



# Student Handbook

*For Current Bachelor of Science and Master of Science in Nursing Students*

**2024-2025**

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## UCLA MISSION

UCLA's primary purpose as a public research university is the creation, dissemination, preservation and application of knowledge for the betterment of our global society.

To fulfill this mission, UCLA is committed to academic freedom in its fullest terms: We value open access to information, free and lively debate conducted with mutual respect for individuals, and freedom from intolerance. In all of our pursuits, we strive for excellence and diversity, recognizing that openness and inclusion produce true quality. These values underlie our three institutional responsibilities: education, research and public service.

### **Education**

Learning and teaching at UCLA are guided by the belief that undergraduate, graduate, and professional school students and their teachers belong to a community of scholars. This community is dedicated to providing students with a foundational understanding of a broad range of disciplines followed by the opportunity for in-depth study in a chosen discipline. All members of the community are engaged together in discovering and advancing knowledge and practice. Learning occurs not only in the classroom but also through engagement in campus life and in communities and organizations beyond the university.

### **Research**

Discovery, creativity, and innovation are hallmarks of UCLA. As one of the world's great research universities, we are committed to ensuring excellence across a wide range of disciplines, professions and arts while also encouraging investigation across disciplinary boundaries. In so doing, UCLA advances knowledge, addresses pressing societal needs and creates a university enriched by diverse perspectives where all individuals can flourish.

### **Service**

Civic engagement is fundamental to our mission as a public university. Located on the Pacific Rim in one of the world's most diverse and vibrant cities, UCLA reaches beyond campus boundaries to establish partnerships locally and globally. We seek to serve society through both teaching and scholarship, to educate successive generations of leaders, and to pass on to students a renewable set of skills and commitment to social engagement.



## PRINCIPLES OF COMMUNITY

UCLA is an institution firmly rooted in its land-grant mission of teaching, research and public service. The campus community is committed to discovery and innovation, creative and collaborative achievements, debate, and critical inquiry, in an open and inclusive environment that nurtures the growth and development of all faculty, students, administration and staff.

These Principles of Community are vital for ensuring a welcoming and inclusive environment for all members of the campus community and for serving as a guide for our personal and collective behavior.

- We believe that diversity is critical to maintaining excellence in all of our endeavors.
- We seek to foster open-mindedness, understanding, compassion and inclusiveness among individuals and groups.
- We are committed to ensuring freedom of expression and dialogue, in a respectful and civil manner, on the spectrum of views held by our varied and diverse campus communities.
- We value differences as well as commonalities and promote respect in personal interactions.
- We affirm our responsibility for creating and fostering a respectful, cooperative, equitable and civil campus environment for our diverse campus communities.
- We strive to build a community of learning and fairness marked by mutual respect.
- We do not tolerate acts of discrimination, harassment, profiling, or other conduct causing harm to individuals on the basis of expression of race, color, ethnicity, gender, age, disability, religious beliefs, political preference, sexual orientation, gender identity, citizenship or national origin, among other personal characteristics. Such conduct violates UCLA's Principles of Community and may result in imposition of sanctions according to campus policies governing the conduct of students, staff and faculty.
- We acknowledge that modern societies carry historical and divisive biases based on race, ethnicity, gender, age, disability, sexual orientation and religion, and we seek to promote awareness and understanding through education and research and to mediate and resolve conflicts that arise from these biases in our communities.

The Principles of Community statement was developed by the Chancellor's Advisory Group on Diversity, since renamed the UCLA Council on Diversity & Inclusion. The group includes representatives from the administration, faculty, staff, and student and alumni communities.

## True Bruin Values

As a Bruin, I Commit Myself to the Highest Ethical Standards.

### **Respect**

I will respect the rights & dignity of others.

### **Accountability**

I will be accountable as an individual & member of this community for my ethical conduct.

### **Integrity**

I will conduct myself with integrity in my dealings with & on behalf of the University.

### **Service**

I will make an impact in our global community through public service.

### **Excellence**

I will conscientiously strive for excellence in my work.

## HISTORY OF THE SCHOOL

In 1949, the Regents of the University of California authorized the School of Nursing as one of the professional schools of the UCLA Center for the Health Sciences. This action paved the way in 1950 for the opening of an undergraduate program in nursing leading to the Bachelor of Science (BS) degree and made possible the establishment of a graduate program to award a Master of Science (MS) degree in Nursing in 1951. In 1966, the Master of Nursing (MN) degree was established as an alternate option to the MS degree. The MS degree program was discontinued in 1969. The UC Regents and UC Office of the President (UCOP) approved the Doctor of Nursing Science (DNSc) degree program in 1986, and in 1987 the first doctoral students were admitted. In 1995, the Regents and UCOP approved the change in the doctoral degree from DNSc to a Doctor of Philosophy degree in Nursing (PhD). Nearly, one year later, the change in the master's degree designation from MN to Master of Science in Nursing (MSN) was approved by UCOP and the Regents. In 2013, an *en route* MS option was established within the existing PhD program for students in the BS to PhD pathway.

The prelicensure BS Nursing degree program was closed to admissions in 1993 and the last class graduated in 1997. To meet the educational needs of Registered Nurses who had earned an Associate Degrees or a Diploma in Nursing was approved in 1997 and opened to admissions as the ADN-to-MSN program. The curriculum continued until 2010. To address the nursing shortage, the School of Nursing developed a new pre-licensure baccalaureate degree (BS) in Nursing with

admission at the freshman or junior (transfer) level. Simultaneously, a Master's-Entry Clinical Nurse (MECN) curriculum was approved to admit pre-licensure students with bachelor's degrees in non-nursing disciplines. The MECN curriculum culminates in an MSN degree.

In 2018, the Office of the President and the Regents approved the Doctor of Nursing Practice (DNP) degree program. The School of Nursing admitted its first class in Fall 2018.

## PHILOSOPHY OF THE UCLA SCHOOL OF NURSING

The UCLA School of Nursing is guided by a philosophy that embodies the mission and goals of the University of California. The philosophy addresses nursing, the clients of nursing, and nursing students. The school is committed to an interdisciplinary learning environment.

Nursing encompasses clinical practice, education, research, consultation, leadership, management and service to the profession at both the local and global communities. Nursing involves individuals, families, groups, organizations and communities as patients. The profession must consider the human, physical and social environments that affect these patients, who may have health conditions that range from wellness to illness. Nursing activities must, therefore, include health promotion and maintenance, intervention and treatment, rehabilitation and restoration, and palliation. At an advanced practice level, nursing involves comprehensive healthcare, which encompasses the responsibility and accountability for continuity of care across the health-illness spectrum.

Nursing research is both applied and basic and has as its core actual or potential human responses to illness and as its goal the development of nursing science. Guided by ethical standards that consider the perspectives of the patient, the healthcare provider and the larger society, nursing has a social mission that encompasses the right and responsibility to provide leadership in health policy, as well as healthcare to all patients regardless of disease status, gender, race or culture.

People who receive patient-centered nursing care are complex individuals who exist in relationship to others in their family and community. This complexity of person involves biological, behavioral, emotional, psychosocial, cultural, and spiritual dimensions. Each individual reflects a unique combination of these dimensions that interacts dynamically with the environment. The patients of nursing are autonomous decision makers who have certain values and knowledge about themselves that not only are relevant, but also essential to successful healthcare outcomes. As a result, nurses have the responsibility to protect the patient's right to collaboratively participate with healthcare professionals involved in their care.

Successful nursing students are active learners who bring unique gender, cultural and ethnic life experiences to the professional practice of nursing and its advancement as a discipline. Students at all levels learn relevant theory, acquire practice skills and are socialized into the profession of nursing.

Increasing levels of complexity and sophistication of learning and socialization are expected of students in the different programs. Whether at the beginning practice, advanced practice, or scholar level, nursing students learn to apply knowledge, skills and professional attitudes in their work, which may include educative, administrative and research arenas. While students have the right and responsibility to participate in their own learning, faculty members have the right and responsibility to structure the teaching/learning environment to facilitate learning. Individual academic counseling and a variety of one-on-one, small-group, and interactive learning formats assist students to meet program and individual learning goals.

## MISSION OF THE UCLA SCHOOL OF NURSING

The UCLA School of Nursing prepares nurses and scholars to lead and transform nursing care in a rapidly changing, diverse and complex healthcare environment through academic excellence, innovative research, superior clinical practice, strong community partnerships, and global initiatives.

**Academics:** The UCLA School of Nursing is ranked as one of the top nursing schools in the country by US News and World Reports. Through our innovative curriculum, students learn relevant theory, acquire practice skills and are socialized into the profession of nursing. The School of Nursing provides rich opportunities for students to pursue collaborative and interdisciplinary education and independent study projects. Individual academic counseling a variety of one-on-one small group and interactive learning formats assist students to meet program and individual learning goals and to apply knowledge, skills and professional attitudes in their practice. As the most competitive degree program on the UCLA campus, we attract the best and brightest students who will become leaders in transforming the profession of nursing. Goals:

- Become the global leader of innovative education
- Lead transdisciplinary education
- Lead education of international students in nursing
- Spearhead the development of transformative nursing leaders
- Develop self-sustaining, cutting-edge programs

**Research:** From the laboratory bench to the patient's bedside, from pediatrics to geriatrics, from prevention to cause, ground-breaking advances are being driven by nursing research. At the School of Nursing, research is at the core of our mission – not only as a primary component of a comprehensive education, but as a critical investment

in the future of nursing. The School has a rich history of blazing the trail for nursing research and is continually pushing the boundaries to improve health. Our findings are about advancing health and they can be used by other disciplines.

Goals:

- Lead cutting edge science
- Lead International Research
- Lead innovative transdisciplinary research that transforms health and health systems
- Develop future leaders in nursing research

**Practice/Service:** From a health center in the Skid Row area of Los Angeles, to communities throughout China to small rural villages in India, Uganda, the School of Nursing is engaging with local partners to improve the health of entire populations. We are delivering quality care, conducting collaborative community-based research and educating the healthcare workforce.

Goals:

- Lead the translation of knowledge into practice
- Spearhead development of a nationally recognized, financially self-sufficient community-based Health Center that serves disparate populations and is used as a training site for SON students
- Deliver transformative best practices content to healthcare providers worldwide
- Lead efforts to strengthen nursing practice globally

## ACCREDITATION

The UCLA School of Nursing programs of study are approved by the Academic Senate of the University of California, the California Board of Registered Nursing, and are accredited by the Commission on Collegiate Nursing Education (CCNE). Curricular oversight and periodic reviews are conducted by the UCLA Academic Senate's Undergraduate and Graduate Councils. The University of California, Los Angeles holds accreditation from the Western Association of Schools and Colleges (WASC). In 2020, The Commission on Collegiate Nursing Education (CCNE) accredited the existing bachelor's and master's degree programs for a term of 10 years.

## UCLA SCHOOL OF NURSING ORGANIZATIONAL CHART

# PRE-LICENSURE PROGRAMS IN THE SCHOOL OF NURSING

## BACHELOR OF SCIENCE (BS) & MASTER OF SCIENCE NURSING - MASTER'S ENTRY CLINICAL NURSE (MECN)

### PURPOSE

The purpose of the pre-licensure nursing programs at the UCLA School of Nursing is to prepare graduates to provide therapeutic nursing care to all entrusted to care regardless of race/ethnicity, age, gender, culture, religion or social status. At the pre-licensure level, two programs are offered, the Bachelor of Science/Pre-licensure (BS) program and the Master of Science in Nursing-Master's Entry Clinical Nurse (MECN) program.

This Handbook provides information to facilitate the progression of pre-licensure students in the UCLA School of Nursing. Students are also expected to read and utilize information on the [UCLA General Catalog](#), the [Graduate Division Program and Degree Requirements](#) and the [UCLA Schedule of Classes](#).

## BACHELOR OF SCIENCE (BS) DEGREE PROGRAM

### LEARNING OUTCOMES

Graduates of the UCLA Bachelor of Science (BS) program are able to assume responsibility for organizing, implementing and evaluating hospital-, population- and/or community-based plans of nursing care for a highly complex and culturally diverse society. The Pre-licensure program prepares students with a focus on primary, secondary and/or tertiary prevention and treatment. This program integrates concepts of multiculturalism and prepares students well for the changing healthcare system and the healthcare needs of California's demographically diverse population. Students successfully completing this program are prepared as nurse generalists with special skills to provide nursing care across the lifespan, and eligible to take the [National Council Licensing Examination \(NCLEX\)](#) to be certified as an RN.

The UCLA Bachelor of Science program in the School of Nursing is a [UCLA-certified capstone major](#). The capstone project, designed to be the culmination of a UCLA undergraduate experience, is completed in the students' final quarter. Students successfully completing the BS degree also acquire an educational foundation for entry to the graduate program, which at the master's level prepares advanced practitioners, clinical specialists and administrators in primary and acute care and, at the doctoral level, prepares nurse scientists and scholars.



After completing the BS program, graduates achieve the following learning outcomes:

1. Integrate basic and advanced theoretical and scientific knowledge to inform clinical practice and leadership. [Essentials\* I, II, III; QSEN\*\*: patient-centered care, evidence-based practice, safety]
2. Utilize the nursing process to provide safe, therapeutic, evidence-based, patient-centered, culturally tailored, and high-quality care. [Essentials II, III, VIII, IX; QSEN: patient-centered care, evidence-based practice, safety, quality improvement]
3. Maximize the use of available resources to improve health outcomes for individuals, families, and populations in diverse practice settings. [Essentials II, V, VII; QSEN: quality improvement]
4. Communicate and collaborate effectively within and across complex healthcare systems. [Essentials: I, II, VI, VIII, IX; QSEN: teamwork and collaboration, safety]
5. Analyze practice-based problems and critically evaluate relevant evidence to improve patient safety, care quality, and health outcomes. [Essentials II, IV, VII, IX; QSEN: evidence-based practice, safety, quality improvement, informatics]
6. Participate in professional, community, and/or advocacy activities to create standards of care and conditions essential for health and healing. [Essentials II, V, VI, VII, VIII, IX; QSEN: teamwork and collaboration, quality improvement, evidence-based practice]  
Apply principles of ethical leadership and change management to continuously improve the quality of care in healthcare systems. [Essentials II, III, V, VI, VIII; QSEN: quality improvement, teamwork and collaboration, safety]
7. Apply a global perspective and a systematic approach for health promotion, risk reduction, and disease management with diverse populations. [Essentials I, II, IV, VI, VII; QSEN: quality improvement, teamwork, and collaboration]
8. Utilize information management and patient care technology to facilitate effective communication and support clinical decision making. [Essentials II, III, IV, IX; QSEN: informatics, evidence-based practice, teamwork, and collaboration]

\*Essentials of Baccalaureate Education for Professional Nursing Practice (American Association of Colleges of Nursing).

\*\*Quality and Safety Education for Nurses (QSEN Competencies)

## BACHELOR OF SCIENCE COURSE SEQUENCE

Students can view the course sequences for the BS program [here](#) selecting the appropriate program tab.

Course	Name	Pre-requisites Impacting Progression
N10	Intro to Nursing and Social Justice I	None
N20	Intro to Nursing and Social Justice II	N10
N13	Introduction to Human Anatomy	None
N50	Fundamentals of Epidemiology	None
N3	Human Physiology for Healthcare Providers	None
N51	Medical Microbiology for Nursing Students	None
N54A	Pathophysiology I	N3, N13
N173W	Introduction to Nursing Research & Writing II	Writing 1 (English 3 or equivalent)
N54B	Pathophysiology II	N54A
N152A	Health Promotion: Growth & Development in Culturally Diverse Populations	N10, N20, N3, N13
N152B	Health Promotion: Nutrition in Culturally Diverse Populations	N10, N20, N3, N13
N150A	Fundamentals of Professional Nursing I + Lab Component	All coursework from Years 1 and 2
N174	Physical Assessment + Lab Component	All coursework from Years 1 and 2
N115	Pharmacology and Therapeutics	N54B, N150A, N152A, N152B, N174
N150B	Fundamentals of Professional Nursing II + Lab Component	N150A, N152A, N152B, N174
N162A	Medical - Surgical A	N54B, N152A, N152B, N150A, N174
N160	Secondary Prevention	N115, N150A, N150B, N152A, N152B
N162B	Medical - Surgical B	N162A, N115, N150B, N174
N163	Nursing Care of Geriatric Patients and Families	N162A
N164	Maternity Nursing	N160, N162B
N165	Pediatrics Nursing	N160, N162B
N162C	Medical - Surgical C	N115, N150B, N174, N160, N162B
N161	Mental Health Nursing	N160, N162B
N171	Public Health Nursing	N161, N162C, N163, N164, N165
N168	Advanced Leadership and Role Integration	N161, N162C, N163, N164, N165
N169	Clinical Internship: Integration (Immersion)	N161, N162C, N163, N164, N165, N168

## BS PROGRESSION

### General Requirements

1. Students are responsible for completing **all** prerequisite and nursing courses at the designated class level before going on to the courses in the following quarter. Progression within a course, from course to course and in class level (freshman, sophomore, junior and senior) is governed by the Student Affairs Committee (SAC) regulations as stated in this section.
2. A minimum cumulative grade point average **of 2.0** (on a 4.0 scale) must be maintained throughout the program, per UCLA Academic Senate regulations. Failure to maintain a 2.0 term or cumulative GPA will result in academic notice or cause the student to become subject to dismissal. See “Academic Difficulty” for more information.
3. Most nursing courses are only offered once a year. To ensure successful progression throughout the curriculum, nursing students are advised to consult with their student affairs officer and faculty advisor to create an academic plan.
4. A student is only permitted to repeat **one** nursing course in the process of completing the program. If the student does not pass the repeated course again or fails to pass a different nursing course, the student may be recommended for dismissal from the program.

### Prerequisite Requirements

1. Minimum Grade (earned) for Prerequisites: A grade of “C-” (70%-72%) or better must be achieved in all general education courses, pre-major science courses, and elective coursework. These courses include: Math 3A or equivalent, Chemistry 14ABC, Psychology 10, Communication Studies 1 or 10, Life Science 7 A and C, and Microbiology 10. A student receiving a grade below a “C-” (<70%) in any prerequisite course must repeat that course before progressing to the next level of the curriculum.
  - a. EXCEPTIONS: A University-wide policy requires a grade of “C” or better ( $\geq 74\%$ ) in Writing I and Biostats100A (Quantitative Reasoning).
2. Repeating Coursework: A pre-major/prerequisite course, taken before the last two academic years of study, may be repeated no more than two times; in the third attempt, the course must be passed.
  - a. Students repeating a prerequisite course more than once must make an appointment with their student affairs officer and faculty advisor to create an academic plan.

### Academic Difficulty

The School of Nursing adheres to the guidelines set for by the College on Academic Difficulty. Refer to the College for the most up to date policy.

## Academic Notice

Students with an overall GPA between 1.5 and 2.0 are placed on **Academic Notice**.

- Students must achieve a  $\geq 2.0$  GPA each quarter during academic notice to remain in good standing. Students achieving a GPA  $\leq 2.0$  during the academic notice period are **Subject to Dismissal** from the University.
- Students are granted two quarters to achieve an overall GPA  $\geq 2.0$ . Students who do not achieve an overall GPA  $\geq 2.0$  within two term quarters are **Subject to Dismissal** from the University.

## Dismissal

Three conditions render a student **Subject to Dismissal (STD)**.

- Achieving a GPA in *any* one (quarter) term  $< 1.5$ .
- Achieving a GPA  $< 2.0$  while on **Academic Notice**.
- Not achieving an overall GPA  $\geq 2.0$  after two quarter terms of **Academic Notice**.

The Student Affairs Committee (SAC) will review all cases involving Academic Notices and Subjects to Dismissal, and may request an interview with any student falling under these categories.

## Major Progression

1. Students must receive a grade of “C” or better (74%) in all Nursing courses: N3, N10, N13, N20, N50, N51, N54AB, N115, N150AB, N152AB, N162A-C, N160, N161, N163, N164, N165, N168, N171, N173W, and N174. N169 is taken for Pass/No Pass and students must earn a Pass (equivalent to “C” or higher). For progression within the BS program, theory and clinical practice courses, usually taken in the last two years of study, are linked and considered as one course. Students must satisfactorily pass *both* the theory and corresponding clinical components of the course with a “C” or better ( $\geq 74\%$ ) to pass the course and progress to the next courses in the BS sequence.
  - a. If a student does *not* earn a grade of “C” or better in both the theory and clinical components of a course, they will not be able to progress to the next series of courses in the BS sequence until the course is repeated and passed the next academic year.
2. Clinical theory courses are different, and the expectations are different from course to course and year to year. A student who achieves less than a C ( $< 74\%$ ) in a major (nursing) course is required to meet with their faculty advisor and the student affairs officer to develop an individualized remediation plan that may strengthen their ability to be successful in the curriculum.
  - a. The plan will include activities and courses that may be completed in the interim period to ensure their successful completion of the course and the curriculum. Students also are urged to consult with the Office of Student Affairs about resources on campus that may be available to them.

- b. Undergraduate students may elect to remain enrolled during the period between the initial and repeated course enrollment. Students remaining enrolled may complete other courses at UCLA for credit.
  - c. Undergraduate students may elect to take a leave of absence from the University during the period between enrollment in the initial and repeated course. In this case, students must submit a petition to for readmission to the School of Nursing curriculum. SAC will meet with students petitioning to reenter the curriculum to discuss their completion of the initially planned activities and courses set out by their faculty advisors.
3. Faculty members may refer a student to SAC for classroom or clinical performance, professional conduct, or attendance, including tardiness, for review. When a referral is made, students are invited to submit a written summary of information they perceived will ensure a balanced evaluation of the concern. SAC deliberations may result in Academic Notice, added conditions for continuation in the curriculum, or a recommendation to the Dean of Undergraduate Education for dismissal from the program.

# MSN-MASTER'S ENTRY CLINICAL NURSE (MECN) PRE-LICENSURE PROGRAM

## LEARNING OUTCOMES

The Master of Science in Nursing-Master's Entry Clinical Nurse (MSN-MECN) program option is designed to produce nurse generalists with special leadership skills and cultural competency who assume accountability for healthcare outcomes for a specific group of clients through the assimilation and application of evidence-based research. These nurses function in the acute hospital-based setting as well as a variety of community settings. MSN-MECN nurses apply core concepts of ethical and social justice, research, primary, secondary and tertiary prevention, advanced research and systems theory, and healthcare policy to their role as provider and manager of care at the point of care to individuals and cohorts. After program completion, the MSN degree is awarded and the graduate is eligible to take the [National Council Licensing Examination \(NCLEX\)](#) to be certified as an RN. Graduates are prepared to implement outcomes-based practice and quality improvement in clinical settings.

After completing the MSN-MECN, graduates are able to achieve the following learning outcomes:

1. Integrate basic and advanced theoretical and scientific knowledge to provide leadership at the micro-, meso-, and macro-system levels in healthcare organizations. [Essentials\* I, II, VI, VII, VIII, IX; QSEN\*\*: teamwork and collaboration, quality improvement]
2. Utilize the nursing process to provide safe, therapeutic, evidence-based, patient-centered, culturally-sensitive, and high-quality care. [Essentials I, III, IV, VI, IX; QSEN: patient-centered care, safety, evidence-based practice, quality improvement]
3. Demonstrate therapeutic communication and collaborative leadership skills using an evidence-based, theory-driven nursing paradigm. [Essentials I, II, VI, VIII, IX; QSEN: teamwork and collaboration, safety]
4. Apply reliable and valid nursing and healthcare systems research to improve delivery of nursing care. [Essentials II, III, IV, V, VII, IX; QSEN: evidence-based practice, quality improvement]
5. Lead team-based quality improvement projects to address practice problems and improve patient safety and healthcare outcomes. [Essentials II, III, IV, V, VII; QSEN: teamwork and collaboration, evidence-based practice, quality improvement, safety]
6. Demonstrate leadership, systems, and critical thinking skills that contribute to safe, effective and efficient patient-centered care. [Essentials II, III, IV, VI, VII, IX; QSEN:

teamwork and collaboration, safety, quality improvement, evidence-based practice

7. Integrate ethical and legal principles in safe, patient-centered care in diverse practice settings. [Essentials I, III, IV, IX; QSEN: patient-centered care, safety]
8. Provide leadership in professional and community organizations and/or advocacy groups to promote standards of care, policies, regulations and initiatives supporting healthy communities, care quality, and patient safety. [Essentials II, III, VI, VII; QSEN: Teamwork and collaboration, safety, quality improvement]
9. Apply a global perspective and systematic approach for health promotion, risk reduction, and disease management in diverse populations. [Essentials I, II, IV, VI, VII; QSEN: quality improvement, teamwork and collaboration]
10. Provide leadership in development and integration of information management and patient care technology to support clinical decision making. [Essentials II, III, IV, V, IX; QSEN: informatics, evidence-based practice, teamwork and collaboration]

\*The Essentials of Master's Education in Nursing (American Association of Colleges of Nursing).

\*\*Quality and Safety Education for Nurses (Graduate QSEN Competencies)

## MECN COURSE SEQUENCE

The MECN Course Sequence can be found on the [here](#).

MECN PREREQUISITE LIST

MECN Prerequisite List

Course	Name	Prerequisites Impacting Progression
N150A	Fundamentals A + Lab Component	None
N150B	Fundamentals B + Lab Component	N150A
N171	Clinical Internship: Public Health Nursing	N461, N465A, N465B, N465C, N462, N464, N463
N174	Physical Assessment + Lab Component	None
N204	Research Design and Critique	None
N225A	Advanced Pharmacology I	None
N225B	Advanced Pharmacology II	N225A
N230A	Advanced Pathophysiology I	None
N230B	Advanced Pathophysiology II	N230A
N250	Ethical Issues, Social Justice, and History of Nursing	None
N260	Secondary Prevention	N150B, N225A
N267	Healthcare Policy	N268, N269
N268	Leadership in Health Care Systems	N250, N465A, N465B
N269	Quality Improvement & Population-Based Quality of Practice	N268, N465A, N465B, N465C
N461	Clinical Internship: Mental Health	N174, N204, N260, N465A, N465B
N462	Clinical Internship: Maternity	N174, N204, N260, N465A, N465B
N463	Clinical Internship: Geriatrics	N174, N204, N465A
N464	Clinical Internship: Pediatrics	N174, N204, N260, N465A, N465B
N465A	Clinical Internship: Med-Surg A	N174, N230A, N150A
N465B	Clinical Internship: Med-Surg B	N174, N230B, N150B, N465A
N465C	Clinical Internship: Med-Surg C	N174, N204, N260, N465A, N465B
N467	Clinical Internship: Integration	N174, N268, N461, N462, N463, N464, N465A, N465B, N465C
N597	Individual Study - Comprehensive Exam	For comp exam: N268, N461, N462, N463, N464, N465A, N465B, N465C



## MECN PROGRESSION

1. Students in the MSN-MECN program are responsible for completing **all** nursing courses with a grade of a “**C**” or better (74%) to continue their progression in courses the following quarter.
2. Per UCLA Graduate Education regulations, a minimum cumulative grade point average of **3.0** (on a 4.0 scale) must be maintained throughout the program. Failure to maintain a term or cumulative GPA of 3.0 may result in a dismissal by Graduate Education from the program.
3. For progression within the program, theory and clinical practice courses are linked. The linked clinical-theory courses are N171, N461, N462, N463, N464, N465ABC, and N467. Students must satisfactorily pass *both* theory and clinical components of the course with a “C” or better (74%) to pass the course and progress to the next clinical-theory courses in the MECN sequence.
  - a. If a student does *not* earn a grade of “C” or better in both the theory and clinical components of a course, they will not be able to progress to the next series of courses in the MECN sequence until the course is repeated and passed the next academic year.
  - b. N467 is taken for Satisfactory/Unsatisfactory grading. The student must earn a Satisfactory grade which is the equivalent to a “B” or higher (84%).
4. Most nursing courses are offered once a year. Students who do not earn a passing grade in a course in any quarter may find their degree completion date delayed. To ensure successful progression throughout the curriculum, nursing students are advised to consult with their student affairs officer and faculty advisor to create an academic plan.
5. A student who fails a nursing course is required to meet with their faculty advisor and the student affairs officer to develop an individualized remediation plan that may strengthen their ability to be successful in the curriculum. The plan will include what they will do in the interim prior to repeating the failed course and what actions they will take to ensure successful completion of that course. Students also are urged to consult with the Office of Student Affairs about resources on campus that may be available to them.
6. Students who do not maintain continuous enrollment will need to reapply and be interviewed by the Student Affairs Committee. Re-admission is subject to evaluation by the Student Affairs Committee. Refer to the academic policies for [Absence and Readmission](#).
7. Faculty members may refer a student to SAC for classroom or clinical performance, professional conduct, or attendance, including tardiness, for review. When a referral is made, students are invited to submit a written summary of information they perceived will ensure a balanced evaluation of the concern. SAC deliberations may result in Academic Notice, added conditions for continuation in the curriculum, or a recommendation to the Dean of Undergraduate Education for dismissal from the program.

## ASSESSMENTS AND EXAMINATIONS FOR PRE-LICENSURE PROGRAMS (BS and MECN)

### KAPLAN LEVEL/COURSE EXAMINATION

#### *PURPOSE*

The Kaplan exams are administered to School of Nursing pre-licensure nursing students to assess whether each student has acquired the necessary skills and knowledge to successfully pass the respective content areas on the NCLEX-RN. These tests are administered as coursework is completed and at the end of the program. Participation in the Kaplan testing program is mandatory for all prelicensure nursing students. The fee for in-program examination materials does include access to [NCLEX-RN® Prep](#) offered by Kaplan Nursing following graduation.

#### *SCHEDULING*

Each student must plan to be present on the days in which the respective Kaplan Level/Course examinations are administered. A schedule provided to students indicates the timeframe when the respective exams are administered. Students may not lobby to pressure faculty or other students to change test dates. Tests are generally scheduled during Weeks 9, 10 or 11 of the specified quarters and students must plan personal commitments and travel so that they can attend the examination. The course syllabus for any given quarter will contain the exact date when the Kaplan Level/Course Examination will be administered.

#### *KAPLAN SCORE*

The Kaplan Integrated Test (IT) scores are benchmarks for the curriculum and are mandatory for clinical courses and other key nursing courses. IT examinations are proctored examinations monitored by the School of Nursing and *Kaplan Nursing*. The proportion of the final course grade assigned to all Kaplan-related activities and the course-related IT exams is set by the Curriculum Committee as the following:

- For Y1 MECN and Y3 BS pre-licensure students (fall to spring quarters): 5% of the course grade; no less than 2.5% may be assigned for corresponding Kaplan IT exams.
- For Y2 MECN and Y4 BS pre-licensure students (summer to spring quarters): 10% of the course grade; no less than 5% may be assigned for corresponding Kaplan IT exams.

Activities to be included in the allocation of these percentages are the following: Kaplan Focused Review Tests, remediation, actual IT exam results, and any other activities deemed relevant for content mastery by course faculty. The percent effort allocated for each activity may vary across courses, but the total percent of a student's grade toward Kaplan-related activities must conform to the above criteria. Course faculty members will outline all Kaplan IT-related activities in the course syllabus, including the examination times and dates, and a breakdown of points applied to the final course grade. Kaplan Blueprints for IT Exams are available in the syllabus. Exams may be scheduled as early as Week 9 depending on availability of the TLC Library.

To determine the exact Kaplan IT examination score applied toward the final grade, two scores will be evaluated: the (Kaplan) national percentile score and the proportion of questions answered correctly. The higher of these two scores will be applied to total points earned. For example, if the student answers 60% of test items correctly and achieves a score that falls in the 82<sup>nd</sup> percentile for the nation, 82% of possible points for the IT exam will be added to compute the course grade.

#### *PRACTICING FOR THE KAPLAN EXAMS*

To assure the success of each student in taking the Kaplan course/level examinations, Kaplan has made available online practice examinations and remediation tools. Students should refer to the Kaplan website to access and take these practice exams, called Focused Review Tests.

#### *KAPLAN EXIT EXAMINATION*

The Kaplan Exit Examinations, comprehensive predictor and diagnostic exam, are administered at the end of the student's final quarter. These exams are required for completion of the program and serve as valuable assessment tools to determine the level of knowledge and skill of the nursing student near the end of the BS or MECN program. In preparation for success on the NCLEX , review sessions will be held at the end of the program.

#### *ADDITIONAL SKILLS EXAMINATIONS*

##### *MED MATH*

A medication-focused math test (Med Math) will be given each clinical quarter, beginning junior year for BS students and first year for MECN students. Medication knowledge and dosage calculation is critical to patient safety; therefore, students must pass with 95%. Students will have 3 chances to take the test and may not continue in the clinical if 95% is not achieved on the 3<sup>rd</sup> Med Math test. Students who fail to achieve the required 95% on the first two med math

exams will be referred for remediation assistance prior to taking the 3<sup>rd</sup> exam. The Med-math exam may be counted in either the clinical or theory portions of the course, and points may be given for successful completion of first attempts. Refer to the course syllabus for detailed information.

## OSCE

Objective Standardized Clinical Exams (OSCEs) will be given at the end of each clinical course during finals week as a summative evaluation. OSCE tests will be reflective of the content and skills of the course. Student performance is evaluated using a standard rubric that is available to students for practice in the laboratory during Open Lab hours ahead of the OSCE testing. Grading of an OSCE is Pass/Fail and remediation and repeat testing may occur on the same day or a subsequent day, determined by the faculty. In some courses, points are deducted for each attempt to pass the OSCE subsequent to the first attempt. Failure to pass OSCE after three attempts (i.e., two remediation periods) may lead to failure of the course. The OSCE exam may be counted in clinical or theory portions of the course, and points may be given for successful completion on the first attempt.

## MECN WRITTEN COMPREHENSIVE EXAMINATION

Pursuant to requirements of the UCLA graduate division for graduation, the written Master's Comprehensive Examination is administered in the second year of study. Written instructions are distributed to students in advance of the examination due date. Each student completes the Comprehensive Examination out of class and independently. A passing score is 70% or more of possible points. The Comprehensive Examination is due in the Winter Quarter of the second year. Students have a total of three attempts, with one submission permitted per quarter.

Incomplete submissions (e.g., no Table of Evidence), and late submission of examinations are not accepted for grading. Incomplete, late, or non-submissions will be recorded as a fail and is counted as the first attempt.

Students who fail to achieve a passing score on their first submission are eligible to participate in graduation ceremonies. However, the degree will be awarded in the quarter during which the Comprehensive Examination is passed.

Successful completion of the Master's Comprehensive Examination is a requirement for completion of required nursing curriculum. Students will not be certified to any Board of

Registered Nursing as having completed nursing course requirements until they have successfully completed the Master's Comprehensive Examination.

## PERFORMANCE IMPROVEMENT PLANS

Performance Improvement Plans are provided to students by faculty to address problematic behavior and to provide a remedy for that behavior. The Performance Improvement Plan, or PIP, may address behavior that is considered inappropriate (e.g., failure to wear the appropriate attire to lab or clinical, disrespectful behavior, late assignments, etc.) or to bring attention to a deficit or error in nursing skills. The faculty will provide the student with a written record of the observed behavior and recommend appropriate corrective action. Corrective action may include, but is not limited to, writing a reflective response paper, meeting with the nursing specialty coach, or going to skills lab to remediate. A student may choose to provide their own response to writing, which will be kept with the PIP in their record.

Three PIPs in one class may result in failure of the course. However, a student may still not pass a course if the faculty member determines that the clinical or classroom performance or behavior warrants a non-passing grade, regardless of the number of Performance Improvement Plans.

## THE NURSE COACH PROGRAM

The Nurse Coaching Program helps students get the extra help they need to succeed in their rigorous nursing courses. Students can self-refer or a faculty member may refer them for coaching to guide them with study habit strategies, time management, communication skills, prioritization of tasks, and campus resources utilization.

## CLINICAL EDUCATION

### SKILLS/ SIMULATION LABORATORY —PRE-LICENSURE

1. Students are required to meet all scheduled nursing skills laboratory appointments activities based on program and course requirements.
2. The official School of Nursing uniform is required of all pre-licensure students in the skills and simulation labs. ADA exceptions are made on a case by case basis. Unapproved scrubs are not acceptable and may result in disciplinary action.
3. Students are expected to arrive on time for laboratory experiences. Students who are late to a simulation pre-briefing session will not be allowed to participate.
4. Each student is expected to utilize the Skills Lab hours in order to become proficient in all skills during all quarters of attendance. Clinical courses require the demonstration of proficiency in particular skills and are graded.
5. Each student is expected to utilize their lab pack equipment when practicing in the Skills Lab sessions. Details regarding supplies in the labpack and how to use them, will be provided.
6. Faculty may request that the student return to the clinical laboratory for practice to gain proficiency. Inability to demonstrate proficiency in an assigned skill during return demonstrations may result in the student being excluded from the associated clinical experience and/or failing to meet the course objectives.
7. The School of Nursing does not hold appropriate liability coverage in the event in which one student injures another; therefore, practicing **any** invasive technique (e.g., NG tube insertion, injections or IV insertion, etc.) *anywhere on any other human* outside of direct patient care with the faculty or preceptor is **strictly prohibited** and may result in a referral to the Office of the Dean of Students.
8. **Important Safety Notice:** The equipment, supplies, solutions and simulated medications in the skills laboratory and in the student lab packs are not sterile. These items are for training and learning purposes ONLY. These items are for simulated use only and should never be used on a human or any living organisms.
9. There are costs associated with Pre-licensure Program materials. Students are notified of the costs at orientation. Students will be expected to pay all lab costs and bring appropriate purchased materials to scheduled lab sessions. Please note that costs are subject to change. Students will be notified of any changes.
10. Refer to the Learner Lab Code of Conduct Policy for a full list of rules to be followed in any of the nursing labs.

## CLINICAL COURSE WORK—PRE-LICENSURE

1. Clinical experience provides the student the opportunity to apply theory to clinical situations. Participation in assigned clinical experiences is mandatory. Students are expected to complete all immunizations and health clearance paperwork in a timely manner. If a student is not cleared to enter the clinical site due to missing documentation, the student may not enter the site, and the absences will be considered unexcused. Failure to be approved for a clinical site could result in failure of a clinical course due to unexcused absences.
2. Clinical evaluation tools (CETs) are standard tools that are modified for each clinical course as appropriate. Each evaluation tool provides specific, measurable objectives that cover the scope and extent of each clinical course objective. These specific tools are essential if learning objectives are to be achieved. A clinical evaluation tool must be completed by each student and signed off by the clinical preceptor or clinical faculty member in every clinical course. Prelicensure students should remember that evaluations are designed to keep the student apprised of his/her progress.
3. The clinical evaluation process is ongoing. The clinical instructor will provide documentation on each student's clinical evaluation tool at the final clinical conferences. A clinical evaluation tool may be completed at mid-term if the student is not making progress towards completing the objectives, and a joint plan among the student, clinical instructor, and lead faculty will be recommended.
4. Pre-licensure students who do not pass the clinical component of a nursing course will not be able to pass the course. The student must repeat both the theory and clinical portions of the course since they are considered as one course. Students are reminded that theory-linked courses are offered only once per year. Students may consult this handbook and the Student Affairs Office to see which courses are requisite for other courses.
5. There may be occasions when dismissal of a student by the Student Affairs Committee becomes necessary prior to the end of a rotation or course. Examples include three Performance Improvement Plans in one class, a serious medication error, a patient safety violation, HIPAA violation, or action determined unsafe by student's faculty after remediation, gross negligence/misconduct involving patients and/or professional misconduct. Reasons for prompt dismissal are not limited to these examples (see the Attendance Policy for specific details regarding attendance requirements and their impact on dismissal).
6. A clinical experience missed due to inadequate preparation will be considered an unexcused absence.
7. Students should not leave the clinical unit for any reason without first notifying and receiving permission from the Clinical Faculty member.

8. Students are to utilize the established chain of command for the clinical setting when requesting to leave the unit, take a personal call, administer medications, and other scenarios as discussed in the clinical orientation. Failure to observe the chain of command in the clinical setting will result in a Performance Improvement Plan.
9. Clinical-theory courses are different and the expectations are different from course to course and year to year. Objectives and criteria for passing each clinical theory course will differ from class to class. Expectations regarding a student's performance on assignments and clinical skills increase as the student progresses through the program.

### CLINICAL COURSES IN THE PRE-LICENSURE PROGRAMS

Clinical days are scheduled **Monday through Sunday** and may include days, evenings, nights or weekends. This will be determined by the clinical site. Clinical assignments are randomized to ensure fairness to the clinical experience. Students will receive their schedules as soon as possible prior to the start of clinical rotations. Every effort is made to be fair to students during the scheduling process, including rotation of weekends and night shifts. Accommodations for schedules may be taken into consideration for extenuating circumstances with documentation and faculty/director approval. Although all efforts will be made to accommodate students for extenuating circumstances, due to hospital staffing, state ratios and other UCLA/BRN/hospital regulations, requests cannot be guaranteed. Clinical rotations, regulations and policies must take priority on clinical placements and scheduling; reasons such as work, commute, or other non-nursing courses, are not considered extenuating circumstances. In the event of special circumstances or religious accommodations, students should contact the Director of Student Services at the start of the program in Fall Quarter.

An absence for missing a scheduled clinical may be considered excused if it is for one's own illness, serious illness in one's immediate family, death of a family member, appearance in court, inclement weather with hazardous driving conditions, attendance at a relevant and or an unforeseen catastrophic event. Missing a scheduled clinical for any other reason will be considered an unexcused absence. The clinical instructor and clinical coordinator must be notified as soon as possible, no later than two (2) hours prior to the scheduled clinical before.

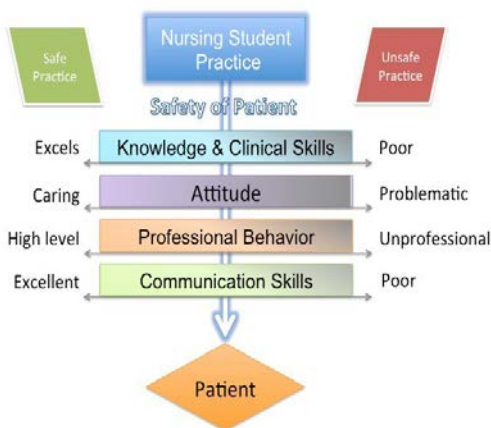
The following rules apply to the permissibility of absence from any clinical hours:

1. The maximum number of absences which can be allowed before learning is considered to be compromised is one (1) clinical day in a quarter, and this absence must be made up or the student will fail the course. This is only permitted if the student has satisfactorily met all clinical objectives in all clinical rotations. Exceptions to this rule will be considered on a case by case basis.
2. Makeup time for *excused* absences will be arranged by the Clinical Faculty on a case by case basis.
3. An unexcused absence will result in the issuance of a Performance Improvement Plan (\*see section on Performance Improvement Plans). It is the student's responsibility to complete all clinical hours. If the clinical time is not made up, the student will not pass the course.



4. A release statement from a physician or Nurse Practitioner is required following a major injury, medical illness, surgery, childbirth or extended absence to indicate suitability to return to clinical and class. This applies to illnesses and/or surgeries that occur during the holiday or summer breaks.
5. Students who become aware they have a communicable illness should notify their Clinical Instructor promptly. The student should not attend the scheduled clinical and should also notify the appropriate clinical facility as soon as possible, no later than two (2) hours of the scheduled clinical.
6. Clinical makeup scheduling may include days, evenings, nights or weekends, depending on the clinical site availability and is to be determined by the individual faculty member involved.
7. If a pre-licensure student has more than one (1) unexcused clinical absence, the student will fail the course and must repeat it.
8. If a student receives an incomplete because of an excused clinical absence due to a documented condition/illness or unforeseen catastrophic event, the student will be unable to proceed to the next course or the next rotation until the absence is made up and the incomplete is removed.
9. If a student becomes ill during clinical time, the Clinical Instructor or Preceptor will determine if the student should be excused. If the student is sent home, this will be considered an excused absence and must be made up.
10. If the Clinical Instructor or Preceptor deems a student unprepared for clinical, the student may be sent home. Time missed will be considered an unexcused absence and must be made up.
11. A student who has not turned in completed health forms and other requested documentation by the designated deadline, or who has allowed their required certifications to lapse, **will not** be permitted to go to clinical. **Time missed will be considered an unexcused absence and must be made up.** In some circumstances, the student may be denied access to the clinical site, resulting in a failure of the clinical course.
12. Pre-licensure students are expected to report to the clinical facility on time. Lateness is defined as **one minute** over the expected arrival time. If a student knows the student will be late, the Clinical Instructor must be notified as soon as possible. Lateness is considered an unexcused absence and must be made up. Lateness will result in the issuing of a Performance Improvement Plan.
13. Students should not leave the clinical unit for any reason without first notifying and getting permission from the Clinical Faculty Member. Leaving the unit without permission will result in a Performance Improvement Plan and an unexcused absence.

#### References



## EXAMPLES OF SAFE AND UNSAFE STUDENT PRACTICES FOR PRELICENSURE STUDENTS

Student Behaviors	Safe Nursing Student Practice – sample behaviors	Unsafe Nursing Student Practice – sample behaviors
<b>Basic clinical knowledge and skills</b>	Adequate basic knowledge and clinical skills: -Independent clinical practice supported by theoretical foundation -Nursing care plan supported by evidence and sound clinical reasoning -Able to perform basic clinical skills -Safe medication administration -Able to safely organize daily patient care for multiple patients -Ask questions as needed -Ask for help/ support as needed -Follow instruction from clinical faculty or preceptor -Identify patient safety concerns -Identify decline in patient condition	Lack of basic knowledge and poor clinical skills: -Inadequate theoretical foundation -Poor clinical skills (e.g., unsafe, ineffective, inefficient) -Medication error including “near misses” -Lack of organizational skills or carelessness behavior -Not asking questions -Not asking for help/ support when appropriate -Inability to follow instructions (safety problem) -Unable to identify safety concerns -Unable to identify decline in patient condition
<b>Medication Administration</b>	The student administers medications under the direct supervision of the RN clinical instructor or primary RN. Always gives medication with clinical preceptor or faculty	Gives medication without direct supervision of the RN clinical instructor or primary RN.
<b>Attitude</b>	Attitude of respect and collaboration with patients, families, and healthcare team members.	Evidence of defensiveness, disrespect, disengagement, or difficulty with teamwork:
	Confident clinical practice with acceptance of RN preceptor’s supervision – “I just want to double check with you.”	Overconfidence – “know-it-all.”  Unable to accept constructive feedback
	Student always interested in learning, helping fellow students and nurses with clinical tasks, procedures, and patient care.	Interprets supervision as lack of trust on the RN preceptor’s part.
	Proactively (or takes initiative in) assisting patients, families, RN Preceptor, Clinical Care Partner, and healthcare team members.	Unmotivated to learn or work – not interested in clinical nursing. Sits by the computer for most of clinical time. Inappropriate use of clinical time. Huddles talking with other nursing students and not actively seeking out learning opportunities or assisting the healthcare team

	Eager to learn and continuously seeks new opportunities to learn, i.e., IV insertions, accompanying a patient to Interventional Radiology, operating room, etc.	Dismisses learning opportunities such as “done that before” or “I don’t want to repeat it.”
	Accepts RN Preceptor’s feedback and uses it to improve nursing practice. Accept constructive feedback positively, and use it as a tool to improve clinical practice.	Defensiveness toward preceptor’s feedback. Unable to accept constructive feedback from nurses, instructors, patients
	Provide patient care with patient safety in mind, i.e., performs hand-hygiene in the 5 moments of hand-hygiene, dons personal protective equipment for standard precautions and other types of isolation precautions.	Minimizes importance of patient safety.  Handles patient roughly without care and attention to patient response and feedback
<b>Professionalism</b>	Behaviors that are consistent with the ANA Standards of Professional Practice and ANA Code of Ethics: Professional work ethic – punctuation, respectful to patients and staff, always “go the extra miles for everything,” a role model to other students, sets aside cell phone during clinical rotation. Shows confidence with patient care.	Behaviors that are inconsistent with the ANA Standards of Professional Practice and ANA Code of Ethics:  Poor work ethic – negligence, idleness, gossiping, excessive crying, using cell phone while on duty, disrespectful to the staff, eating in in patient care areas and particularly nurse's station  Late assignments; late to clinical  Lack of accountability or not taking responsibility for own actions and / or decisions
	Maintains composure during daily practice and in difficult circumstances.	Lack of confidence – extreme nervousness, hesitance, unsure about tasks which prompts excessive support or modifies patient care. Unable to maintain composure.
	Student practices with integrity. Honest to staff and preceptor – reports any error and applies learning from errors to improve clinical practice.	Dishonesty – not reporting sentinel events in a timely manner, lying, hiding errors, not admitting one’s own mistakes, plagiarism on assignments, etc.
	Uses therapeutic communication.	Verbal or physical abuse of patient or colleague; actions that escalate tension.

	Complies with HIPAA regulations. Secures electronic passwords per policy. Does not carry around any protected health information (PHI) or restricted information (RI) or patient identifiers.	Breaches HIPAA regulations. Readily shares electronic passwords with others. Prints medical record containing protected health information (PHI) or restricted information (RI).
<b>Communication Skills</b>	Engages in therapeutic and professional communication with patients and families. Effective communication with patients, families, preceptors, fellow students, faculty, and other members of the healthcare team:	Ineffective, incomplete, or lack of communication with patients and families.
	Student engages in appropriate, respectful, articulate interaction with fellow students, preceptors, clinical faculty, and members of the interprofessional healthcare team.	Student engages in disrespectful communication verbally or physically with fellow students, preceptors, clinical faculty, and other members of the interprofessional team. Ex. Eye rolling, arms crossed
	Engages in appropriate interactions with RN Preceptors and/or clinical faculty.	Inappropriate interaction with preceptors or clinical faculty – argument with preceptor or clinical faculty reaching to be disrespectful, “It is your [preceptor] fault that I am going to fail,” “You are a poor preceptor.”
	Student consistently uses appropriate verbal and nonverbal interactions with patients, preceptors, and clinical faculty.	Inappropriate interaction with patients – boundary crossings like self-disclosure, inappropriate verbal and non-verbal communication, sharing personal information Inappropriate nonverbal interaction with preceptors and members of the interprofessional health care team.

UPDATED JULY 2023

## PROCEDURE FOR DOCUMENTING UNSAFE CLINICAL BEHAVIOR (PRE-LICENSURE)

If a clinical preceptor, staff, or faculty member identifies unsafe student behavior in basic knowledge and skills, attitude, professionalism, and communication (as defined in the Student Practices for Patient Safety Framework), the following process is required:

Clinical Faculty (CF) will notify the student and also the lead faculty of the unsafe behavior via email or phone conversation as soon as possible. If a student's clinical performance is unsafe, the student will be sent home from the clinical area. This will be considered an unexcused absence and a "U" will be given for the day on the clinical evaluation tool with documentation of the unsafe conduct.

1. The CF, in consultation with the lead faculty, will submit a Performance Improvement Plan (PIP), which includes a detailed account of events, unmet course objectives, deficit(s) in nursing skills, and the corrective action needed. The CF will email the PIP with the recommended remedy to lead faculty, Program Directors, and Director of Student Services within 24-48 hours whenever possible. After review, the CF will submit the final PIP. It is the student's responsibility to follow-up with the CF regarding action items required on the PIP.
2. As needed, a face-to-face meeting is coordinated by lead faculty involving the following people: student, clinical faculty, and lead faculty. The student's faculty advisor, Program Directors and Director of Student Services can also be requested for this meeting.
3. The student will review the PIP and are welcome to write their own report discussing events that occurred.
4. The student is required to complete remediation requirements and the corrective actions mentioned in the PIP in a timely manner.
5. The remediation specialist (for Fundamentals AB) and/or nursing specialty coaches complete a coaching progress report.
6. Three PIPs in one clinical course warrants failure of the course. However, a student may still not pass a course if the faculty member determines that the clinical or classroom performance or behavior warrants a non-passing grade, regardless of the number of PIP s.
7. A student who receives more than two reports of PIPs during an academic term will be required to meet with their faculty advisor and be referred to the Director of Student Services for counseling.

## PERSONAL APPEARANCE AND CONDUCT PRE-LICENSURE PROGRAMS

### Dress Code Policy

The dress code policy has been developed in collaboration with our clinical partners as students are considered visitors in the clinical setting.

The policy aims to align with the expectations of healthcare facilities and to provide our students with the best possible preparation for their future careers as nurses.

It is imperative to recognize that clinical policies at each facility may supersede the SON's dress code policy. Therefore, when engaging in clinical rotations, students must be aware that they are expected to follow the dress code guidelines set forth by the respective healthcare institutions they are attending. This ensures that our students demonstrate their commitment to professionalism and fostering positive relationships with our valued clinical partners.

In order to host labs on campus, we must strictly follow university, county, state and CDC guidelines. Protocols are subject to change and any updates will be communicated to students in a timely manner.

### *Attire*

Dress codes and uniforms will vary somewhat across the programs, based upon the role and the settings for clinical practice.

For pre-licensure students, the uniform will consist of a light blue scrub top and bottom set embroidered with the School of Nursing logo. Students are required to purchase their uniforms from the [UCLA Health Sciences Bookstore](#), the approved vendor.

Long sleeve undershirt colors that are permitted: plain, solid white, blue, black, or gray.

Every pre-licensure student will have the following articles in order to attend clinical, unless otherwise specified:

1. School of Nursing uniform
2. UCLA School of Nursing Student ID
3. A watch with second hand
4. Bandage scissors
5. Black ballpoint pen
6. Stethoscope
7. Clean surgical mask
8. FIT test respiratory and surgical mask
9. Penlight

### *Outerwear*

Sweaters or jackets approved by the SON that are solely sold at UCLA Health Science Store, which includes the official UCLA Nursing logo, can be worn in the clinical or lab setting. Other outer apparel and sweaters with hoods are not permitted.

### *Footwear*

Appropriate footwear is essential in the clinical setting. Shoes should be clean. Athletic shoes and clogs are acceptable. Open-toed, open-air or backless footwear is not permitted. Crocs are not permitted.

### *Hair Color*

Extreme hair color will not be permitted. Extreme hair color is defined as any color that does not naturally appear on humans (e.g., blue, pink, purple, green, primary-color red). Beards and mustaches must be clean, short and neatly trimmed; otherwise, students should be clean-shaven.

If worn, artificial eyelashes must look natural in appearance, be well-maintained, and remain appropriately secured, not interfering with patient care.

### *Jewelry/Body Piercing*

Jewelry will be limited to a plain wedding band, a watch with a second hand and non-obtrusive earrings. Earrings should be small studs or small rings. Earrings that dangle pose a safety hazard and are not permitted.

No other visible body piercings are allowed other than earrings. Wearing jewelry on other exposed pierced body sites may pose a safety risk to the student and/or patient and should therefore be removed. Necklaces are not permitted.

The student must be cognizant of possible safety risks imposed by the jewelry.

### *Tattoos/Branding/Body Art*

All tattoos, branding, and body art should be covered, if feasible, with a long sleeve shirt. Long sleeve shirt colors permitted: Plain, solid white, blue, black, or gray.

### *Nails*

Fingernails must be clean and short, and no longer than  $\frac{1}{4}$  inch in length. Nail polish or clear polish may be worn, except in the maternity areas where no polish may be worn. No acrylic nails, gel nails, or accessories like studs and rhinestones, may be worn in the laboratory or clinical area.

### *Dress Code/Attire for Clinical Facilities Where Uniforms Not Required*

In clinical facilities where uniforms are not worn, students are to follow the dress code for that agency. The student should consult the clinical instructor for clarification. Students going to pre- assessment or orientation at clinical sites should wear the nursing uniform.

### *Hygiene*

- Good personal hygiene is an important aspect of professional nursing. Regular bathing and the use of body deodorant are essential.
- Hair must be clean and secured off the face and collar.

- Because odors can be offensive to ill patients, no perfume, colognes or after-shave lotions may be worn.
- Gum chewing is not permitted in any clinical agency.

#### *Non-Compliance*

If not in compliance with the dress code policy, the student may be dismissed from the clinical/lab setting, and a Performance Improvement Plan (PIP) will be issued. If dismissed from lab/clinical, students may be required to complete make-up hours, which are contingent upon the availability of the site. Failure to complete the required hours may result in an incomplete grade or course failure.

#### *Exceptions*

ADA and religious exceptions are made on a case-by-case basis. Please consult with your clinical or lab instructor.



## ELIGIBILITY FOR LICENSURE BY EXAM

In order for a baccalaureate student or a MECN student to qualify for the degree and be certified to the Board of Registered Nursing as being eligible to sit the national board exam to become a Registered Nurse, the following must be successfully completed:

- All didactic and clinical coursework prescribed in the curriculum
- All Kaplan Examinations
- All OSCE's
- And in the case of the MECN student, the Master's Comprehensive Examination
- Implicit Bias Training

After completion of either the BS or MSN-MECN program, students should be eligible to take the RN-National Council Licensing Examination (RN-NCLEX), and upon successful passage of the NCLEXRN, graduates should be able to use the designated title Registered Nurse (RN). Eligibility to take the RNNCLEX-RN is determined by each respective State Board of Nursing. For individual state requirements regarding sitting for the NCLEX-RN, students should review the guidelines for the respective state board where they wish to seek licensure. The Student Affairs Office staff will be available to assist students with the application process for licensure in California.

## POST-LICENSURE PROGRAMS IN THE SCHOOL OF NURSING

### PURPOSE

The purpose of the post-licensure nursing programs at the University of California at Los Angeles School of Nursing is to prepare graduates to provide advanced practice health care, leadership, and scholarship. At the post-licensure level, two programs are offered, the Master of Science in Nursing-Advanced Practice Nursing (APRN) and the Doctor of Philosophy (Ph.D.) program.

This Handbook provides information to facilitate the progression of post-licensure students in the UCLA School of Nursing. Students are also expected to read and utilize information on the [School of Nursing Enrolled Students](#) webpage, the [UCLA General Catalog](#), the [Graduate Division Program and Degree Requirements](#) and [Standards and Procedures for Graduate Study](#), and the [UCLA Schedule of Classes](#).

### DOCTOR OF PHILOSOPHY (PH.D.) DEGREE IN NURSING

The goal of the UCLA School of Nursing (SON) Doctor of Philosophy (PhD) degree program is to develop the foundation of knowledge upon which the practice of the profession is based. The UCLA SON PhD program aims to develop nurse scientists who can conduct research and generate theory that incorporate the influence of the biologic, psychosocial and physical environments on health and healthcare. Areas of focus and interest include but are not limited to: health of diverse and vulnerable populations, older adults, and persons with chronic and communicable diseases. Doctoral graduates serve as leaders who educate, influence practice, advance science, optimize healthcare delivery and influence healthcare policy worldwide.

For more information about the PhD program, see the [UCLA School of Nursing PhD Guidelines](#).

### MASTERS OF SCIENCE NURSING - ADVANCED PRACTICE NURSE (APRN) /POST-LICENSURE

The School of Nursing offers graduate studies and preparation in the Nurse Practitioner role or the Clinical Nurse Specialist role. Advanced Practice is divided into four distinct population foci: Adult/Gerontology Primary Care, Adult/Gerontology Acute Care, Family and Pediatrics. Student may also enter the program to do the Occupational and Environmental Health specialty. Students in the A/G Primary Care and Family Nurse Practitioner specialties may petition the faculty to add the Occupational and Environmental Health sub-specialty to their academic plan. Adult/Gerontology Acute Care and Pediatrics students may select either the nurse practitioner, clinical nurse specialist or the dual nurse practitioner and clinical nurse specialist role. Students in the Family, Adult/

Gerontology Primary and Occupational and Environmental Health specialization are prepared in the Nurse Practitioner role only.

Please note that admissions to the following specialties are suspended: Nursing Administration, Nursing Administration/Occupational and Environmental Health, Adult/Gerontology - Acute Care Oncology, Adult/ Gerontology Primary Care and the Underserved Populations subspecialty.

In their practice, MSN-APRN students use logic and reason distinguished by intellectual curiosity and individual creativity. MSN-APRNs apply multidisciplinary theories, including nursing, biologic, behavioral, management, social/environmental and organizational theories to develop, implement and evaluate models of patient care and quality of services. They are able to competently assess, diagnose, plan, implement, manage and evaluate the care of patients, groups of patients and families from diverse cultural backgrounds. The curriculum prepares students for careers in advanced practice and for the national NP and CNS in the specialty program into which they were admitted.

## APRN PROGRAM LEARNING OUTCOMES

After completing the MSN-APRN Degree within an area of advanced practice, graduates achieve the following learning outcomes:

1. Integrate evidence-based principles and strategies to design and deliver safe, effective health care, and health promotion/prevention education, for diverse individuals, families, and communities in all practice settings. [Essentials\* III, IV, VII, VIII, IX]
2. Provide primary health care by assuming responsibility and accountability for the continuity of health care, regardless of the presence or absence of disease, consistent with the population specific training of the selected APRN program. [Essentials I, III, IV, VII, VIII]
3. Demonstrate effective communication, collaboration, mutual respect, and shared decision making with all stake-holders to achieve quality patient-centered outcomes. [Essentials I, III, V, VI, IX]
4. Synthesize existing nursing science and integrate into advanced nursing practice. [Essentials I, IV, VI, IX]
5. Translate and integrate best current evidence with clinical expertise and patient/family values and preferences for optimal health care outcomes. [Essentials III, IV, V, VIII]

6. Demonstrate leadership and advocacy to promote policies, regulations and initiatives supporting healthy communities and patient safety across diverse populations. [Essentials II, V, VI, IX]
7. Implement strategies to address ethical dilemmas and evaluate outcomes in individual patients, populations, and systems of care that are based on laws, principles of ethics, and shared decision making. [Essentials I, III, IV, VI, IX]
8. Demonstrate effective participation in a culture of inter-professional collaboration that promotes innovation, team building, conflict resolution, incorporation of values and ethics, understanding of roles and responsibilities, and analysis of impact of diversity in patient-centered care. [Essentials I, II, III, VI, VII]
9. Analyze and evaluate outcomes data by using technologies and information systems to manage knowledge, mitigate error and support clinical decision-making in all practice settings. [Essentials II, III, V, VII, VIII]
10. Demonstrate professional engagement to improve access of all patients to quality advanced nursing care through involvement in professional organizations at the local, state, and national levels. [Essentials I, II, IV, VI, VII, IX]

\*The Essentials of Master's Education in Nursing (American Association of Colleges of Nursing).

In addition, functional objectives for each area of advanced practice for the MSN degree provide role preparation for:

1. Nurse practitioners to deliver advanced nursing care through the assessment, diagnosis and management of health/illness needs in primary healthcare, assuming responsibility and accountability for the continuity of healthcare in both health and illness.
2. Clinical nurse specialists to deliver advanced nursing care in a clinical specialty and perform advanced practice consultative, educative, leadership and research roles in inpatient and outpatient settings.

## ADVANCED PRACTICE REGISTERED NURSE (APRN) CURRICULUM

The MSN-APRN curriculum includes core courses, and additional specialty courses that vary by concentration. The APRN core coursework, as specified in the Essentials of Masters Education for Advanced Practice Nursing (2011), include: N231, Advanced Pathophysiology; N224, Advanced Pharmacology; and N440, Advanced Assessment and Clinical Diagnosis. The number of directly supervised clinical practice hours required for the degree ranges from 500-1240. With the exception

of dual preparation curricula, each program requires 3-4 units of theory elective. Detailed listing of elective options can be found under each program's complete course sequence on the [School of Nursing website](#).

A total of 500 clinical hours in the CNS role is required for completion of the CNS and dual NP/CNS programs. This requirement assures that our CNS programs are in compliance with the LACE model and ensures that CNS graduates are eligible to obtain CNS certifications in California and sit for national CNS certification exams. Graduates are eligible to sit for national CNS certification examinations in the role and population in which they are prepared.

#### APRN COURSE SEQUENCE

All APRN course sequences can be found in this [folder](#).

## MSN-APRN/POST-LICENSURE PROGRESSION

1. Progression within a course, from course to course and level to level, is governed by the Student Affairs Committee regulations as stated in this section. Students are responsible for completing **all** courses at the designated level before going on to the courses in the following quarter.
2. Per UCLA Graduate Division regulations, minimum cumulative grade point average **of 3.0** (on a 4.0 scale) must be maintained throughout the program. Failure to maintain a term or cumulative GPA of 3.0 will result in dismissal from the program by Graduate Division.
3. CLINICAL COURSES (N400 Series): For progression within the MSN-APRN program, students must satisfactorily pass **all clinical courses** (N4XX) with a “B” or better (84%). If a student does not receive a grade of “B” or better (84%) in a clinical course, the student is considered to have failed the course, and the student will need to repeat the course during the next academic year. In the meantime, a student may not progress to courses in which the failed course was a pre-requisite.
4. THEORY/DIDACTIC COURSES (N200 Series): For progression within the MSN-APRN program, students must satisfactorily pass **all theory courses** (N2XX) with a “C” or better (74%). If a student does not receive a grade “C” or better (74%) in a theory course, the student is considered to have failed the course, and the student will need to repeat the course during the next academic year. Students must pass both the theory and the companion clinical course in each quarter to pass on to the next theory and clinical courses in the sequence (for example N2XXA and the A clinical course taken at the same time). In the meantime, a student may not progress to courses in which the failed course was a pre-requisite.
5. Since nursing classes are offered once a year and follow a strict sequence, students will need to wait until the following year to repeat a course. Therefore, students who do not earn a passing grade in a course in any quarter may find their program completion delayed. Students who are out of sequence are urged to refer to this handbook and the Student Affairs Office to determine which courses, if any, they may take in the interim.
6. Students who do not maintain continuous enrollment will need to reapply and be interviewed by the Student Affairs Committee. Admission is not guaranteed if the student’s status lapses. Please refer to the academic policies for [Absence and Readmission](#) stated in the UCLA General Catalog.
7. Clinical and theory courses are different and the expectations are different from course to course and year to year.
8. Most nursing courses are only offered once a year. To ensure successful progression throughout the curriculum, nursing students are advised to consult with their student affairs officer and Directors to create an academic plan.
9. A student who fails a nursing course is required to meet with their faculty, and the student affairs officer to develop an individualized remediation plan that may strengthen their ability to be successful in the curriculum. The plan will include what they will do in the interim prior to

repeating the failed course and what actions they will take to ensure successful completion of that course. Students also are urged to consult with the Director of Student Services about resources on campus that may be available to them.

10. Faculty may ask SAC to review a student's record on the basis of classroom and/or clinical performance, professionalism, attendance or tardiness. The committee may choose to put the student on academic notice, make conditional requirements, or recommend dismissal from the program.

## MSN-APRN WRITTEN COMPREHENSIVE EXAMINATION

Pursuant to requirements of the UCLA Division of Graduate Education for graduation, the written Master's Comprehensive Examination is administered in the second year of study. Comprehensive exam packets are distributed to students via a Bruin Learn site in advance of the examination due date. Each student completes the Comprehensive Examination out of class and independently. The Comprehensive Examination may be attempted three times, with the first submission due in Winter Quarter of Year 2. One retake may occur during the spring quarter. Otherwise, retakes are offered during summer sessions and fall quarter.

Incomplete submissions (no Table of Evidence, or submission of Table of Evidence only without main text, etc), and late submission of examinations are not accepted for grading. Incomplete, late, or non- submissions will be recorded as a fail and are counted as the first attempt.

Students who fail to achieve a passing score on their first attempt are eligible to participate in graduation ceremonies. However, the degree will be awarded in the quarter during which the Comprehensive Examination is passed.

Successful completion of the Master's Comprehensive Examination is a requirement for completion of required nursing curriculum. Students will **not** be certified to any Board of Registered Nursing as having completed nursing course requirements until they have successfully completed the Master's Comprehensive Examination.



## PERFORMANCE IMPROVEMENT PLANS

Performance Improvement Plans are provided to students by faculty to address problematic behavior and to provide a remedy for that behavior. The Performance Improvement Plan, or PIP, may address behavior that is considered inappropriate (e.g., failure to wear the appropriate attire to lab or clinical, disrespectful behavior, late assignments, etc.) or to bring attention to a deficit or error in nursing skills. The faculty will provide the student with a written record of the observed behavior and recommend appropriate corrective action. Corrective action may include, but is not limited to, writing a reflective response paper, meeting with the faculty, or going to skills lab to remediate. A student may choose to provide their own response to writing, which will be kept with the PIP in their eValue record.

Three PIPs in one class may result in failure of the course. However, a student may still not pass a course if the faculty member determines that the clinical or classroom performance or behavior warrants a non-passing grade, regardless of the number of Performance Improvement Plans.

## CLINICAL EDUCATION

### SKILLS/ SIMULATION LABORATORY —ADVANCED PRACTICE

1. Students are required to meet all scheduled nursing skills laboratory activities based on program and course requirements.
2. Faculty may request that the student return to the clinical laboratory for practice to gain proficiency. Inability to demonstrate proficiency in an assigned skill during return demonstrations may result in the student being excluded from the associated clinical experience and/or failing to meet the course objectives
3. Students are expected to arrive on time to laboratory experiences. Students who are late to a simulation pre-briefing session will not be allowed to participate.
4. The School of Nursing does not hold appropriate liability coverage in the event in which one student injures another; therefore, practicing **any** invasive technique (e.g., NG tube insertion, injections or IV insertion, etc.) *anywhere on any other human* outside of direct patient care with the faculty or preceptor is **strictly prohibited** and may result in a referral to the Office of the Dean of Students.
5. Important Safety Notice: The equipment, supplies, solutions and simulated medications in the skills laboratory and in the student lab packs are not sterile. These items are for training and learning purposes ONLY. These items are for simulated use only and should never be used on a human or any living organisms.
6. Associated lab costs for the Advanced Practice Program is dependent on specific course or program objectives. Information will be provided to you regarding lab costs. Students are expected to pay all lab costs and bring appropriate purchased materials to scheduled lab

sessions. Details regarding supplies and what to bring to lab will be provided by course faculty.

7. Refer to the Learner Lab Code of Conduct Policy - APRN for a full list of rules to be followed in any of the nursing labs.

#### CLINICAL COURSE WORK—ADVANCED PRACTICE

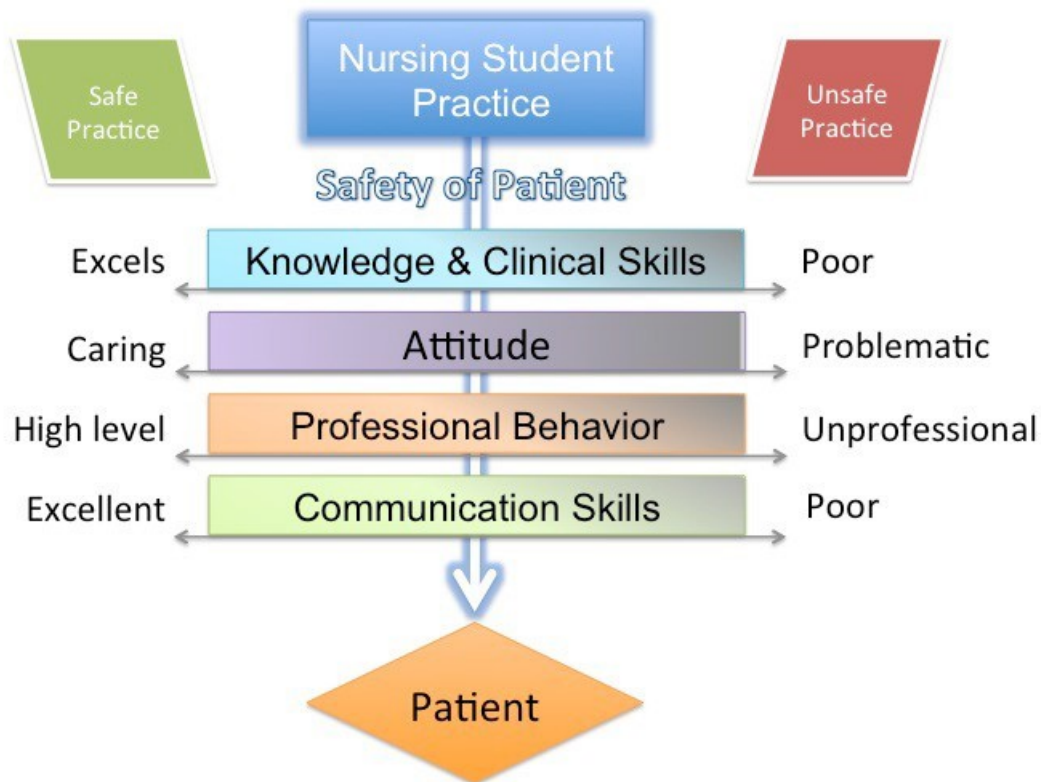
1. Clinical experience provides the student the opportunity to apply theory to clinical situations. Participation in assigned clinical experiences is mandatory.
2. Advanced Practice students submit weekly e-logs and a weekly clinical journal to their faculty.
3. Preceptors complete a student performance evaluation at the end of each quarter.
4. Clinical rotations are typically conducted on days during the week; however, weekend and/or evenings are permitted if requested by the preceptors. Night shifts must be pre-approved by faculty. For clinical rotations that require night rotations, students will be informed prior to being assigned to that rotation.
5. APRN students who do not pass the clinical component of a nursing course will not be able to pass the course. The student must repeat both the theory and clinical portions of the course since they are considered as one course. Students are reminded that courses are offered only once per year. Students may refer to the UCLA General Catalog and the Student Affairs Office to see which courses are requisite to other courses.
6. Students review and sign the summary of clinical hours as part of their permanent folder.
7. APRN students may not do a clinical rotation at a unit where they are employed. Nor may students arrange their own clinical experiences as that is the purview of the faculty.
8. Students should not leave the clinical site without first notifying and receiving permission from the clinical preceptor.
9. There may be occasions when dismissal of a student by the Student Affairs Committee becomes necessary prior to the end of a rotation or course. Examples include serious medication error, a patient safety violation, HIPAA violation, or action determined unsafe by student's faculty after remediation, gross negligence/misconduct involving patients and/or professional misconduct. Reasons for prompt dismissal are not limited to these examples (see the Attendance Policy for specific details regarding attendance requirements and their impact on dismissal).

In the event of special circumstances or religious accommodations, students should contact the Director of Student Services at the start of the program in Fall Quarter.

## SAFE AND UNSAFE STUDENT CLINICAL PRACTICE POLICY

**Definitions:** Safety of patients, students, peers, faculty and other members of the healthcare team is a priority (ANA, 2016). Patient safety emphasizes creating systems of care delivery that: (1) prevent errors; (2) learn from the errors that do occur; and (3) are built on a culture of safety that involves health care professionals, organizations, and patients (IOM, 2000).

Unsafe clinical practice is defined as any act by a student that is harmful or potentially harmful to the patient, the student, or other healthcare personnel (Luhanga, Younge, & Myrick, 2008). An unsafe student is characterized as a student who performs “behavior that places the client or staff in either physical or emotional jeopardy” (Scanlon, Care, & Gessler, 2001, p. 25).



**Figure 1. Student Practices for Patient Safety Framework (Lazar, 2017).** Theory of Safe Student Nurse Practice developed by John Lazar. Figure modified by Inese Verzemnieks.

[References](#)

Examples of Safe and Unsafe Student Practices for Advanced Practice Students

Student Behaviors	Safe/Professional APRN Student Practice	Unsafe/Unprofessional APRN Student Practice
<p><b>1. Basic Knowledge and Assessment Skills</b></p>	<p>Adequate basic knowledge and assessment skills:</p> <ul style="list-style-type: none"> <li>a. Clinical practice supported by theoretical foundation</li> <li>b. Able to perform full and adequate assessment, and formulate a diagnosis, and treatment plan of assigned patients</li> <li>c. Using evidenced-based practice guidelines</li> <li>d. Able to organize daily patient care for assigned patients without any careless behavior</li> <li>e. Ask questions as needed</li> <li>f. Follow instruction from preceptor using practice guidelines of the clinical site</li> <li>g. Always prescribes medication, diagnostic tests after the consultation with the preceptor</li> </ul>	<p>Lack of basic knowledge and poor clinical skills:</p> <ul style="list-style-type: none"> <li>a. Lack of theoretical foundation</li> <li>b. Poor assessment and diagnostic skills</li> <li>c. Does not follow evidenced-based guidelines for practice</li> <li>d. Lack of organizational skills or sloppiness (careless behavior)</li> <li>e. Does not seek preceptor advice/consult when situation is outside their knowledge base</li> <li>f. Inability to follow instructions and practice guidelines of the clinical site (safety problem)</li> <li>g. Prescribe medications, diagnostic tests without approval of the preceptor</li> </ul>
<p><b>2. Attitude</b></p>	<p>Attitude of respect and collaboration with patients, families, and healthcare team members:</p> <ul style="list-style-type: none"> <li>a. Confident clinical practice with acceptance of preceptor’s supervision – “I just want to double check with you”</li> <li>b. Student always interested in learning, helping fellow students and other providers with clinical tasks and procedures</li> <li>c. Accept feedback positively, and use it as a tool to improve clinical practice</li> </ul>	<p>Evidence of defensiveness, disrespect, disengagement, or difficulty with teamwork:</p> <ul style="list-style-type: none"> <li>a. Overconfidence – “know-it-all”</li> <li>b. Interpret supervision as lack of trust on the preceptor’s part</li> <li>c. Unmotivated to learn or work – not interested in clinical improvement</li> <li>d. Dismiss learning opportunities - “done that before” or “I don’t want to repeat it.”</li> <li>e. Defensiveness toward preceptor’s feedback</li> </ul>

<p><b>3. Professionalism</b></p>	<p>Behaviors that are consistent with the ANA Standards of Professional Practice:</p> <ul style="list-style-type: none"> <li>a. Professional work ethic – punctuation, respectful to patients and staff, always “do the extra miles for everything”, a role model to other students, don’t use cell phone while in patient areas</li> <li>b. Shows confidence with patient care</li> <li>c. Honest to staff and preceptor – reports any error and always translate learning from errors to improve clinical practice</li> <li>d. Using therapeutic communication and empathy</li> <li>e. Understands and follows HIPAA regulations</li> </ul>	<p>Behaviors that are not consistent with the ANA Standards of Professional Practice:</p> <ul style="list-style-type: none"> <li>a. Poor work ethic – negligence, laziness, using cell phone while on clinical, disrespectful to the clinic staff</li> <li>b. Late assignments</li> <li>c. Lack of confidence – extreme nervousness, unsure about tasks</li> <li>d. Dishonesty – lying, hiding errors, not admitting one’s own mistakes</li> <li>e. Verbal abuse of patient and acts of embellishment</li> </ul>
<p><b>4. Communication Skills</b></p>	<p>Effective communication with patients, families, preceptors, fellow students, faculty, and other members of the healthcare team:</p> <ul style="list-style-type: none"> <li>a. Student demonstrates appropriate interaction with preceptors and clinical faculty</li> <li>b. Student uses therapeutic communication with patients</li> <li>c. Student always uses appropriate nonverbal interactions with preceptors and clinical faculty</li> </ul>	<p>Ineffective, incomplete, or lack of communication with patients, families, preceptors, fellow students, faculty, and other members of the healthcare team:</p> <ul style="list-style-type: none"> <li>a. Inappropriate interaction with preceptors or clinical faculty – argument with preceptor or clinical faculty reaching to be disrespectful, “It is your fault (preceptor) that I was going to fail”, “You are a poor preceptor”</li> <li>b. Inappropriate interaction with patients – boundary crossings like self-disclosure, inappropriate verbal and non-verbal communication, sharing personal information</li> <li>c. Inappropriate nonverbal interaction with preceptors – eye rolling, yawning, or sighing in front of patient</li> </ul>

## PROCEDURE FOR ADDRESSING UNSAFE STUDENT BEHAVIOR FOR ADVANCED PRACTICE

If a clinical preceptor, staff, or faculty member identifies unsafe student behavior in basic knowledge and skills, attitude, professionalism, and communication (as defined in the Student Practices for Patient Safety Framework), the following process is required:

Clinical Faculty (CF) will notify the student and also the lead faculty of the unsafe behavior via email or phone conversation as soon as possible. If a student's clinical performance is unsafe, the student will be sent home from the clinical area. This will be considered an unexcused absence and a "U" will be given for the day on the clinical evaluation tool with documentation of the unsafe conduct.

1. The CF, in consultation with the lead faculty, will submit a Performance Improvement Plan (PIP), which includes a detailed account of events, unmet course objectives, deficit(s) in nursing skills, and the corrective action needed. The CF will email the PIP with the recommended remedy to lead faculty, Program Directors, and Director of Student Services within 24-48 hours whenever possible. After review, the CF will submit the final PIP in eValue for the student to view. It is the student's responsibility to follow-up with the CF regarding action items required on the PIP.
2. As needed, a face-to-face meeting is coordinated by lead faculty involving the following people: student, clinical faculty, and lead faculty. The student's Program Directors and Director of Student Services can also be requested for this meeting.
3. The student will review the PIP in eValue and are welcome to write their own report discussing events that occurred.
4. The student is required to complete remediation requirements and the corrective actions mentioned in the PIP in a timely manner. progress report via eValue must be completed by the clinical faculty.
5. Three PIPs in one clinical course warrants failure of the course. However, a student may still not pass a course if the faculty member determines that the clinical or classroom performance or behavior warrants a non-passing grade, regardless of the number of PIPs.
6. A student who receives more than two reports of PIPs during an academic term will be required to meet with their faculty advisor and be referred to the Director of Student Services for counseling.

## PERSONAL APPEARANCE AND CONDUCT: APRN/POST-LICENSURE

### Dress Code Policy

The **dress code policy** is developed in collaboration with our clinical partners, as students are considered visitors in the clinical setting. The policy is updated each year in the Student Handbook, which will be available to students before the start of Fall Instruction. However, we recognize that admitted students have questions about the dress code early on, and have provided the guidelines below.

### Attire

MSN-APRN students are expected to use good judgment in personal hygiene and professional clothing. Clothing options for MSN-APRN students vary according to the clinical agency and Lab and students are expected to follow any agency guidelines in terms of grooming and dress codes. The dress may consist of scrub suits in acute-care clinical settings and in outpatient settings where scrubs are worn by other professionals along with UCLA laboratory coats. Business casual with laboratory coats in office or clinic and Lab settings are typically worn by most students in those settings.

It is expected that all students will wear their UCLA School of Nursing badge at all times in addition to any agency badge they may be issued.

They also need to have any other equipment that they need to perform any usual assessments of their patients or PPE needed for their site, including, but not limited to:

1. Stethoscope
2. Clean surgical mask
3. FIT test respirator (N95)
4. Penlight

### Footwear

Appropriate footwear is essential in the clinical and Lab settings. Shoes should be clean. Athletic shoes and clogs are acceptable. Open-toed, open-air or backless footwear is not permitted. Crocs are not permitted.



## Hair

Hair must be pulled back or restrained as appropriate for safety in the patient care areas, and when working with sterile equipment or supplies. No hats, bandannas, sweatbands or headgear may be worn unless required for medical, safety, religious or cultural reasons or as part of the uniform.

Extreme hair color will not be permitted. Extreme hair color is defined as any color that does not naturally appear on humans (e.g., blue, pink, purple, green, primary-color red). Beards and mustaches must be clean, short and neatly trimmed; otherwise, students should be clean-shaven.

If worn, artificial eyelashes must look natural in appearance, be well-maintained, and remain appropriately secured, not interfering with patient care.

The student must be cognizant of possible safety risks imposed by the jewelry so use good judgment in the choice of any jewelry worn.

## Nails

Fingernails must be clean and short, and no longer than  $\frac{1}{4}$  inch in length as students need to be able to do lung assessment. Nail polish or clear polish may be worn. No acrylic nails, gel nails, or accessories like studs and rhinestones, may be worn in the laboratory or clinical area.

## On-compliance

If not in compliance with the dress code policy of an agency to which a student is assigned, the student may be dismissed from the clinical/ lab setting, and a Performance Improvement Plan (PIP) may be issued.

## Exceptions

ADA exceptions and religious exceptions are made on a case-by-case basis. Please consult with clinical instructor.

## ELIGIBILITY FOR ADVANCED PRACTICE CERTIFICATION

Students should review the guidelines for the respective certifying bodies and determine their eligibility. Faculty, the APRN Program Director, and the Student Affairs officer will assist students in this process.

## GENERAL ACADEMIC POLICIES FOR THE SCHOOL OF NURSING

### GRADING SCALE\*

The following grades are used to report the quality of student work at UCLA School of Nursing. The grading is also consistent for each nursing course.

**Pre-licensure (BS/MECN) Students:** any grade lower than a “C” is considered a fail in a nursing course. For MECN students **N467 is taken for Satisfactory/Unsatisfactory grading. The student must earn a Satisfactory grade which is the equivalent to a “B” or higher (84%).**

**Post-licensure (APRN) Students:** any grade lower than a “B” is considered a fail in a clinical course; any grade lower than a “C” is considered a fail in a didactic course.

Undergraduate (BS)		UCLA Grade	Graduate (MSN)	
<u>Percentage</u>	<u>Letter Grade</u>	<u>Points</u>	<u>Percentage</u>	<u>Letter Grade</u>
97 - 100	A +	4.0	97 - 100	A +
94 - 96	A	4.0	94 - 96	A
90 - 93	A -	3.7	90 - 93	A -
87 - 89	B +	3.5	87 - 89	B +
84 - 86	B	3.0	84 - 86	B
80 - 83	B -	2.7	80 - 83	B -
77 - 79	C +	2.3	77 - 79	C +
74 - 76	C	2.0	74 - 76	C
70 - 73	C -	1.7	70 - 73	C -
67 - 69	D +	1.3	< 70	F
64 - 66	D	1.0		
60 - 63	D -	0.7		
< 60	F	0		

\* Progression within a course, from course to course and level to level is governed by the Student Affairs Committee regulations as stated in the progression policies, specific to each program. Students are responsible for completing and passing with the minimum required grade in all courses in a given quarter, based on the School of Nursing progression policies, before going on to the courses in the following quarter.

## EXPLANATION OF LETTER GRADES FOR GRADUATE STUDENTS

The following grades are used to [report the quality of graduate student work at UCLA](#):

Grade	Quality
A	Superior Achievement
B	Satisfactorily demonstrated potentiality for professional achievement in field of study
C	Passed the course but did not do work indicative of potentiality for professional achievement in field of study
F	Fail
S	Satisfactory (achievement at grade B level or better)
U	Unsatisfactory
I	Incomplete
IP	In Progress
DR	Deferred Report

The grades A, B, and C may be modified by a plus or minus suffix. The grades A, B, and S denote satisfactory progress toward the degree, but a C grade must be offset by higher grades in the same term for students to remain in good academic standing. Courses in which a C grade is received, however, may be applied toward graduate degrees unless otherwise prohibited by the program requirements.

## GRADING POLICY

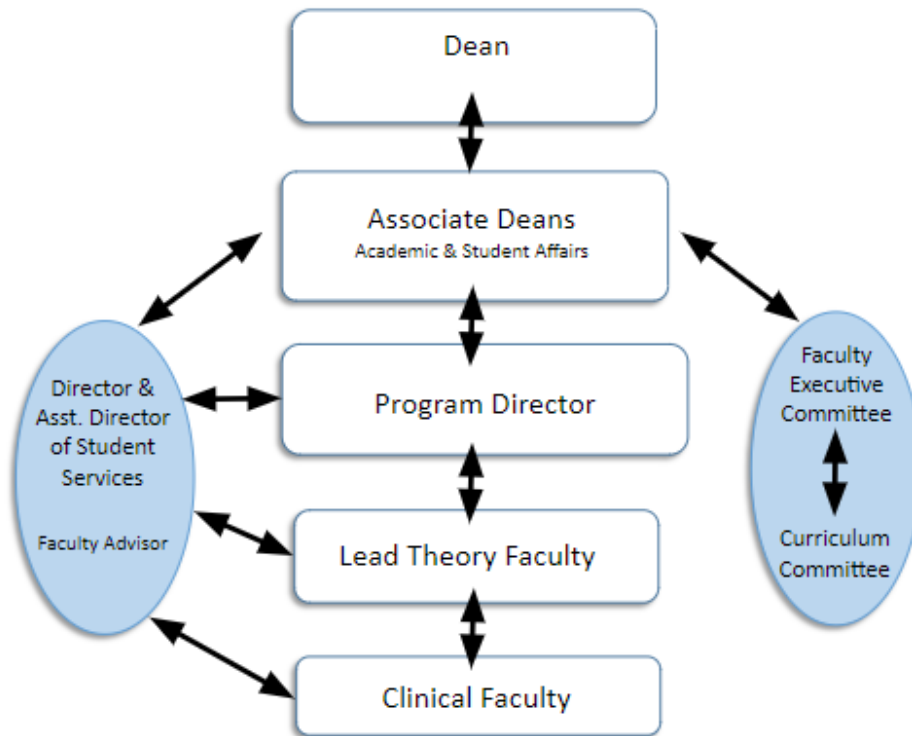
### POSTING OF GRADES AND/OR DISTRIBUTION OF EXAMS

Examination and final course grades are the purview of the faculty as outlined in the course syllabus. As a general rule, final grades are not rounded up, only truncated.

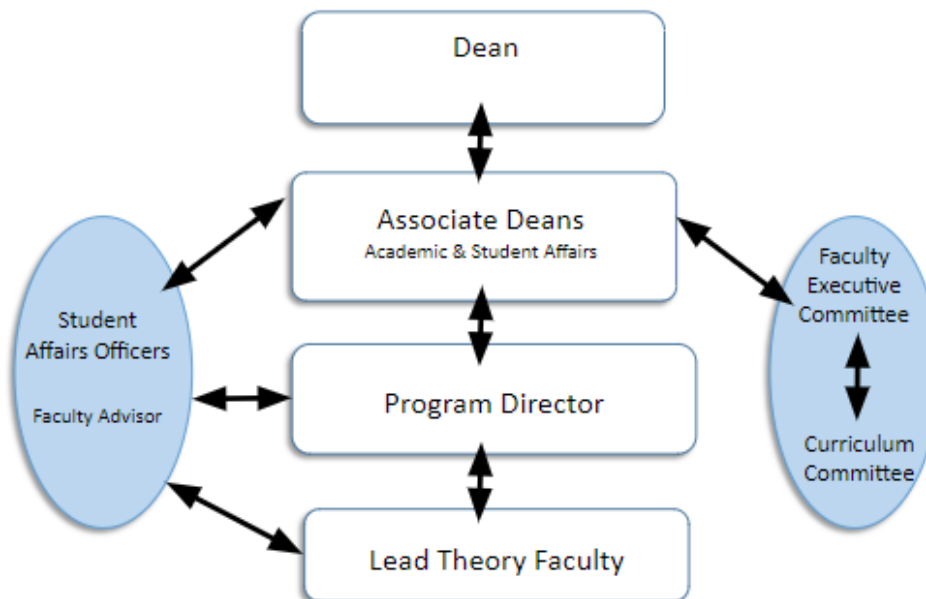
1. Examinations and answer sheets are the property of the UCLA School of Nursing.
2. Exam results will be reported to students or posted in the [MyUCLA](#) Gradebook system within a reasonable time after the administration of an exam.
3. While students are encouraged to speak with the instructor if there are questions about a grade in a class, students are reminded that it is a Student Code of Conduct violation to harass or threaten a faculty member in order a preferred grade on an assignment or in the final grade.

## CHAIN OF COMMUNICATION

Questions about a clinical experience or a clinical grade, should follow the chain of communication, starting with the clinical faculty:



Questions about a theory course grade or a theory course experience can also follow the chain of communication:



For concerns/issues related to a student's ability to succeed (e.g., sudden financial crisis, illness or family crisis), the following resources may be helpful:

1. Faculty Advisor
2. Course Faculty
3. Student Affairs Office (including Director of Financial Aid in the case of financial concerns)

## INCOMPLETE GRADES

The instructor may assign the "I" grade when work is of passing quality but is incomplete for a good cause (such as illness or other serious problem). An incomplete is not assigned if the work up until that point has been of non-passing quality or so that a student may do extra credit in order to pass the course. It is the student's responsibility to discuss with the instructor the possibility of receiving an "I" grade as opposed to a non-passing grade. Once an Incomplete (I) grade is assigned, it remains on the transcript along with the passing grade students may later receive for the course.

If an "I" grade is assigned, students may receive unit credit and grade points by satisfactorily completing the coursework as specified by the instructor. Students should not re-enroll in the course. If the work is not completed by the end of the next full term in residence, the "I" grade lapses to an F, NP, or U as appropriate. The College or school may extend the deadline in unusual cases (not applicable to graduate students).

For Academic Policies on Grades, please refer to the [UCLA Catalog](#).

## POLICY ON ALTERNATE EXAMINATION DATES

In compliance with Section 92640 of the California Education Code, the University must accommodate requests for alternate examination dates for any test or examination at a time when that activity would not violate a student's religious creed, unless doing so would impose an undue hardship on the department.

Accommodation for alternate examination dates are worked out directly and on an individual basis between the student and the faculty member involved. Students should make such requests of the instructor during the first two weeks of any given academic term.

## POLICY ON PREVIOUS EDUCATION CREDIT

Graduate Students: In accordance with [UCLA Graduate Division Standards & Procedures](#), Through petition, courses completed in graduate status on other UC campuses may apply to master's programs at UCLA, provided they were not used toward a previous degree. Such courses may fulfill up to one-half of the total course requirement, one-half of the graduate course requirement, and one-third of the academic residence requirement. A maximum of two courses completed with a minimum grade of 'B' in graduate status at institutions other than UC may apply to UCLA master's. Two courses would be the equivalent of eight quarter units or five semester units. They may not fulfill the minimum five-graduate-course requirement or the academic residence requirement. The approval of the Division of Graduate Education and the student's major department is required on a petition for transfer of credit. Courses taken for any other degree previously awarded at UCLA or another institution, and courses taken before the award of the bachelor's degree may not be applied toward a graduate degree at UCLA. Correspondence courses are not applicable to graduate degrees.

Undergraduate Students: In accordance with the [UCLA General Catalog](#), Students with high scholastic standing may earn credit for regular UCLA courses by taking examinations rather than enrolling in the courses. This is accomplished by establishing, with a UCLA faculty member, an individual plan of study that may include oral and written work in addition to other requirements. To be eligible, undergraduate students must have completed a minimum of 12 units at UCLA. The results of these courses are entered on the record in the same way as University of California transfer credit, and grade points are assigned. Students need approval from the instructor, the department, and the College or school, from whom petitions for credit by examination (with fee) are available.

### LVN 45 Unit Option

Nurses interested in completion of the UCLA 45-unit option must formally request to follow this option. It does not lead to conferral of a Bachelor of Science degree at UCLA. Interested students are required to meet with the Associate Dean of Student Affairs and Director of Recruitment and Admissions.

UCLA School of Nursing Policy for Assessment and Placement of Military Veterans

Students with military education and/or experience who are enrolling in either the BS or MSN/MECN pre-licensure program will be informed by the Student Affairs Office that they are eligible to receive academic credit for their previous education and/or experience. Courses for

which students may seek academic credit will include fundamentals courses and theory/clinical courses in each of the BRN required pre-licensure specialty areas (i.e., medical surgical nursing, pediatric nursing, mental health nursing, and obstetrical nursing). Two avenues for obtaining course credit will be offered: 1) by review of official transcripts of previous education and training; and 2) by successful completion of challenge examinations. Students may elect to use either or both of these options. For Option #1, experienced pre-licensure faculty will conduct systematic reviews of submitted documents, such as course syllabi, to identify evidence of education and/or experience relevant to the core pre-licensure courses described above. For Option #2, challenge exams will be designed by pre-licensure faculty (usually the final examination given when the course was last offered) and approved by the Curriculum Committee, a standing committee of the faculty responsible for approval of all curricular issues. Challenge exams will be administered by the Pre-licensure Program Director or Assistant Program Director. For both options, results will be reported to the Student Affairs Committee, a standing committee of the faculty responsible for adjudication of all student issues. The Student Affairs Committee will make the final decision regarding the granting of course credit for theory or clinical courses.

The Director of Student Services will maintain annual records regarding all students who are eligible for and/or apply for academic credit for military education and/or experience. The Director of Recruitment and Admissions will maintain records of all venues in which this policy is publicized or otherwise made available to students, potential applicants, and the general public, including the UCLA course catalog, student and faculty handbooks, and sites open to the public, such as the UCLA School of Nursing webpage.

## ACADEMIC DISQUALIFICATION AND DISMISSAL

### UNIVERSITY POLICY

A student may be disqualified from continuing in the program for a variety of reasons. The most common is failure to maintain the minimum cumulative grade point average (3.0 for graduate or 2.0 for undergraduate students) required by the Academic Senate to remain in good standing (some programs require a higher grade point average). Other examples include failure of examinations, lack of timely progress toward the degree and poor performance in core courses. students with academic notice (those not meeting the minimum cumulative grade point average) are subject to immediate dismissal upon the recommendation of their department. University guidelines governing termination of graduate students, including the appeal pudents (those not meeting the minimum cumulative grade point average) are subject to immediate dismissal upon the recommendation of their department. University guidelines governing termination of graduate students, including the appeal poudents (those not meeting the minimum cumulative grade point average) are subject to immediate dismissal upon the recommendation of their department. University guidelines governing termination of graduate students, including the appeal p uidents (those not meeting the minimum cumulative grade point average) are subject to

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#### SPECIAL DEPARTMENTAL OR PROGRAM POLICY

In addition to the standard reasons outlined above, a Nursing student may be recommended for termination for additional reasons regardless of overall grade point average. These include: 1) non-passing grades (C- or lower) 2) unprofessional or unethical conduct. A master's student may also be specifically recommended for termination for failure of the comprehensive examination a third time.

#### APPEAL PROCESS FOR GRADES AND PROGRESSION THROUGH THE PROGRAM

Students wishing to challenge a test or clinical grade or a final grade in a course must first speak with the instructor of record within one week of issuance of the grade. Students who have reason to believe they have been evaluated for other than academic reasons (not simply disagreeing with a grade) can file a grievance. Refer to <https://senate.ucla.edu/grading-grievances>.

If the grade prevents *progression* through the program, the student may choose to submit a written letter of appeal regarding his/her concerns to the Student Affairs Committee (SAC). The student may choose to work with their adviser or consult the [University Ombuds Office](#) for help with constructing the appeal.

The Appeal Process:



1. The student should review the course syllabus, the course objectives and other aspects of the syllabus as it relates to the student appeal.
2. The appeal letter must clearly highlight the concern/ issue and the requested remedy. Please note that the Student Affairs Committee may not change a grade, as that is the exclusive purview of the faculty of record.
3. The student should provide any supplemental information that is pertinent to the issue and reinforces their appeal.
4. The student submits the appeal to the Student Affairs Committee via the Director of Student Services.
5. After submitting the appeal letter, the Chair of SAC, will review with the SAC committee and reach a decision. The student does not attend the committee meeting. Because courses build on content from previous quarters, a student will not be able to progress to courses in subsequent quarters until all courses in previous quarters are passed.
6. The Chair of SAC will send the results of that meeting to the student and the faculty of record within one week after the meeting.
7. If the graduate student determines that the final decision of the SAC is not satisfactory, the written appeal may be presented to Graduate Education for further consideration. If the undergraduate student believes that the final decision of SAC is not satisfactory, grade disputes can be presented to the [Dean of Students](#) or the [Discrimination Prevention Office](#), depending on the nature of their complaint.
8. Students who cannot progress in the program must meet with their faculty advisor and student affairs to design a plan for success that will include what they will do in the interim prior to repeating the failed course and what actions they will take to ensure successful completion of that course. Students also are urged to consult with the Student Affairs Office about resources on campus that may be available to them.

## APPEAL PROCESS FOR STUDENTS SUBJECT TO DISMISSAL

Students can be subject to dismissal for failing to maintain the required cumulative GPA, unethical and unsafe behavior, or for not earning the requisite grades in the program as stated in the progression policy.

Graduate students who are subject to dismissal have **30 days** in which to write an appeal to the School of Nursing's Student Affairs Committee. See the [Standards and Procedures Guide](#) for further details.

After deliberation, a recommendation is referred to the Division of Graduate Education for final disposition. See the Standards and Procedures Guide for further details.

Undergraduate students who are subject to dismissal will be referred to the College of Academic Counseling for options to change their major. . <https://caac.ucla.edu/center-programs/bruin-readmission-program/>

## ESSENTIAL FUNCTIONS OF A NURSING STUDENT

In order to practice nursing, a person must possess a variety of cognitive, sensory, affective and psychomotor skills. These functions are essential to successful progression in and completion of the nursing program requirements, and are a required part of each course. If a nursing student cannot meet these standards, the student must communicate with the Center for Accessible Education (CAE), formerly called the Office for Students with Disabilities, as well as with the Director of Student Services to explore options for reasonable accommodations or modifications in order to meet program requirements. While every effort is made in the School of Nursing to comply with requested accommodations from the CAE, there are times when accommodations (e.g., additional time) may not be feasible. For instance, nursing students typically do not seek additional time on skills-based assignments such as return demonstrations or patient assessments. These include, but are not limited to, OSCE's and Advanced Practice Patient Assessments. It is the student's responsibility to be evaluated by CAE and make sure every quarter that faculty are notified officially by CAE of requested accommodations before SON faculty are permitted to make accommodations to the student.

Faculty in the School of Nursing will work with CAE to provide accommodations for learning. Since the School of Nursing must verify to the Board of Registered Nursing that an applicant received accommodation throughout the nursing program to be eligible for NCLEX accommodations, the Student Affairs Office requests that the student provide documentation of recommended accommodations for inclusion in the student's file.

<b>Function</b>	<b>Description/Standards</b>	<b>Representative Activities</b> (not all-inclusive)
Interpersonal Skills	Abilities sufficient to interact appropriately with diverse individuals, families and groups	Establish therapeutic relationships with clients, establish rapport with healthcare team members, negotiate interpersonal conflict
Communication Skills	Communicate effectively in English in verbal and written form	Explain treatment procedures, initiate health teaching, give oral reports, speak on the telephone, document on agency records
Mobility	Ability to move from place to place and to	Bend, twist, stoop, move around in rooms, administer CPR, push and

	maneuver to perform nursing activities in small spaces, stand and walk for extended periods	pull 25 pounds, move quickly, climb stairs
Motor Skills	Gross and fine motor skills sufficient to provide safe, effective nursing care	Calibrate and use equipment, position clients, basic keyboard skills, squeeze with fingers, grasp small objects with hands/fingers, reach above shoulders, below waist, maintain balance
Critical Thinking	Ability to exercise sound nursing judgment	Sequence information, identify cause effect, plan/control activities for others
Hearing	Auditory ability enough for assessment and monitoring of client needs	Hear normal speaking level sounds, hear faint body sounds, auditory alarms
Visual	Visual ability enough for accurate assessment and monitoring of client needs	Distinguish color, see objects from 20 inches and up to 20 feet away, use peripheral vision, perceive nonverbal communication, observe specimens
Tactile	Ability enough for accurate assessment and monitoring of client needs	Feel vibrations, detect temperature, feel differences in size
Emotional Stability	Ability to assume responsibility/accountability for actions	Provide client with emotional support, adapt to stressful situations, monitor own emotions, perform multiple responsibilities concurrently

## TECHNICAL STANDARDS FOR NURSING STUDENTS

Nursing is comprised of a broad array of professionals, and most enter the profession as generalists. Nurses provide safe care to patients by drawing on a sound knowledge base and making critical decisions in interdisciplinary environments.

The School of Nursing is supportive of the philosophy underlying Section 504 of the 1973 Vocational Rehabilitation Act, as amended, and the Americans with Disabilities Act of 2008 (collectively referred to as the "ADA"), and seeks to provide opportunities for qualified individuals with disabilities. In order to be a qualified applicant or candidate an individual must meet the School of Nursing technical standards with or without reasonable accommodation. The standards have been established to ensure that an applicant or candidate has the ability to perform the requirements of the School of Nursing academic curriculum and to practice nursing safely and responsibly.

**Students are responsible for reading the [School of Nursing Technical Standards for Nursing Students](#) upon admission into their program, and submit an attestation.**

## EXPECTATIONS FOR BEHAVIOR

The American Nurses Association has developed [\*The Code of Ethics for Nurses \(2015\)\*](#) as a guide to carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession. Nursing faculty affirms these professional standards and believes that nursing students should perform in accordance with the provisions of the code.

Violation of any of these general standards of conduct or provisions of the code is grounds for discipline and possible dismissal from the nursing program and/or the University.

## IMPAIRED NURSING STUDENT

UCLA School of Nursing, in accordance with the Board of Registered Nursing, considers the student use of controlled substances, drugs or devices or alcoholic beverages to an extent or in a manner injurious to self or others to constitute unprofessional conduct. The conviction of a criminal offense involving the prescription, consumption or self-administration of the above substances is conclusive evidence thereof (B&P 2762). Students who are impaired by or demonstrate characteristics of chemical dependency or mental illness will be directed to seek appropriate assistance through a health care provider and provide the nursing program with proof of treatment and fitness for practice to the nursing program. Evidence of rehabilitation will need to be submitted with their application for licensure to the Board of Registered Nursing. Instructors have the authority and responsibility to take immediate corrective action with regard to the impaired student's conduct and performance in the clinical setting. This includes removing the impaired student from the patient care area until the student is deemed medically safe to return to patient care activities. All matters will be handled confidentially. A student who is judged impaired is required to have a laboratory test at the clinical site at that time and to sign a HIPAA release form to allow UCLA and the School of Nursing access to results. The faculty will refer students showing signs of impairment to the Office of the Dean of Students for investigation and adjudication.

## IMPAIRED STUDENT EXPECTATION

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

## COMMITMENT TO LEARNING

The UCLA nursing faculty is committed to helping students learn. Learning is seriously compromised if assignments are not completed. Therefore, in order to pass each course in nursing, the student must satisfactorily complete each of the following criteria:

1. The student must submit all course work on time in the format described in the course syllabus. Any late or missed assignment may be subject to a grade reduction, as specified in the course syllabus or by the faculty.
2. The student must be present and is expected to verbally participate in classroom and clinical activities including pre- and post-conferences in the clinical area,
3. The student must meet all assigned scheduled commitments.
4. As a general guideline, students can expect that for every unit of course credit, they will be spending 3 hours a week per unit per term preparing for that course, including attending class. See the [UCLA Catalog](#) for details.
5. The student must complete pre-assessment activities as required in each course.
6. Pre-licensure students must purchase and take the periodically scheduled Kaplan Examination series, as well as Medication and OSCE examinations as outlined in the course syllabi.
7. Students may not bring anyone not enrolled in the course to class or leave such persons unattended in School of Nursing or at off-site clinical facilities. Students are discouraged from bringing their children into the classroom.

Learning is also seriously compromised by classroom disruptions. Therefore, in order to maximize learning, cellular devices must be turned off and stowed in book bags during class. Any student using a cellular device for any reason (without permission) will be asked to leave the clinical site or classroom and an unexcused absence will be recorded. Students using electronic devices such as cell phones, smart phones, iPads, tablets, or smart watches, or using lecture materials during exams or graded activities may be cited for cheating. Internet access at agencies will be limited to obtaining information directly related to patient care.

Other prohibited classroom behaviors include refusing to be seated, talking during lectures, sleeping, eating, non-class reading, entering the classroom late or leaving early without authorization. Faculty may also communicate the time and manner for student questions and expression of points of view in the instructional setting. Faculty will establish, communicate and enforce reasonable rules of classroom behavior and decorum. Behavior expectations are specified in the syllabi. These rules are not intended to discourage appropriate classroom expression,

discussion or disagreement, but to promote respectful interactions. Disruptive or disrespectful behaviors in the classroom are grounds for disciplinary action and possible recommendation for termination.

## EXAM AND TESTING POLICIES

### ABSENCE POLICY

Acceptable excuses for missing a quiz or examination for a theory course include one's own illness, serious illness in one's immediate family or death of a family member, or other exceptional circumstances. Ideally, the instructor or school must be notified at least two (2) hours prior to a scheduled examination if the student will be late or will not attend. A student who misses a quiz or examination must take the missed quiz or examination within one (1) week of the scheduled examination at the discretion of the faculty member. There is no reduction applied to the grade on the examination for an excused absence. The student must provide a physician note as proof of illness.

### EXAMINATION ENVIRONMENT

During all examinations: all backpacks, purses/wallets, watches, phones, laptops, tablets, hats, water bottles, food, jackets, sweaters, and any other extraneous materials will need to be placed at the front of the classroom. There are no bathroom breaks during exams. If a student has an emergent need, the student will be escorted to the bathroom and someone will stand outside the stall/door. Time spent in the bathroom will count towards the time allotted for the examination (No extra time will be given for completing the examination).



## PROFESSIONAL COMMUNICATION

In our learning community, we prioritize respectful behavior and communication towards faculty, staff, Teaching Assistants (TAs), and fellow students. Any form of disrespect, aggression, or hostility, including demanding immediate replies from faculty, TAs, or staff via email, is not permitted. For students who demonstrate a chronic pattern of hostility and intimidation, characterized by multiple Performance Improvement Plans and actions such as verbal abuse, shouting, profanity, stalking, swearing, or any form of threatening communication or harassment as defined by the law, appropriate actions will be taken. Such cases will be referred to the Associate Dean for Student Affairs and Director of Student Services and may involve a review by the Office of the Dean of Students to assess if a violation of the Student Code of Conduct has occurred.

## ELIGIBILITY FOR CLINICAL PRACTICE IN ALL PROGRAMS

In order to be eligible for clinical practice, each student is required to provide documentation of the items indicated in the following sections.

### HEALTH EVALUATION

#### GENERAL

1. Students must meet the following all [University](#) and School of Nursing minimum health evaluation requirements.
2. Depending on clinical placement, students will be required to meet any additional health evaluation requirements per individual institution's policy.
3. All requirements for health clearance and immunizations to begin clinical rotations are provided to students by the clinical coordinators through orientation modules in the program's Bruin Learn site. Students are expected to abide by the requirements and deadlines set forth in their orientation.

### RN LICENSE: MSN-APRN STUDENTS

1. APRN students must provide documentation of an RN License in the State of California. The License must remain current at all times. Actions taken against a student's license should be disclosed to the Student Affairs Office.

## BACKGROUND CHECK

1. A background check is required of all students of the School of Nursing because students perform sensitive tasks that include:
  - a. care and security of patients, children, elderly, disabled, neuro divergent;
  - b. direct access to controlled substances;
  - c. access to offices, rooms or buildings
2. Students are required to submit to, and satisfactorily clear, a criminal background check prior to performing such duties.
3. Students must authorize the background check by signing the *Background Check (Criminal Record) Authorization for UCLA Nursing Students* form.
4. Students are also required to complete background check documentation.
5. Some agencies require additional background and security clearances that must be completed by students in advance of their clinical placement. Students will be given adequate time to prepare for and submit all documents for background clearances.
6. The clinical coordinators are responsible for checking each student's background check. All background checks are kept in Castle Branch and results are shared with the healthcare facility to which the student will be assigned. Students who do not pass their background check will need to meet with the Program Directors. After the Program Directors have reviewed the background checks, records are stored in Castle Branch.
7. (APRN only) The clinical coordinator informs the program director and student affairs if any infractions against a current RN license have occurred between quarters. If infractions are discovered, a student may be ineligible to attend certain clinical sites. It is important that the student disclose any infractions to the program director immediately.

## CONFIDENTIALITY

1. Nurses are ethically committed to a nonjudgmental attitude, to honesty, and to protecting the confidentiality and the right to privacy of the patient.
2. Patients often confide highly personal information to nurses, trusting them not to divulge that information carelessly.
3. Patient names should **never** be used when writing nursing care plans or presenting case studies, except when these care plans are recorded directly in the patient's chart and are used as a basis for ongoing patient care. Instead, the patients should be referred to by their initials to conceal identity.
4. Any information seen or heard concerning a patient's diagnosis, condition, treatment, financial or personal status *must be held in absolute confidence*.
5. Details of a patient's history or status should not be discussed in elevators, restrooms, cafeterias, or in any other public place. Discussing a patient's medical history merely for the sake of gossip is highly unethical and unprofessional and may result in dismissal from the nursing program.
6. When the clinical experiences terminate, the need to respect the patient's confidentiality continues. Internet access at agencies will be limited to obtaining information directly related to patient care.
7. Under no circumstances should a student photocopy any part of the patient's record.
8. Theory examinations, clinical skills, simulation scenarios and testing situations are confidential. Details of these examinations should be discussed or shared only with SON faculty.
9. Students are only to make contact with and provide care to those patients to whom they have been assigned. They may not access the medical records of other patients, friends or family members.
10. Students who fail to observe these rules may be in violation of HIPAA, which could result in termination from the program.

## HIPAA PRIVACY AND SECURITY SCREENING

1. The Health Insurance Portability and Accountability Act (HIPAA) was passed in 1996 in an effort to make health insurance more efficient and portable. Additionally, because of public concerns about confidentiality, the Act also addresses information protection. A HIPAA violation by a student may result in student's dismissal from program.
2. Because nurses have access to individual's protected health information, all students must:
  - a. Have an understanding of what information must be protected under HIPAA privacy laws;
  - b. Have an understanding of the HIPAA patient rights;
  - c. Have an understanding of the nurse's role as a healthcare provider in maintaining privacy of protected health information for patient care, teaching, research, fund-raising, marketing and media;
  - d. Be aware of consequences for non-compliance with federal regulations;
  - e. Complete successfully the [HIPAA Privacy and Information Security Training for New Workforce Members](#).
  - f. Complete HIPAA training every year.

## INSURANCE

Registered students may, at the University's sole discretion, be provided a University defense and indemnity for allegations of medical negligence arising out of clinical activities rendered pursuant to a University approved affiliation agreement. Such defense and indemnity, if provided, would be limited to allegations of medical negligence for those clinical activities performed within the State of California that are required as part of their University of California degree requirements. The University may require the student to purchase liability coverage. University students are not considered to be employees of the University of California and any coverage provided by the University is subject to the University's sole determination and consideration of University excess insurance and legal requirements. Students provided a University defense and indemnity must cooperate with University assigned counsel and will not be reimbursed for personal expenses incurred, including travel or lost income resulting from participating in defense of any action. Nothing herein should be construed as a promise to provide defense and indemnification nor should it be construed to discourage students from purchasing their own liability insurance policies. The University does not provide workers' compensation coverage to students.

## CLINICAL AND COMMUNITY-BASED AGENCY RULES

Students are educational guests in the clinical or community-based facility and are expected to abide by each facility's policies and procedures manuals. Students are expected to be familiar with emergency protocols for each clinical and community-based facility.

No personal calls are to be placed or received while in the clinical or community-based setting. Students are not allowed to carry a beeper or use a cellular device unless doing so is required by the policies of the clinical or community-based site. Should a family member need to reach the student (in case of emergency only), they should call the clinical or community-based facility nursing office/nursing office manager who will notify the faculty supervising the student.

Students who fail to comply with ongoing health-related documentation will not be allowed to attend clinical and will be required to make up lost time at their expense. Students who are not immunized or who decline immunizations (such as the annual influenza vaccine), may be restricted from a clinical site. If there is no alternative site suitable for the student, the student will not be able to complete the objectives of the clinical course, which could result in a delay in degree requirements.

Students are expected to follow dress codes and/or specific rules unique to each facility, and to display professional demeanor while in the facility.

### Solicitation

Unlawful solicitation of any kind by faculty and students is not allowed in any clinical site.

## HEALTH SITUATIONS INCREASING RISK IN THE CLINICAL SETTING

Changes in student health status that may affect the safety of the student and/or patient in healthcare agencies must be reported to the Director of Student Services. This includes pregnancy, accident that causes injury, or other mental or physical condition, including infectious diseases. A healthcare provider statement may be required to provide documentation indicating it is safe for the student to function in the clinical area. The School of Nursing will provide reasonable accommodations for student with specific needs stemming from a change in health status.

As a part of providing care to ill persons, the student may be exposed to infectious and/or communicable diseases. Costs of testing, diagnosis, and treatment of any infectious and/or communicable disease, including those contracted while acting as a caregiver in a clinical experience, will be the responsibility of the student. The School of Nursing provides instruction to each student regarding Universal Precautions according to the recommendations of the Centers for Disease Control.

## IF THE STUDENT IS INJURED WHILE IN CLINICAL:

### HEALTH SITUATIONS INCREASING RISK IN THE CLINICAL SETTING

Changes in student health status that may affect the safety of the student and/or patient in healthcare agencies please follow the chain of communication and student may also report it to Student Affairs.. This includes pregnancy, accidents that cause injury, or other mental or physical condition including infectious diseases. A healthcare provider statement may be required indicating that it is safe for the student to function in the clinical area. The School of Nursing will provide reasonable accommodations for students with specific needs stemming from a change in health status. Students in need of accommodation are urged to register with the Center for Accessible Education (CAE) in order to receive accommodation.

As a part of providing care to ill persons, the student may be exposed to infectious and/or communicable diseases. Costs of testing, diagnosis, and treatment of any infectious and/or communicable disease, including those contracted while acting as a caregiver in a clinical experience, will be the responsibility of the student. The School of Nursing provides instruction to each student regarding Universal Precautions according to the recommendations of the Centers for Disease Control.

### IF THE STUDENT IS INJURED WHILE IN CLINICAL

1. The student should immediately notify the Clinical Instructor and Preceptor.
2. The Clinical Instructor or Preceptor will immediately notify Clinical Faculty/Course Lead Faculty and the Program Director.
3. The Clinical Instructor or Preceptor will complete the Student Incident Report form in eValue, which documents medical incidents and send it to the Clinical Coordinator.
4. If necessary, the student will be excused from clinical for the day to seek medical treatment.
5. If required, emergency care will be provided by the clinical site at the student's expense (a needle stick is considered an urgent medical concern). Students are required to have health insurance coverage for the duration of the program.
6. The student is responsible for contacting his/her healthcare provider (often the [Arthur Ashe Center](#)) immediately following emergent care (ideally within 4 hours) to arrange for post-injury follow-up.

7. All costs associated with immediate and follow-up treatment are the responsibility of the student.
8. Students injured at UCLA facilities will be required to complete paperwork with the Occupational Health Office at UCLA Ronald Reagan within 24 hours of the incident.

## UCLA SCHOOL OF NURSING POLICY ON HIV/AIDS AND OTHER BLOODBORNE DISEASES

For more information about definitions, policy, and post-exposure prophylaxis instructions, please review the School of Nursing Policy on HIV/AIDS and other Blood Borne Diseases.

## OTHER INJURIES

Recommendations for actions in case of employee injuries can be found at UCLA Insurance & Risk Management site [Report Serious Employee Injury](#) . Guidelines for what to do when a visitor or student reports an injury are located at <https://irm.ucla.edu/general-liability/what-to-do-when-a-visitor-or-student-reports-an-injury>

Guidelines for reporting incidents involving biohazards are located at <https://ehs.ucla.edu/waste>.

## STUDENT - FACULTY COMMUNICATION

### PRE-ADMISSION ADVISEMENT

The School of Nursing gives direction and provides information to interested potential applicants to the BS, MSN, and PhD programs through admissions information sessions. The admissions information sessions are presented in a group format with a number of scheduled speakers. We encourage participants to arrive prior to the beginning of the session. Refer to the program of interest and click on the Admissions Information Sessions link on the [School of Nursing website](#).

### FACULTY ADVISEMENT

#### Pre-licensure Students

On acceptance to the school, students are assigned a faculty advisor to aid in planning their total program. Students are encouraged to meet with their advisor face-to-face each quarter to identify

academic and personal needs and match them with available school and University resources, to confirm University and course requirements, and to maximize the student's abilities to reach educational and professional goals. In addition, meetings should be arranged when problems or questions arise to evaluate progress. Students experiencing academic difficulties should refer to the progression policy for their program. As adult learners, students are expected to initiate appointments each quarter with their advisor and not wait to be contacted. Students should be proactive to maximize the benefit of this relationship. Face-to-face meetings are preferred, especially for first meetings. Meetings are documented in writing and placed in the student file.

A faculty advisor offers mentorship and support throughout the program. Students are encouraged to take clinical or classroom-related concerns to the appropriate faculty member. If a concern is not resolved, the student should contact their faculty advisor, Student Affairs, and the Program Directors. Clinical and course evaluations as well as the Exit Survey provide additional mechanisms for students to provide feedback to faculty and the School of Nursing.

#### APRN Students

UCLA School of Nursing conducts quarterly group advising sessions to support APRN students' needs. Group Advising is an efficient way of sharing information with advisees relating to their program in a student group setting. Students receive notifications about dates and times of the sessions via Bruin Learn and the newsletter in advance. These dates are based on each cohort's academic schedule. APRN students will attend one advising session each quarter. During these sessions, all necessary information will be covered by the program directors, clinical coordinators and student affairs staff and the students' questions will be answered.

#### Program Directors

**Program directors** work closely with the Associate Deans of Student and Academic Affairs, Course Faculty, and Student Affairs to support students. The program directors host monthly program meetings where cohort representatives are invited to attend, and voice their cohorts' successes and challenges. Collaborative and solution-focused problem solving are key components for positive outcomes.

#### Student Services

In addition to the faculty advisor, the [Student Affairs Office \(SAO\)](#) offers support to students throughout their course of study. The SAO's main responsibilities are to ensure the students' proper enrollment and satisfactory progress through the nursing program, facilitate the licensure process and provide educational verification for alumni. The SAO staff meets with students collectively and on an individual basis to plan their program of study. Students can direct general course questions, particularly electives and non-School of Nursing courses, to the SAO staff.



Faculty advisors can help answer questions about School of Nursing courses and personal/professional goals.

#### ATTENDANCE POLICIES

In accordance with the University's philosophy, regular class and clinical attendance are considered necessary if the student is to complete the course objectives in a satisfactory manner. Attendance is considered a legitimate basis for grading. Due to the nature of the curriculum and obligations to patients, pre-licensure students cannot easily make up time missed in the clinical area, eliminating the option for voluntary absences. Students are expected to attend all classes and every clinical/lab session for which they are scheduled. Students are expected to come to class and clinical/lab on time.

Nursing students should make every effort to be available on the first day of each quarter ("Quarter Begins" on Academic Calendar), even if that day is different from the first day that the course is scheduled to meet, in order for faculty to organize clinical orientations or med math exams that would otherwise delay students' entry in the clinical setting. In addition, students should expect to be available until the last day of Finals Week ("Quarter Ends" date on Academic Calendar), and not plan to leave early, as clinical make-up and other activities may be required. Otherwise, students risk an "Incomplete" grade for the class.

Rising seniors and rising second-year MECN students, as well as some advanced practice students, are required to attend classes during the summer quarter. **The summer quarter is a full 11 weeks (follow the [Academic Calendar](#), Session A 10-Week Schedule, and add one week)**, during which time final exams, OSCE's and Kaplan exams may be scheduled. Students are advised to plan accordingly.

## ABSENCES AND PUNCTUALITY

### THEORY COURSES

Regular class and lecture attendance is expected of all nursing students. The instructor for a given theory course determines how student attendance is incorporated in the final grading, as indicated in the course syllabus.

Acceptable absence excuses for missing a quiz or examination for a theory course include one's own illness, serious illness in one's immediate family or death of a family member, or other exceptional circumstances. Ideally, the instructor or school must be notified at least two (2) hours prior to a scheduled examination. A student who misses a quiz or examination must take the missed quiz or examination within one (1) week of the scheduled examination at the discretion of the faculty

member. There is no reduction applied to the grade on the examination for an excused absence. Student must provide a physician's note as proof of illness.

If a student is absent on the day of a quiz or examination without explanation, that absence is considered unexcused. In general, failure to notify the instructor or school prior to the exam time render the absence unexcused, even if the absence was due to one's own illness, serious illness in one's immediate family or death of a family member. Unexcused absences will result in a reduction of points on missed quizzes, assignments and exams. Please communicate any absences immediately with your faculty.

## DISCLOSURE OF STUDENT RECORDS

The policy on the disclosure of student records can be found on the UCLA Registrar's website: <https://registrar.ucla.edu/faculty-staff/ferpa/disclosure-of-student-records>

## GRADUATE DIVISION POLICIES GOVERNING GRADUATE STUDENTS

In addition to the policies contained in this handbook that relate to nursing students, graduate nursing students (MECN, Advanced Practice and PhD) are required to abide by the policies set forth by the Division of Graduate Education regarding their graduate study. Graduate nursing students are urged to read and familiarize themselves with the annual [\*Standards and Procedures Guide for Graduate Study\*](#).

Graduate Students will find the <https://go.grad.ucla.edu> helpful as they navigate their program of study. The site contains important information and forms pertinent to graduate study.

## DISCRIMINATION PREVENTION OFFICE (DPO)

The Discrimination Prevention Office serves the UCLA community by providing training and guidance to the UCLA community about issues related to the prevention of discrimination and harassment based on race, ancestry, national origin, religion, age, or other protected categories. The DPO also investigates reports made by students, faculty or staff of suspected discrimination or harassment. Students who feel that they have experienced discrimination may [file a complaint by visiting their website](#).

## TITLE IX OFFICE/SEXUAL HARASSMENT PREVENTION

Title IX of the Education Amendments of 1972 prohibits sex or gender discrimination in any educational program receiving federal assistance. The Title IX Office receives all inquiries and reports related to allegations of gender discrimination (which includes pregnancy discrimination, sexual harassment and sexual violence. Students may find information about their services at their website: <https://www.sexualharassment.ucla.edu/>. Students who have experienced gender-based discrimination, harassment or violence may make a report to that office at [titleix@conet.ucla.edu](mailto:titleix@conet.ucla.edu), by phone at (310) 206-3417, or in person at 2255 Murphy Hall. UCLA requires all entering and continuing students to complete yearly TITLE IX training. Information will be sent to your email on my UCLA. Non completion of the training can result in an enrollment hold.

## PREGNANCY SUPPORT/ LACTATION ROOMS

Pregnant and post-partum students will be accommodated to the fullest extent that the law allows. Students who are pregnant or become pregnant while in the program are advised to register with the Center for Accessible Education so that possible pregnancy or lactation related accommodations in the clinical or classroom can be provided. Lactating students who are in need of a space can visit [Campus Human Resources](#) for more information on resources and lactation facilities across the university. School of Nursing has designated a room for lactation which is located on the 3<sup>rd</sup> floor. For further questions, please contact the Student Affairs Office for more information.

## ACADEMIC INTEGRITY AND STUDENT CONDUCT

UCLA is a community of scholars. All members, including faculty, staff and students, are responsible for maintaining standards of academic honesty. Cheating, plagiarism, unassigned collaborative work, multiple submissions without permission of the professor or other kinds of academic dishonesty are considered unacceptable behavior and will result in formal disciplinary proceedings, usually resulting in **suspension** or **dismissal**. All instances of suspected dishonesty will be referred to the UCLA Office of the Dean of Students for investigation and adjudication. In the meantime, a grade of DR ("Delayed Report") will be reflected on the transcript for that class, and the student should continue attending classes and submitting assignments.

Every student is responsible for following the [UCLA Student Conduct Code](#). Nursing students who receive a sanction of suspension from the Office of the Dean of Students may be required to reapply per the policies set forth by Undergraduate and Graduate Division.

Graduate and undergraduate students who are found culpable of violating the Student Conduct Code will be reviewed by the Student Affairs Committee to determine if the student may continue in the nursing program.

## FINANCIAL ASSISTANCE

To apply for financial aid, students must complete a Free Application for Federal Student Aid (FAFSA). The application is available [online](#) in October and should be completed by the March 2<sup>nd</sup> priority filing deadline in order to receive optimum consideration for limited financial aid resources.

Financial aid may include: loans, grants, scholarships and work-study for undergraduate students and loans, fellowships, and scholarships for graduate students.

The UCLA School of Nursing has a Director of Financial Aid to assist students with any financial aid questions. For general questions and inquiries, students can contact [financialaid@sonnet.ucla.edu](mailto:financialaid@sonnet.ucla.edu).

## STUDENT LEADERSHIP OPPORTUNITIES

Student input is valued in the governance of the School of Nursing and UCLA. Thus, students may be nominated, asked to volunteer, or be appointed to serve as representatives for their cohorts, or on various committees within the School of Nursing and the University. Students are encouraged to be actively involved in the School of Nursing and University-wide activities. The committees on which student representation is encouraged are the Curriculum Committee, Pre-licensure Faculty Program Meetings, APRN Faculty Program Meetings, Doctoral Faculty Program Meetings, and the SON Council on Equity, Diversity and Inclusion.

### STUDENT COHORT REPRESENTATIVES

The purpose of the cohort representative role is to provide a conduit for exchange of information, questions, and concerns from the student group perspective. It also provides input, as needed from the student perspective on agenda items when solicited by the faculty.

The cohort representative role offers an opportunity for participation as a student leader. Peers at the start of each academic year select their student cohort representatives. A minimum of two (2) representatives for each cohort will be elected by the mid-point of the first quarter. In the beginning of the second year of the program, the cohort will then have the opportunity to elect two (2) new cohort representatives. This will provide opportunities

for leadership roles to additional students. The role and responsibilities of student cohort representatives include, but are not limited to the following:

- Represent the entire cohort at the program monthly faculty meetings, Reports should reflect positive feedback as well as address concerns or situations that may warrant improvement or change within the student roles/responsibilities. Updates to the cohort can be communicated with the support of Student Affairs Officers.
- Provide both positive and constructive feedback to the program. Feedback regarding situations of concern or dissatisfaction should be accompanied with recommended solution(s) for improvement. The student cohort representative's role is not to be the voice for an individual student's situation, grades, or concerns. A student with an individual concern should approach the appropriate course faculty member and/or their advisor for assistance. The student cohort representatives must focus on the concerns of the cohort as a whole and contributions to enhancing the learning experience within the School of Nursing academic program.

## CURRICULUM COMMITTEE

This committee shall be composed of ten individuals: the Chair and Vice Chair and two faculty members who teach in the Baccalaureate program, two who teach in the Master's Advanced Practice Registered Nursing program, two who teach in the Master's Entry into Clinical Nursing (MECN) program, and two who teach in the Doctoral Program. The Chair and Vice Chair shall be elected by the full Academic Senate Faculty for a two-year term. The Chair, Vice Chair and at least six of the eight other members must be Academic Senate Faculty. The Associate Dean for Academic shall serve as an *ex officio* member without vote. The duties of the committee shall be to monitor curricular matters, changes in courses, instruction and degree requirements; to oversee comprehensive and qualifying exams; to recommend cognate courses for doctoral students; and to recommend policies regarding the programs. Student representatives will be elected to the Curriculum Committee and may serve until graduation

## COUNCIL ON DIVERSITY, EQUITY AND INCLUSION

The Council on Diversity, Equity and Inclusion shall serve in an advisory capacity to the Associate Dean for Diversity, Equity and Inclusion. The mission of the Council is to foster and support an inclusive climate in the School of Nursing in which faculty, staff, and students feel valued and are treated equitably. This involves consideration of the relations among faculty, faculty and staff, and faculty and students, and a commitment to the core values of diversity, equity and inclusion.

STUDENT ORGANIZATIONS We encourage students to be actively involved in our student organizations. There are many opportunities for students to be involved in [nursing](#) and UCLA organizations. Visit the UCLA [Student Groups website](#) for a complete list of these opportunities. If there is an organization that you would like to begin please talk to the Student Affairs Office for guidance.

There will be many volunteer opportunities throughout the year to serve the community of Los Angeles. We work closely with UCLA Health and other community partners throughout the year. These volunteer experiences include oversight by faculty members. Students should consult with their student group faculty advisor to discuss potential opportunities and liability issues.

## CAMPUS SERVICES

### REGISTRATION

The [Registrar's Office](#) is located in 1113 Murphy Hall.

Registration consists of paying fees and enrolling in classes.

1. Registration fees and other University charges are due the **20<sup>th</sup>** of each month. Bruin Bill accounts can be viewed through [MyUCLA](#).
2. Enrollment in classes is completed through [MyUCLA](#).

Students must complete both processes by the established deadlines to be officially registered and enrolled for the term.

### NURSING STUDENT-ALUMNI LOUNGE

The Student-Alumni Lounge is located on the second floor of the Louis Factor Building (2-146 Factor Building). This room is card-access only and is available to all students and School of Nursing Alumni Monday through Friday from 6:00am to 6:30pm, except on university holidays.

***Please note that students will get locked out of the lounge, even with their cards, during off-access hours. Should this happen, students should call UC Security (310) 267-7100.***

## STUDENT HEALTH

The [Arthur Ashe Student Health and Wellness Center](#) (The Ashe Center) is devoted to providing quality, accessible, state-of-the-art healthcare and education to support the unique development of UCLA students. Their comprehensive services include Primary Care, Women's Health, Immunizations, Travel Medicine, Physical Therapy, Specialty Clinics, Optometry, Acupuncture and Massage – all under one roof! Students can schedule appointments online, in person, or by phone and can communicate with their primary care providers via secure electronic messaging. For more immediate concerns, Urgent Care is available during business hours, and after hours, students can access their 24/7 Nurse line for advice and information by phone. The Ashe Center also houses its own full-service Pharmacy, Laboratory and Radiology units. The 1st Floor Scheduling Station can be reached at (310) 825-4073.

## STUDENT HEALTH INSURANCE PLAN (UC SHIP)

Having health insurance is a condition of enrollment at UCLA. All students are automatically enrolled into the UCLA Student Health Insurance Plan (UC SHIP) but the decision to stay enrolled in UC SHIP is a personal one. Some will choose to keep UC SHIP, others will choose to waive, and still others will choose to keep both (dual coverage). Take the time to consider the UC SHIP plan benefits and compare them to your existing private insurance before choosing the best fit for you.

## WAIVING UC SHIP

Students may waive UC SHIP if they maintain active enrollment in a qualified medical/health insurance plan and apply for a UC SHIP waiver within established deadlines: September 1-20 for Fall quarter; December 1-20 for Winter quarter; March 1-20 for Spring quarter.

Students must apply for a UC SHIP waiver online. A pre-waiver worksheet is available to assist students before they complete an actual waiver. See the [Ashe Center website](#) for details, including a definition of qualified private medical/health insurance. Select the Insurance tab then choose UC SHIP Waiver.

## CENTER for ACCESSIBLE EDUCATION (CAE)

CAE services are designed to meet the unique educational needs of regularly enrolled UCLA students with documented permanent and temporary disabilities. The philosophy and mission of the program is to encourage independence, assist students in realizing their academic potential, and to facilitate the elimination of programmatic and attitudinal barriers. If you need any accommodation for a disability, please contact the [Center for Accessible Education \(CAE\)](#) at (310) 825-1501. The School of Nursing is committed to working with all students to create a successful learning environment.

## GRADUATE WRITING CENTER (GWC)

[The Graduate Writing Center](#) offers a variety of workshops and programs throughout the year. During the summer, it offers various dissertation "boot camps" for graduate students working on dissertation proposals and dissertations. The GWC offers FREE appointments with friendly, experienced writing consultants to all registered UCLA graduate and professional school students. *Please keep in mind that the consultation appointments are interactive sessions, not proofreading or editing sessions.* The goal of the GWC is to help you become an effective writer and communicator in your academic or professional field.

## UNDERGRADUATE WRITING CENTER

As part of UCLA Writing Programs, the [Undergraduate Student Writing Center's](#) mission is to enrich the education of undergraduate students in all disciplines through individualized consultations on writing. Their goal is not to edit writing assignments that will be submitted for grading, but to coach students to become more effective and confident writers.

## GRADUATE STUDENT RESOURCE CENTER

[The GSRC](#) is a resource, referral and information center for graduate students, offering programs and workshops on a variety of topics, drop-in advice and assistance, meeting and study space, and the opportunity for social interaction. The GSRC works with GSA to organize the [Graduate Student Orientation](#) and [Equity, Inclusion & Diversity Graduate Welcome Day](#) each fall. The Graduate Student Resource Center is also the home of the new [Graduate Writing Center](#). All graduate and professional students are welcome. They are located in B11 of the Student Activities Center.



## GRADUATE READING ROOM (GRR)

There is a Graduate Reading Room dedicated to graduate nursing students located on the third floor of the Biomedical Library, accessible 24 hours a day/7 days a week. The Biomedical Library is committed to keeping the Graduate Reading Room a safe study environment; therefore, graduate students must swipe their university-issued ID in order to access the reading room, and they are required to show their ID badges to security officers during their daily rounds. Failure to swipe in or provide security officers with evidence of School of Nursing ID when prompted may result in disciplinary action. More information can be found on their [website](#).

## UCLA RECREATION

Reflecting the varied leisure and wellness needs of the University community, [UCLA Recreation](#) provides extensive access to a broad range of recreational activities and services. The Department offers programming which encompasses the competitive, passive, social, cultural, and instructional aspects of recreational activity. In addition, UCLA Recreation manages 14 of the University's recreational and athletic facilities offering recreation, sport, and numerous multi-use options for student and university events.

## HOUSING

[UCLA's Housing Office](#) offers a variety of services to help with undergraduate and graduate housing needs. Their experienced staff is available to answer questions and assist students with housing options, meal plans, budget counseling, and payment information.

## PARKING AND TRANSPORTATION

The [Parking and Transportation Office](#) coordinates the variety of transportation options available to students and staff at UCLA including issuing parking permits, coordinating ride-share programs, overseeing campus shuttle services, and much more. Parking is not guaranteed, including at clinical sites, and all students are expected to have transportation to and from their clinical experience.

## UCLA POLICE DEPARTMENT

[The UCLA Police Department \(UCPD\)](#), (310) 825-1491, is located at 601 Westwood Plaza. The sworn State of California Police Officers are empowered by the State of California with the authority to enforce all state and local laws. UCLA police officers patrol the campus 24 hours a day, 365 days a year. They enforce all applicable local, state, and

federal laws, arrest violators, investigate and suppress crime, and provide a full range of police services and community safety programs.

## CRIME STATISTICS AND REPORTING

As required by the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, UCLA prepares an annual report describing campus security policy and information concerning alcohol and drug use, crime prevention, crime reporting, and includes three years of crime statistics. The [report can be accessed online](#).

## EMERGENCY PLAN

The evacuation area for the Factor Building is at the corner of Tiverton and Charles Young Drive, across the street from the building. If a fire alarm sounds, you **MUST** leave the building immediately. Take only your personal belongings with you. Re-enter the building only when the fire department tells you it is safe. Do not leave the evacuation area until instructed to do so. If an earthquake occurs, take cover immediately under a desk or table. Cover your head and neck and stay away from windows. Follow the evacuation plan when it is safe to do so.

## EMERGENCY SERVICES

For any other emergencies on campus, please dial 911 from prefixes 206, 267, 794, or 825, or 8911 from off-campus ECS prefixes 312, 411, or 794. Call campus police at **310-825-1491** when calling from a cellular phone from campus or adjacent locations.

UCLA EMERGENCY HOTLINE: 1-800-900-UCLA (1-800-900-8252) OR 1-800-900-1234

In order to receive campus alerts (BruinAlerts) by text messaging, students are encouraged to [sign up online](#).

In the event of an active shooter, The UCLA Office of Emergency Management has prepared an [Active Shooter Lockdown Checklist](#).

## CHANGES TO POLICY AND/OR CURRICULUM REQUIREMENTS

Due to the nature and demands of an educational program and the nursing profession, the School of Nursing reserves the right to change specific policies and/or curricular requirements to enhance and update the curriculum design for the program of nursing. These changes will be made known to the students as they occur.

## ACKNOWLEDGEMENT AND ATTESTATION TO STUDENT HANDBOOK

**It is the student's responsibility to read the Student Handbook and be familiar with its contents. Each student is required to attest to reading and understanding the UCLA School of Nursing Student Handbook, and acting in accordance within the guidelines and spirit of the provisions outlined therein.**

**The attestation will be sent to students via Bruin Learn at the start of Fall Quarter and will be due before end of Week 2. The attestation is mandatory, and must be submitted by this deadline. Failure to submit the attestation by the due date will result in an enrollment hold on the student's record.**