and Associate Director
Cleaning and sanitization	NCAC staff and facilities per protocol
Inventory management and restocking	Associate Director
Reporting malfunction or damage	All NCAC participants — report immediately

Section 9: Operations

- Semester-wide scheduling is planned in advance by the Director in collaboration with course faculty
- All lab use must receive Director approval prior to scheduling confirmation
- Rooms must be reset, cleaned, and restored to baseline configuration after every session
- Supplies are stored in designated areas and must be inventoried and restocked following each use
- Access to supply closets and equipment rooms is restricted to authorized personnel
- Faculty submitting scheduling requests must include course name, rotation type, student count, objectives, and equipment needs

Section 10: Evaluation and Documentation

- Student performance is documented by supervising faculty using approved evaluation tools (C-CEI)
- All simulation sessions are recorded via SimCapture per Section 4.5
- Evaluation data is stored securely in compliance with FERPA and College records retention policies
- Documentation is used to support formative and summative learning—never for punitive purposes unless a summative exit simulation has been formally designated
- Faculty retain access to records for program evaluation, CCNE accreditation reporting, and quality improvement

- Simulation hours are logged per student and reported to the course faculty of record for clinical hour documentation

Section 11: Appendices

The following appendices are included in this manual:

Appendix	**Document**
Appendix A	NCAC Incident Report Form
Appendix B	Student Orientation Packet (distributed separately)
Appendix C	Simulation Scenario Template
Appendix D	Creighton Competency Evaluation Instrument (C-CEI) Record Sheet
Appendix E	Emergency Contact List
Appendix F	NCAC Scheduling Request Form
Appendix G	CCNE Alignment Matrix (see Section 5)

APPENDIX A: NCAC INCIDENT REPORT FORM

Complete this form for any incident occurring within the Nursing Clinical Arts Center. Submit to the Director of Simulation Education and Innovation within 24 hours of the incident.

Section 1: Incident Identification

Date of Incident		Time of Incident	
Location within NCAC		Course / Rotation	
Reported By (Name)		Role	
Date of Report		Supervisor Notified	

Section 2: Type of Incident

Check all that apply:

Incident Type	Check (✓)	Incident Type	Check (✓)
Physical injury to student		Equipment malfunction or damage	
Physical injury to faculty/staff		Safety breach or policy violation	
Psychological distress (student)		Simulation emergency (real event)	
Psychological distress (faculty/staff)		Academic integrity concern	
Sharps injury / exposure		Other (describe below)	

Section 3: Injury Severity (if applicable)

Severity Level	Description	Select (✓)
None	No injury occurred	
Minor	First aid required; no medical treatment needed	
Moderate	Medical evaluation required; no hospitalization	
Severe	Hospitalization or emergency response required	
Unknown	Severity not yet determined	

Section 4: Individuals Involved

Name	Role (Student / Faculty / Staff / SP)	Program / Course

Section 5: Witnesses

Witness Name	Role	Contact

Section 6: Description of Incident

Provide a factual, objective description of what occurred. Include sequence of events, environment, and contributing factors.

Description of Incident (attach additional pages if needed)

Section 7: Equipment Involved

Equipment Name / ID	Was Equipment Damaged?	Removed from Service?
	Yes / No	Yes / No
	Yes / No	Yes / No

Section 8: Immediate Actions Taken

Action Taken	By Whom	Time

911 called? Yes / No **If yes, EMS arrived at:** _____

Section 9: Follow-Up Actions and Recommendations

Follow-Up Action	Responsible Party	Target Date

Section 10: Director Review and Sign-Off

Director Comments / Findings	
Corrective Action Required?	Yes / No (if yes, describe above)
Director Signature	Date

APPENDIX B: STUDENT ORIENTATION PACKET

1. Welcome and Purpose

The Nursing Clinical Arts Center (NCAC) is a clinical learning environment supporting simulation, skills training, virtual reality, standardized patient encounters, health assessment, and pre-clinical preparation. Students are expected to approach the NCAC as they would an actual healthcare setting, with professionalism, respect, safety, and patient-centered behavior.

2. Before You Arrive

- Complete all assigned pre-simulation preparation, including readings, chart review, or other course-specific work.
- Arrive on time and fully prepared. Students arriving more than 10 minutes late may be denied participation at the facilitator's discretion.
- Wear appropriate clinical attire: scrubs, secured hair, and closed-toe shoes.
- Bring only items needed for the scheduled activity. Personal devices must be silenced or stored during simulation.
- NCAC access is permitted only for formally scheduled sessions when faculty or staff are physically present.

3. Professional Conduct and Mannequin Dignity

- Treat students, faculty, staff, standardized patients, mannequins, and equipment with dignity and respect.
- Use therapeutic and professional communication throughout the experience.
- Treat mannequins as real patients, including appropriate communication, physical handling, privacy, and clinical care.
- Do not joke about, mock, misuse, or handle mannequins or task trainers roughly.
- Report accidental damage, equipment malfunction, or unsafe conditions immediately to faculty or NCAC staff.
- Food, drinks, gum, and personal items are not permitted in active simulation spaces.

4. Confidentiality, Recording, and Privacy

- Do not share scenario content or discuss peer performance outside the NCAC.
- Do not photograph, audio-record, or video-record any session without explicit written permission from the Director.
- SimCapture may be used to record simulation sessions for educational review and feedback.
- Simulation recordings are accessed only by authorized faculty and staff and are used for education, not punitive purposes.
- All student performance and evaluation information is handled in accordance with College records and FERPA requirements.

5. Psychological Safety and the Fiction Contract

The NCAC uses a fiction contract. Students agree to participate as if the scenario is real while recognizing that simulation is a learning environment. Mistakes are expected and are used to develop clinical judgment.

- Engage authentically and take the scenario seriously.
- Clinical errors made during simulation are treated as learning opportunities and do not result in clinical failure unless the experience is formally designated as a summative exit simulation.
- If you become overwhelmed, tell the facilitator. You may pause or step out and will be supported with re-entry or transition to debriefing.
- Debriefing discussions are confidential and are intended to support reflection, reasoning, communication, and growth.
- The College's Counseling Center is available to support students during simulation experiences. If a planned scenario includes content that may be emotionally difficult or potentially traumatic, the NCAC may coordinate with Dr. Sheila Kennedy, Director of the Counseling Center, to be present or available during the session to provide additional student support.

6. Safety, Sharps, and Emergency Procedures

- Follow faculty and staff instructions at all times.
- Only simulated or expired medications may be used. Real medications are not permitted in the lab.
- Oxygen tanks are present for realism and are non-functional. Do not tamper with them.
- Dispose of needles and lancets immediately in designated sharps containers.
- If a real emergency occurs, stop the simulation and call "Time out," notify supervising faculty or staff, and call 911 when appropriate.
- Clear non-essential personnel from the area and complete an NCAC Incident Report Form after any reportable event.

7. Infection Control

- Perform hand hygiene upon entry, between activities, and upon exit.
- Use PPE appropriately for applicable procedures.
- Clean and store equipment, mannequins, and task trainers according to NCAC protocols after use.

8. Health Assessment Lab Consent

- Peer assessments require mutual respect and explicit verbal consent.

- Professional boundaries, privacy, and dignity must be maintained at all times.
- Consent may be withdrawn at any time.
- If you are uncomfortable with an assessment activity, notify supervising faculty. An alternative learning accommodation will be provided without penalty.

9. Red Flag Escalation

Faculty and staff will seek immediate support if a participant expresses suicidal ideation, self-harm or harm to others, becomes aggressive or threatening, develops a sudden change in mental status, shows signs of intoxication/overdose/withdrawal, or states that they feel unsafe. These events are documented and escalated according to the College's procedures.

APPENDIX B: STUDENT ORIENTATION ACKNOWLEDGMENT

Student Name		Program	
Course		Term	
Faculty		Date	
Student ID (optional)		Rotation / Experience	

By signing below, I acknowledge that I reviewed the NCAC orientation expectations and understand the following:

☐ I will maintain professional conduct and treat simulation equipment and mannequins with dignity.

☐ I will maintain confidentiality regarding scenarios and peer performance.

☐ I understand that SimCapture may be used for educational recording and review.

☐ I understand the fiction contract and the purpose of psychological safety in simulation.

☐ I will follow NCAC safety, sharps, infection-control, emergency, and equipment-use requirements.

☐ I understand attendance and punctuality expectations.

☐ I understand that health assessment participation requires consent and that I may withdraw consent from a peer assessment activity.

☐ I know that incidents, injuries, equipment damage, or significant distress must be reported promptly.

Student Signature	**Date**
Faculty / Staff Witness	Date
Comments (if needed)	

APPENDIX C: SIMULATION SCENARIO TEMPLATE

Section 1: Scenario Overview

Scenario Title		Course / Rotation	
Author(s)		Date Created	
Revision Date		Version	

Target Learners		Learner Count	
Estimated Scenario Time		Debrief Time	
Simulation Modality	High-fidelity / SP / Skills / VR / Hybrid	Location	
Faculty / Facilitator		Technician / Support	

Section 2: Learning Objectives and Alignment

#	Measurable Learning Objective	Course Competency / Outcome	AACN Essential Domain	NGN / Clinical Judgment Focus
1				
2				
3				
4				

Section 3: Patient / Case Profile

Patient Name / Alias		Age	
Pronouns		Allergies	
Diagnosis / Presenting Problem		Code Status	
History		Social / Cultural Considerations	
Baseline Vital Signs		Pain	
Key Assessment Findings		Pertinent Labs / Diagnostics	
Current Medications		Lines / Tubes / Devices	
Provider Orders		Safety Risks	

Section 4: Environment, Equipment, and Setup

Item / Equipment	Required?	Setup / Configuration	Notes
Mannequin / simulator	Yes / No		
Patient monitor	Yes / No		
LLEAP / SimCapture	Yes / No		
Task trainers / supplies	Yes / No		
Medication props	Yes / No		
PPE / safety supplies	Yes / No		
EHR / chart materials	Yes / No		

Standardized patient / confederate	Yes / No		
Other	Yes / No		

Section 5: Prebriefing Plan

- ☐ Establish psychological safety and the fiction contract.
- ☐ Review learning objectives.
- ☐ Orient learners to the environment, patient chart, and available resources.
- ☐ Clarify learner roles, faculty expectations, and boundaries of the scenario.
- ☐ Provide technology orientation as applicable.
- ☐ Review emergency procedures and lab safety reminders.
- ☐ Identify information that is intentionally withheld until the scenario begins.

Prebrief notes / script:

Section 6: Scenario Progression

Phase / Time	Patient State / Monitor	Expected Learner Actions	Critical Action(s)	Trigger / Cue	Simulator / SP Response	Faculty Notes

Section 7: Critical Actions and Escalation Criteria

Critical Action	Observable Behavior / Criteria	Cue if Missed	Consequence / Next State

Section 8: Debriefing Plan

NCAC debriefing uses PEARLS and advocacy-inquiry approaches. Use the prompts below as a planning guide.

Debrief Phase	Planned Prompts / Focus
Reactions	How are you feeling after the scenario? What stood out to you?
Description / Shared Mental Model	What was happening with the patient? What were your priorities?
Analysis: What Went Well	What actions supported safe, patient-centered care?
Analysis: Opportunities	What would you do differently? What information or cues influenced your decisions?
Advocacy-Inquiry	I noticed _____. I was thinking _____. Can you walk me through what you were thinking at that moment?
Summary / Takeaways	What are your key takeaways? How will you apply this to clinical practice?

Section 9: Evaluation and Documentation

☐ C-CEI evaluation completed, when applicable.
☐ Simulation attendance documented.
☐ Simulation hours logged and reported to course faculty of record.
☐ SimCapture recording handled according to NCAC privacy and retention practices.
☐ Learner feedback or faculty observations documented for quality improvement.

APPENDIX C: SIMULATION SCENARIO TEMPLATE (continued)

Section 10: After-Action Review / Quality Improvement

What worked well?	
What should be revised before reuse?	
Equipment / technology issues	
Learner or faculty feedback	
Revision owner and target date	

Simulation Evaluation Record

Student Name		Student ID	
Course / Rotation		Scenario	
Simulation Date		Evaluator	
C-CEI Version / Date		Form Location / File Reference	
Evaluation Type	Formative / Summative	Outcome (if applicable)	
Total / Summary Score		Remediation Needed?	Yes / No
Follow-Up Date		Faculty Signature	

Evaluator Notes

Documentation Checklist

☐ Official C-CEI completed using the current authorized version.
☐ Feedback reviewed with student during or after debriefing.
☐ Evaluation stored according to College records and FERPA requirements.
☐ Any required follow-up or remediation communicated to course faculty.

Contact / Service	Primary Contact	Email / Alternate Contact	When to Use
Emergency Medical / Police / Fire	911	n/a	Real medical or safety emergency requiring immediate response
Director of Simulation Education and Innovation	Briana Renois	antwib@chc.edu	NCAC incident escalation, policy, follow-up, Director review
Associate Director of Simulation and Innovation	Hafsah Abdul-Malik	Abdul-MalikH1@chc.edu	Equipment, simulation systems, setup, technical operations
Counseling Services	Dr. Sheila Kennedy	kennedys@chc.edu	Participant psychological distress or support needs when appropriate

Emergency Response Reminder

- Stop the simulation immediately and call “Time out.”
- Notify the supervising faculty or staff member.

- Call 911 if a real medical emergency is occurring.
- Access the emergency kit located in the lab at the posted location.
- Clear non-essential personnel from the area.
- Complete the NCAC Incident Report Form after the event.

Contact List Review

Date Verified	Verified By	Changes Made	Next Review Date

APPENDIX D: CREIGHTON COMPETENCY EVALUATION INSTRUMENT (C-CEI) RECORD SHEET

Simulation Evaluation Record

Student Name		Student ID	
Course / Rotation		Scenario	
Simulation Date		Evaluator	
C-CEI Version / Date		Form Location / File Reference	
Evaluation Type	Formative / Summative	Outcome (if applicable)	
Total / Summary Score		Remediation Needed?	Yes / No
Follow-Up Date		Faculty Signature	

Evaluator Notes

Documentation Checklist

☐ Official C-CEI completed using the current authorized version.
☐ Feedback reviewed with student during or after debriefing.
☐ Evaluation stored according to College records and FERPA requirements.
☐ Any required follow-up or remediation communicated to course faculty.

APPENDIX E: EMERGENCY CONTACT LIST

Contact / Service	Primary Contact	Email / Alternate Contact	When to Use
Emergency Medical / Police / Fire	911	n/a	Real medical or safety emergency requiring immediate response
Director of Simulation Education and Innovation	Briana Renois	antwib@chc.edu	NCAC incident escalation, policy, follow-up, Director review
Associate Director of Simulation and Innovation	Hafsah Abdul-Malik	Abdul-MalikH1@chc.edu	Equipment, simulation systems, setup, technical operations
Counseling Services	Dr. Sheila Kennedy	kennedys@chc.edu	Participant psychological distress or support needs when appropriate

Emergency Response Reminder

- Stop the simulation immediately and call “Time out.”
- Notify the supervising faculty or staff member.
- Call 911 if a real medical emergency is occurring.
- Access the emergency kit located in the lab at the posted location.
- Clear non-essential personnel from the area.
- Complete the NCAC Incident Report Form after the event.

Contact List Review

Date Verified	Verified By	Changes Made	Next Review Date

APPENDIX F: NCAC SCHEDULING REQUEST FORM

Submit scheduling requests at least one month in advance. All NCAC lab use requires Director approval before scheduling is confirmed.

Section 1: Requestor and Course Information

Requesting Faculty / Staff		Date Submitted	
Course Name / Number		Program	BSN / ABSN
Rotation Type		Student Count	
Faculty of Record		Faculty Contact	
Requested Date		Requested Time	
Alternate Date / Time		Estimated Duration	

Section 2: Learning Objectives

Objective #	**Measurable Learning Objective**
1	
2	
3	
4	

Section 3: Requested Simulation / Lab Resources

Resource	**Needed?**	**Quantity / Setup**	**Notes**
SimMan 3G+	Yes / No		
Mama Anne (Evelyn Meyers)	Yes / No		
SimNewborn (Carol Vale)	Yes / No		
SimJunior	Yes / No		
Nursing Anne Simulator(s)	Yes / No		
Task trainers	Yes / No		
UBISIM VR	Yes / No		
SimCapture recording	Yes / No		
Standardized patient(s)	Yes / No		
Health assessment lab	Yes / No		

Skills lab	Yes / No		
Other	Yes / No		

Section 4: Scenario and Setup Details

Scenario title or activity	
Patient population / clinical focus	
Required room configuration	
Supplies / medications / task trainers needed	
Technology / AV needs	
Prebriefing requirements	
Special instructions or accessibility needs	

Section 5: Recording, Evaluation, and Documentation

☐ SimCapture recording requested / planned.
☐ C-CEI evaluation planned, if applicable.
☐ Simulation hours will be logged per student.
☐ Course faculty will receive attendance / hour documentation.
☐ Standardized patient feedback form needed, if applicable.

Section 6: NCAC Approval

Approved?	Yes / No	Date Reviewed	
Approved Date / Time		Assigned Room	
Director		Director Signature	
Associate Director Notified?	Yes / No	Setup Lead	
Special Conditions / Changes		Confirmation Sent	Yes / No
Final Notes		Date Confirmation Sent	

APPENDIX G: CCNE ALIGNMENT MATRIX

This matrix reflects Section 5 of the NCAC Policy and Procedure Manual and is reviewed annually by the Director.

CCNE Domain	Domain Focus	NCAC Activities	Examples in Practice
Domain 1 Knowledge for Nursing Practice	Integration of scientific knowledge to guide practice	High-fidelity simulation scenarios; skills lab; VR (UBISIM)	Pathophysiology review embedded in scenario design; pharmacology reinforcement via medication administration tasks
Domain 2 Person-Centered Care	Holistic, individualized, culturally responsive care	SP encounters; therapeutic communication practice; health assessment lab	SP-based psychiatric, geriatric, and primary care scenarios; peer assessment with professional boundaries
Domain 3 Population Health	Health equity, social determinants, and community-level care	Scenario design incorporating diverse populations; correctional health integration; CHW navigation content	Scenarios reflecting Haitian TPS, incarcerated, and underserved populations; trauma-informed care simulations
Domain 4 Scholarship for Practice	Evidence-based practice and translational knowledge	Scenario grounding in current clinical guidelines; debriefing linking practice to evidence	SBAR communication; evidence-based wound care, neonatal resuscitation protocols (NRP)
Domain 5 Quality and Safety	Safe care delivery, error prevention, quality improvement	Incident reporting protocol; safety simulation scenarios; emergency response drills	Hypertensive emergency/stroke scenario; sepsis identification; medication safety tasks; sharps disposal training
Domain 6 Interprofessional Partnerships	Collaborative, team-based practice	SP + multi-role simulation; interdisciplinary scenario elements	Team-based code scenarios; handoff/SBAR practice; SP role as social worker or physician in complex cases
Domain 7 Systems-Based Practice	Navigating and improving healthcare systems	Discharge planning scenarios; care coordination tasks; real-world system navigation embedded in simulations	Discharge planning for geriatric patients; correctional-to-community care transition scenarios
Domain 8 Informatics and Healthcare Technologies	Technology-enabled care and data-informed practice	SimCapture recording/debriefing platform; UBISIM VR; EHR simulation tasks	Virtual reality clinical experiences (UBISIM); SimCapture review for reflective learning; EHR charting practice
Domain 9 Professional Identity	Formation of nursing professional identity and values	Fiction contract; professional conduct standards; reflection in debriefing	Cura personalis ethos embedded in all NCAC activities; mannequin dignity policy; professional formation discussions in debriefing
Domain 10 Personal, Professional, and Leadership Development	Leadership, self-reflection, and ongoing professional growth	Simulation leadership roles; debriefing as structured reflection; escalation protocol practice	Team lead role assignment in scenarios; advocacy-inquiry debriefing; pre-clinical intensive preparation as leadership readiness