

UCLA

School of Nursing

Student Handbook 2019-2020



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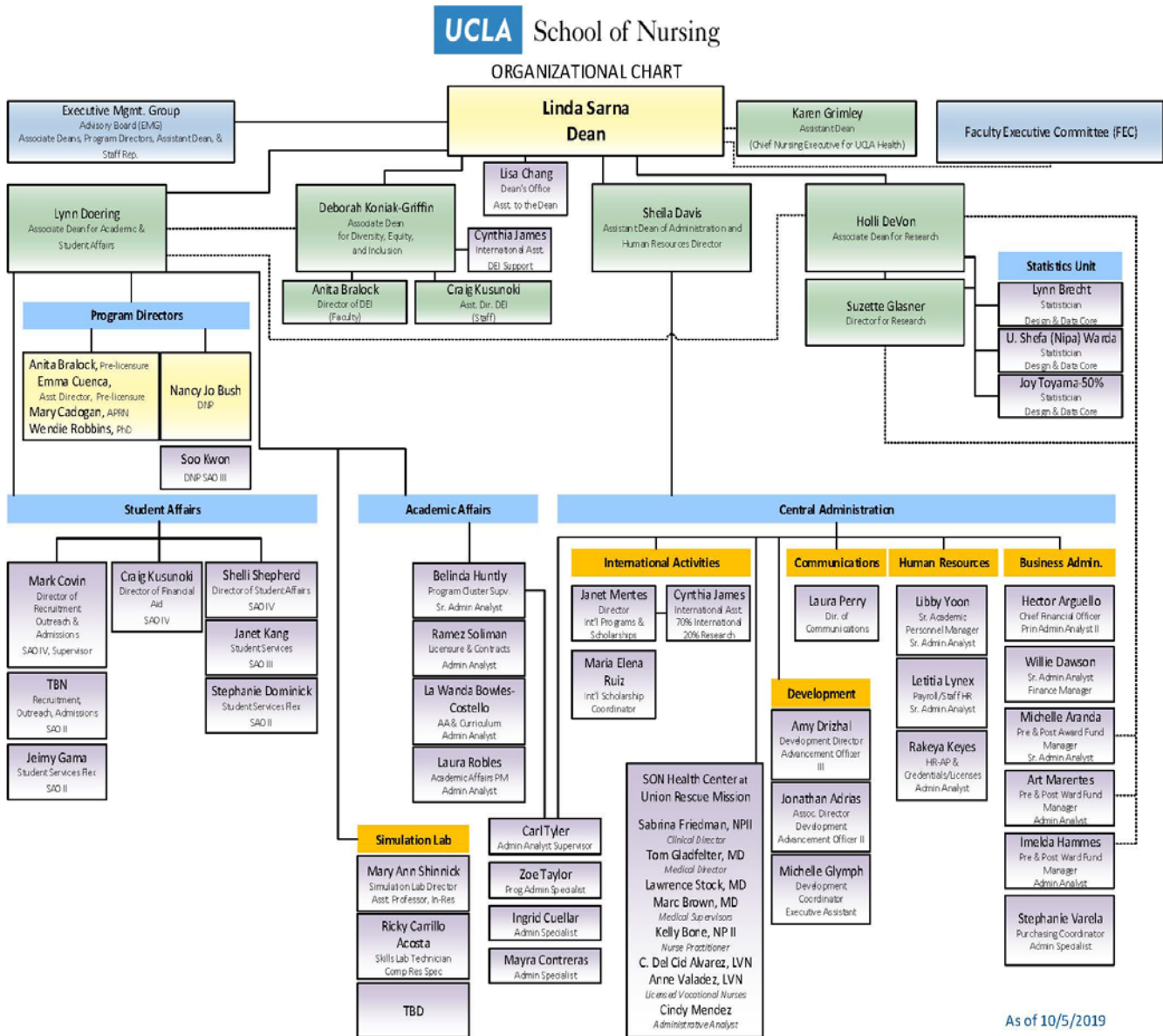
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UCLA SCHOOL OF NURSING ORGANIZATIONAL CHART



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 Regents approved the Doctor of Nursing Science (DNSc) degree program in 1986, and in 1987 the first doctoral students were admitted.

In 1996, the Office of the President and the Regents approved the change in the master's degree designation from MN to Master of Science in Nursing (MSN); the change in doctoral degree designation from DNSc to PhD in Nursing was approved in 1995. In 2013, an en route MS option was established within the existing PhD program for students in the BS to PhD pathway.

To meet the educational needs of students who are registered nurses with Associate Degrees or diplomas in nursing, the original BS program curriculum was revised in 1997 and the RN to BS Bridge Program was established and continued until 2010.

In 2006, the School of Nursing reinstated the pre-licensure bachelor's program (BS/pre-licensure) with admission at the freshman level and launched the Master's Entry Clinical Nurse (MECN/pre-licensure) program within the MSN degree, which is designed for pre-licensure students with bachelor's degrees in other disciplines.

In 2018, the Office of the President and the Regents approved the Doctorate 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 2010, the Commission on Collegiate Nursing Education (CCNE) accredited the existing bachelor's and master's degree programs for a term of 10 years.

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 [School of Nursing Enrolled Students](#) webpage, the [UCLA General Catalog](#), the [Graduate Division Program and Degree Requirements](#) and the [UCLA Schedule of Classes](#).

BACHELOR OF SCIENCE (BS) DEGREE PROGRAM

PROGRAM GOALS

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 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 objectives:

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, VIII, IX; QSEN: teamwork and collaboration, quality improvement, evidence-based practice]
7. 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]

8. 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]
9. 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].

BACHELOR OF SCIENCE COURSE SEQUENCE

UCLA
School of Nursing
Bachelor of Science in Nursing Program

Fall 2019

FALL 2019 ADMISSION - CLASS OF 2023
PRELICENSURE BACCALAUREATE
SAMPLE COURSE SEQUENCE – SUBJECT TO REVISION

This course sequence is provided as an example only and is *subject to revision*. Each student must meet with his/her faculty advisor every quarter to review progress in the program and plan coursework for future quarters. Courses denoted with an asterisk may be offered and taken during quarters other than noted. Students are advised to enroll in a minimum of **12 units** each quarter.

Year 1 (19-20)

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>	<u>Summer</u>	<u>Units</u>
N10	2	N20	2	N13 Anatomy	5		
Chem 14A (GE)*	4	Chem 14B (GE)*	4	Chem 14C*	4		
Math 3A (or 31A)	4	Life Science 7A*	4	Com or Psych GE*	5		
English 3/Writing I	5	Liberal Arts GE*	5				
Total	15	Total	15	Total	14		

Year 2 (20-21)

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>	<u>Summer</u>	<u>Units</u>
N50	4	N3 Physiology	5	N54A	3		
Life Science 7C*	4	MIMG10	4	N173W	5		
Com or Psych GE*	5	Biostat 100A	4	Liberal Arts GE*	5		
				Liberal Arts GE*	5		
				Total			
Total	13	Total	13	Total	18		

Year 3 (21-22)

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>	<u>Summer</u>	<u>Units</u>
N54B	2	N115	5	N160	4	N164	3+2c
N152A	2	N150B	3+1c	N162B	4+2c	N165	3+2c
N152B	2	N162A	3+1c	N163	2+1c		
N150A	3+1c			Liberal Arts GE*	5		
N174	4						
Total	14	Total	13	Total	18	Total	10

Year 4 (22-23)

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>	<u>Summer</u>	<u>Units</u>
N161	3+2c	N171	3+3c	N169	12c		
N162C	4+4c	N168	5				
Total	13	Total	11	Total	12		

*Courses denoted with an asterisk may be taken out of sequence

BS Pre-requisite List

BS Pre-requisite List

Course	Quarter Taken	Pre-requisites
N3	Winter Year 2	None
N10	Fall Year 1	None
N13	Spring Year 1	None
N20	Winter Year 1	N10
N50	Fall Year 2	None
N54A	Spring Year 2	N3, N13
N54B	Fall Year 3	N54A
N173W	Spring Year 2	Writing 1 (English 3 or equivalent)
N150A	Fall Year 3	All coursework from Years 1 and 2
N150B	Winter Year 3	N150A, N152A, N152B, N174
N152A	Fall Year 3	N10, N20, N3, N13
N152B	Fall Year 3	N10, N20, N3, N13
N174	Fall Year 3	All coursework from Years 1 and 2
N115	Winter Year 3	N54A, N54B, N150A, N152A, N152B, N174
N162A	Winter Year 3	N54A, N54B, N152A, N152B, N150A, N174
N162B	Spring Year 3	N162A, N115, N150B, N174
N162C	Fall Year 4	N115, N150B, N174, N160, N162B
N160	Spring Year 3	N115, N150A, N150B, N152A, N152B
N163	Spring Year 3	N160, N162A
N164	Summer Year 3	N160, N162B
N165	Summer Year 3	N160, N162B
N161	Fall Year 4	N160, N162B
N168	Winter Year 4	N161, N162C, N163, N164, N165
N169	Spring Year 4	N161, N162C, N163, N164, N165, N168
N171	Winter Year 4	N161, N162C, N163, N164, N165

BS PROGRESSION

1. Progression within a course, from course to course and in class level (freshman, sophomore, junior and senior) is governed by the Student Affairs Committee regulations as stated in this section. Students are responsible for completing **all** pre-major and nursing courses at the designated class level before going on to the courses in the following quarter.
2. Faculty may ask the Student Affairs Committee 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 probation, make conditional requirements, or recommend for dismissal from the program. The Chair of the Student Affairs Committee will give a letter to the student stating the action of the committee. Appeal of this action by the student is made to the Chair of the Student Affairs Committee.
3. A minimum cumulative grade point average **of 2.0** (on a 4.0 scale) must be maintained throughout the program. Failure to maintain a 2.0 term or cumulative GPA will result in probation or cause the student to become subject to dismissal.
4. A grade of "C-" or better (at least 70%) 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-" in any such course is considered to have failed the course and must repeat that course before progressing to the next level.
5. A grade of "C" or better is required in Writing I and Quantitative Reasoning, which for Nursing students is Biostatistics 100A.
6. If a student receives a grade of "C-" or below in any nursing course or Writing I, he or she is required to repeat the course and achieve a passing grade before progressing to any courses in the subsequent quarter.
7. Students must receive a grade of "C" or better in all Nursing courses: N3, N10, N13, N20, N50, N54AB, N115, N150AB, N152AB, N162A-C, N160, N161, N163, N164, N165, N168, N169, N171, N173W, and N174. 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" (at least 74%) or better to pass the course and progress to the next courses in the BS sequence.
 - a. **If a student does not receive a grade of "C" (at least 74%) on either the theory or the clinical component, she or he will repeat the linked theory-clinical course during the next academic year.**

b. A student may not progress to the next sequence of BS courses until the class is repeated and a “C” or better is earned in each component (clinical and theory) of the linked course.

8. Since nursing courses are offered once a year and follow a defined sequence, students will need to wait until the following year to repeat a course. BS students may declare non-attendance for one quarter. Beyond one quarter, students would need to reapply and be interviewed by the Student Affairs Committee. Admission is not guaranteed if the student’s status lapses. A petition must be submitted if the student’s program is extended beyond the established plan of 4 years for traditional BS students and 3 years for transfer students. Please refer to the academic policies for [Absence and Readmission](#) outlined in the UCLA General Catalog.
9. A student is only permitted to repeat one nursing course in the process of completing the program. The student may retake one course; however, if the student receives below passing in that course again, or subsequently fails to pass any other nursing course, the student may be recommended for dismissal from the program.
10. Because most nursing courses are only offered once a year, nursing students should not drop coursework without first discussing the impact of doing so with the academic advisor and the Director of Student Services. Dropping a class, particularly in the last two years of study, most likely will result in a delay in degree completion.
11. A pre-major science course, taken before the last two years of study, may be repeated only once; however, a student can repeat more than one pre-major science course to a maximum of sixteen (16) units. If a student completed a science course more than seven years ago, this science course must be repeated and this does not count as repeating a course for progression.
12. 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.
13. Failure to meet any of the above requirements may result in recommendation for dismissal from the program.
14. Students who cannot progress in the program are required to meet with their faculty advisors and course faculty 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.

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

PROGRAM GOALS

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. In addition, the MECN graduates also take a series of courses in preparation for the CNL roles: RN Clinician, Outcomes manager, Client advocate, Educator, Information manager, Systems analyst/risk anticipator, Team manager, Member of a profession, Lifelong learner. Three courses (N267, N268, and N269) in the MECN curriculum specifically prepare students to gain the necessary knowledge, attitude, and skills to enact these roles. They are eligible to take the AACN Clinical Nurse Leader Certification Examination to be certified as a Clinical Nurse Leader.

After completing the MSN-MECN, graduates are able to complete the following objectives:

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, VIII, IX; QSEN: teamwork and collaboration, quality improvement, evidence-based practice]
7. 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]
8. 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]
9. 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]

MSN-MECN COURSE SEQUENCE

UCLA
School of Nursing

Fall 2019

Master of Science in Nursing Program

**FALL 2019 ADMISSION
CLASS OF 2021
MASTER'S ENTRY CLINICAL NURSE
SAMPLE COURSE SEQUENCE – SUBJECT TO REVISION**

This course sequence is provided as an example only and is subject to revision. An individual student's program may differ from this sample according to his/her background and educational goals. Each student must meet with his/her faculty advisor every quarter to review progress in the program and plan coursework for future quarters. Students receiving funding from the Graduate Division must enroll in at least 12 units each quarter.

Year 1 (19-20)

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>	<u>Summer</u>	<u>Units</u>
N230A	3	N252A	2	N204	4	N268	4
N250	5	N252B	2	N225B	2	N461	3r+2c
N150A	3r+1c	N225A	3	N260	4	N465C	4r+4c
N174	4	N230B	2	N465B	4r+2c		
		N150B	3r+1c				
		N465A	3r+1c				
Total*	16	Total*	17	Total*	16	Total*	17

Year 2 (20-21)

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>	<u>Summer</u>	<u>Units</u>
N269	4	N467	12c	N171	3r+3c		
N462	3r+2c			N267	3		
N464	3r+2c			N597	2		
N463	2r+1c						
Total*	17	Total*	12	Total*	11		

r: Theory, c: Clinical

Nursing Core Courses

Course No.	Course Name	Theory	Clinical	Total	Quarter
N225A	Advanced Pharmacology I	3 units		3 units	Winter Year 1
N225B	Advanced Pharmacology II	2 units		2 units	Spring Year 1
N230A	Advanced Pathophysiology I	3 units		3 units	Fall Year 1
N230B	Advanced Pathophysiology II	2 units		2 units	Winter Year 1
N250	Ethical Issues, Social Justice, and History of Nursing	5 units		5 units	Fall Year 1
N252A	Health Promotion: Growth & Development in Culturally Diverse Populations	2 units		2 units	Winter Year 1
N252B	Health Promotion: Nutrition	2 units		2 units	Winter Year 1

Research Courses

Course No.	Course Name	Theory	Clinical	Total	Quarter
N204	Research Design and Critique	4 units		4 units	Spring Year 1

MECN Prerequisite List

MECN Pre-requisite List

Course	Quarter Taken	Pre-requisites
N150A	Fall Year 1	None
N150B	Winter Year 1	N150A
N171	Spring Year 2	N461, N465A, N465B, N465C, N462, N464, N463
N174	Fall Year 1	None
N204	Spring Year 1	None
N225A	Winter Year 1	None
N225B	Spring Year 1	N225A
N230A	Fall Year 1	None
N230B	Winter Year 1	N230A
N250	Fall Year 1	None
N252A	Winter Year 1	None
N254B	Winter Year 1	N254A
N260	Spring Year 1	N252A, N252B
N267	Spring Year 2	N268, N269
N268	Summer	N250, 465A, 465B
N269	Fall Year 2	N268, N465A, N465B, N465C
N461	Summer	N174, N252A, N252B, N260, N465A, N465B
N462	Fall Year 2	N174, N260, N465A, N465B
N463	Fall Year 2	N174, N252A, N252B, N465A
N464	Fall Year 2	N174, N204, N260, N465A, N465B
N465A	Winter Year 1	N174, N230A, N254A
N465B	Spring Year 1	N174, N230B, N254B, N465A
N465C	Summer	N174, N204, N260, N465A, N465B
N467	Winter Year 2	N174, N268, N461, N462, N463, N464, N365A, N465B, N465C
N597	Spring Year 2	For comp exam: N268, N461, N462, N463, N464, N365A, N465B, N465C

MECN 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 and passing with the minimum required grade all courses in a given quarter before going on to the courses in the following quarter.
2. Faculty may ask the Student Affairs Committee 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 probation, make conditional requirements, and/or recommend for dismissal from the program. The Chair of the Student Affairs Committee will give a letter to the student stating the action of the committee. Appeal of this action by the student is made to the Chair of the Student Affairs Committee.
3. 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 will result in a recommendation to Graduate Division for dismissal from the program.
4. For progression within the MSN-MECN 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" ($\geq 74\%$) or better to pass the course and progress to the next clinical-theory courses in the MECN sequence.
 - a. **In the event that a student does not earn a "C" ($\geq 74\%$) in either the theory or the clinical portion of the linked clinical-theory course, the highest final grade that may be designated to a student is a "C-".**
 - b. **If a student does not receive a grade of "C" ($\geq 74\%$) on either the theory or the clinical component, she or he will repeat the linked theory-clinical course during the next academic year.**
5. For designated nursing courses N150AB, N174, N204, N250, N252AB, N225AB, N230AB, N260, N267, N268, N269 students may progress within the program if a minimum grade of "C" (i.e., a score $\geq 74\%$) is earned, provided a cumulative grade point average of 3.0 or better is maintained.

6. 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 the General Catalog to determine which courses, if any, they may take in the interim. The faculty advisor, Program Director, and the Director of Student Services may help the student create an alternate plan of study.
7. 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.
8. 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.
9. A student is only permitted to repeat one nursing course in the process of completing the MECN program. The student may retake one course; however, if the student receives below passing in that course again, or subsequently fails to pass any other nursing course, the student may be recommended for dismissal.
10. Because most nursing courses are only offered once a year, nursing students should not drop coursework without first discussing the impact of doing so with the academic advisor and the Director of Student Services. Dropping a class most likely will result in a delay in degree completion.
11. Failure to meet any of the above requirements may result in recommendation for dismissal from the program.
12. Students who cannot progress in the program are required to meet with their faculty advisors and course faculty 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.

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 pre-licensure 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. The schedule 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 82nd 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 serves as a valuable assessment tool 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 Kaplan, review sessions will be held during the last quarter.

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 3rd 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 3rd 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 fail 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 (Capstone Plan)

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 at least 10 weeks 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 may be attempted three times. One retake may occur during the spring quarter. Otherwise, retakes are offered during summer sessions and fall quarter.

Incomplete submissions (e.g., 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. The incomplete or late submission will be recorded as a fail and is 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.

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, School of Nursing PhD Guidelines](#), 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, 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.

APRN PROGRAM GOALS

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

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.
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.
3. Demonstrate effective communication, collaboration, mutual respect, and shared decision-making with all stake-holders to achieve quality patient-centered outcomes.
4. Synthesize existing nursing science and integrate into advanced nursing practice.
5. Translate and integrate best current evidence with clinical expertise and patient/family values and preferences for optimal health care outcomes.
6. Demonstrate leadership and advocacy to promote policies, regulations and initiatives supporting healthy communities and patient safety across diverse populations.
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.
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.
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.
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.

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.
3. Nurse administrators to provide leadership and perform administrative roles, including direct healthcare administration, risk management, quality improvement, case management, education or research support within acute, long-term, ambulatory and community settings with a focus on improving patient and organizational outcomes.

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 N 440, 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 four 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 insures 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.

Abbreviated course sequences for each program are listed on the subsequent pages.

Master of Science in Nursing Program

FALL 2019 ADMISSION
ADULT/GERONTOLOGY ACUTE CARE POPULATION
CLINICAL NURSE SPECIALIST ROLE
SAMPLE COURSE SEQUENCE – SUBJECT TO REVISION

A minimum of **84** units is required for the CNS student. An individual student's program may differ from this sample according to his/her background and educational goals. Each student must meet with his/her faculty advisor every quarter to review progress in the program and plan coursework for future quarters. Students receiving funding from the Graduate Division must enroll in at least 8 units each quarter.

First Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N200	4	N216A	4	N216B	4
N204*	4	N224	5	N245	4
N220	3	N444	2	N445	4
N231	4	N445	2	Elective+	0-4
N440	2	Total	13	N269	4
Total	17			Total	16-20

Second Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N216C	4	N445	8	N445	8
N445	6	N229B	1	N597 comps	2
N229A	1	N229C	1	N267	3
		Elective+	0-4		
Total	11	Total	9-14	Total	13

Nursing 204 Research Design and Critique

* It is strongly recommended that you take this course the summer before you matriculate; instead of taking it the fall of first year.

+ Nursing Theory Elective

A minimum of 4 units of nursing theory elective coursework is required for students in Acute Care Clinical Nurse Specialist specialty. See reverse side for list of nursing theory elective courses.

Core Courses

N200	Health Promotion and Assessment Across the Lifespan	4 units	Fall Year 1
N204	Research Design and Critique	4 units	Fall Year 1 (*)
N220	Theories of Instruction and Learning in Nursing	3 units	Fall Year 1
N224	Advanced Pharmacology for Advanced Practice Nurses	5 units	Winter Year 1
N231	Advanced Pathophysiology for Advanced Practice Nurses	4 units	Fall Year 1
N245	Theoretical Foundations for Clinical Nurse Specialty Practice	4 units	Spring Year 1

Advanced Practice Theory Courses

N216A	Assessment and Management in Adult Health Care I	4 units	Winter Year 1
N216B	Assessment and Management in Adult Health Care II	4 units	Spring Year 1
N216C	Assessment and Management in Adult Health Care III	4 units	Fall Year 2

A/G Acute CNS F19

Master of Science in Nursing Program

**FALL 2019 ADMISSION
ADULT/GERONTOLOGY ACUTE CARE POPULATION
NURSE PRACTITIONER ROLE
SAMPLE COURSE SEQUENCE – SUBJECT TO REVISION**

This course sequence is provided as an example only and is subject to change. An individual student's program may differ from this sample according to his/her background and educational goals. Each student must meet with his/her faculty advisor every quarter to review progress in the program and plan coursework for future quarters. A minimum of **70** units is required for the NP student. Students receiving funding from the Graduate Division must enroll in at least 8 units each quarter. Students must meet with their faculty advisor each quarter.

First Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N200	4	N224	5	N216B	4
N204*	4	N444	2	N416B	6
N231	4	N216A	4	Elective+	0-4
N440	2	N416A	2		
Total	14	Total	13	Total	10-14

Second Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N216C	4	N416D	6	N416E	8
N416C	6	N229B	1	N597	2
N229A	1	N299C	1	Elective+	0-4
		Elective+	0-4		
Total*	11	Total	7-12	Total	10-14

Nursing 204 Research Design and Critique

* It is strongly recommended that you take this course the summer before you matriculate; instead of taking it the fall of first year.

Nursing Theory Elective

+ A minimum of 4 units of nursing theory elective coursework is required for all Acute Care Nurse Practitioner students. See reverse side for list of nursing theory elective courses.

Core Courses

N200	Health Promotion and Assessment Across the Lifespan	4 units	Fall Year 1
N204	Research Design and Critique	4 units	Fall Year 1 (*)
N224	Advanced Pharmacology for Advanced Practice Nurses	5 units	Winter Year 1
N231	Advanced Pathophysiology for Advanced Practice Nurses	4 units	Fall Year 1

Advanced Practice Theory Courses

N216A	Assessment and Management in Adult Health Care I	4 units	Winter Year 1
N216B	Assessment and Management in Adult Health Care II	4 units	Spring Year 1
N216C	Assessment and Management in Adult Health Care III	4 units	Fall Year 2
N229A	System-Based Healthcare 1	1 unit	Fall Year 2
N229B	System-Based Healthcare 2	1 unit	Winter Year 2
N229C	System-Based Healthcare 3	1 unit	Winter Year 2

**FALL 2019 ADMISSION
 FAMILY NURSE PRACTITIONER
 SAMPLE COURSE SEQUENCE – SUBJECT TO REVISION**

An individual student's program may differ from this sample according to his/her background and educational goals. Each student must meet with his/her faculty advisor every quarter to review progress in the program and plan coursework for future quarters. A minimum of 79 units is required for preparation as a family nurse practitioner. Students receiving funding from the Graduate Division must enroll in at least 8 units each quarter. Students must meet with their faculty advisor each quarter.

First Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N200	4	N211	4	N236	4
N204	4	N224	5	N239B	4
N231	4	N239A	4	N429B	4
N440	2	N429A	4	Elective+	0-4
Total	14	Total	17	Total	12-16

Second Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N212	2	N264	3	N429E	9
N239C	4	N429D	6	N597	2
N429C	6	Elective+	0-4		
Elective+	0-4				
Total	12-16	Total	9-13	Total	11

Nursing Theory Elective

* A minimum of 4 units of nursing theory elective coursework is required for all Family Nurse Practitioner students. See reverse side for list of nursing theory elective courses.

Core Courses

N200	Health Promotion and Assessment Across the Lifespan	4 units	Fall Year 1
N204	Research Design and Critique	4 units	Fall Year 1
N224	Advanced Pharmacology for Advanced Practice Nurses	5 units	Winter Year 1
N231	Advanced Pathophysiology for Advanced Practice Nurses	4 units	Fall Year 1
N264	Professional Role Issues in Advanced Practice Nursing	3 units	Winter Year 2

Advanced Practice Theory

N211	Women's Health Primary Care	4 units	Winter Year 1
N212	Family Healthcare Perspectives	2 units	Fall Year 2
N236	Pediatric Primary Care for Family Nurse Practitioners	4 units	Spring Year 1
N239A	Adult/Gerontology Primary Healthcare for APN I	4 units	Winter Year 1
N239B	Adult/Gerontology Primary Healthcare for APN II	4 units	Spring Year 1
N239C	Adult/Gerontology Primary Healthcare for APN III	4 units	Fall Year 2

**FALL 2019 ADMISSION
 ADULT/GERONTOLOGY PRIMARY CARE NURSE PRACTITIONER
 with ADDITIONAL FOCUS in OCCUPATIONAL AND ENVIRONMENTAL HEALTH
 SAMPLE COURSE SEQUENCE – SUBJECT TO REVISION**

An individual student's program may differ from this sample according to his/her background and educational goals. Each student must meet with his/her faculty advisor every quarter to review progress in the program and plan coursework for future quarters. A minimum of 84 units is required preparation as an adult nurse practitioner and a specialty in Occupational & Environmental Health. Students receiving funding from the Graduate Division must enroll in at least 8 units each quarter.

First Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N200	4	N211	2	N239B	4
N204	4	N224	5	N439B	6
N231	4	239A	4	EHS/EPI+	0-6
N440	2	439A	4		
EHS/EPI+	0-2	EHS/EPI+	0-2		
Total	14-16	Total	15-17	Total	10-16

Summer

N213 4 units

Second Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N239C	4	N232	4	N439E	9
N439C	6	N439D	6	N597	2
EHS/EPI+	0-6	N264	3	EHS/EPI+	0-5
		EHS/EPI+	0-3		
Total	10-16	Total	13-16	Total	11-16

*** Core Courses**

N200	Health Promotion and Assessment Across the Lifespan	4 units	Fall Year 1
N204	Research Design and Critique	4 units	Fall Year 1
N224	Advanced Pharmacology for Advanced Practice Nurses	5 units	Winter Year 1
N231	Advanced Pathophysiology for Advanced Practice Nurses	4 units	Fall Year 1
N264	Professional Issues	3 units	Winter Year 2

Advanced Practice Theory Courses

N211	Women's Health Primary Care	4 units	Winter Year 1
N213	Worker Health & Safety: Role and Theory	4 units	Summer Year 1
N232	Human Responses to Aging and Chronic Illness	4 units	Winter Year 2
N239A	Adult/Gerontology Primary Healthcare for Advanced Practice Nurses I	4 units	Winter Year 1
N239B	Adult/Gerontology Primary Healthcare for Advanced Practice Nurses II	4 units	Spring Year 1
N239C	Adult/Gerontology Primary Healthcare for Advanced Practice Nurses III	4 units	Fall Year 2

**FALL 2019 ADMISSION
 ADULT/GERONTOLOGY PRIMARY CARE NURSE PRACTITIONER
 SAMPLE COURSE SEQUENCE – SUBJECT TO REVISION**

An individual student's program may differ from this sample according to his/her prior coursework. Each student must meet with his/her faculty advisor every quarter to review progress in the program and plan coursework for future quarters. A minimum of 77 units is required for the NP student. A student receiving funding from the Graduate Division must enroll in at least 8 units each quarter.

Year 1

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N200	4	N224	5	N239B	4
N204	4	N211	2-4	N439B	6
N231	4	N239A	4	Elective*	0-4
N440	2	N439A	4		
Total	14	Total	15-17	Total	10-14

Year 2

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N239C	4	N439D	6	N439E	9
N439C	6	N232	4	N597	2
Elective*	0-4	N264	3	Elective*	0-4
Total	10-14	Total	13	Total	11-15

Nursing Theory Elective

*A minimum of 4 units of nursing theory elective coursework is required for all Gerontology Nurse Practitioner students. See reverse side for list of nursing theory elective courses. Check with your advisor regarding electives offered during the summer

Core Courses

N200	Health Promotion and Assessment Across the Lifespan	4 units	Fall Year 1
N204	Research Design and Critique	4 units	Fall Year 1
N224	Advanced Pharmacology for Advanced Practice Nurses	5 units	Winter Year 1
N231	Advanced Pathophysiology for Advanced Practice Nurses	4 units	Fall Year 1
N264	Professional Issues in Advanced Practice Nursing	3 units	Spring Year 2

Clinical Specialty Theory Courses

N211	Women's Health Primary Care	2-4 units	Winter Year 1
N232	Human Responses to Aging and Chronic Illness	4 units	Fall Year 2

Advanced Practice Theory Courses

N239A	Adult/Gerontology Primary Healthcare for Advanced Practice Nurses I	4 units	Winter Year 1
N239B	Adult/Gerontology Primary Healthcare for Advanced Practice Nurses II	4 units	Spring Year 1
N239C	Adult/Gerontology Primary Healthcare for Advanced Practice Nurses III	4 units	Fall Year 2

**FALL 2019 ADMISSION
 PEDIATRIC POPULATION/ACUTE CARE NURSE PRACTITIONER ROLE
 SAMPLE COURSE SEQUENCE – SUBJECT TO REVISION**

An individual student's program may differ from this sample according to his/her background and educational goals. Each student must meet with his/her faculty advisor every quarter to review progress in the program and plan coursework for future quarters. A minimum of **78** units is required for the NP student. A students receiving funding from the Graduate Division must enroll in at least 8 units each quarter.

First Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N200	4	N223	3	N238B [Chronic]	4
N204	4	N224	5	N438B	3
N231	4	N238A [Primary]	4	N441	3
N440	2	N438A	3	Elective+	0-4
Total	14	Total	15	Total	10-14

Second Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N212	2	N264	3	N437C	8
N237A [Acute]	3	N237B [Acute]	3	N597	2
N437A	6	N437B	8	Elective+	0-4
Elective+	0-4	Total	14	Total	10-14
Total	11-15				

Core Courses

N200	Health Promotion and Assessment Across the Lifespan	4 units	Fall Year 1
N204	Research Design and Critique	4 units	Fall Year 1
N224	Advanced Pharmacology for Advanced Practice Nurses	5 units	Winter Year 1
N231	Advanced Pathophysiology for Advanced Practice Nurses	4 units	Fall Year 1
N264	Professional Role Issues in Advanced Practice Nursing	3 units	Winter Year 2

Advanced Practice Theory Courses

N212	Family Healthcare Perspectives	2 units	Fall Year 2
N223	Childhood Development: Research and Application to Nursing	3 units	Winter Year 1
N238A	Assessment and Management in Pediatric Healthcare I	4 units	Winter Year 1
N238B	Assessment and Management in Pediatric Healthcare II	4 units	Spring Year 1
N237A	Assessment and Management in Pediatric Acute Care I	3 units	Fall Year 2
N237B	Assessment and Management in Pediatric Acute Care II	3 units	Winter Year 2

Clinical Practicum Courses

N438A	Primary Care Pediatric Nurse Practitioner Clinical Practicum I	3 units	Winter Year 1
N438B	Primary Care Pediatric Nurse Practitioner Clinical Practicum II	6 units	Spring Year 2
N437A	Acute Care Pediatric Nurse Practitioner Clinical Practicum I	6 units	Fall Year 2
N437B	Acute Care Pediatric Nurse Practitioner Clinical Practicum II	8 units	Winter Year 2
N437C	Acute Care Pediatric Nurse Practitioner Clinical Practicum III	8 units	Spring Year 2
N440	Advanced Assessment and Clinical Diagnosis for APN	2 units	Fall Year 1
N441	Advanced Pediatric Diagnostics	3 units	Spring Year 1

**FALL 2019 ADMISSION
 PEDIATRIC POPULATION
 CLINICAL NURSE SPECIALIST ROLE
 SAMPLE COURSE SEQUENCE – SUBJECT TO REVISION**

An individual student's program may differ from this sample according to his/her background and educational goals. Each student must meet with his/her faculty advisor every quarter to review progress in the program and plan coursework for future quarters. A minimum of **80** units is required for CNS student. Students receiving funding from the Graduate Division must enroll in at least 8 units each quarter.

First Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N200	4	N223	3	N238A	4
N204*	4	N224	5	N245	4
N220	3	N440	2	N269	4
N231	4	Elective	0-4	N445	4
				Elective	0-4
Total	15	Total	10-14	Total	16-20

Second Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N212	2	N238C	4	N445	8
N238B	4	N264	3	N597 Exam	2
N445	6	N445	6	Elective	0-4
Elective	0-4	Elective	0-4		
Total	12-16	Total	13-17	Total	10-14

Nursing 204 Research Design and Critique

* It is strongly recommended that you take this course the summer before you matriculate; instead of taking it the fall of first year.

Nursing Theory Elective

A minimum of 4 units of nursing theory elective coursework is required for all Pediatric students. See reverse side for list of theory elective courses.

Core Courses

N200	Health Promotion and Assessment Across the Lifespan	4 units	Fall Year 1
N204	Research Design and Critique	4 units	Fall Year 1
N220	Theories of Instruction and Learning in Nursing	3 units	Fall Year 1
N224	Advanced Pharmacology for Advanced Practice Nurses	5 units	Winter Year 1
N231	Advanced Pathophysiology for Advanced Practice Nurses	4 units	Fall Year 1
N245	Theoretical Foundations for Clinical Nurse Specialist Practice	4 units	Spring Year 1
N264	Professional Role Issues in Advanced Practice Nursing	3 units	Winter Year 2

Advanced Practice Theory Courses

N212	Family Healthcare Perspectives	2 units	Fall Year 2
N223	Childhood Development: Research and Application to Nursing	3 units	Winter Year 1
N238A	Assessment and Management in Pediatric Healthcare I	4 units	Spring Year 1
N238B	Assessment and Management in Pediatric Healthcare II	4 units	Fall Year 2
N238C	Assessment and Management in Pediatric Healthcare III	4 units	Winter Year 2
N269	Quality Improvement and Population-Based Quality of Practice	4 units	Spring Year 1

**FALL 2019 ADMISSION
 PEDIATRIC POPULATION: DUAL – CLINICAL NURSE SPECIALIST/ACUTE CARE NURSE PRACTITIONER ROLE
 SAMPLE COURSE SEQUENCE – SUBJECT TO REVISION**

An individual student's program may differ from this sample according to his/her background and educational goals. Each student must meet with his/her faculty advisor every quarter to review progress in the program and plan coursework for future quarters. A minimum of **98** units is required for the NP/CNS dual certification student. Students receiving funding from the Graduate Division must enroll in at least 8 units each quarter.

First Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N200	4	N223	3	N238B [Chronic]	4
N204*	4	N224	5	N438B	3
N220	3	N238A [Primary]	4	N245	4
N231	4	N438A	3	N269	4
N440	2	Total	15	N441	3
Total	13-17			Total	18

Summer

N445	13
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Second Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N237A [Acute]	3	N237B [Acute]	3	N437C	8
N437A	6	N437B	8	N597	2
N212	2	N264	3	Total	10
Total	11	Total	14		

Nursing 204 Research Design and Critique

* It is strongly recommended that you take this course the summer before you matriculate; instead of taking it the fall of first year.

Program Notes

- All primary care clinical required for acute care program is in year 1
- All acute care clinical required for program is in year 2
- All CNS clinical required for program is during the summer between year 1 and 2

Core Courses

Course	Description	Units	Term
N200	Health Promotion and Assessment Across the Lifespan	4 units	Fall Year 1
N204	Research Design and Critique	4 units	Fall Year 1
N220	Theories of Instruction and Learning in Nursing	3 units	Fall Year 1
N224	Advanced Pharmacology for Advanced Practice Nurses	5 units	Winter Year 1
N231	Advanced Pathophysiology for Advanced Practice Nurses	4 units	Fall Year 1
N245	Theoretical Foundations for Clinical Nurse Specialist Practice	4 units	Spring Year 1
N269	Quality Improvement & Population-Based Quality of Practice	4 units	Spring Year 1
N264	Professional Role issues in Advanced Practice Nursing	3 units	Winter Year 2

**FALL 2019 ADMISSION
 PEDIATRIC POPULATION/DUAL PRIMARY/ACUTE CARE NURSE PRACTITIONER ROLE
 SAMPLE COURSE SEQUENCE – SUBJECT TO REVISION**

An individual student's program may differ from this sample according to his/her background and educational goals. Each student must meet with his/her faculty advisor every quarter to review progress in the program and plan coursework for future quarters. A minimum of **88** units is required for the NP student. A students receiving funding from the Graduate Division must enroll in at least 8 units each quarter.

First Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N200	4	N223	3	N238B [Chronic]	4
N204	4	N224	5	N438B	6
N231	4	N238A [Primary]	4	N441	3
N440	2	N438A	4	Total	13
Total	14	Total	16		

Summer

N438C 10 units

Second Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N212	2	N264	3	N437C	8
N237A [Acute]	3	N237B [Acute]	3	N597	2
N437A	6	N437B	8	Total	10
Total	11	Total	14		

Program Notes

- All primary care clinical required for acute care program is in year 1
- All acute care clinical required for program is in year 2

Core Courses

N200	Health Promotion and Assessment Across the Lifespan	4 units	Fall Year 1
N204	Research Design and Critique	4 units	Fall Year 1
N224	Advanced Pharmacology for Advanced Practice Nurses	5 units	Winter Year 1
N231	Advanced Pathophysiology for Advanced Practice Nurses	4 units	Fall Year 1
N264	Professional Role Issues in Advanced Practice Nursing	3 units	Winter Year 2

Advanced Practice Theory Courses

N212	Family Healthcare Perspectives	2 units	Fall Year 2
N223	Childhood Development: Research and Application to Nursing	3 units	Winter Year 1
N238A	Assessment and Management in Pediatric Primary Care I	4 units	Winter Year 1
N238B	Assessment and Management in Pediatric Chronic Care II	4 units	Spring Year 1
N237A	Assessment and Management in Pediatric Acute Care I	3 units	Fall Year 2
N237B	Assessment and Management in Pediatric Acute Care II	3 units	Winter Year 2

Master of Science in Nursing Program

**FALL 2019 ADMISSION
PEDIATRIC POPULATION/PRIMARY CARE NURSE PRACTITIONER ROLE
SAMPLE COURSE SEQUENCE – SUBJECT TO REVISION**

An individual student's program may differ from this sample according to his/her background and educational goals. Each student must meet with his/her faculty advisor every quarter to review progress in the program and plan coursework for future quarters. A minimum of **69** units is required for the NP student. A students receiving funding from the Graduate Division must enroll in at least 8 units each quarter.

First Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>	<u>Spring</u>	<u>Units</u>
N200	4	N223	3	N238B [Chronic]	4
N204	4	N224	5	N438B	6
N231	4	N238A [Primary]	4	Elective+	0-4
N440	2	N438A	4	Total	10-14
Total	14	Total	16		

Second Year

<u>Fall</u>	<u>Units</u>	<u>Winter</u>	<u>Units</u>
N212	2	N264	4
N237A [Acute]	3	N438C	8
N437A	6	N597	2
Elective+	0-4	Total	14
Total	11-15		

*** Nursing 204 – Research Design and Critique**

It is strongly recommended that you take this course the summer before you matriculate; instead of taking it the fall of your first year.

+ Nursing Theory Elective

A minimum of 3-4 units of nursing theory elective coursework is required for all Pediatric Nurse Practitioner students. See reverse side for list of nursing theory elective courses.

Core Courses

N200	Health Promotion and Assessment Across the Lifespan	4 units	Fall Year 1
N204	Research Design and Critique	4 units	Fall Year 1
N224	Advanced Pharmacology for Advanced Practice Nurses	5 units	Winter Year 1
N231	Advanced Pathophysiology for Advanced Practice Nurses	4 units	Fall Year 1
N264	Professional Role Issues in Advanced Practice Nursing	3 units	Winter Year 2

Advanced Practice Theory Courses

N212	Family Healthcare Perspectives	2 units	Fall Year 2
N223	Childhood Development: Research and Application to Nursing	3 units	Winter Year 1
N238A	Assessment and Management in Pediatric Healthcare I	4 units	Winter Year 1
N238B	Assessment and Management in Pediatric Healthcare II	4 units	Spring Year 1
N237A	Assessment and Management in Pediatric Acute Care I	3 units	Fall Year 2

Clinical Practicum Courses

N438A	Pediatric Nurse Practitioner Clinical Practicum I	4 units	Winter Year 1
N438B	Pediatric Nurse Practitioner Clinical Practicum II	6 units	Spring Year 1

APRN PRE-REQUISITE LIST

APRN Pre-requisite List

Course	Quarter Taken	Pre-requisites
N200	Fall Year 1	None
N204	Fall Year 1	None
N211	Winter Year 1	None
N212	Fall Year 2	None
N213	Summer	None
N216A	Winter Year 1	N200, N231, co-requisites: N224, N416A
N216B	Spring Year 1	N200, N231, N216A, co-requisite: N416B
N216C	Fall Year 2	N200, N231, N216A, N216B, co-requisite: N416C
N220	Fall Year 1	None
N223	Winter Year 1	None
N224	Winter Year 1	N231
N229A	Fall Year 2	N416B
N229B	Winter Year 2	N229A
N229C	Winter Year 2	N229A
N231	Fall Year 1	None
N232	Winter Year 2	None
N236	Spring Year 1	None
N237A	Fall Year 2	N200, N231
N237B	Winter Year 2	N237A
N238A	Winter Year 1	N200
N238B	Spring Year 1	N238A
N238C	Fall Year 2	N238B
N239A	Winter Year 1	N200, N231
N239B	Spring Year 1	N239A
N239C	Fall Year 2	N239B
N245	Spring Year 1	N200
N264	Winter Year 2	N438A, or N429A, or N439A
N267	Spring Year 2	N245, N269, N445
N269	Spring Year 1	None
N416A	Winter Year 1	N200, N440, co-requisite N216A
N416B	Spring Year 1	N416A, co-requisite N216B
N416C	Fall Year 2	N416B, co-requisite N216C
N416D	Winter Year 2	N416C
N416E	Spring Year 2	N416D
N429A	Winter Year 1	N200, N440, co-requisite N239A
N429B	Spring Year 1	N429A, co-requisite N239B
N429C	Fall Year 2	N429B, co-requisite N239C
N429D	Winter Year 2	N429C
N429E	Spring Year 2	N429D
N437A	Fall Year 2	N200, N440, co-requisite N237A
N437B	Winter Year 2	N437A, co-requisite N237B
N437C	Spring Year 2	N437B
N438A	Winter Year 1	N200, N440, co-requisite N238A

N438B	Spring Year 1	N438A, co-requisite N238B
N438C	Winter Year 2	N438B, co-requisite N238C
N439A	Winter Year 1	N200, N440, co-requisite N239A
N439B	Spring Year 1	N439A, co-requisite N239B
N439C	Fall Year 2	N439B, co-requisite N239C
N439D	Winter Year 2	N439C
N439E	Spring Year 2	N439D
N440	Fall Year 1	N231
N440 (Peds)	Winter Year 1	N231
N441	Spring Year 1	N440
N444	Winter Year 1	N440
N445	Varies	N220, N245
N597	Spring Year 2	For comp exam: all required clinical coursework

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. Faculty may ask the Student Affairs Committee 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 probation, make conditional requirements, or recommend for dismissal from the program. The Chair of the Student Affairs Committee will give a letter to the student stating the action of the Committee. Appeal of this action by the student is made to the Chair of the Student Affairs Committee.
3. 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 will result in probation and possible dismissal from the program.
4. For progression within the MSN-APRN program, students must satisfactorily pass **all clinical courses** (N4XX) with a "B" ($\geq 84\%$). If a student does not receive a grade of "B" ($\geq 84\%$) in a clinical course, the student is considered to have failed the course, and he or she 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.
5. A student is only permitted to repeat one required nursing course (after earning a grade of C- or lower in a theory course or a B- in a clinical course) within the area of concentration towards the degree. The student may retake one course; however, if the student receives below passing (C- or lower in a theory course, B- or lower in a clinical course) in that course again, or subsequently fails (i.e., earns a C- or lower in a theory course, a B- or lower in a clinical course) to pass any other nursing course, the student may be recommended for dismissal from the program. For elective courses, students may be required to either repeat the same course or take a different elective.
6. 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. The faculty advisor, Program Director, and Director of Student Services may help the student create an alternate plan of study.
7. 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.

8. Because most nursing courses are only offered once a year, students are discouraged from dropping courses without first discussing the impact of doing so with the academic advisor and the Director of Student Services. Dropping a nursing course likely will result in a delay in degree completion.
9. Clinical and 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.
10. Failure to meet any of the above requirements may result in recommendation for dismissal from the program.
11. Students who cannot progress in the program are required to meet with their faculty advisors and course faculty 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.

MSN-APRN 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 at least 10 weeks 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 may be attempted three times. 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 and late 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.

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.

Undergraduate (BS)		UCLA Grade Points	Graduate (MSN)	
<u>Percentage</u>	<u>Letter Grade</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		

EXPLANATION OF LETTER GRADES FOR UNDERGRADUATES

The following grades are used to report the quality of undergraduate student work at UCLA:

- A+ Extraordinary
- A Superior
- B Good
- C Fair
- D Poor
- F Fail
- P Passed (achievement at grade C level or better)
- NP Not Passed

I Incomplete
IP In Progress
DR Deferred Report

Grades A, B, C, and D may be modified by a plus (+) or minus (-) suffix. Grades A, B, C, and P denote satisfactory progress toward the degree, but a D grade must be offset by higher grades in the same term for students to remain in good academic standing. An F grade yields no unit or course credit.

EXPLANATION OF LETTER GRADES FOR GRADUATE STUDENTS

The following grades are used to report the quality of graduate student work at UCLA:

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

1. 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.
 - a. Examinations and answer sheets are the property of the UCLA School of Nursing.

b.Exam results will be reported to students or posted in the [MyUCLA](#) Gradebook system within a reasonable time after the administration of an exam.

STUDENT QUESTIONS ABOUT GRADES

If a student has a question about their clinical experience or a clinical grade, they should go to:

1. Clinical Faculty
2. Lead Theory Faculty
3. Program Director/Assistant Program Director
4. Associate Dean for Academic Affairs
5. Dean

If a student has a question about their theory course grade or a theory course experience, they should go to:

1. Theory Faculty
2. Program Director/Assistant Program Director
3. Associate Dean for Academic Affairs
4. Dean

If a student has concerns/issues related to their ability to succeed (e.g., sudden financial crisis, illness or family crisis, personal issues/concerns):

1. Faculty Advisor
2. Theory Course Faculty
3. Student Services (including Director of Financial Aid in the case of financial concerns)
4. Program Director/Associate Program Director
5. Dean

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 “T” grade is assigned, students may receive unit credit and grade points by satisfactorily completing the coursework as specified by the instructor. Students should not reenroll in the course. If the work is not completed by the end of the next full term in residence, the “T” 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](#), graduate students in good standing may petition to the appropriate instructors, the department, and the Dean of the Graduate Division for permission to take courses for credit by examination, up to a maximum of three courses. To be eligible for this privilege, a student must be registered in graduate status at the time of the examination. Credit earned by examination may be applied toward the minimum course requirements for master's degrees, but it cannot apply to academic residence requirements for master's and doctoral degrees. There is a processing fee for each credit by examination petition.

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.

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. Probationary students (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 procedure, are outlined in [Standards and Procedures for Graduate Study at UCLA](#).

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. 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 his/her advisor or consult the [*University Ombuds Office*](#) for help with constructing the appeal. The following guidelines are meant to help the student understand the process and submit a detailed appeal:

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 his/her appeal.

After submitting the appeal letter, the Chair of SAC, in conjunction with the Director of Student Services, will review the appeal and request pertinent information from the faculty of record. Once the information is received, a sub-committee will be convened to review the appeal. 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.

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. If the graduate student determines that the final decision of the SAC is not satisfactory, the written appeal may be presented to the UCLA Graduate Division for further consideration.

Students who cannot progress in the program must meet with their academic advisors 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 Director of Student Services 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 and for not earning the requisite grades in the program as stated in the progression policy. Graduate students who are subject to dismissal will be referred to Graduate Division with the recommendation that they be terminated from the program. If the recommendation is upheld and the student is terminated by Graduate Division, the student has 30 days in which to write an appeal to the School of Nursing's Student Affairs Committee, who may either uphold the original decision to recommend termination or overturn it. See the [*Standards and Procedures Guide*](#) for further details.

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.

ESSENTIAL FUNCTIONS OF A NURSING STUDENT:

Function	Description/Standards	Representative Activities (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	Explain treatment procedures, initiate health teaching, give oral reports, speak on the

	English in verbal and written form	telephone, document on agency records
Mobility	Ability to move from place to place and to maneuver to perform nursing activities in small spaces, stand and walk for extended periods	Bend, twist, stoop, move around in rooms, administer CPR, push and 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 non-verbal 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/	Provide client with emotional support, adapt to stressful situations, monitor own

accountability for
actions

emotions, perform multiple
responsibilities concurrently

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, she or he 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

Behavior and communication that is disrespectful to faculty, staff, Teaching Assistants (TAs), or fellow students are equally disruptive and prohibited. This includes communications that are aggressive or hostile in tone, including emails that demand immediate replies from faculty, TAs, or staff. Students who exhibit a chronic pattern of hostility and intimidation as indicated by the issuance of more than one Anecdotal Note/ Performance Improvement Plan, including (but not limited to) verbal abuse, shouting, profanity, stalking, swearing, sexually suggestive talk, threatening communication of any kind, or any other activity that meets the legal definition of harassment, shall be referred to the Director of Student Services and may be referred to the Office of the Dean of Students to determine if a violation of the [Student Code of Conduct](#) has occurred.

CLINICAL EDUCATION

SKILLS/SIMULATION LABORATORY

1. Students are required to meet all scheduled nursing skills laboratory appointments.
2. The official School of Nursing uniform is required of all pre-licensure students in the skills and simulation lab. ADA exceptions are made on a case by case basis.
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. Each student is expected to utilize the Open Lab hours in the Skills Lab 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 Open Lab sessions.
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, solutions and drugs in the skills laboratory and in the student lab packs are not sterile. These items are for simulation manikin use only and should never be used on a human.
9. Associated lab costs for the Pre-licensure and Advanced Practice Program may range between \$600 to \$700. This includes a lab pack with supplies for two years, a yearly subscription to an electronic health record (\$65.00) and an online medication math training program (\$99 for 2 years) which must be renewed yearly. Students will be expected to pay all lab costs and bring appropriate purchased materials to scheduled lab sessions.
10. Refer to the Skills Lab Learner Policy for 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.
2. Clinical evaluation tools 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. Pre-licensure students should remember that evaluations are designed to keep the student apprised of his/her progress.
3. The student must submit a weekly log on his or her clinical activities. Failure to submit such a log to the appropriate clinical liaison or clinical faculty member on time will result in the issuance of an Anecdotal Note/Performance Improvement Plan. The student is required to retain a copy of his or her entire clinical log.
4. The clinical evaluation process is ongoing. The clinical liaison 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 (between the student, clinical liaison, lead faculty) to work with the Success Facilitator will be recommended.
5. 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.
6. Pre-licensure students and clinical instructors will sign the final summary page indicating that the final evaluations were read and discussed.
7. 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 or more Anecdotal Notes/Performance Improvement Plans, 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).

8. A clinical experience missed due to inadequate preparation will be considered an unexcused absence.
9. Students should not leave the clinical unit for any reason without first notifying and receiving permission from the Clinical Faculty member.
10. 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/Anecdotal Note.

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 theory-linked 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 may 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 three or more Anecdotal Notes/Performance Improvement Plans, 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).

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).

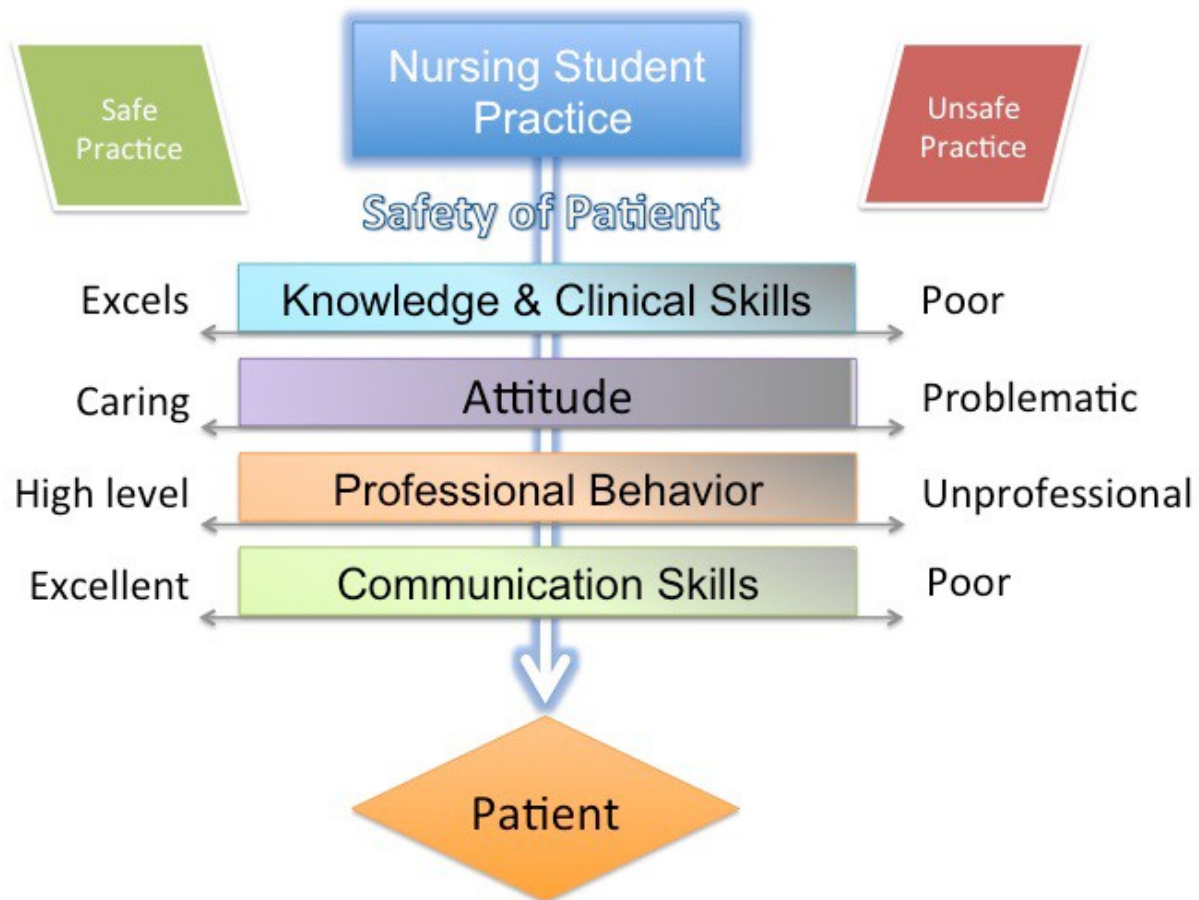


Figure 1. Student Practices for Patient Safety Framework (Lazar, 2017). Theory of Safe Student Nurse Practice developed by John Lazar. Figure modified by Inese Verzemnieks.

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Examples of Safe and Unsafe Student Practices for Pre-licensure Students

Student Behaviors	Safe Nursing Student Practice – sample behaviors	Unsafe Nursing Student Practice – sample behaviors
1. Basic Knowledge and Clinical Skills	<p>Adequate basic knowledge and clinical skills:</p> <ol style="list-style-type: none"> 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 organize daily patient care for multiple patients without any careless behavior Ask questions as needed Follow instruction from preceptor or clinical faculty Always gives medication with clinical preceptor or faculty Identify patient safety concerns 	<p>Lack of basic knowledge and poor clinical skills:</p> <ol style="list-style-type: none"> Inadequate theoretical foundation Poor clinical skills (eg., ineffective, inefficient) Medication error including “near misses” Lack of organizational skills or sloppiness (careless behavior) Not asking questions Inability to follow instructions (safety problem) Gives medication without direct supervision of an RN
2. Attitude	<p>Attitude of respect and collaboration with patients, families, and healthcare team members:</p> <ol style="list-style-type: none"> Confident clinical practice with acceptance of preceptor’s supervision – “I just want to double check with you” Student always interested in learning, helping fellow students and nurses with clinical tasks and procedures Accept feedback positively, and use it as a tool to improve clinical practice 	<p>Evidence of defensiveness, disrespect, disengagement, or difficulty with teamwork:</p> <ol style="list-style-type: none"> Overconfidence – “know-it-all” Interpret supervision as lack of trust on the preceptor’s part Unmotivated to learn or work – not interested in clinical nursing Dismiss learning opportunities such as “done that before” or “ I don’t want to repeat it.” Defensiveness toward preceptor’s feedback Inappropriate use of clinical time Minimize importance of patient safety

Student Behaviors	Safe Nursing Student Practice – sample behaviors	Unsafe Nursing Student Practice – sample behaviors
3. Professionalism	<p>Behaviors that are consistent with the ANA Standards of Professional Practice and ANA Code of Ethics:</p> <ul style="list-style-type: none"> a. Professional work ethic – punctuation, respectful to patients and staff, always “do the extra miles for everything”, a role model to other students, sets aside cell phone during clinical rotation b. Shows confidence with patient care c. Maintains composure during daily practice and in difficult circumstances <p>Honest to staff and preceptor – reports any error and always translate learning from errors to improve clinical practice</p> <ul style="list-style-type: none"> e. Uses therapeutic communication d. Understands and follows HIPAA regulations 	<p>Behaviors that are inconsistent with the ANA Standards of Professional Practice and ANA Code of Ethics:</p> <ul style="list-style-type: none"> a. Poor work ethic – negligence, laziness, gossiping, crying, eating, using cell phone while on duty, disrespectful to the staff b. Late assignments; late to clinical c. Lack of confidence – extreme nervousness, hesitation, unsure about tasks d. Dishonesty – lying, hiding errors, not admitting one’s own mistakes, plagiarism on assignments e. Verbal or physical abuse of patient or colleague; actions that escalate tension f. HIPAA non-compliance g. Lack of accountability or not taking responsibility for own actions and / or decisions
4. Communication Skills	<p>Effective communication with patients, families, preceptors, fellow students, faculty, and other members of the healthcare team:</p> <ul style="list-style-type: none"> a. Student demonstrates appropriate (respectful, articulate) interaction with preceptors and clinical faculty b. Student uses therapeutic communication with patients c. Student always uses appropriate nonverbal interactions with patients, preceptors, and clinical faculty 	<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"> a. 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” b. Inappropriate interaction with patients – boundary crossings like self-disclosure, inappropriate verbal and non-verbal communication, sharing personal information c. Inappropriate nonverbal interaction with preceptors

Examples of Safe and Unsafe Student Practices for Advanced Practice Students

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

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

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:

1. Clinical Liaison/Clinical Faculty (CL/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.
2. The CL/CF, in consultation with the lead faculty, will write an Anecdotal Note/Performance Improvement Referral Note, which includes a detailed account of events, unmet course objectives, remediation and performance improvement plan, and any other pertinent information. The CL/CF will email the Anecdotal Note/Performance Improvement Referral Note and Action Plan to lead faculty, Program Directors, and Director of Student Services within 24-48 hours whenever possible. After review, the CL/CF emails the final Anecdotal Note/Performance Improvement plan to the student, clinical faculty, lead faculty, Program Directors, and Director of Student Services. All documentation is filed in the student's record in the Student Affairs Office.
3. 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 Academic Advisor, Program Directors and Director of Student Services can also be requested for this meeting.
4. The student will review and sign the Anecdotal Note/Performance Improvement Plan attesting to understanding the note, process, and remediation requirements. Students are encouraged to write their own report discussing events that occurred.
5. The student is required to complete remediation requirements and the Performance Improvement Plan in a timely manner. Required assignments are turned in to clinical and lead faculty.
6. The remediation specialists and/or nursing tutor/coaches complete a Performance Improvement summary report and sends to the CL/CF, Lead Faculty, and Director of Student Services.
7. As stated in the UCLA Student Handbook, a total of three Anecdotal Notes/Performance Improvement Referral Notes 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 Anecdotal Notes/Performance Improvement Plans.

8. A student who receives more than three reports of Anecdotal Notes/Performance Improvement Plans during the academic program will be required to meet with their faculty advisor and be referred to the Director of Student Services for counseling.

PROCEDURE FOR ADDRESSING UNSAFE STUDENT BEHAVIOR FOR ADVANCED PRACTICE

If a faculty member identifies unsafe student behavior in basic knowledge and assessment skills, attitude, professionalism, and communication (as defined in the Student Practices for Patient Safety Framework), the following process will be followed:

1. Clinical Preceptor is to notify the student, clinical faculty, and Lead Clinical Faculty of the unsafe behavior via email or phone conversation as soon as possible.
2. The clinical preceptor and clinical faculty will write an Anecdotal Note and Performance Improvement Plan which includes a detailed account of events, course objectives not met, remediation plan, and any other pertinent information. This report is to be emailed to clinical faculty, lead faculty, program directors, and director of student services within 24-48 hours. The finalized report is then emailed to student.
3. The faculty will have a face-to-face meeting is coordinated by lead faculty involving the following people: student, clinical faculty, and lead faculty. Program directors and Director of Student Services can also be requested for this meeting.
4. The student will review and sign the Anecdotal note attesting to understanding the note, process, and remediation requirements. Students are also encouraged to write their own report discussing events that occurred.
5. Remediation is to be completed by student in a timely manner and remediation assignments turned in to clinical and lead faculty.
6. As stated in the UCLA Student handbook, a total of three anecdotal notes 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 Anecdotal Notes/Performance Improvement Plans.

ELIGIBILITY FOR CLINICAL PRACTICE

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

HEALTH EVALUATION

GENERAL

1. Students must meet the following 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.

PHYSICAL EXAM (California Code of Regulations, Title XXII, §75051)

1. Students shall have a health examination by a person lawfully authorized to perform such an examination within six (6) months prior to entering the clinical nursing program.
2. Each examination shall include a medical history and physical evaluation. A statement letter of good health with no restrictions to carry out functions of a registered nurse should also be written by the medical care provider on official letterhead.
3. The examination shall include laboratory work if indicated by the health care provider.
4. The report signed by the health care provider shall indicate that the person is able to perform assigned duties and that no health condition (including mental and cognitive dysfunction) exists that would create a hazard for the student, colleagues, patients or visitors. The date the exam was performed must be indicated in the statement.
5. If a student is returning from an absence greater than or equal to one year, the student must complete a new health evaluation within six (6) months prior to reentering the program.
6. All persons working in a clinical setting who have symptoms of infectious disease shall be removed from contact with patients.

TUBERCULOSIS EVALUATION

1. The initial health examination shall include a purified protein derivative intermediate strength intradermal skin test for tuberculosis. The 2-step TB test may be required or one TB blood test called IRGA (T-Spot, *QuantiFERON*®-TB test), or chest X-ray. Testing is required annually.

2. Positive reaction to the skin test shall be followed by a 35.56 cm x 43.18 cm (14" x 17") chest X-ray or a blood test.
3. Annual tuberculosis screening by a person lawfully authorized to perform such an examination that includes symptom/risk factor assessment must be performed prior to beginning each academic year.
4. A negative 2-step PPD tuberculin skin test, a negative chest x-ray, or a negative blood test within six (6) months prior to entering the program is required. The PPD must be repeated prior to beginning each academic year. If a student has a positive PPD and a negative chest x-ray prior to beginning the program, she or he must complete the TB questionnaire prior to beginning the next academic year.
5. Depending upon the clinical site, additional requirements may be necessary, such as a urine drug screen or fire card.
6. A delay in receiving these documents may result in a delay in clinical placement or ability to start clinical.

IMMUNIZATION STATUS

1. Students must demonstrate immunity to Measles, Mumps, Rubella, and Varicella (Chicken Pox), Hepatitis B with documentation of adequate antibody titer levels post vaccination. Titer dates must be within 5 years of clinical rotation start dates.
 - a. If insufficient immunity status has developed, documentation of completion of vaccination series for above immunizations must be demonstrated.
2. Students must provide documentation of tetanus and pertussis immunization [tetanus-diphtheria-acellular pertussis (TDaP)] within ten (10) years prior to entering the program.
3. Per clinical placement requirements, students are required to take the seasonal flu shot.
Note: many of our clinical placements no longer accept a waiver and wearing of a mask.

BASIC LIFE SUPPORT CARDIO PULMONARY RESUSCITATION (BLS/CPR)

1. All students are required to obtain, maintain and provide documentation of continuous Basic Life Support CPR certification during enrollment in the program. Such documentation must be given to the Clinical Clearance Office.
2. Students returning from an absence will be required to provide current documentation of Basic Life Support CPR prior to re-enrolling.

3. All students are required to obtain and provide documentation of an annual Respirator Fit Test.

RESPIRATORY FIT TEST CARD AND LA FIRE CARD

Respiratory FIT Test Card

Respiratory FIT Test Card must be submitted after attending a FIT test session.

You are responsible for scheduling your FIT test. Below are two providers.

1. UCLA Health Respiratory FIT Program:

<https://www.uclahealth.org/safety/respiratory-fit-program>

- visit the website for information on when FIT Tests are offered in Westwood and Santa Monica.

2. Breathe Safe Environmental

<http://www.breathesafeenvironmental.com/>

Jessica Nixon

Operations Manager, Breathe Safe Environmental

Office: 213.291.8513 | Fax: 888.805.5118|

LA Fire Card

An LA Fire Card is required. Must be certified LA County Fire Card. Valid for 4 years.

You are responsible for registering for a class. The cost is ~\$45. Visit website below for schedule and to register:

<https://www.lafirecard.com/>

URINE DRUG SCREENING TEST

The urine drug screen test is required for students attending clinical at designated sites. Students assigned to clinical sites that require the test will be notified in advance. The cost for the test varies.

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 nurses perform sensitive tasks that include:

- a. care and security of patients, children, elderly, handicapped, mentally impaired;
 - b. direct access to controlled substances;
 - c. issuance of keys 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 Director of Student Services is responsible for checking each student's background check. All background checks are kept in a locked office and results are shared with the healthcare facility to which the student will be assigned. Once the student graduates, all background checks will be destroyed. Students who have a negative background check will need to meet with the Director of Student Services in order to be cleared for their clinical experiences. After the Director of Student Services has reviewed them, background checks are kept in Academic Affairs.
7. The Office of Student Affairs routinely checks 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.

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. HIPAA training must be updated every year.

INSURANCE

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.

PERSONAL APPEARANCE AND CONDUCT

These are general guidelines for personal appearance and professional conduct. Any infractions will be noted in the student's record.

HYGIENE

1. Good personal hygiene is an important aspect of professional nursing. Regular bathing and the use of body deodorant are essential.
2. Adornments are not to be worn in the hair. Small functional and conservative hair fasteners may be worn in order to secure a student's hair. Hair must be clean and secured off the face and collar. Hair styles and colors should be natural and within acceptable cultural norms. Extreme hair color will not be permitted. Beards and mustaches must be clean, short and neatly trimmed; otherwise, male students should be clean-shaven.

3. Because odors can be offensive to ill patients, no perfume, colognes or after-shave lotions may be worn.
4. Make-up is to be in good taste and should not be used excessively.
5. Fingernails must be clean and short. Clear polish may be worn, except in the maternity areas where no polish may be worn. No acrylic nails, gel nails or gel nail polish may be worn in the clinical area.
6. Jewelry will be limited to a plain wedding band, a watch with a second hand and one pair of earrings. Necklaces **are not permitted**. Earrings should be **small single posts**. For safety reasons, earrings that dangle are inappropriate. No other visible body piercing ornaments are allowed other than earrings. Multiple earrings or decorative pins on uniforms are not allowed.
7. Sweaters, except those with the UCLA Nursing logo, are not to be worn in the clinical area. Sweaters with hoods are not permitted in the clinical area.
8. Gum chewing is not permitted in any clinical agency.
9. All visible tattoos are to be covered.

NURSING UNIFORM AND DRESS CODES: PRE-LICENSURE

1. 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 top and bottom set embroidered with SON logo. Students are required to purchase their uniforms from the vendor selected by the School of Nursing. ADA exceptions are made on a case by case basis.
 - a. Some attire is ***never*** acceptable in the clinical or lab area, including shorts, skirts shorter than 2" above the knee, open-toed shoes, sandals, visible facial piercings (e.g., noses, tongues, lips), provocatively sloganed or suggestive t-shirts or revealing attire (e.g., low-cut or midriff baring tops). If students dress inappropriately, they may be dismissed from the clinical and lab setting and some penalties may apply.
2. Every pre-licensure student will have the following articles in order to attend clinical, unless otherwise specified:
 - a. School of Nursing uniform
 - b. UCLA School of Nursing Security ID
 - c. A watch with second hand
 - d. Bandage scissors
 - e. Black ballpoint pen

- f. Stethoscope
 - g. FIT test respiratory and surgical mask
 - h. Penlight
3. Uniforms must be clean, pressed, and fit well, allowing for range of motion. Baggy or excessively loose clothing is unacceptable and unsafe for the clinical setting.
 4. Appropriate footwear is essential in the clinical setting. No open-toed, open-air or backless footwear is acceptable. Athletic shoes and Dansko-style clogs are acceptable. Crocs are not permitted. Shoes should be clean and polished for every clinical visit.
 5. 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.
 6. The UCLA School of Nursing Student Security ID must be worn at all times, both in the classroom and in all clinical settings. Students may need additional IDs for individual facilities. The UCLA School of Nursing Security ID is the property of UC Health System and must be surrendered upon leaving the program. There is a fee for lost or damaged badges.
 7. The nursing uniform must be worn at all times in the Skills and Simulation Laboratory for class, Open Lab, Simulation and OSCE testing.

PERSONAL APPEARANCE AND PROFESSIONAL CLOTHING: APRN/POST-LICENSURE

As described above, 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. They may consist of scrub suits in acute-care clinical settings or business casual and laboratory coats in office or clinic settings.

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, he or she 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.

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:

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 Medical Emergency” form, which documents medical incidents and send it to the Clearance Coordinator and Director of Student Services.
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.

STUDENT - FACULTY COMMUNICATION

PRE-ADMISSION ADVISEMENT

The School of Nursing gives direction and provides information to interested potential applicants to the B.S., 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

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, the Director of Student Services, and the Program Directors, or go to one of the designated Safe Zones. Please see the discussion on page 47 regarding the chain of command for particular student issues. 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.

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.

STUDENT VOICES

At the mid-point of every quarter, the Program Directors meet with each student cohort or invite student representatives to faculty meetings. The session is designed to listen to students' voices regarding the quarter's successes and challenges. Collaborative and solution-focused problem-solving are the key components of these sessions.

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 session for which they are scheduled. Students are expected to come to class and clinical 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 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, 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 will

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.

CLINICAL COURSES IN THE PRE-LICENSURE PROGRAMS

Clinical scheduling may include days, evenings, nights or weekends. This will be determined by the clinical site. 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 pre-approved professional meeting or an unforeseen catastrophic event. Missing a scheduled clinical for any other reason will be considered an unexcused absence. The instructor and/or clinical agency must be notified at least one (1) hour 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 an Anecdotal Note/Performance Improvement Plan (*see section on Anecdotal Notes/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 within 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, he/she 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, he/she 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 a completed health form by the designated deadline **will not** be permitted to go to clinical. **Time missed will be considered an unexcused absence and must be made up.**
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 he/she 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 may result in the issuing of an Anecdotal Note/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/Anecdotal Note and potentially an unexcused absence.

STUDENT INFORMATION

DISCLOSURE OF STUDENT RECORDS

The disclosure of information from student records is governed by the Federal Family Educational Rights and Privacy Act (FERPA). Students are urged to familiarize themselves with [UCLA Policy 220](#), which stipulates their rights and the use of their student information. To summarize the policy, students have the right to:

- inspect and review their own student records
- request correction of their own student records
- grieve an alleged violation of privacy rights, as specified in the policy

- have personally identifiable information contained in student records not be disclosed without signed and dated written consent that specifically identifies the records to be disclosed, the purpose of the disclosure and the party or class to whom disclosures are to be made.
- file with the US Department of Education a complaint concerning alleged failures by UCLA to comply with the requirements of FERPA.

If a student wishes to inspect his or her own student record, a request should be made in writing to one of the Student Affairs Officers, who will then provide the student with the opportunity to view or photocopy their records within 5 business days. Before the student may view the record, the Student Affairs Officer will remove documents not covered by the policy (e.g., letters of recommendation for admission, parents' financial records, or records containing personally identifiable information of another student, etc).

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 Graduate Division 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.

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.

DEI Leadership:

Deborah Koniak-Griffin, RN, EdD, FAAN, Associate Dean for Diversity, Equity and Inclusion

Anita Bralock, PhD, RN, CNM, Director for Diversity, Equity and Inclusion

Craig Kusunoki, Assistant Director of Diversity, Equity and Inclusion

SAFE ZONE

The **Safe Zone** is sponsored by the UCLA School of Nursing's Council on Diversity and Inclusion.

The **Safe Zone** is a space where students can find a listening ear, encouragement and guidance in a confidential manner.

While the **Safe Zone** is not intended to replace the academic advisement provided by a student's faculty and/or clinical advisor, or the program advisement and counseling available in the Student Affairs Office, it is a space where students can share personal issues affecting their academic success, without the fear of judgement or discrimination. Students can enter the **Safe Zone** with affirmation that they will be supported and valued.

The **Safe Zone** is designed to improve support to all UCLA School of Nursing Students. The UCLA School of Nursing believes in providing a community for students to feel safe, and foster an atmosphere of inclusivity, in accordance with the philosophical beliefs of the School of Nursing's Council on Diversity and Inclusion.

Safe Zone Members:

Mark Covin
Director of Recruitment, Outreach and Admissions
2-150 Factor Bldg.
310 825- 3109
mcovin@sonnet.ucla.edu

Janet Kang
Student Affairs Officer
2-147 Factor Bldg.
310 825-6562
jkang@sonnet.ucla.edu

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, by phone at (310) 206-3417, or in person at 2255 Murphy Hall.

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. Whether a student chooses to breastfeed, bottlefeed or combo-feed an infant is entirely a personal choice that is supported by the School of Nursing. Lactating students who are in need of a space to express breastmilk are advised that the closest Lactation Rooms to Factor are:

- **17-311 CHS.** This lactation room has two stations. New mothers interested in using this room should contact Brenna Tam via email at btam@mednet.ucla.edu or by phone **(503) 705-7424**.
- **33-337 CHS.** This lactation room has two stations. New mothers interested in using this room should contact Brenna Tam via email at btam@mednet.ucla.edu or by phone **(503) 705-7424**.

Students will need to provide the UCLA ID to gain access to the room.

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](#). Graduate students who receive a sanction of suspension from the Office of the Dean of Students will be expected to reapply per the policies set forth by the 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 2nd 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. Craig Kusunoki can be reached via email at ckusunok@sonnet.ucla.edu, by phone at (310) 825-2583, or in person in 2-151 Factor building.

STUDENT INVOLVEMENT IN SCHOOL OF NURSING COMMITTEES

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 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 and Pre-licensure Faculty Committee.

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 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 and Student Affairs 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 each academic year.

STUDENT AFFAIRS COMMITTEE

This committee shall be composed of one Academic Senate Faculty representative from each of the program specialties within the faculty functional units and one non-Academic Senate Faculty representative. The Chair shall be elected by the full Academic Senate Faculty for a two-year term. The Associate Dean for Academic and Student Affairs shall serve as an *ex officio* member without vote. Student representatives shall not be included. The duties of the committee shall be to select students for admission to the baccalaureate, master's and doctoral programs, to review student candidates for awards, honors and scholarships, to make decisions and/or recommendations to appropriate funding bodies for recipients of awards, honors and scholarships, and to oversee all matters related to recruitment, progression and retention of students.

Student participation is not allowed on this committee pursuant to the University Bylaws.

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 **20th** 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 available to all students and School of Nursing Alumni Monday through Friday from 6:00am to 6:30pm, except on university holidays.

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 Nurseline 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), formerly known as OFFICE FOR STUDENTS WITH DISABILITIES (OSD)

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.

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.

BRUIN ONLINE

Bruin OnLine (BOL) is a collection of services that provides UCLA students, faculty, and staff with email, web hosting services, network connectivity including wireless, and free software support. In order to have access to BOL services, you must have a UCLA Logon ID. You can create your UCLA Logon ID [here](#).

All students must have an UCLA email account.

Telephone Technical Support: (310) 267-4357.

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 8-911 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](#).

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.

For a full list of nursing organizations, please visit the School of Nursing [website](#).

ELIGIBILITY FOR LICENSURE BY EXAM

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 NCLEX-RN, graduates should be able to use the designated title Registered Nurse (RN). Eligibility to take the RN-NCLEX-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.

ELIGIBILITY FOR ADVANCED PRACTICE CERTIFICATION

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

ELIGIBILITY FOR THE CLINICAL NURSE LEADER EXAM

MSN-MECN students who successfully complete N267, N268 and N269 as well as the CNL project during the immersion experience are eligible to sit for the CNL certifying exam in the spring of the second year at the earliest.

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.

The signature page at the end of the Student Handbook must be read, signed and returned to the Office of Student Affairs prior to a date specified by the Associate Dean for Academic and Student Affairs. *After that date, students will not be allowed in any nursing class without having a signed signature page on file with the Student Affairs Office.*

It is the student's responsibility to read the Student Handbook and be familiar with its contents.

SIGNATURE AND CONFIRMATION PAGE

ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION ABOUT UCLA SCHOOL OF NURSING ACADEMIC POLICIES

Each student is responsible for reading and understanding the content of the UCLA School of Nursing Student Handbook, and acting in accordance within the guidelines and spirit of the provisions outlined therein.

I _____ have read the **19-20** UCLA School of Nursing Student Handbook.

Student's Name (Print)

My signature below indicates that I understand the content of the handbook as it applies to my course of study, and agree to abide by the policies and regulations outlined therein.

Sign/Date

The date of receipt will be noted in the Student Record.