

STUDENT HANDBOOK

ASSOCIATE DEGREE NURSING PROGRAM



AMERICAN RIVER COLLEGE
NURSING DEPARTMENT

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DESTINATION: REGISTERED NURSE

OPEN LETTER TO NEW STUDENTS

Congratulations on being accepted into the American River College Associate Degree Nursing Program. The faculty welcomes you and wishes you success.

This handbook contains important information and requirements of the Nursing Program. You need to review this handbook at the beginning of and throughout each semester, as you will be held accountable for the information and requirements contained within this handbook.

This handbook will be a useful tool to you as you progress through the Nursing Program. We wish to extend our welcome and best wishes to you as you begin your nursing journey.

Sincerely,

The Nursing Faculty

NURSING FACULTY

Interim Director, Nursing Academic Programs

Telephone Number

Finn-Romero, Deborah (2022) (916) 484-8335
DNP- Duquesne University, Pittsburgh PA;
MSN, CSU, Sacramento;
BSN, CSU, Chico;
ADN, American River College

Nursing Professors:

Bartoe, Timothy (2018) (916) 484-8878
MSN, BSN, Kaplan University;
ADN, American River College

Dupree, Anna (2022)..... (916) 484-8178
MSN, UC Davis Betty Irene Moore School of Nursing, Sacramento;
BSN, CSU, San Marcos

Garner, Cheri (2008)..... (916) 484-8313
MSN/ED, BSN, University of Phoenix

Kirkman, Jayanti “Jen” (2018) (916) 484-8737
MSN, Walden University;
ADN, American River College

Legaspi, Mari Anne (2019)..... (916) 484-8251
MSN, FNP, Azusa Pacific;
BSN, Mount Saint Mary’s University

Mentink, Kathleen (2004)..... (916) 484-8348
MSN, UC Davis;
BSN, CSU, Sacramento

Nowicki, Lazette (2008)..... (916) 484-8876
DNP, Grand Canyon;
MSN, University of North Dakota, Grand Forks, ND;
BSN, Jamestown College, Jamestown, ND

Parrinella, Lisa (2006)..... (916) 484-8678
EdD, Capella University; MSN, Cal State Dominquez, Carson;
BSN, University of Phoenix, Sacramento;
ADN, Chabot College, Hayward

Rodgers, Monique (2019) (916) 484-4526
DNP, MSN, Grand Canyon University;
BA, CSU, Sacramento;
ADN, American River College

Sanborn, Stacie (2021) (916) 484- 8874
MSN, CNS University of California, San Francisco;
BSN, University of Hawaii

NURSING FACULTY OFFICE HOURS

Nursing faculty have designated office hours which promote opportunity for student involvement with the faculty. These hours are posted on each faculty member's office door and on each course's Canvas site at the beginning of each semester. If a student is unable to meet with a faculty member during their posted office hours, the student must contact the faculty member to arrange a mutually acceptable time to meet.

NURSING PROGRAM SPECIFIC PHONE NUMBERS

Health and Education Division Office	(916) 484-8902	Skills Lab.....	(916) 484-8735
Nursing Department.....	(916) 484-8254	Computer Lab	(916) 484-8360
		Simulation Lab	(916) 484-8322

CAMPUS PHONE NUMBERS

Use **916** are code and the prefix **484** when dialing from off campus.

<u>Student Services</u>	<u>Ext.</u>	<u>Other Campus Offices</u>	<u>Ext.</u>
Admissions/Records/Transcripts.....	8261	Bookstore – College Store	8111
Assessment Center.....	8423	Business Services.....	8481
Career and Pathways.....	8492	Cafeteria (Aramark).....	8328
Child Development Centers	8651	CalWORKs Support Services	8059
Counseling & Transfer Services.....	8572	College Police	2221
Disabled Students Services & Programs (DSP&S).....	8382	Community & Diversity Center/UNITE	8948
EOP&S.....	8128	Community Relations	8646
Financial Aid.....	8437	eServices Registration Lab	8152
Health and Wellness Center.....	8383	International Students	8774
Learning Disabilities	8938	Learning Resource Center	8693
Lost & Found (Campus Police)	8019	Library (Circulation).....	8455
Student Senate Office	8471		
Transfer Center	8685	Click here for the Campus Map	
Tutorial Center	8808		
Veterans Resource Center.....	8135/8377		
Work Experience.....	8182		

**OVERVIEW
OF THE
ARC
NURSING PROGRAM**

GOAL

The goal of the Associate Degree Nursing (ADN) program at American River College is to prepare an entry-level registered nurse, who can function effectively in the rapidly changing healthcare environment.

The Associate Degree Nursing program supports the mission of American River College to provide high quality education for a diversity of students, to develop integrity and intellectual curiosity, and to prepare students for the challenge of social, economic, and technological change. Furthermore, American River College is a premier learning community that transforms and enriches people's lives. The faculty is committed to providing accessible, success oriented, high quality nursing education to meet the diverse and changing healthcare needs of the community and region, and to promoting the development of qualified students for the professional role of registered nurse at the entry level. Graduates of this program meet the education requirements to take the National Council Licensure Examination (NCLEX-RN).

PHILOSOPHY

The philosophy of the Associate Degree Nursing program embraces the nursing metaparadigm of patient, environment, health, and nursing (Fawcett, 2005; Fawcett & DeSanto-Madeya, 2012), and the practice and education of the Associate Degree Nurse. Within this philosophy, the goal of nursing faculty is to promote the highest quality of nursing care to the patient.

The nursing faculty has defined the following terms as part of their philosophical beliefs regarding nursing and nursing education.

The Associate Degree Nurse

The practice of nursing is directed toward meeting the healthcare needs of individuals throughout their lifespan. The ADN prepared nurse's role is characterized by evidence based clinical practice with the provision of care for individuals and families in structured settings. The graduate of the Associate Degree Nursing program at American River College demonstrates the entry-level competencies identified by the National Council of State Boards of Nursing (2013), the Nursing Practice Act of California, the National League for Nursing (2010), and the Institute of Medicine (2003) to provide nursing care.

Associate Degree Nursing Education

Nursing education at the associate degree level, at American River College, is a process that facilitates changes in behavior, the acquisition of knowledge, skills, and attitudes necessary to function in the role of the entry-level nurse. The curriculum is conceptually based and founded on principles of adult and collaborative learning. Basic assumptions include self-direction, utilization of adult experience, problem and activity-centered learning (Rachal, 2002).

The curriculum incorporates evidence based nursing theory and practice, general education, and the sciences in an environment supportive of learning. The organizing framework is organized into three domains: the patient, healthcare, and nursing. Within each domain are concepts and exemplars of those concepts, which represent important practice phenomenon in nursing.

The conceptual approach is supported by a learning centered environment that provides the student tools for accessing current information and promotes life-long learning. Learning is a continuous process that results in a

change of behavior and occurs when the individual is challenged and motivated to enhance personal knowledge. Teaching and learning is an interactive process between teacher and learner. Utilizing principles of adult and collaborative learning the responsibility of the faculty of American River College Associate Degree Nursing Program is to facilitate the student's understanding and ability to meet the competencies for nursing practice through the design and evaluation of learning experiences. There are five types of learning experiences in the program: concept based experience, case based experience, intervention skill based experience, focused direct patient care experience, and integrative practicum (OCNE). The nursing student is responsible for actively participating in learning experiences and develops the knowledge, skills, and attitudes necessary to provide quality patient centered nursing care.

The concept-based curriculum relies on principles of deductive learning. Students are exposed to core concepts, exemplars of the concept, and interrelated concepts. Opportunities are provided to observe and participate in both simulated and actual patient centered learning experiences. High-fidelity simulation provides high-impact low-risk learning situations. Laboratory and clinical experiences are structured to allow application of concepts and principles learned from classroom experience. Each semester of education builds upon previous learning and provides opportunity for students to experience intentional learning, develop critical thinking and problem solving skills, to understand connections among concepts, and to make sound decisions.

Patient

The patient is the individual, family, or group which includes significant others and the population (NCSBN, 2013). Each patient is a unique, multidimensional, and significant being who possesses inherent value and worth. Each patient has dynamic physical, psychosocial, cultural, spiritual, and development needs that contribute to health, quality of life, and achievement of potential. Patients have a right to health care and to information that will assist them to participate actively in their health care in order to achieve wellness. In order to provide and manage care, nurses must view the patient at the center of any nursing activity.

Environment

The environment is human beings' significant others and physical surroundings as well as local, regional, national, and worldwide cultural, spiritual, social, political, economic, and technological conditions that are associated with human beings' health.

Health

Health is the ever-changing human processes of living and dying, which exist on a continuum from wellness to illness and end in death. The patient's health is based on their perception and belief about health and illness and their ability to adapt to internal and external forces.

Healthcare System

The Healthcare System is composed of the various macrosystems and microsystems (e.g. clinics, hospitals, pharmacies, laboratories) that are interconnected via flows of patients and information to fulfill the purpose of maintaining and improving health (IOM, 2001).

Nursing

Nursing is the actions taken by nurses on behalf of or in conjunction with patients, and the goals or outcomes of nursing actions (Fawcett, 2005). Through the development of a therapeutic relationship with the individual and significant support person(s), the nurse integrates the art of nursing with the scientific foundation for nursing practice utilizing the nursing process of assessment, analysis, planning, intervention, and evaluation.

Nursing actions provide safe care across the lifespan directed toward the goals of helping the patient prevent illness and potential complications, protecting, promoting, restoring, and facilitating comfort; health; and dignity in dying (NCSBN, 2013). The nurse functions autonomously and collaboratively with the patient and the interdisciplinary team towards these goals.

Nursing draws on nursing science, natural physical and biological sciences, as well as the social sciences and humanities (Benner, et. al. 2010). The ADN prepared nurse's role is characterized by evidence based clinical practice with the provision of care for individuals in structured settings.

Nursing is a dynamic profession and requires engagement in continuous, intentional, lifelong learning.

AMERICAN RIVER COLLEGE NURSING CURRICULUM CONCEPT BASED APPROACH



Conceptual Model

The organizing framework for the nursing program is concept-based, identifying essential concepts related to the domains of the patient, nursing, and healthcare. The concepts intrinsic to the patient are both biophysical and psychosocial. The concepts intrinsic to the nursing profession are related to the core competencies of nursing practice (Massachusetts Department of Higher Education, 2010) and incorporate the art of caring as well as the science of nursing. Emphasis is on functioning in today's healthcare environment and the future healthcare environment. Nursing process and evidence based practice are the foundation for clinical decision making in providing patient centered care. The concepts intrinsic to the healthcare system encompass community and society. The healthcare system is the environment in which the individual receives care and in which the nurse practices patient centered, collaborative care. The conceptual model provides a mental paradigm to prepare learners for new instruction and motivates learning by making a meaningful connection for the learner. The learner must attain mastery of each part of the framework in order to understand the complete curriculum (Knowles, et. al. 2005). Core concepts are organized within each of these domains and learning occurs from simple to complex.

Patient Concepts (29)	
Biophysical (22)	Psychosocial (7)
Acid Base Balance Cellular Regulation Clotting Comfort Elimination Fluid & Electrolyte Balance Functional Ability Gas Exchange Immunity Infection Inflammation Intracranial Regulation Metabolism Mobility Nutrition Perfusion Reproduction Sensory Perception Sexuality Sleep Thermoregulation Tissue Integrity	Cognition Diversity Grief & Loss Health, Wellness & Illness Human Development Interpersonal Relationships Mental Health

Nursing Concepts (6)	Healthcare Concepts (4)
Communication* Leadership* Patient Centered Care* Professionalism* Safety* Teamwork & Collaboration*	Evidence Based Practice* Informatics & Technology* Quality Improvement* Systems Based Practice

*Indicates core concepts

Core Competencies

The 9 core concepts (indicated by an asterisk above) and associated competencies provide primary direction to the curriculum. They are designed to be applicable across all care settings and to encompass all patient populations across the lifespan. The core competencies are the benchmark by which the program measures course and overall program achievement. They provide the basis for classroom, lab, and clinical learning activities and are further explicated by knowledge, skill, and attitude/behavior (KSA) outcome behaviors related to each.

COURSE DESCRIPTIONS

The ARC Nursing Program is organized into four semesters. During each semester, there will be 4.5 hours of seminar, and 18 hours of clinical per week occurring in various clinical settings. Required clinical rotations can be on any shift or any day of the week and can change with limited notice. Generally, the first week of each semester is devoted to course and clinical orientation.

Nurse 400 - Nursing, Patient, and Healthcare Concepts I

This course introduces essential concepts of safe and effective nursing care for patients across the lifespan, utilizing the nursing process and evidence based practice.

It focuses on the introduction of the wellness/illness continuum and the core competencies of clinical practice. The competencies include communication, leadership, patient centered care, professionalism, safety, teamwork and collaboration, evidence based practice, informatics and technology, and quality improvement.

The clinical experience is designed to facilitate the fundamental acquisition of the core competencies of clinical practice. Emphasis in clinical is placed on health assessment across the lifespan, recognition of alterations from the norm, safety for patients and providers of care, interpersonal communication, patient centered care, ethics, and safe, evidence based technical skill interventions.

Nurse 410 - Nursing, Patient, and Healthcare Concepts II

This course applies concepts of safe and effective nursing care for children, adults, and families, concentrating on healthcare needs on the wellness/illness continuum across the lifespan.

It focuses on nursing management of the patient's response to health alterations as well as health promotion for childbearing and childrearing families through the application of nursing knowledge, nursing process, and evidence based practice.

The clinical experience is designed to facilitate the development of the core competencies of clinical practice: communication, leadership, patient centered care, professionalism, safety, teamwork and collaboration, evidence based practice, informatics and technology, and quality improvement. Emphasis in clinical is placed on family communication, patient education, teamwork and collaboration, clinical judgment, and management of care.

Nurse 420 - Nursing, Patient, and Healthcare Concepts III

This course adapts concepts of safe and effective nursing care for adults experiencing acute and chronic alterations across the wellness/illness continuum.

It focuses on nursing management of the adult patient's response to physical and mental health alterations through the application of nursing knowledge, nursing process, and evidence based practice.

The clinical experience is designed to facilitate the development of the core competencies of clinical practice: communication, leadership, patient centered care, professionalism, safety, teamwork and collaboration, evidence based practice, informatics and technology, and quality improvement. Emphasis in clinical is placed on clinical judgment, interprofessional communication, patient centered care, safety, and team collaboration.

Nurse 430 - Nursing, Patient, and Healthcare Concepts IV

This course integrates concepts of safe and effective nursing care for individuals and groups of patients across the lifespan.

It is designed to facilitate integration of knowledge, evidence based practice, and clinical judgment in the management of patients with complex healthcare needs, and to facilitate the student's transition into the profession of nursing.

Clinical judgment skills are enhanced through advanced clinical experiences and role transition opportunities. The clinical experience is designed to facilitate the development and demonstration of the core competencies of clinical practice: communication, leadership, patient centered care, professionalism, safety, teamwork and collaboration, evidence based practice, informatics and technology, and quality improvement. Emphasis in clinical is placed on evidence based practice, quality improvement, team collaboration concepts, managing care for groups of patients, the role of the nurse in a systems based practice, interprofessional collaboration, legal precepts, and health policy.

Nurse 305 - Transition to Nursing, Patient, and Healthcare Concepts for the Associate Degree Nurse

This bridge course is designed for the California Licensed Vocational Nurse (LVN) who is admitted for advanced placement into the second year of the Associate Degree Nursing (Registered Nurse) Program.

It introduces the concept based curriculum and the knowledge, skills, and attitudes essential to nursing. The course focuses on nursing management of the patient's response to health alterations as well as health promotion through the application of nursing knowledge, nursing process, and evidence based practice.

The clinical laboratory experience is designed to facilitate the development of the core competencies of clinical practice: communication, leadership, patient centered care, professionalism, safety, teamwork and collaboration, evidence based practice, informatics and technology, and quality improvement. Emphasis is placed on health assessment across the lifespan, family communication, patient education, teamwork and collaboration, role transition, clinical judgment, and management of care.

The American River College Nursing program faculty believes all students will benefit by having a full-time professor during at least one of their medical-surgical rotations while in the Nursing Program. At the end of the third semester, all student records will be reviewed to see that this criterion has been met. Students who have only had adjunct professors for their medical-surgical rotations will be required to have a full-time professor for their fourth semester clinical rotation.

STUDENT LEARNING OUTCOMES (SLO)

The Nursing Program utilizes a concept based curriculum throughout the four semesters. Each semester's theory and clinical objectives are leveled to reflect the progression toward increased depth, breadth, and independence in the role of the nurse. Each semester builds upon the previous semester(s).

First Year Student Learning Outcomes (SLO):

1. Identify best current evidence from scientific and other credible sources as a basis for nursing practice and clinical decision making.
2. Use information technology in the provision of patient care.
3. Participate in the implementation of quality improvement strategies to improve patient care.
4. Collaborate and communicate with diverse patients, families, and the interdisciplinary healthcare team to plan, deliver, and evaluate care.
5. Employ leadership skills in the provision of safe, quality patient care.
6. Demonstrate behavior that reflects the values of the nursing profession including self awareness, a spirit of inquiry, ethical comportment, effective communication, clinical judgment, and competence.
7. Adhere to standards of practice within legal, ethical, and regulatory frameworks of the professional nurse.

Second Year Student Learning Outcomes (SLO):

1. Employ clinical reasoning and knowledge based on the nursing program of study, evidence based practice outcomes, and research based policies and procedures as the basis for decision making and delivery of comprehensive, safe, patient centered care.
2. Utilize information and technology to communicate, manage knowledge, and mitigate error.
3. Participate in quality improvement activities to measure patient outcomes, identify hazards and errors, and to improve care.
4. Coordinate, collaborate, and communicate with diverse patients, families, and the interdisciplinary healthcare team to plan, deliver, and evaluate care that promotes quality of life.
5. Demonstrate delegation, management, and leadership skills that integrate systems thinking, communication, and change processes.
6. Demonstrate behavior that reflects the values of the nursing profession including self awareness, a spirit of inquiry, leadership, ethical comportment, effective communication, clinical judgment and competence, and mentorship.
7. Adhere to standards of practice within legal, ethical, and regulatory frameworks of the professional nurse.

Educational Student Learning Outcomes (SLO)

Upon completion of the Associate Degree Nursing Program, the graduate will be able to:

1. employ clinical reasoning and knowledge based on the nursing program of study, evidence based practice outcomes, and research based policies and procedures as the basis for decision making and delivery of comprehensive, safe, patient centered care.
2. utilize information and technology to communicate, manage knowledge, and mitigate error.
3. participate in quality improvement activities to measure patient outcomes, identify hazards and errors, and to improve care.

4. coordinate, collaborate, and communicate with diverse patients, families, and the interdisciplinary healthcare team to plan, deliver, and evaluate care that promotes quality of life.
5. demonstrate delegation, management, and leadership skills that integrate systems thinking, communication, and change processes.
6. demonstrate behavior that reflects the values of the nursing profession including self awareness, a spirit of inquiry, leadership, ethical comporment, effective communication, clinical judgment and competence, and mentorship.
7. adhere to standards of practice within legal, ethical, and regulatory frameworks of the professional nurse.

EVALUATION OF LEARNING EXPERIENCES

THEORY PERFORMANCE

In the Nursing Program, there is only one grade for each semester, a combined performance grade that includes both class and clinical work. Each semester may include formal and informal quizzes, research or other papers, group presentations, and/or other learning experiences that may be scored. A student must attain at least a "C" in theory and meet all core competencies to advance to the next semester.

The Nursing Program uses the following grading system:

100 – 90	=	A
89 – 80	=	B
79 – 78	=	C
77 – 65	=	D
Below 65	=	F

CLINICAL PERFORMANCE

Student work in the clinical setting is evaluated on a "satisfactory," "unsatisfactory," or "needs improvement" basis. Each course syllabus contains its specific clinical evaluation form containing the core competencies. To pass the course, students need an overall "satisfactory" grade each semester in clinical. Regardless of theory grade, satisfactory performance must be achieved in all critical elements by the end of each semester in order to progress to the next semester. Students needing to change or improve clinical behaviors receive counseling. "Implementation of Student Counseling" in the **Appendix** contains detailed information regarding counseling procedures (Root Cause Analysis, Memos, and Educational Agreements). Refusal to comply with a clinical agency requirements or the clinical agency refusing use of their environment for educational purposes may result in dismissal from the program.

CLINICAL SKILLS CHECKLIST

A Clinical Skills Checklist is to be maintained by each student. The list consists of required and recommended experiences that are appropriate for each semester. This list is to act as a guide to direct students in their learning. It must be submitted each week with clinical paperwork. Lack of availability may prevent the student from obtaining some experiences; this will **not** result in an incomplete or failed course. It **is** the student's responsibility to actively seek learning experiences. The list will be reviewed every week and at midterm evaluation. The checklist is to be submitted to the student's clinical professor for attachment to the final clinical evaluation at the end of the course.

METHOD OF GRADING

1. A final grade of 78 percent or better is required in each nursing course to pass successfully. The grade earned in theory is comprised of course quiz and/or exam scores and HESI exam scores. Any course may include clinical paperwork points; research or other papers, group presentations, and/or other learning experiences that may be scored, but the points for clinical paperwork or any additional assignments are not added to the theory grade until the required minimum of 78 percent needed to pass the course is achieved.
2. If all clinical performance objectives have been met by the student, the grade recorded will be the result of theory achievement. Students who do not achieve a satisfactory rating in all the Core Competencies and/or are determined to have an overall unsatisfactory clinical performance will receive a total course grade of "F" regardless of the theory grade achieved.
3. The evaluative procedure for computing the theory grade and the general and specific performance criteria for each course will be explained on the first day of class. Each course syllabus will also contain this information. Examinations are to be taken on the day and time scheduled. (See Student's Professional Responsibilities.)
4. Students failing their first exam in any course will receive a "Failed Exam Memo." Any student receiving a "D" or "F" in any course at midterm will receive a "Failing at Midterm Memo." It is the philosophy of the faculty that early intervention increases time for remediation and enhances student success.
5. A "Failing Going into the Final Educational Agreement" will be issued to all students going into the final exam with a grade less than 78%.
6. A Clinical Performance evaluation will be based on the student's achievement of performance objectives according to:
 - a. the general criteria on the "Student Evaluation" form;
 - b. specific criteria and requirements for each course; and
 - c. satisfactory performance in all designated Core Competencies.

Performance objectives are included in the syllabus of each nursing course. Assessment of the student's progress will be done with the professor on an ongoing informal and formal basis and will include student self-evaluation as well as reference to the professor's clinical records. An interim evaluation conference will be arranged according to each course's requirements (Refer to each course's clinical format for the timeframe for interim evaluations.). A final evaluation conference will be arranged at the end of each clinical rotation, and a summary of the evaluation conference will be written by the professor. The student will sign the summary form they have read and may add comments. (Please refer to each course's "Student Evaluation" document for complete objectives.)

Factors other than a theory grade below "C" that will likely result in the assignment of a "D" or "F" grade include, but are not limited to:

- a. Consistent unsatisfactory performance following an Educational Agreement;
- b. Unsafe practice;
- c. Any episode of grossly negligent behavior;
- d. Continual failure to submit assignments at prescribed time;
- e. Excessive clinical or theory absence (see Attendance Policy); and/or
- f. Failure to achieve "Satisfactory" in any one of the "Core Competencies."

7. Math exams will be given at the beginning of each nursing course. Each math exam must be passed with 90%. The amount of time between the math exam and each retest will be individually determined. Students will not be allowed to pass medications until successfully achieving at least 90% on the math exam.
8. If a student drops out of the Nursing Program, re-entry will be subject to space availability and the criteria in the Student Re-Entry Policy. An exit conference with the course professor and/or Nursing Director is required. The Re-Entry Policy will be reviewed and recommendations for re-entry determined at the time of the final conference. The student will receive written exit interview recommendations. A copy of the exit interview will also be placed in the student's file.
 - a. The student must also meet with the Re-Admission Committee prior to re-entry; this meeting will be approximately 15 minutes in length. The student must be on time, professional, and ready to present their case for readmission. The panel consists of faculty from each semester. This meeting will be scheduled by the nursing office prior to the semester starting.
 - i. The student must bring documentation to demonstrate the plan of action agreed upon at the time of their exit have been met or are in progress.
 - ii. The student will reiterate the reason for withdrawal/failure and the plan of action for success.
 - iii. Faculty will ask questions and evaluate the actions taken by the student to implement the plan of action.
 - iv. The Re-Admission Committee will make recommendations for re-admission, which will be reviewed by the Nursing Director.
 - v. Students re-entering program must redo **background check and drug screening**. Students re-entering first and third semesters will need to **pay for malpractice**. All students will need to ensure **CPR, health requirements, and uniform are current**.

MATH TESTING PROCESS

Year One (Semesters 1 & 2)

Test 1 – If failed, student must seek remediation before retesting.

Retest 1 – If failed, student will receive a Memo and continue to remediate before retesting.

Retest 2 – If failed, student will receive an Educational Agreement and be referred as indicated for further remediation.

Retest 3 – If failed, student will be dismissed from the course.

Year Two (Semesters 3 & 4)

Test 1 – If failed, student will receive a Memo and must remediate prior to retesting.

Retest 1 – If failed, student will receive an Educational Agreement and be referred for further remediation.

Retest 2 – If failed, student will be dismissed from the course.

Note: Only **SIMPLE, non-scientific** calculators are allowable during math exams.

ADDITIONAL LEARNING OPPORTUNITIES

HEALTH AND EDUCATION DIVISION (HEED) LABORATORIES

The Nursing Program and its students have access to three HEED laboratories: Skills, Simulation, and Computer. The Skills Lab is available to reinforce and update specific nursing skills. The Simulation Lab provides a realistic patient care experience with human patient simulators that react physiologically to nursing interventions. The Health and Education Computer Lab is available for required class work, enrichment, or absence make up hours. A manual is in the **Appendix** further detailing the learning opportunities available in each of the laboratories. Utilization of the laboratories varies; please speak with your professor regarding use of these labs.

CORE COMPETENCIES

Core Competencies include those behaviors so important to nursing care and patient safety that failure to perform them correctly is considered unsafe nursing practice. All Core Competencies are considered in the ongoing evaluation of the student's clinical performance. The student is expected to satisfactorily perform the following Core Competencies at all times:

1. **Patient Centered Care**: Recognizes the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for the patient's preferences, values, and needs.
2. **Evidence Based Practice**: Integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
3. **Safety**: Minimizes harm to patients and providers through both system effectiveness and individual performance.
4. **Informatics and Technology**: Uses information and technology to communicate, manage knowledge, mitigate error, and support decision making.
5. **Quality Improvement**: Participates in the systematic process that healthcare organizations and professionals use to continuously improve the quality and safety of healthcare systems.
6. **Communication**: Interacts effectively with patients, families, and colleagues, fostering mutual respect and shared decision making, to enhance patient satisfaction and health outcomes.
7. **Teamwork and Collaboration**: Functions effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect, shared decision-making, team learning, and development.
8. **Leadership**: Influences the behavior of others in a way that will facilitate the establishment and acquisition/achievement of shared goals.
9. **Professionalism**: Demonstrates accountability for the delivery of standard based nursing care that is consistent with moral, altruistic, legal, ethical, regulatory, and humanistic principles.

Please refer to the “**Educational Student Learning Outcomes and Core Competencies**” table on the next page for the individual knowledge, attitudes, and skills (KAS) needed to successfully achieve each Core Competency. Satisfactory performance must be achieved in all Core Competencies by the end of the current semester in order to progress to the next semester.

Educational Student Learning Outcomes and Core Competencies

Each student learning outcome (SLO) is supported by one or more of the 9 core competencies. For each competency, a definition is provided that identifies the expectations for the nurse. Essential knowledge, attitudes and skills (KAS), reflecting the cognitive, affective, and psychomotor domains of learning, are also specified for each competency. The KAS's come directly from the Nurse of the Future Nursing Core Competencies© and have been used with permission.

Educational Student Learning Outcome # 1

Use clinical reasoning and knowledge based on the nursing program of study, evidence based practice outcomes, and research based policies and procedures as the basis for decision-making and delivery of comprehensive, safe, patient centered care.

Core Competency: Patient-Centered Care

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Identifies components of nursing process appropriate to individual, family, group, community, and population health care needs across the life span	A1a Values use of scientist inquiry, as an essential tool for provision of nursing care A1b Appreciates the differences between data collection and assessment	S1a Provides priority-based nursing care to individuals, families, and groups through independent and collaborative application of the nursing process S1b Demonstrates cognitive, affective, and psychomotor nursing skills when delivering patient care
K2 Understands that care and services are delivered in a variety of settings along a continuum of care that can be accessed at any point	A2a Values and respects assessing health care situation from the patient's perspective and belief systems A2b Respects and encourages the patient's participation in decisions about health care and services	S2 Assesses patient values, preferences, decisional capacity, and expressed needs as part of ongoing assessment, clinical interview, implementation of care plan, and evaluation of care
K3 Understands multiple dimensions of patient-centered care including: a. Patient/family/community preferences, values b. Coordination and integration of care c. Information, communication, and education d. Physical comfort and emotional support e. Involvement of family and significant other f. Care transition and continuity	A3a Respects the patient's perspective regarding own health and concerns	S3a Communicates patient values, and expressed needs to other members of health care team S3b Seeks information from appropriate sources on behalf of patient
K4a Demonstrates understanding of the human condition K4b Describes how cultural diversity, ethnic, spiritual and socioeconomic backgrounds function as sources of patient, family, and community values	A4a Values opportunities to learn about all aspects of human diversity and the inherent worth and uniqueness of individuals and populations A4b Recognizes impact of personal attitudes, values and beliefs regarding delivery of care to diverse clients	S4a Provides patient-centered care with sensitivity and respect for the diversity of human experience S4b Implements nursing care to meet the holistic needs of patient on socioeconomic, cultural, ethnic, and spiritual values and beliefs influencing

<p>K4c Understands how human behavior is affected by socioeconomics, culture, race, spiritual beliefs, gender identify, sexual orientation, lifestyle, and age</p> <p>K4d Understands the effects of health and social policies on persons from diverse backgrounds and cultures</p>	<p>A4c Supports patient-centered care for individuals and groups whose values diver from their own</p>	<p>health care and nursing practice</p> <p>S4c Works collaboratively with health care providers from diverse backgrounds and cultures</p> <p>S4d Demonstrates caring practices toward patient, significant others, and groups of people receiving care</p>
<p>K5a Demonstrates comprehensive understanding of health across the continuum, including the concepts</p>	<p>A5a Appreciates the role of the nurse in relieving all types and sources of pain and suffering</p> <p>A5b Recognizes the impact of personal values and beliefs about the management of pain and suffering and end-of-life care</p> <p>A5c Fosters strategies to promote health maintenance/ motivation</p>	<p>S5a Assesses presence and extent of physical and emotional comfort</p> <p>S5b Elicits expectations of patient and family for relief of pain, discomfort, or suffering and end-of-life care</p> <p>S5c Initiates treatments to relive pain and suffering in light of patient values, preferences, and expressed needs</p>

Core Competency: Evidence-Based Practice

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K1 Demonstrates knowledge of basic scientific methods and processes</p>	<p>A1a Appreciates strengths and weaknesses of scientific bases for practice</p> <p>A1b Values the need for ethical conduct in practice and research</p>	<p>S1a Participates in the development of clinical questions for potential research</p> <p>S1b Critiques/appraises research for application to practice</p> <p>S1c Participates in data collection and other research activities</p> <p>S1d Follows the guidelines and requirements pertaining to Human Subject Protection for conducting research</p>
<p>K2 Describes the concept of evidence-based practice (EBP), including the components of research evidence, clinical expertise, and patient/family values</p>	<p>A2 Values the concept of EBT as integral to determining best clinical practice</p>	<p>S2 Bases individualized care on best current evidence, patient values, and clinical expertise</p>
<p>K3 Describes reliable sources for locating evidence reports and clinical practice guidelines</p>	<p>A3a Appreciates the importance of relevant clinical evidence</p>	<p>S3 Locates evidence reports related to clinical practice topics and guidelines within appropriate databases</p>
<p>K4 Differentiates clinical opinion from research and evidence summaries</p>	<p>A4 Appreciates that the strength and relevance of evidence should be determinants when choosing clinical interventions</p>	<p>S4a Applies research and evidence reports related to area of practice</p> <p>S4b Understands the use of best practice and evidence at the patient level and across the system</p>
<p>K5 Explains the role of evidence in determining best clinical practice</p>	<p>A5a Questions the rationale of supporting routine approaches to care processes and decisions</p>	<p>S5 Facilitates integration of new evidence into standards of practice, policies, and nursing practice guidelines</p>

	A5b Values the need for continuous improvement in clinical practice based on new knowledge	
K6a Identifies evidence-based rationale when developing and/or modifying clinical practices K6b Understands data collection methodologies appropriate to individuals, families, and groups in meeting health care needs across the life span	A6 Acknowledges own limitation in knowledge and clinical expertise before seeking evidence and modifying clinical practice	S6 Uses evidence and clinical experience to decide when to modify clinical practice

Core Competency: Safety

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Identifies human factors and basic safety design principles that affect safety	A1 Recognizes the cognitive and physical limitations of human performance	S1 Demonstrates effective use of technology and standardized practices that support safe practice
K2 Describes the benefits and limitations commonly used safety technology	A2 Recognizes the tension between professional autonomy and standardization	S2 Demonstrates effective use of strategies at the individual and systems levels to reduce risk of harm to self and others
K3 Discusses effective strategies to enhance memory and recall and minimize interruptions	A3 Recognizes that both individuals and systems are accountable for a safe culture	S3 Uses appropriate strategies to reduce reliance on memory and interruptions
K4a Delineates general categories of errors and hazards in care K4b Describes factors that create a culture of safety K4c Describes optimal processes for communicating with patients/families experiencing adverse events	A4a Recognizes the importance of transparency in communication with the patient, family, and health care team around safety and adverse events A4b Recognizes the complexity and sensitivity of the clinical management of medical errors and adverse events	S4a Participates in collecting and aggregating safety data S4b Uses organizational error reporting system for “near miss” and error reporting S4c Communicates observations or concerns related to hazards and errors involving patients, families, and/or health care team S4d Utilizes timely data collection to facilitate effective transfer of patient care responsibilities to another professional during transitions in care (“hard-offs”) S4e Discusses clinical scenarios in which sensitive and skillful management of corrective actions to reduce emotional trauma to patients/families is employed S4f Participates in safety surveys
K5 Describes how patients, families, individual clinicians, health care team, and systems can contribute to promoting safety and reducing errors	A5 Recognizes the value of analyzing systems and individual accountability when errors or near misses occur	S5 Participates in analyzing errors and designing systems improvements

K6a Describes processes used in understanding causes of error and in allocation of responsibility and accountability	A6a Values the systems' benchmarks that arise from established safety initiatives	S6a Uses established safety resources for professional development and to focus attention on assuring safe practice
K6b Discusses potential and actual impact of established patient safety resources, initiatives and regulations	A6b Values the importance for using a model for applying the principles of reliability to healthcare systems: prevent failure, identify and mitigate failure and redesign processes on identified failure	S6b Participates within methods for evaluating and improving the overall reliability of a complex system
K6c Describes the elements for sustaining a High Reliable Organization (HRO)	A6c Values the paradigm that works to promote patient safety and efficient healthcare delivery	S6c Uses elements identified by AHRQ when delivering care: awareness of operations, reluctance to accept excuses, preoccupation with failure, deferring to expertise, continuous resiliency

Educational Student Learning Outcome # 2

Use information and technology to communicate, manage knowledge, and mitigate error (QSEN).

Core Competency: Informatics and Technology

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K1a Understands basic computer science concepts</p> <p>K1b Identifies the basic components of the computer systems</p>	A1 Recognizes the importance of basic computer competence to evolving nursing practice	<p>S1a Demonstrates proficiency in:</p> <ul style="list-style-type: none"> • Concepts of information and communication technology • Foundations of basic computer systems (i.e., software, operating system, hardware, networks, peripheral devices, computer systems, internet and web based applications, wireless technology) • Foundations of database management • Data Security <p>S1b Demonstrates proficiency in basic computer skills related to personnel management (i.e., admin), education, and desktop software</p>
<p>K2a Describes Information Management concepts (i.e., communication theories)</p> <p>K2b Describes standardized terminology in a care environment that reflects nursing's unique contribution to patient outcomes</p> <p>K2c Describes the foundation of Nursing Informatics:</p> <ul style="list-style-type: none"> • Distinguishes between healthcare and nursing informatics 	<p>A2a Values the importance of nursing data to improve nursing practice</p> <p>A2b Appreciates the use of electronic communications strategies in the delivery of patient care</p>	<p>S2a Uses data, as presented through the Electronic Health Record (E.H.R.), to inform clinical decisions and deliver safe, quality patient care</p> <p>S2b Uses data from nursing and all relevant sources, including technology, to inform the delivery of care</p> <p>S2c Uses informatics, and knowledge of the larger healthcare delivery system, to support and enhance patient care</p>

<ul style="list-style-type: none"> Describes Informatics Knowledge and its relationship to Regulations, Human Factors, and Change Management <p>K2d Describes an understanding of electronic communication strategies among healthcare providers in the healthcare system</p>		<p>S2d Utilizes Electronic communication strategies (E.H.R., mHealth, Personal health records)</p>
<p>K3 Explains why information and technology skills are essential for the professional nurse</p>	<p>A3 Appreciates the necessity for all health professionals to seek lifelong, continuous learning of information management</p>	<p>S3a Uses information and it's sources, critically and incorporates selected information into his or her own professional knowledge database</p> <p>S3b Seeks education about how information is managed in the care setting</p> <p>S3c Performs basic troubleshooting when using applications</p>
<p>K4 Understands Core Components of the E.H.R. and their application within the larger health care information system:</p> <ul style="list-style-type: none"> Core components of the E.H.R. (Ancillary System, Clinical Data Repository, Physician Documentations, Bar-Coded Medications Administration (BCMA), Continuity of Care Document transactions and Decision Support) Nursing specific applications and relationship to entire E.H.R. (Clinical documentation, Computerized Provider Order Entry (CPOE), BCMA, Patient Monitoring, Decision Support, Clinical Guidelines) Consumer applications Social Media <p>K2d Describes an understanding of electronic communication strategies among healthcare providers in the healthcare system</p>	<p>A4 Values the importance of technology on patient care and quality and safety outcomes</p>	<p>S4a Demonstrates skills in using patient care technologies, information systems, and communication devices that support safe nursing practice</p> <p>S4b Demonstrates proficiency in basic computer skills related to communication, and data access</p> <p>S4c Utilizes telecommunication technologies to assist in effective communication in a variety of healthcare settings</p> <p>S4d Applies safeguards and decision making support tools embedded in patient care technologies and information systems to support a safe practice environment for both patient and healthcare workers</p> <p>S4e Utilizes E.H.R. systems to document interventions related to achieving nurse sensitive outcomes</p> <p>S4f Applies patient care technologies as appropriate to address the needs of a diverse patient population</p>
<p>K5a Describes the E.H.R. implementation process</p> <p>K5b Identifies the different roles involved in system design, analysis and management, including core nursing</p>	<p>A5 Values nurses' involvement in design, selection, implementation and evaluation of information technologies to support patient care</p>	<p>S5a Participates in E.H.R. System Implementation (i.e., system evaluation, design implementation, testing, training, optimization and project management)</p>

<p>responsibilities associated with an E.H.R. implementation</p> <p>K5c Defines informatics skills required in system development (i.e., system evaluation, design, testing, and training)</p>		<p>S5b Works in interdisciplinary teams to make decisions regarding the application of technologies and the acquisition of data</p> <p>S5c Recognizes that redesign of workflow and care processes should precede implementation of care technology to facilitate nursing practice</p> <p>S5d Participates in evaluation of information systems in practice settings through policy and procedure development</p>
<p>K6a Describes patient access, rights and engagement as pertain to E.H.R.</p> <p>K6b Understands the principles of data integrity, professional ethics and legal rights of the patient</p>	<p>A6 Recognizes that greater patient engagement contributes to better health outcomes</p>	<p>S6a Utilizes strategies to protect data and maintains data integrity</p> <p>S6b Upholds ethical standards related to data security, regulatory requirements, confidentiality, and clients' right to privacy</p> <p>S6c Teaches patients about healthcare technologies</p> <p>S6d Adapts the use of technologies to meet patient needs</p>
<p>K7a Describes how technology and information management are related to the quality and safety of patient care</p> <p>K7b Describes the role of information technology in improving patient care outcomes and creating a safe care environment</p>	<p>A7a Appreciates the limits of technology, recognizing there are nursing practices that cannot be performed by computers or technology</p> <p>A7b Appreciates the contributions of technology as a tool to improve patient safety and quality</p>	<p>S7a Uses data and statistical analysis to evaluate practice, perform quality improvement and enhance patient safety</p> <p>S7b Uses information Management tools to monitor outcomes of care process</p> <p>S7c Advocates for the use of new patient care technologies for safe, quality care</p>
<p>K8 Describes the integration of research and evidenced based practice into the E.H.R.</p>	<p>A8 Values technology as a tool for generating knowledge and guiding clinical practice</p>	<p>S8a Conducts on-line literature searches</p> <p>S8b Provides for efficient data collection</p> <p>S8c Uses applications to manage aggregated data</p> <p>S8d Integrates evidenced based standards to support clinical practice</p>
<p>K9 Describe emerging areas of informatics that will influence the development of the E.H.R., patient care and professional practice</p>	<p>A9 Values informatics as an evolving discipline</p>	<p>S9 Discusses the value of emerging trends (i.e., Health care Information Exchange, Data Analytics, Population Health Management, Patient and Family Engagement) and how they will influence healthcare reform</p>

Educational Student Learning Outcome # 3

Participate in quality improvement activities to measure patient outcomes, identify hazards and errors, and to improve care.

Core Competency: Quality Improvement

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Describes the nursing context for improving care	A1 Recognizes that quality improvement is an essential part of nursing	S1a Actively seeks information about quality initiatives in their own care settings and organization S1b Actively seeks information about quality improvement in the care setting from relevant institutional, regulatory and local/national sources
K2 Comprehends that nursing contributes to systems of care and processes that affect outcomes	A2 Recognizes how team collaboration is important to quality improvement and values the input from the interprofessional team	S2 Participates in the use of quality improvement model and tools to make processes of care interdependent and explicit
K3 Explains the importance of variation and measurement in providing quality nursing care with awareness, of diverse populations and/or issues	A3a Appreciates how standardization supports quality patient care A3b Recognizes how unwanted variation compromises care	S3 Participates in the use of quality improvement tools to assess performance and identify gaps between local and best practices
K4 Describes approaches for improving processes and outcomes of care	A4 Recognizes the value of what individuals and teams can do to improve care processes and outcomes of care	S4a Participates in the use of quality improvement practices and implements changes in the delivery of care with consideration for population based health care S4b Implements best practices for preventing harm

Educational Student Learning Outcome # 4

Coordinate, collaborate and communicate with diverse patients, families and the interdisciplinary healthcare team to plan, deliver, and evaluate care that promotes quality of life.

Core Competency: Communication

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1a Understands the principles of effective communication through various means	A1a Accepts responsibility for communicating effectively	S1a Uses clear, concise, and effective written, electronic, and verbal communications
K1b Knows grammar, spelling, and health care terminology	A1b Recognizes one's individual responsibility to communicate effectively utilizing a collegial tone and voice	S1b Documents interventions and outcomes of care according to professional standards and work unit policy
K2a Understands visual, auditory, and tactile communication	A2a Values different means of communication (auditory, visual, and tactile)	S2a Chooses the right setting and time to initiate conversation

<p>K2b Understands the physiological, psychological, developmental, spiritual, and cultural influences on effective communication</p> <p>K2c Describes the impact of one's own communication style on others</p>	<p>A2b Values mutually respectful communication</p> <p>A2c Values individual cultural and personal diversity</p> <p>A2d respects persons' rights to make decisions in planning care</p>	<p>S2b Assesses the patient's readiness/willingness to communicate</p> <p>S2c Assesses the patient's ability to communicate</p> <p>S2d Utilizes patient preferences for visual, auditory, or tactile communication</p> <p>S2e Assesses barriers to effective communication</p> <p>S2f Makes appropriate adaptation in own communication based on patient and family assessment</p> <p>S2g Assesses the impact of use of self in effective communication</p>
<p>K3a Understands the nurse's role and responsibility in applying the principles of verbal and nonverbal communication</p> <p>K3b Understands the nurse's role and responsibility in applying the principles of active listening</p> <p>K3c Recognizes the value of validation relationship</p>	<p>A3a Values the therapeutic use of self in patient care</p> <p>A3b Appreciates the dynamics of physical and emotional presence on communication</p> <p>A3c Appreciates the influences of physiological, psychosocial, developmental, spiritual, and cultural influences on one's own ability to communicate</p> <p>A3d Acknowledges that acceptance of another person's behaviors will enhance the therapeutic relationship and facilitate communication</p>	<p>S3a Establishes rapport</p> <p>S3b Actively listens to comments, concerns, and questions</p> <p>S3c Demonstrates effective interviewing techniques</p> <p>S3d Provides opportunity to ask and respond to questions</p> <p>S3e Assesses verbal and non-verbal responses</p> <p>S3f Adapts communication as needed based on patient's response</p> <p>S3g Distinguishes between effective and ineffective communication with patients and families</p> <p>S3h Utilizes selected forms and levels of validation to minimize conflict and enhance the therapeutic relationship</p>
<p>K4 Identifies techniques for reducing violent and/or disruptive behavior</p>	<p>A4 Recognizes situations where de-escalation techniques are required to prevent violence and aggression levels of validation to minimize conflict and enhance the therapeutic relationship</p>	<p>S4 Utilizes verbal and non-verbal communication skills to reduce and manage violent and/or disruptive behavior</p>

Collegial Communication & Conflict Resolution

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
<p>K5a Understands what each health team member uniquely provides in terms of patient care</p> <p>K5b Interprets differences in communication styles among patients</p>	<p>A5a Cares about people as individuals, valuing all members of the health care team and their roles as important to patient care</p> <p>A5b Appreciates the contributions of</p>	<p>S5a Demonstrates empathy and concern while ensuring organizational goals are met</p> <p>S5b Asserts views in a straightforward unambiguous manner</p>

and families, nurses, and other members of the health team	others in helping patient and families achieve health goals	S5c Selects the appropriate communication mode (verbal v. electronic) for the situation
K5c Understands the various modes to communicate with members of the health care team	A5c Recognizes the limitations of electronic communication in real time processing	S5d Uses standardized communication approaches in all communications and in care transitions
K5d Discusses effective strategies for communicating and resolving conflict	A5d Recognizes that each individual involved in a conflict has accountability for it and should work to resolve it	S5e Uses a structured to communicate effectively with colleagues
K5e Understands the principles of group process and negotiation	A5e Acknowledges negotiation as a strategy to identify mutually acceptable ways to meet patient care objectives	S5f Contributes to resolution of conflict through negotiation
K5f Acknowledges the presence of an authority gradient in the healthcare team	A5f Accepts graded assertiveness as a technique to communicate	S5g Expresses concern through a stepped process, escalating as the safety of the patient and the situation requires
K6 Identifies cultural variations in approaches to interactions with others	A6 Identifies how one's own personality, preferences, and patterns of behavior impact communication with others	S6 Applies self-reflection to better understand one's own manner of communicating with others
K7 Examines the role of the nurse in assuring patient privacy, security, and confidentiality	A7 Accepts responsibility to maintain patient confidentiality	S7 Distinguishes with members of the healthcare team have a valid right to know selected patient information

Teaching/Learning

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K8a Understands the influences of different learning styles on the education of patients and families	A8a values different means of communication used by patients and families	S8a Assesses factors that influence the patient's and family's ability to learn, including readiness to learn, preferences for learning style, and levels of health literacy
K8b Understands the differences in auditory, visual, and tactile learning styles	A8b Recognizes learning styles vary by individual	S8b Incorporates facts, values, and skills into teaching plan
K8c Understands the principles of teaching and learning	A8c Values the patient's right to know the reason for chosen interventions	S8c Assists patients and families in accessing and interpreting health information and identifying healthy lifestyle behaviors
K8d Is aware of the three domains of learning: cognitive, affective, and psychomotor	A8d Values the need for teaching in all three domains of learning	S8d Provides relevant and sensitive health education information and advice to patients and families
K8e Understands the concept of health literacy	A8e Accepts responsibility to insure the patient receives health information that is understandable	S8e Participates in cooperative learning
K8f Understands the process of cooperative learning	A8f Values cooperative learning strategies as a method to facilitate learning	S8f Discusses clinical decisions with patients and families
K8g Understands the purpose of health education	A8g Accepts the role and responsibility for providing health education to patients and families	S8g Evaluates patient and family learning

Core Competency: Teamwork and Collaboration

Self

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Identifies own strengths, limitations, and values in functioning as a member of team	<p>A1a Recognizes responsibility for contributing to effective team functioning</p> <p>A1b Appreciates the importance of collaboration</p> <p>A1c Recognizes the value of mutual respect and collegial trust among team members</p>	<p>S1a Provides Acts with honesty and integrity when working with patients, families, and team members</p> <p>S1b Demonstrates self-awareness of strengths and limitations as a team member</p> <p>S1c Initiates plan for self-development as a team member</p> <p>S1d Acts collaboratively with integrity, consistency, and respect for diverse and differing views</p>

Team

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K2 Describes scope of practice, team mission, objectives, norms and recourse and roles of interdisciplinary and nursing health care team members	A2 Values the perspectives and expertise of all health team	<p>S2a Functions competently within own scope of practice as a member of the health care team</p> <p>S2b Uses knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served</p>
K3 Identifies contributions of other individuals and groups in helping patients and families achieve health goals	A3 Respects the centrality of the patient and family as core members of any health care team	<p>S3a Practices collaborative decision-making and practice through accommodation, negotiation, coordination and shared accountability</p> <p>S3b Assumes the role of team member or leader based on the situation</p>
K4 Describes strategies for identifying and managing overlaps in team member roles and accountabilities	A4 Respects the unique professional and cultural attributes that members bring to a team	<p>S4a Initiates requests for assistance when situation warrants it</p> <p>S4b Manages, within the scope of practice, areas of overlap in role and/or accountability in team member functioning</p> <p>S4c Integrates the contributions of others in assisting patient/family to achieve health goals</p>

Team Communication

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K5 Understands the impact of the effective collegial communication on patient outcomes	A5 Values teamwork and relationships upon which it is based	S5a Adapts own communication style to meet the needs of the patient, family, team and situation S5b Demonstrates commitment to team goals S5c Solicits input from other team members to improve individual and team performance S5d Shares instructive feedback on performance in respectful ways

Team

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K6a Understands the impact of effective team functioning on safety and quality of care K6b Discusses how authority and hierarchy influence teamwork and patient safety	A6a Recognizes the risks associated with transferring patient care responsibilities to another professional (“hand-off”) during care transitions A6b Appreciates patient-centered problem solving as the overarching framework for team’s a care delivery process	S6a Follows communication practices to minimize risks associated with transfers between providers during care transitions S6b Asserts own position/perspective in discussions about patient care S6c Chooses communication styles that diminish the risks associated with authority gradients among team members

Impact of Systems on Team Functioning

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K7a Identifies systems factors that facilitate or interfere with effective team functioning K7b Identifies lateral violence as a barrier to teamwork and unit functioning K7c Identifies civility as a facilitator of effective teamwork and unit functioning K7d Explores strategies for improving work units to support team functioning	A7a Recognizes tensions between professional autonomy and systems factors A7b Recognizes behaviors that contribute to lateral violence A7c Recognizes behaviors that promote civility within the team and work setting A7d Values the creation of system solutions in achieving quality of care	S7a Contributes to effective team functioning S7b Practices strategies including cognitive rehearsal to minimize lateral violence S7c Practices strategies including patience, prudence, kindness, respect and tact to encourage and support civility S7d Participates in designing work units that support effective teamwork

Educational Student Learning Outcome # 5

Demonstrate delegation, management, and leadership skills that integrate systems thinking, communication, and change processes.

Core Competency: Leadership

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1 Identifies leadership skills essential to the practice of nursing	A1 Recognizes the role of the nurse as leader	S1 Integrates leadership skills of systems thinking, communication, and facilitating change in meeting patient care needs
K2 Understands critical thinking and problem-solving processes	A2 Values critical thinking processes in the management of client care situations	S2a Uses systematic approaches in problem solving S2b Demonstrates purposeful, informed, outcome-oriented thinking
K3a Understands human behavior, individual and group performance K3b Identifies the roles and skills of the health care team	A3a recognizes the centrality of a interprofessional team approach to patient care A3b Values the diversity and inclusion of perspectives and expertise of each member of the health care team	S3a demonstrates ability to effectively participate within health care teams S3b Promotes a productive culture by valuing and their contributions S3c Models effective communication and promotes cooperative behaviors S3d Demonstrates tolerance for different view points
K4 Understands the need to monitor one's own feeling and emotions, to discriminate among them and use this information to guide thinking and actions	A4a Recognizes that personal attitudes, beliefs and experiences influence one's leadership style A4b Recognizes the limits of one's own role and competence and, where necessary, consults with other health professionals with the appropriate competencies A4c Values fairness and open mindedness A4d Values an environment encouraging creative thinking and innovations A4e Values courage as a leadership skill	S4a Clarified biases, inclinations, strengths, and self-limitations S4b Adapts to stressful situations S4c Seeks appropriate mentors S4d Acts as an effective role model and resource for students and support staff S4e Demonstrates ability to stand up for beliefs and does not avoid challenges
K5 Explains the importance, necessity, and process of change	A5a Recognizes one's own reaction to change and strives to remain open to new ideas and approaches A5b Values new ideas and interventions to improve patient care	S5a Implements change to improve patient care S5b Anticipates consequences, plans ahead, and changes approaches to improve outcomes S5c Participates in the change process to improve patient care, the work environment, and patient and staff satisfaction

K6 Understands the principles of accountability and delegation	<p>A6a Accepts accountability and responsibility for one's own professional judgment and actions</p> <p>A6b Accepts accountability for nursing care delegated to others</p> <p>A6c recognizes the values of delegation</p>	S6 Delegates selected nursing activities to unlicensed personnel to maintain or improve the patient's health and well-being, or promote comfort
K7 Understands the complexity of the health care delivery system including how patient care services are organized and financed, and how reimbursement is structured	<p>A7a recognizes the impact of sociocultural, economic, legal, and political factors influencing health care delivery and practice</p> <p>A7b Values the roles of provider groups across the continuum of care</p>	<p>S7a Acts as a champion for health care consumers and quality outcomes</p> <p>S7b Understands and articulates individual organization's financial drivers</p> <p>S7c Demonstrates an understanding the complexity involved in decision making in Health care relating to population management across the continuum of care</p>
K8 Understand how health care issues are identified, how health care policy is both developed and changed	A8 recognizes how the health care process can be influenced through the efforts of nurses and other health care professionals, as well as lay and special advocacy groups	S8 Participates as a nursing professional in political processes and grassroots legislative efforts to influence health care policy
K9 Understands the need to withstand, recover or grow in the face of stressors and changing demands	A9 recognizes the need to think about the future instead of the past	<p>S9a Seeks opportunities for ongoing learning</p> <p>S9b Demonstrates ability to work with ambiguity and tension</p> <p>S9c Focuses energy to achieve goals and outcomes</p>
K10 Articulates the impact of one's own leadership style in committing individuals to action	A10 Recognizes the value of leadership to empower others and enhance collaboration and shared decision making	S10 Uses group discussion, agreement and consensus building to enhance collaboration and shared decision making

Educational Student Learning Outcome # 6

Demonstrate behavior that reflects the values of the nursing profession including self-awareness, a spirit of inquiry, leader, ethical, communicator, clinical judgment and competence, and mentor.

Educational Student Learning Outcome # 7

Adhere to standards of practice within legal, ethical, and regulatory frameworks of the professional nurse.

Core Competency: Professionalism

KNOWLEDGE	ATTITUDES/BEHAVIORS	SKILLS
K1a Understands the concept of accountability for own nursing practice K1b Justifies clinical decision	A1a Accepts responsibility for own behavior A1b Shows commitment to provision of high quality, safe, and elective patient care	S1a Demonstrates accountability for own nursing practice S1b Exercises critical thinking and clinical reasoning within standards of practice
K2 Describes legal and regulatory factors that apply to nursing practice	A2a Values professional standards of practice A2b Values and upholds legal and regulatory principles	S2a Uses recognized professional standards of practice S2b Implements plan of care within legal, ethical, and regulatory framework of nursing practice
K3 Understands the professional standards of practice, the evaluation of that practice, and the responsibility and accountability for the outcome of practice	A3a Recognizes personal capabilities, knowledge base, and areas for development A3b Values collegiality, openness to critique, and peer review	S3a Demonstrates professional comportment S3b Provides and receives constructive feedback to/from peers
K4a Describes factors essential to the promotion of professional development K4b Describes the role of a professional organization shaping the culturally congruent practice of nursing K4c Understands the importance of reflection to advancing practice and improving outcomes of care	A4a Committed to life-long learning A4b Values the mentoring relationship for professional development A4c Values and is committed to being a reflective practitioner	S4a Participates in life-long learning S4b Demonstrates ability for reflection in action, reflection for action, and reflection on action
K5a Understands the concept of autonomy and self-regulation in nursing practice K5b Understands the culture of nursing, cultural congruence and the health care system	A5 Recognizes the responsibility to function within acceptable behavioral norms appropriate to the discipline of nursing and the health care organization	S5a Seeks ways to advocate for nursing's role, professional autonomy, accountability, and self-regulation S5b Promotes and maintains a positive image of nursing S5c Recognizes and acts upon breaches of law relating to nursing practice and professional codes of conduct
K6 Understands role and responsibilities as patient advocate	A6 Values role and responsibilities as patient advocate	S6 Serves as a patient advocate
K7 Understands ethical principles, values, concepts, and decision making that apply to professional nursing practice, interprofessional collaboration and patient care	A7a Values the application of ethical principles in daily practice A7b Values acting in accordance with code of ethics and accepted standards of practice	S7a Incorporates American Nurses Association's Code of Ethics into daily practice S7b Utilizes an ethical decision-making framework in clinical situations

	<p>A7c Clarifies personal and professional values and recognizes their impact on decision making and professional behavior</p> <p>A7d Values acting with honesty and integrity in relationships with patients, families, and other team members across the continuum of care</p>	<p>S7c Identifies and responds to ethical concerns, issues, and dilemmas that affect nursing practice</p> <p>S7d Enlists system resources and participates in efforts to resolve ethical issues in daily practice</p> <p>S7e Recognizes moral distress and seeks recourses for resolution</p>
<p>K8a Understands responsibilities inherent in being a member of the nursing profession</p> <p>K8b Recognizes the relationship between personal health, self-care, resilience and the ability to deliver sustained quality care</p> <p>K8c Recognizes the relationship between clinic and social responsibility and volunteerism with the advancement of one's own practice and the profession of nursing</p> <p>K8d Contributes to building and fostering a nurturing & healthy work environment, promoting health safety in the workplace</p>	<p>A8a Recognizes need for personal and professional behaviors that promote the profession of nursing</p> <p>A8b Values and upholds altruistic and humanistic principles</p>	<p>S8a Understands the history and philosophy of the nursing profession</p> <p>S8b Incorporates professional nursing standards and accountability into practice</p> <p>S8c Advocates for professional standards of practice using organization and political processes</p> <p>S8d Understands limits to one's scope of practice and adheres to licensure law and regulations</p> <p>S8e Articulates to the public the values of the profession as they relate to patient welfare</p> <p>S8f Advocates for the role of the profession nurse as a member of the interdisciplinary health care team</p> <p>S8g Develops goals for health, self-renewal, and professional development</p> <p>S8h Assumes social and civic responsibility through participation in community volunteer activities</p> <p>S8i Assumes professional responsibility through participation in professional nursing organizations</p>

PROGRAM EVALUATION

Student input regarding learning experiences is vital to maintaining a high quality program. All program evaluations are available online and can be completed via any ARC computer open for general student use or from home through the college website. Student anonymity is maintained. Responses will be considered by faculty when making course and program improvements. Students are encouraged to be candid.

FACULTY EVALUATION

All full-time faculty and ARC employed adjunct faculty are evaluated at least every three years according to the college policy. Student questionnaires are anonymous, and the evaluation procedure is carried out by a student in the absence of a faculty member.

CLINICAL PROFESSOR EVALUATION

Each semester students will complete clinical professor evaluations for all full-time and adjunct faculty.

COURSE AND CLINICAL FACILITY EVALUATIONS

At the end of each semester, students will be provided with an opportunity to confidentially evaluate the course and clinical sites.

PROGRAM EVALUATION

At the end of the last semester in the Nursing Program, students will have the opportunity to evaluate the entire Nursing Program. The focus of this evaluation is on program content and not individual faculty or courses.

GRADUATE SURVEYS

Questionnaires are sent out twice a year to the previous years' academic graduates. This information assists the Nursing Program to evaluate our students' preparation for a variety of work settings.

POST GRADUATE EMPLOYER SURVEY

Questionnaires will be enclosed with the nursing graduate surveys. The nursing graduate will provide this questionnaire to their employer for completion. This form will allow the Nursing Program to seek feedback from employers regarding ARC graduate transition to the staff RN role and ensure our graduates are well prepared for nursing practice.

STUDENT PARTICIPATION

Student participation in program administration is highly valued. Students are encouraged to select representatives to attend faculty, policy, and curriculum meetings; however, any nursing student is welcome to attend any faculty, curriculum, or policy meeting. Additionally, students may decide to join the Student Nurse Association as a means for greater involvement in the Nursing Program and nursing community – local, state, and national. (See **Appendix titled "Elected Representatives"** for detailed information.)

WHEN EXTRA HELP IS NEEDED AT AMERICAN RIVER COLLEGE

(Click links for more information)

Students going through intensive programs, such as the Nursing Program, may run into difficulties or need additional support. When this occurs, early intervention is essential. If a student is in need of extra help at any time they are encouraged to ask the professor(s), counselor, or the information officer at the college front reception area for assistance. These resources promote student success.

Tutoring is often a process where the tutor gains as much as the one being helped. The Beacon Program is available to students interested in becoming a paid tutor. ([Beacon Tutoring](#))

American River College offers many support services for students. Examples of such services are as follows:

[Admissions & Records](#)

Official Transcript, Enrollment Verification, Admission and Records forms, Residency Reclassification, and Graduation.

[Placement and Assessment Center](#) provides a variety of testing services. The Chemistry test is recommended for students who wish to enroll in CHEM 400. Test results, along with other criteria, are used by counseling to determine readiness for specific courses and programs. Competency testing for the AA/AS Degree is also available through the Placement and Assessment Center. There is no fee for testing. Most results are available immediately after the test and/or can be found in the student's ARC eServices, under 'Academic Records, Placements' within 24 hours. ESL results are available in three/four working days.

[Bookstore](#) meets all your textbook needs. While picking up school supplies, grab a snack or take a look at the sweatshirts with our ARC logo!

The [Career and Pathways Center](#) offers an array of resources to assist students in choosing career options, planning for college, and researching current job openings. One-hour career counseling appointments are available. All services are provided at no extra charge. The Career Center offers workshops on resume writing and interview information and techniques.

[Center for Leadership and Development](#) provides access cards, housing information, posting policy, student rights and responsibilities, clubs and organizations, student government.

The [Child Development Center](#) provides early care and education programs for children. It is also an early childhood education laboratory for students to work in the fields of early childhood education, nursing, child development, speech-language pathology, and psychology. Our early care and education programs are offered to student parents, college staff, faculty and the community.

The [Counseling Center](#) provides academic, career, and short-term personal counseling, to assist each student with reaching their educational goals successfully. Services offered include educational planning and academic counseling, career planning and counseling, transfer planning, and Human/Career Development classes. Information on degrees and certificates, grading, and transferring is also available.

[Disabled Student Programs & Services \(DSPS\)](#) is specifically designed to open the doors to educational opportunities for students with disabilities, promoting equal access to programs, services and facilities at ARC so that students with disabilities have the opportunity to participate fully in campus activities. Specialized counseling services, interpreters for the deaf, tutors, note takers, readers, test facilitators, adapted computers and mobility aids are provided upon request. These services are free and are available throughout the year. The DSPS website lists hours during semester and summer breaks.

[Extended Opportunity Programs and Services \(EOPS\)](#) is designed to recruit and assist college students who show academic and financial need. EOPS promotes student success with educational planning and counseling, priority registration, tutoring, and limited financial assistance. Participation is limited to California residents who are eligible to receive BOGW (Board of Governor's Fee Waiver A or B) grants.

[eServices Registration Lab](#) is located in located in the Student Center building. Students needing help with enrollment (including application and registration) are encouraged to visit the eService Registration Lab.

The [Financial Aid](#) office provides assistance to students in obtaining the financial resources to achieve their educational goals. They offer assistance with completing applications and explaining the requirements of the various financial aid programs. Financial aid consists of federal grants, loans, work-study, state grants, fee waivers, and outside scholarships.

The [Health and Wellness Center](#) at ARC is a nurse-directed center, which means that services are provided by Public Health Nurses. The nursing staff may assess problems and make referrals to physicians, health agencies, etc. as needed. They cannot, however, make medical diagnoses or prescribe treatment. All services except for TB testing, immunizations, and titers are free.

The [Learning Disabilities \(LD\) Program](#) (under DSPS) provides learning disabilities assessment, accommodations and services. Study strategies and support are available to students individually, in groups, and in classrooms. In addition, the LD staff works with faculty to provide assistive technology for students.

The [Learning Resource Center \(LRC\)](#) is a professionally staffed facility offering students a personal approach to academic success through classes, independent study, individualized tutoring, and alternative modes of instruction. The LRC houses the Reading Center, the Writing Center, the English as a Second Language (ESL) Center, and the Tutoring Center, among other services. In addition, the LRC houses the WAC (Writing Across the Curriculum) program, the RAD (Reading Across the Disciplines) program, the Beacon Program, and the Foreign Language program.

The [Library](#) provides students with research assistance, books, e-books, magazines and journals, DVDs and videos, study space, and Internet access. Orientations are offered to introduce students to the use of the catalog, research databases and Internet. Many library resources can be used from home, including e-books, e-reserves, and the databases. In addition, many professors place textbooks and supplemental materials on reserve in the library. Librarians also teach credit courses that can contribute to success at ARC and beyond.

[Police \(College\)](#) Emergency Response (916) 558-2221

Police services at American River College are located south of Davies Hall and north of the stadium in Parking Lot G. Officers are provided by the Los Rios Community College District Police. Services include campus shuttle, police escort, lost and found, and Operation ID.

The [Veterans Resource Center](#) (VRC) assists Veteran students and their families with their ARC educational and VA related needs. Certifying Officials act as the link between students and the Department of Veterans Affairs. To make the transition from military life to college easier, the center is committed to providing the best possible care in appreciation for veteran's sacrifice and service. The website lists hours during semester and summer breaks.

The [Guide to Student Rights and Responsibilities](#) is cited in several places in the Student Handbook. It is a great resource for Disciplinary, student grievances, equity, sexual harassment, Title IX, 504 Federal Regulations, ADA compliance, etc.

ARC
STUDENT RIGHTS
AND
RESPONSIBILITIES

This ARC Nursing Student Handbook is a supplement to the ARC [College Catalog](#) and the ARC [Guide to Student Rights and Responsibilities](#) handbook. As a student nurse here, remember you are also a member of the American River College community, as well. Students are expected to familiarize themselves with this information.

As an institution of higher education, American River College is committed to the free exchange of ideas, respect for the contributions and dignity of every person, and to a learning environment in which academic achievement and personal responsibility are fostered and celebrated.

Students, faculty and staff of American River College benefit from the California Education Code and the Policies and Administrative Regulations of the Los Rios Community College District. The policies provide the overarching policy of the district on these subjects while the Administrative Regulations provide the specific processes to carry out these policies. They specify the respective responsibilities of both the students and the college in the following areas:

- Students' Rights of Free Expression
- Academic Integrity & Academic Honesty
- Standards of Student Conduct
- Student Disciplinary Procedures & Due Process
- Non-Discrimination & Sexual Harassment
- Student Grievance Process

STUDENT RIGHTS

1. In preparing student publications, the editorial staff and faculty advisors shall be free from censorship and advance copy approval except as provided by published district policy, statutes, or campus regulation. Student publications shall: (a) Adhere to canons of responsible journalism such as avoidance of libel, obscenity, undocumented allegations, attacks on personal integrity, and the techniques of harassment and innuendo; (b) State on the editorial page that the opinions expressed are not necessarily those of the college or the student body.
2. Students shall have the right to take stands on issues, the right to examine and discuss questions of interest to them, and the right to support causes by orderly means which are in harmony with the regular functioning of the institution.
3. Students shall have the right to hear speakers on any subject and on-campus recognized student organizations shall have the right to present speakers on any subject. In addition, students shall have the right of free assembly on each campus subject to regulations that assure the regular functioning of the institution. The policies and regulations shall include reasonable provisions for the time, place and manner of conducting these activities, but shall not prohibit the right of students to exercise free expression including, but not limited to, the use of bulletin boards, the distribution of printed materials or petitions, and the wearing of buttons, badges and other insignia. Expression which is obscene, libelous or slanderous according to current legal standards, or which so incites students as to create a clear and present danger of the commission of unlawful acts on college premises, or the violation of lawful district or college regulations, or the substantial disruption of the orderly operation of the college, shall be prohibited. These regulations shall be published in the college catalog, the Student Handbook, and by any other means designed to notify and inform affected persons.
4. Students shall have the right to form an organization around any particular interest; this right will include the freedom to organize and to join student organizations subject to published campus and district regulations.

5. Students shall have the right to be informed on all campus matters that can be shown to be directly relevant to them by having a voice in decision making that affects their academic future with the exception of staff appointment, termination and tenure. In case of conflict in determining what campus matters are relevant to students, the determination will be made by a campus-designated student, faculty, and administrative committee. In addition, student representatives shall be members of all faculty and administrative committees related to student's concerns; such student representatives shall vote as committee members.
 - a. The nursing faculty holds meetings at regularly scheduled intervals. A representative from each class of the Nursing Program is encouraged to attend scheduled nursing faculty meetings. The student representatives act as a liaison between their respective classes and the nursing faculty.
6. A student's records will be released only on the written consent of the student or as provided by law.
7. Students shall have the right of protection against prejudiced or capricious academic evaluation. At the same time, however, students are responsible for maintaining standards of academic performance established in advance for each course in which they are enrolled.
8. Students shall have the right to file a grievance, as outlined in the procedures of the District Student Grievance Policy and Regulations, in the event of an alleged violation of their rights.

STUDENT RESPONSIBILITIES

Admission to college assumes the expectation that the student will be a responsible member of the college community; will obey the law; comply with the published rules and regulations of the college; respect the rights, privileges and property of the other members of the college community; and not interfere with legitimate college affairs. Students will assume the responsibility for their conduct. In the case of student conduct which involves an alleged or proven violation of criminal law, the disciplinary authority of the college will not be used to duplicate the function of criminal authority. Disciplinary action may be taken if the conduct also involves a violation of district or campus policy.

STUDENT STANDARDS OF CONDUCT

The Student Standards of Conduct contained in the District's Administrative Regulations is a statement of the expectations regarding student standards of conduct, both academic and non-academic, at American River College and throughout the Los Rios Community College District. All students are expected to know about these regulations and to obey all laws and district policies that guide them. Students shall be subject to discipline for violation of these laws, policies, and regulations.

The California Education Code requires every community college governing board to adopt specific rules governing student behavior along with applicable penalties for violation of such rules and regulations.

All students enrolling at American River College assume an obligation to responsibly abide by all college regulations. Student behavior that violates the standards of good conduct provides "good cause" (reason) for invoking the college discipline process.

Further information regarding good cause can be found in the **Appendix** titled "Policy & Procedure Regarding Disruptive Behavior, Chemical, and/or Emotional Impairment."

STUDENT GRIEVANCE POLICY

It is the intent of the Los Rios Board of Trustees to provide prompt and equitable means for resolving student grievances. A student may file a grievance or grieve an action or decision of the district or college when the student's status and/or rights have been adversely affected. Contact the student activities office for the complete text of the district policy, regulation and time line on student grievances.

Grievances relating to grades are subject to Education Code 76224(a) which reads:

"When grades are given for any course of instruction taught in a community college district, the grade given to each student shall be the grade determined by the professor of the course and the determination of the student's grade by the professor, in the absence of mistake, fraud, bad faith, or incompetency, shall be final."

SEXUAL HARASSMENT POLICY

It is the desire of the Los Rios Community College District Board of Trustees to provide for all students and employees an educational environment and work place free from sexual harassment. Sexual harassment in any situation is unacceptable, and is in violation of state and federal laws and regulations. Where evidence of harassment is found, appropriate corrective action shall be taken.

DRUG AND ALCOHOL WORKPLACE AND COLLEGE PREMISES POLICY

The ARC Nursing Program, as part of the Los Rios Community College District, is committed to maintaining a drug and alcohol-free workplace. This includes all college related activities. Please refer to Appendix titled "Drug and Alcohol-Free Workplace on College Premises P-2443."

NON-DISCRIMINATION POLICY

American River College, as part of the Los Rios Community College District, supports established policies to support learning and work environments that are free from discrimination, based upon sex, sexual orientation, age, race, color, religion, creed, national origin, ethnic group, marital or parental status, physical or mental disability, or any other unlawful consideration; sexual harassment; as well as providing for college premises that are drug and alcohol free. Our policies are rooted in established state and federal laws, and support a psychologically safe working environment for students, staff, and the community.

ACADEMIC INTEGRITY AND ACADEMIC HONESTY

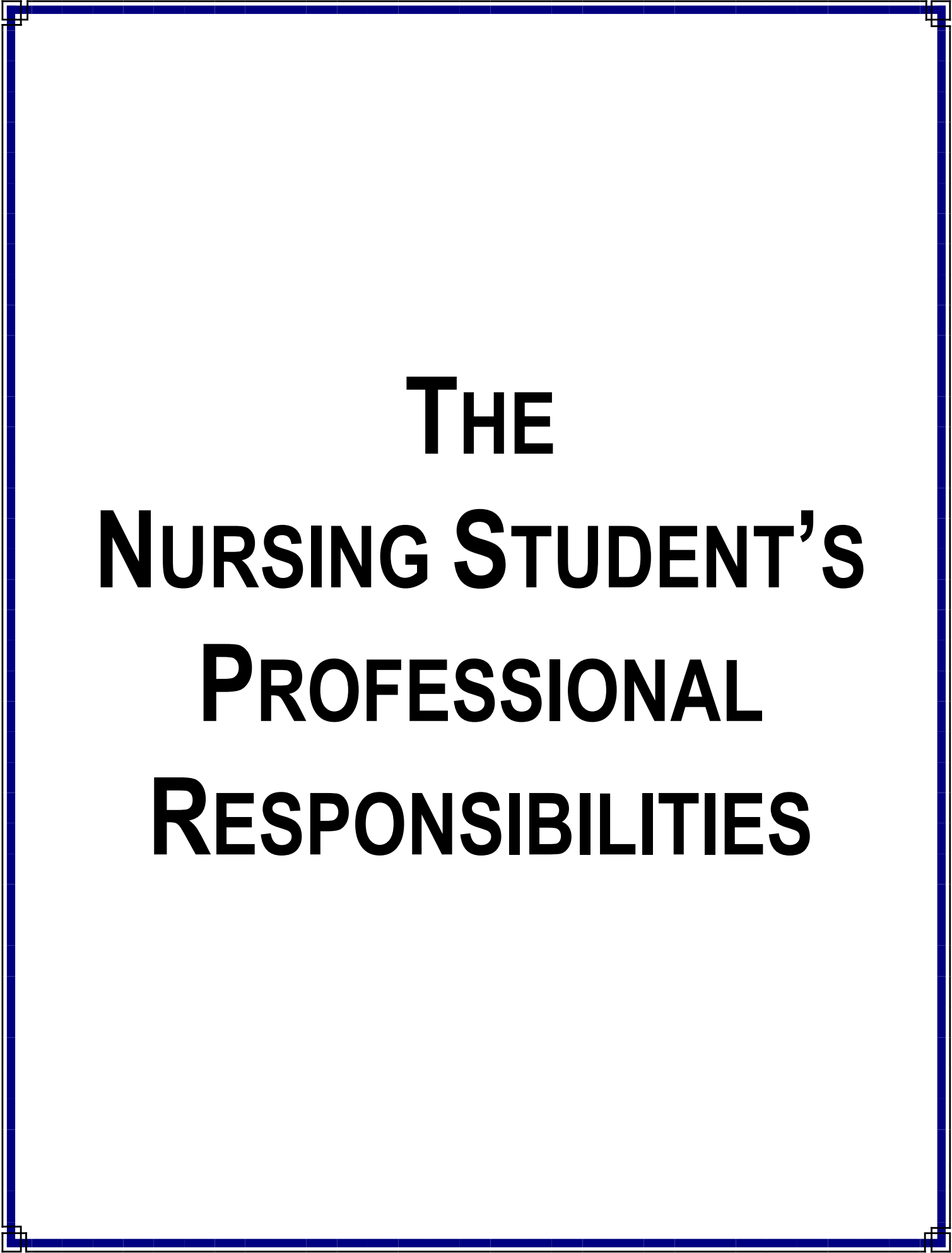
The college values academic integrity as an essential component of academic excellence. Students are expected to be truthful and ethical in pursuing their learning and demonstrating their knowledge and skills. Commitment to academic integrity is the responsibility of every student, as well as every faculty and staff member at American River College.

The college community at ARC has the responsibility to make every effort to foster honest academic conduct in the development of its students. Faculty are committed to clearly stating well defined standards that help clarify academic and learning expectations, and specify behavioral manifestations of such expectations in our classrooms, laboratories, co-curricular, and on-line settings.

Academic dishonesty defrauds all parties who depend upon the integrity of the college, its courses and its degrees and its certificates. Academic dishonesty is an act of deception in which the student claims credit for work or effort of another person or uses unauthorized materials or fabricated information in any academic work. It occurs when students fraudulently attempt to show possession of a level of knowledge or skill that they do not possess.

Academic dishonesty is a violation of the ARC "Student Standards of Conduct" and will not be tolerated. It diminishes the quality of the scholarship at the college and hurts the majority of students who conduct themselves earnestly and honestly.

Ignorance of these academic and behavioral standards will not absolve any student from being held responsible for them or from any disciplinary action that may result from their actions. The two most common examples of academic dishonesty are 1) cheating; and 2) plagiarism.



**THE
NURSING STUDENT'S
PROFESSIONAL
RESPONSIBILITIES**

ATTENDANCE POLICY

The ARC Nursing faculty is committed to excellence in nursing. In this regard, we feel that both theory (seminar) and clinical (on and off campus labs, where no patients are involved, and in hospital) experiences are equally important in developing this excellence. Therefore, consistent attendance is a necessary component of the learning and evaluation process.

1. **Seminar:** Regular attendance aids in student success, and students are reminded seminar is an integral part of their learning. Student attendance will be monitored, and the College attendance policy for excessive absence will be followed. **Excessive absence** is defined as **anything over 9 hours**; therefore, a **Memo** will occur at anything **over 4.5 hours but less than 9 hours** of absence, an **Educational Agreement** will occur at **9 hours** of absence, and **dismissal from the course** will likely occur for any absence **over 9 hours**. Tardiness to seminar is strongly discouraged, as this impacts not only the learning of the individual, but is also disruptive to the class. Tardiness of 30 minutes or more will count toward seminar absence time. **If a student fails to sign in, they will be considered absent.**
 2. **Clinical:** A Memo will be given for absence of 10 hours. An Educational Agreement will be given to the student for any absence over 10 hours. This Educational Agreement will include a clinically-related remediation assignment, equal to the amount of time missed over 10 hours. If this assignment is not completed by the due date, the grade for the course will be an "F." Failure from the course will likely occur for any absence **over 30 hours**. In the event of additional absence time that does not exceed the 30 hour parameter; an extension to the Educational Agreement will be initiated.
 - a. The **clinical "specialty" rotations are Peds, OB, and Mental Health**. Students may not miss more than 18 hours in any one specialty or 30 hours total per semester.

Example: Memo at 10 hours; Educational Agreement at over 10 hours with remediation; dismissal will likely occur for over 18 hours in any one specialty or over 30 hours total per semester.
- Students on an Educational Agreement for any reason forfeit their right to self-select their next semester's clinical rotation. These students will be placed into a clinical rotation by the next semester's faculty team based on needs identified by the Educational Agreement.
3. Remediation is hour for hour as assigned by the professor. Remediation does not erase the number of total hours missed.
 4. **Note:** Seminar taking place on what is usually a clinical day will be counted as **clinical** time, and absence that day is counted as a **clinical** absence.
 5. An inability to meet expected clinical hours, i.e. any pattern of tardiness, excessive breaks, or leaving early, will result in disciplinary action which could lead to dismissal from the course.

ABSENCE POLICY

STUDENT ABSENCE

When a theory absence results in the student missing a quiz or exam, it is the student's responsibility to contact the professor as soon as possible to take the missed quiz or exam. Five percent of the total points on a given quiz or exam will be deducted for taking it at any time other than the scheduled time. A missed quiz or exam must be taken within one week or the score will be zero. It is the student's responsibility to obtain missed information from seminar.

Students are required to notify their clinical professor ahead of the assigned clinical time if they will be arriving late or will be absent from clinical. **When this occurs, the student needs to follow their current clinical professor's guidelines.**

PROFESSOR CLINICAL ABSENCE

In the event that the clinical professor is absent and clinical is cancelled, the student is responsible for completion of equivalent clinical time. Equivalent clinical experiences may include on-campus computer programs, visiting Web sites, assigned videos, individual psychomotor skills, or other specific assignments from clinical professor. An explanation of student responsibilities in the event of professor absence, including clinical prep, is in each course's materials.

INJURY – ILLNESS

Students with casts, splints, or a condition that inhibits movement and interferes with patient or student safety **will not** be allowed in the clinical area. Students will be required to take a program leave of absence until their condition allows full movement and any items inhibiting movement are no longer needed. A physician's clearance will be required upon return to the Nursing Program.

In order to protect patients, peers, and others, students must not report to clinical if any sign of illness is present. A student who is absent from clinical due to illness may be permitted to attend class that day if it has been cleared with the professor. **In addition, if the student receives an injury, or develops an illness or condition that may endanger the student, the staff, or patients, it will be necessary for the student to obtain a clearance from a private physician before they will be allowed in class and/or clinical. Individual clinical facility policies and protocols will also be followed.**

ACCIDENTS

If a student becomes injured in any way while in attendance on campus or in a clinical setting, **the professor must be notified immediately.** Protocol will be followed.

ESSENTIAL FUNCTIONS REQUIRED OF NURSING STUDENTS IN CLINICAL

Students are providing direct patient care during clinical. As such, they must be physically and emotionally capable to provide care in the Registered Nurse Role. Essential functions of that role include:

1. MOTOR CAPABILITY

- a. Move from room to room without assistive equipment.
- b. Transfer patients who may require physical assistance.
- c. Guard and assist patients with ambulation.
- d. Perform exercise techniques, including applying resistance during exercise (e.g. ROM)
- e. Squat, crawl, bend/stoop, reach above shoulder level, kneel, use standing balance and climb stairs.
- f. Have manual dexterity; use hands repetitively.
- g. Adjust, apply, and clean therapeutic equipment.
- h. Travel to and from academic and clinical sites.
- i. Sit 1-2 hours, stand 6-7 hours, travel 1-3 hours.

2. SENSORY CAPABILITY

- a. Respond to call lights, alarms, or cries for help.
- b. Auditory and visual abilities sufficient to assess patient status from a distance up to 10 feet away. (e.g. color or sound changes; respiratory status).
- c. Tactile, auditory, and visual abilities sufficient to perform patient care and required semester specific skills.

3. COMMUNICATION ABILITY

- a. Communicate effectively in English with patients, families, professors and other health care providers, both verbally and written (e.g. follow verbal and written instructions, explain treatments, teach patients and families, accurately document in medical record).
- b. Effectively adapt communication for intended audience.
- c. Interact and establish good rapport with individuals, families and groups from a variety of socio-economic, cultural and intellectual backgrounds.
- d. Assume the role of a health care team member while following policies, procedures and protocols required by clinical and academic settings.
- e. Function effectively while being observed.

4. PROBLEM SOLVING ABILITY

- a. Organize and prioritize tasks, reporting problems to the appropriate person within an appropriate timeframe.
- b. Function effectively under stress.
- c. Respond appropriately to emergencies, including ability to perform CPR.
- d. Demonstrate problem-solving skills in relationship to patient care (i.e., measure, calculate, reason, prioritize, and synthesize data).
- e. Use sound judgment and safety precautions, including infection control procedures.

In accordance with the Americans with Disabilities Act (ADA) Public Law 101-336, the American River College Nursing Program makes every effort to make reasonable accommodations to any qualified individual with a disability. The Nursing Program will not discriminate against any individual because of age, gender, ethnic background, sexual orientation, political affiliation, mental illness, or disability. If an accommodation is warranted, the student must contact the Nursing Program Director within 10 days after receiving their acceptance letter.

GUIDELINES FOR PROFESSIONAL CONDUCT IN CLINICAL

Entering the nursing profession intensifies the standards of appearance and behavior. Students are expected to adhere to the following:

PERSONAL APPEARANCE

Asepsis and comfort are integral parts of patient care. Student interference with these aspects of patient care due to uniform, hair, rings, nails, jewelry, or any other contributing factors must be corrected as determined by the professor and clinical site standards. Gum chewing is not allowed in clinical. Students not meeting appearance standards may be dismissed from the clinical setting to correct deficiencies. Professional attire **must** be appropriate to the situation.

UNIFORM DRESS CODE

1. Hair must be of a natural color, clean, off the collar, and secured out of the eyes so that it will not fall forward when bent over, and conservatively styled. Any hair bands or clips must be embellishment free (black or white). A headband or surgical cap may be worn in the designated school color, all white or all black. If an all white or all black headband or surgical cap is worn, it should match the plain, all white or all black, short or long-sleeved t-shirt or turtle neck worn under the scrub top.
2. Nursing Program name badges must be worn whenever in any clinical setting.
3. Jewelry must be kept at a minimum. Wedding band and watch with second hand are acceptable. If student has piercings, small post studs are acceptable. Bracelets are not allowed for infection control reasons. For safety reasons, necklaces are not allowed. Individual variations on jewelry will be dealt with as situations arise based on facility and clinical safety requirements.
4. "Well-groomed" means:
 - a. Absence of odors of tobacco, perspiration, perfume, etc.
 - b. Polished white or black impermeable shoes with closed toes and clean laces. Heel may be open **if** heel strap is part of the shoe. Solid color white, black, or flesh colored hose or solid color white or black socks that must extend to above the ankle.
 - c. Scrub top and pants in the designated school color and style with ARC Nursing patch firmly attached to the right sleeve. Scrub top must be embroidered with American River College Nursing. A similarly embroidered scrub warm-up jacket in the designated school color and style is allowed. The scrub jacket must also be embroidered with American River College Nursing and have the ARC Nursing patch firmly attached to the right sleeve. No other sweaters or jackets are to be worn over the uniform while on duty. A plain, all white or all black, short or long-sleeved t-shirt or turtle neck may be worn under the scrub top. Uniform must be clean and unwrinkled.
 - d. Lanyards around the neck are not acceptable for safety reasons unless they have break-away straps.
 - e. Clean nails, no longer than fingertip length. **No nail polish is permitted. No artificial nails are permitted.**
 - f. Minimum amount of make-up.
 - g. No visible tattoos. A long sleeve undershirt can be worn under the scrub.
5. For medical-surgical patient preparation: Clarify with your individual clinical professor for the appropriate type of attire to be worn.
6. For mental health rotation, or field trips:
 - a. Students must be **professionally dressed**, not "casually" dressed (For example: **NO** denim jeans, stirrup or stretch pants, shorts, Capri pants, cutoffs, sweats, sleeveless or strapless tops, short crop tops, see-through or otherwise revealing tops, short skirts, skirts with high slits, high heeled shoes,

bare feet, sandals, clog type shoes, etc.) Suggestive or provocative clothing of any kind is inappropriate in clinical settings. Stockings or visible socks must be worn. Hair may hang free but must be neatly combed.

REQUIRED CLINICAL SUPPLIES

Students **must** have the following in the clinical:

- | | |
|---------------------------------------|--------------------------|
| ✓ bandage scissors | ✓ watch with second hand |
| ✓ hemostat | ✓ resource information |
| ✓ black pen and red pen | ✓ assignment/worksheet |
| ✓ stethoscope | ✓ notepaper |
| ✓ pocket penlight | |

GENERAL STANDARD OF CONDUCT

Because patients in clinical settings are dependent upon their care givers, the conduct expected of all students in the Nursing Program exceeds that of the general college student. Failure to demonstrate behavior that conforms to these expectations will be cause for dismissal from any of the courses or the Nursing Program.

Components of these standards include, but are not limited to, those listed below:

PROFESSIONAL ATTITUDE

- Maturity
- Compassion and caring
- Integrity and truthfulness
- Sound judgment and priority setting

PROFESSIONAL APPEARANCE (See the Personal Appearance section.)

- Cleanliness
- Neatness
- Inspires patient confidence

PROFESSIONAL BEHAVIOR

- Safe clinical performance
- Punctuality
- Conscientiousness in carrying out duties
- Maintenance of confidentiality

Unacceptable behaviors include but are not limited to: Use of loud talking or profanity; inappropriate relationships with patients, staff, physicians, faculty, or fellow students; use of substances that impair clinical performance; or dishonesty.

Students must remember they are guests in the clinical facilities. Clinical facilities have the right to suspend any student from participating in clinical experiences. Students may be denied access by the clinical facility for a variety of reasons including, but not limited to: Conduct or attitude that threatens the health, safety, or welfare of any patient; a breach of the confidentiality of any patient information; lack of satisfactory performance; or failure to follow agency policies or procedures. Any such removal will be on a temporary basis until a full investigation of the situation is completed in consultation with the ARC Nursing Program. Such suspensions, whether temporary or permanent, are separate from any ARC College or Nursing Program policies and procedures.

STANDARDS OF COMPETENT PERFORMANCE

Students must be cognizant of the standards set forth by the Board of Registered Nursing that describe competent performance. These standards apply to all nursing students and are modified to the level of academic preparation. **(See Appendix titled "Standards of Competent Performance.")** Students are expected to meet these standards upon graduation, and they are incorporated in ARC's Nursing Program terminal objectives.

NURSING PROGRAM SPECIFIC STUDENT RESPONSIBILITIES

USE OF STUDENT CAR FOR SPECIAL TRANSPORTATION

Students must supply their own transportation to and from the clinical agencies and for special assignments. Clinical assignments are based on educational criteria, not carpooling. Some facilities require personal liability and property damage insurance verification.

PERSONAL HEALTH AND ACCIDENT INSURANCE

Students must provide their own insurance for on-campus injuries. Students will be covered in the clinical area by Workers' Compensation should an injury occur. Students are not covered by school insurance when in a classroom or campus lab.

HEALTH CLEARANCE

Students must be cleared through submission of health clearance documents each semester (i.e., physical, appropriate tests, or necessary immunizations) **before** they are allowed in the clinical areas.

HEALTH REQUIREMENTS

Clinical experiences are in a variety of healthcare agencies. Each agency has its own health clearance requirements. In an effort to facilitate students' transition from one clinical setting to another, the Greater Sacramento area major health systems have agreed to a set of clinical entry requirements that represent the sum total criteria. All incoming students must complete the health clearance as directed and at their own cost. Entry requirements are subject to change, and students will be expected to comply immediately with any new requirement. Health information is entered into a computer database. The system provides students access to their health information documents throughout their program duration. Health information is accessible only to the Nursing Director and designee.

MALPRACTICE INSURANCE

Malpractice insurance has been mandated by the clinical facilities for students in nursing and related health fields. This insurance must be purchased at the beginning of the first and third semesters.

CURRENT ADDRESS/EMAIL

Each student is to keep their current address, telephone number, email address, and emergency contact on file with the Nursing Department and with their clinical professor. This information is kept confidential. Correspondence to students will be via the Los Rios Gmail system.

COURSE REQUIREMENTS

All prerequisite and co-requisite courses must be completed at the designated time. These courses must be completed prior to advancing to the next semester. Please refer to ARC catalog and course syllabus for the most recent information. Proof of prerequisite or co-requisite completion or current enrollment must be presented to the Nursing Department Office as directed.

COPIES OF CLINICAL EVALUATIONS

Students may receive up to three clinical evaluations per semester depending on the number of rotations. These clinical evaluations are kept in the student's file in the Nursing Department when completed. Students may find copies of clinical evaluations useful when applying for nursing positions and/or preparing for interviews. It is the student's responsibility to request a copy of the evaluation from the professor at the time it is completed. The Nursing Office will not make copies for students during or after program participation. See the respective clinical professor for details on obtaining a copy of the current clinical evaluation.

STUDENT REQUEST FOR LETTER AND/OR COMPLETION OF FORM FROM FACULTY AND/OR DIRECTOR

It is not unusual for students to request letters, completion of forms and/or signatures from faculty or the Nursing Director. Such documents can include: Reference letters, letters for the BRN application, letters for financial aid, unemployment forms, etc. Students must provide ample time for documents to be completed. It is critical students choose the appropriate staff to write letters. For example, students wanting a letter of recommendation for a job or higher level of education program will need to ask faculty. The Nursing Director does not have specific knowledge of course work and is not able to provide the level of detail that would comprise a reasonable reference letter.

The Nursing Director and faculty require seven business days advance notice to produce the required letter/document/signature. Time may need to be extended depending on workload, vacation schedule, etc. Students must remember faculty generally are not available during the summer, winter recess, semester break (January), and spring break to provide letters. If the letter is a recommendation for clinical/class performance (i.e., for a work application), the student will need to wait until faculty return.

BACKGROUND VERIFICATION

Students accepted to the Nursing Program and students re-entering the Nursing Program must pay for and complete a criminal background check as they must meet all applicable hospital security standards for placement in mandatory clinical rotations at selected clinical sites. Students who withdraw from the Nursing Program or who do not progress in a continuous sequence (e.g. theory failure at final grade) must redo their background check upon readmission.

If a student is found to be ineligible for clinical placement by a particular clinical agency due to something in their background check, the Nursing Program will explore an alternative clinical site for the student to complete the objectives of the course. If an alternative site to place the student is not possible, because clinical is a required component of the Nursing Program, the student will be subject to dismissal as they will be unable to complete mandatory clinical rotations. **See Appendix titled "Background Check for Student Clinical Placement."**

DRUG SCREENING

In an effort to assure patient safety, our partner agencies require that all students having clinical experiences in their facilities clear a drug screen test. This test must be conducted by a lab approved by the Joint Commission of Accreditation of Healthcare Organizations (JCAHO) or College of American pathologists (CAP). Additionally, all drug testing must ensure chain of custody and have Medical Review Officer (MRO) oversight. This necessitates the use of a singular drug testing company to ensure standardization of testing procedures and compliance with our partners' requirements.

Students accepted into the Nursing Program must complete a drug screen test prior to beginning the Nursing Program. This test will include screening for amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, opiates, methaqualone, methadone, propoxyphene, and phencyclidine. Refusing to test,

a positive test, or dilute negative tests, are considered positive results and will lead to dismissal from the program. Students have until one week before the start of the first semester to demonstrate negative drug screen results. If a student disagrees with the results, the student must contact the drug-testing lab to inquire about the results or obtain a new test. Prior to beginning the 1st semester of the Nursing Program, students may have a second attempt before the start of classes, which must be a negative result. If a student refuses to test, has a positive result, or dilute negative, the student will be considered out of compliance and dismissed from the Nursing Program. Dismissed students may reapply for the Nursing Program in accordance with reentry requirements.

Students are responsible for the costs of drug screening. Students who need to retest to clear positive results or due to a dilute specimen will be responsible for the additional testing cost. Students who exit the program and subsequently re-enter will need to repeat the drug screen at the student's cost no matter the length or reason of exit.

As with all student health information, results of the drug screen test will be kept confidential to the extent permitted by law. Drug screening records are kept in a secured location, accessible only to the Nursing Director.

ACCESS TO ELECTRONIC MEDICAL RECORDS-PROVISION OF STUDENT IDENTIFIERS

Partner agencies may require student identifiers for access to electronic medical records. Clinical faculty is responsible for obtaining the required agency forms, supervising student completion of the forms, and providing the completed forms to the agency in a timely manner. (**Note:** The Family Education Rights and Privacy Act [FERPA] prohibit schools from disclosing SSN or other non-directory identification information. Therefore, students must complete agency forms requiring such information and provide it directly to the requiring agency.)

**NURSING PROGRAM
POLICIES,
PROCEDURES, &
GUIDELINES**

REASONS FOR DISMISSAL

EXCESSIVE ABSENCES

UNPROFESSIONAL CONDUCT

Behavioral objectives will include those relating to professional attitudes and conduct. Failure to meet these objectives, after counseling by faculty, may result in dismissal from the Nursing Program. Decision for dismissal will be made by the nursing faculty. (See "General Standards of Conduct" In **Appendix.**)

UNDERACHIEVEMENT

Failure to achieve Core Competencies at a "satisfactory" level will result in the student's dismissal from the individual course and/or the Nursing Program.

DISHONEST OR UNETHICAL CONDUCT

Consistent with the Los Rios Community College Board of Trustees policy as stated on the American River College website "Student Rights & Responsibilities," a student is subject to disciplinary action and may be suspended or expelled for good cause. Good cause includes, but is not limited to the following offenses:

1. Dishonesty, such as cheating, plagiarism, knowingly furnishing false information to the College or clinical facility.
2. Forgery, alteration or misuse of College and clinical facility documents, records, or identification.
3. Obstruction or disruption of instruction, the administrative process, college activities, community services, or other authorized college activities including clinical experience.
4. Assault or battery or willful misconduct which results in injury or death of any person, or conduct which threatens or endangers the health or safety of such persons as students, college personnel, clinical personnel, and/or patients or their family or visitors.
5. Theft of, or non-accidental damage to, college or clinical facility property, or property of any members of the college or clinical facility community, or guest of the college or clinical facility.
6. Unauthorized entry to and use of college or clinical facilities.
7. Use, possession, distribution, sale, or being under the influence of alcoholic beverages, narcotics or dangerous drugs on college property, in the clinical facility, or at college-sponsored events.
8. Failure to comply with directions of college officials acting in performance of their duties.
9. Soliciting or assisting another to do any act which would subject a student to expulsion, suspension, probation, or other discipline pursuant to this policy.
10. Knowing possession or use of explosives, dangerous chemicals or deadly weapons on college or a clinical facility's property or at a college function without prior authorization of the College President or designated representative.
11. Refusal to comply with a clinical agency requirements or the clinical agency refusing use of their environment for educational purposes may result in dismissal from the program.

IMPAIRED STUDENT POLICY

No student who is impaired as the result of drugs, alcohol, or mental disturbance will be allowed presence or practice in any setting of the Nursing Program. Any students, who, in the opinion of faculty is judged unsafe according to the above regulation will be excluded from the setting.

(See the "Policy and Procedure Regarding the Student with Disruptive Behavior, Chemical, and/or Emotional Impairment," in the **Appendix** for complete information.)

CHEATING AND PLAGIARISM POLICY

Nurses must hold themselves to the highest levels of integrity, ethical behavior, and accountability. Cheating on exams and plagiarism in course assignments does not reflect these ideals. Therefore, the faculty has instituted the following program policy related to students found cheating on exams or plagiarizing assignments.

Students found cheating on their exams or plagiarizing in course assignments will:

- Relinquish all documents in their immediate possession. (Refusal to relinquish documents will be considered the same as cheating, resulting in the same consequences.)
- Receive disciplinary action and a zero for a scored assignment or exam in question. This may result in the student failing the course
- Will likely be reported to the campus Disciplinary Officer.

The disciplinary action and the zero received on a scored assignment or exam may result in the student's inability to pass the course. Any further evidence of cheating will result in dismissal from the course and/or Nursing Program.

Students have the right to due process. The procedure to follow is found in the [ARC Guide to Student Rights and Responsibilities](#) handbook. It is the student's responsibility to pursue this option, if they so choose.

EXAMINATION PROCEDURES

The following standards will be enforced during the giving and taking of examinations:

1. All examinations will have a professor present at all times.
2. There will be absolutely no student to student talking during an exam.
3. If a student has a question about the exam, the professor will answer only non-substantive questions. The information given to the individual student will then be made available to the entire class if it is deemed relevant by the professor.
4. Books, papers, coats, and other personal articles are to be placed away from the working space during an examination, and cell phones are to be turned off or on silent mode.
5. Only simple calculators may be used during exams. No hand held computer devices are permissible. Students may ask for definition/clarification of non-medical terminology. The professor will determine whether a word may be looked up and provide a dictionary for student use.

6. It is the responsibility of each student to monitor their own behavior to minimize the possibility of personal suspicion.
7. Each student taking an examination is to position themselves so the examinations of other students are not visible.
8. If a student's behavior during an exam is deemed suspicious, the professor will immediately stop the student's examination and investigate.
9. After the student has completed any examination, they are to immediately and silently leave the room.
10. Students with disabilities that are documented by ARC Disabled Student Services and Programs or Learning Disabilities Department may have special testing arrangements. It is the student's responsibility to arrange for special testing with their professors as early as possible prior to the day of testing. (See Appendix titled "Accommodations Checklist" for additional details.)
11. If a student needs to take an exam at any time other than the scheduled time, the student must arrange for this with their professor. Five percent of the total points possible will be deducted from the student's exam score. Missed exams must be taken within one week or the score will be zero.
12. Each course will address exam procedure and exam review.

COMPUTERIZED TESTING POLICY

Computerized testing takes place via the current College learning website. Access to the site for testing purposes is only allowed during designated testing times and while on campus in a proctored testing situation. Any violation (i.e., access from home or outside of the proctored situation) will result in receiving a zero (0) grade for the exam and may result in further disciplinary action.

During the testing situation, students are not allowed access to personal electronic equipment, phones, books, purses, briefcases, or backpacks. Students are allowed calipers, non-scientific calculators, non-mechanical pencils, erasers, and faculty provided scratch paper. During the testing situation, no hats with rims (i.e., baseball cap) are allowed. Any items brought into the test site are subject to inspection prior to entrance and at any time during the examination.

Once the exam is completed, the student may have access to exam review for a limited period of time. No notes may be made during the exam review. Students are not to discuss any part of the exam, including question type, content, or answers with other students until all students have completed the exam. Failure to comply will be considered cheating and will result in disciplinary action.

HIPAA COMPLIANCE POLICY (HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT)

Hospital partners are emphasizing strict adherence to HIPAA guidelines. A HIPAA breach is any unauthorized (inappropriate) access, use, or disclosure of Protected Health Information (PHI). Examples include, but are not limited to:

- Discussing patient information in a public place, such as an elevator or the cafeteria;
- Any student paperwork that leaves the hospital containing any PHI as defined by HIPAA;
- Computer screens left open and unattended in a public area (e.g. the hallway) with PHI visible.

Any information is considered Protected Health Information (PHI) if the following apply:

- It is used to identify an individual;
- The covered entity has reasonable basis to believe that the information can be used to identify the individual;
- If the HIPAA-defined 18 standard identifiers are not removed from the health information, and the remaining health information could not be used alone or in combination to identify a subject.

Specific examples of PHI include the following:

1. Names
2. Geographic subdivisions smaller than a state
3. Dates including birth date, admission date, discharge date, date of death, and all ages over 89
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social Security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Biometric identifiers, including finger or voice prints
16. Full face photographic images and any comparable images
17. Internet Protocol address numbers
18. Any other unique identifying number, characteristic, or code

Any HIPAA breach can result in personal and agency fines. Therefore, faculty recognizes a HIPAA violation as a serious breach and students will be placed on a Memo or Educational Agreement upon discovery of the first HIPAA violation. Any second violation will result in an Educational Agreement or dismissal from the course or Nursing Program.

Given the gravity of a HIPAA violation, the student will remain on Memo or Educational Agreement for the duration of their nursing education.

SOCIAL MEDIA POLICY

The ARC Nursing faculty know that the Internet and social media, when used wisely, provide many safe and positive ways to stay in touch with people. With the growing popularity of online social media has come a host of lesser known ways that healthcare providers may inadvertently disclose Private Healthcare Information (PHI). The faculty view Internet venues as a student's right to self-expression. What students do privately, on their own time, is their business. However, once a student identifies himself as an American River College (ARC) nursing student in a social networking profile website, group page, or weblog or use the ARC name, logo, or ARC photograph or text, everything and anything that students post or say in that medium can then be seen as a reflection of the ARC Nursing Program. The faculty require students to observe specific guidelines related to social media.

1. As an ARC nursing student, I agree to be respectful of the Nursing Program, the students, and the faculty in all communications in my e-mails, instant messages (IMs), profile, blog, or other Internet sites. I agree to NOT:
 - a. use obscenities, profanity, or vulgar language.
 - b. engage in harassment or intimidation.
 - c. post comments that are derogatory with regard to any individual's race, gender, religion, sexual orientation, or disability.
 - d. use sexually explicit, suggestive, humiliating, or demeaning comments.
 - e. post photographs that compromise anyone's privacy or that are used to demean, humiliate, or otherwise embarrass anyone.
2. I agree not to use a social networking profile, group page, weblog, or other Internet medium to discuss information that is considered Private Healthcare Information (PHI) as defined by the ARC HIPAA Policy and agree not to present or display any behavior that is prohibited by the *ARC Student Handbook* and/or the *ARC Nursing Student Handbook*. I agree to comply with all local, state, and federal requirements governing the privacy of medical information.
3. I recognize and accept the ARC nursing policy regarding personal contact with patients; which is that the school discourages such activity. Furthermore, I will not share with a patient or their family members or significant others any phone number, e-mail, or physical address, chat room site, Weblog address, or social networking site.
4. Once I identify myself as an ARC nursing student, the general public may see me as an ambassador or spokesperson of ARC. Therefore, I understand that as a condition of my enrollment, I will adhere to the guidelines outlined above. I understand that any violation of the guidelines outlined in this policy will result in disciplinary and/or legal action.
5. I recognize that administration periodically searches the Internet for breaches in its privacy policies.

GUIDELINES FOR STUDENT: PROBLEM RESOLUTION

It is the intent of the Los Rios Community College District that all colleges provide prompt and equitable means for resolving student grievances. A grievable matter is any alleged action or decision of the Los Rios District or one of its colleges that adversely affects the status of a student or violates the rights of a student in the event of an alleged violation of their rights. The faculty in the ARC Nursing Program want students to feel they have a positive learning environment while pursuing a nursing degree. Students who believe they are have a problem regarding fair or equitable treatment as it relates to course instruction or Nursing Program policies, are encouraged to use the following sequence to resolve the issues.

1. Professor involved in the concern;
2. Teaching team;
3. Nursing Director and/or Division Dean;
4. Grievance process.

Any student shall have the right to file a grievance, as outlined in the procedures of the District Student Grievance Policy and Regulations (P-2412, R-2412).

Note: Grievances related to grades are subject to the Education code which reads:

“When grades are given for any course of instruction taught in a community college district, the grade given to each student shall be the grade determined by the instructor of the course and the determination of the student’s grade by the instructor, in the absence of mistake, fraud, bad faith, or incompetency, shall be final.”

GUIDELINES FOR STUDENT: DISCRIMINATION AND/OR SEXUAL HARASSMENT

American River College strives to provide equitable opportunity for all students and employees in an educational environment and work place that is free from unlawful discrimination and sexual harassment. Alleged discriminatory actions on the basis of race, ethnicity, religion, age, gender, sexual orientation, or disability are not grievable and are subject to administrative regulations enacted by the State Community College Board of Governors (Title 5, §§ 59300-59360) and Los Rios Policies and Regulations, ([P-2423](#)); ([R-2423](#)); and ([P-2424](#)).

As soon as possible after the alleged incident, any student, or employee who learns of such an incident, shall notify the campus Equity Officer in the Instruction Office. Raising a concern of discrimination or sexual harassment will not affect grades, class selection or other matters pertaining to the students’ status in the program college, and/or district. The appropriate procedure will be followed and is detailed in the Guide to Student Rights and Responsibilities handbook.

STUDENT RE-ENTRY INFORMATION AND PROCEDURES

Students who withdraw from the ARC Nursing Program may be eligible for re-entry.

GENERAL CONSIDERATIONS

1. The ARC Nursing Program is committed to regularly enrolled students who have not interrupted their nursing major education by dropping, taking a leave of absence, or failing to achieve course objectives. Therefore, re-entry depends largely upon space availability in the designated course.
2. The ARC Nursing Program is committed to safe, knowledgeable, and empathetic patient care. This commitment has been determined by legal and professional nursing authorities to be a result of close clinical supervision. Therefore, it is necessary to maintain a maximum teacher-student ratio of 1:10 in the clinical area.
3. The ARC Nursing Program is committed to the learner as a unique individual. Therefore, the student's individual learning needs and learning styles are assessed to ensure the student's optimal preparation for success in the Nursing Program and the practice of nursing.
4. Re-entry shall be determined by the recommendation of the Readmission Committee and space available in the course to which the applicant is requesting re-entry.
5. Regardless of circumstances related to and date of withdrawal, the student's current theory grade and clinical performance evaluation will be the factors used to determine re-entry status unless otherwise determined by the Readmission Committee.
6. Students must re-enter within one year of program exit. All students who do not re-enter within one year regardless of semester of exit will be required to reapply as a "new applicant."
7. A student who fails or withdraws from any nursing course may re-enter ARC's Nursing Program only once. The courses in the Nursing Program where this criterion applies are Nurse 305, Nurse 400, Nurse 410, Nurse 420, and Nurse 430.
8. If a student is a permanent exit from any Los Rios Community College Nursing Program, they are **not eligible** for entry at American River College Nursing Program through the application process.
9. Students who leave the Nursing Program will be categorized as leaving in "good standing" or leaving "not in good standing." Students would be categorized as "not in good standing" at the time of their departure from the Nursing Program if they are:
 - a. receiving a failing grade;
 - b. on Memo or Educational Agreement for unsatisfactory clinical performance;
 - c. deemed unsafe;
 - d. deemed grossly negligent (students with the status of gross negligence will NOT be considered for re-entry to the ARC Nursing Program.)

The definition for unsatisfactory, unsafe, or grossly negligent clinical performance is as follows (adapted from Definitions in the BRN Rules/Regulations):

Unsatisfactory: Performance is considered unsatisfactory when a student does not possess and exercise that degree of learning, skill, care, and experience ordinarily possessed and exercised by students at the same level in the program and/or failure to achieve any Core Competency at a "satisfactory" level.

Unsafe practice: Performance is considered unsafe when a student's action(s) reflect a substantial departure from that of other students at the same level under similar circumstances and when the student's actions have or could have resulted in harm to the patient.

Grossly negligent: Performance is considered grossly negligent when a student's behavior justifies the belief that there has been a conscious disregard or indifference for the health, safety, or welfare of the patient.

10. Regardless of length or reason for exit, all re-entry students must complete certain program and semester requirements. These requirements will be detailed in the letter of re-entry sent by the Nursing Department. Examples of requirements that will need to be repeated or updated include, but are not limited to: Background verification, drug testing, health clearance, malpractice payments, and attendance at mandatory agency orientations. Students are responsible for all costs associated with these requirements.

PRIORITIES FOR PROGRAM ADMISSION

There is significant demand for admission to the Nursing Program. Attendance at the Nursing Program Nurse Intensive is mandatory. The Pre-program requirements are due the first day of class. Students accepted to the Nursing Program who, for whatever reason, cannot enter at the time they are offered a place in Nurse 400, must re-apply to the Program. Students must be in attendance the first day of class per college policy or they will be dropped from the course.

PRIORITIES FOR RE-ENTRY

1. First priority will be given to students who left the ARC Nursing Program "in good standing" in both theory and clinical performance.
2. Second priority will be given to students who left the ARC Nursing Program "not in good standing" in theory and/or clinical performance. Students in this category will be considered on an individual basis as determined by the Nursing Readmission Committee and faculty of the semester to which students are seeking re-entry.
3. Third priority will be given to:
 - a. LVN to RN Transition to Nursing Bridge students who have met all pre-enrollment nursing requirements followed by transfer students "in good standing" who have met all pre-enrollment requirements.
 - b. Transfer students outside the LRCCD "in good standing" who have met all pre-enrollment requirements.
4. Fourth priority will be given to LVN 30-unit option students.

GRADUATION: INFORMATION AND REQUIREMENTS

Starting nursing school is an exciting event, but this excitement does not compare to that of the ultimate goal, GRADUATION! Although it seems far off, decisions must be made and planning must begin during the **first semester** of the Nursing Program.

1. **Academic Checklist:** Students should use this checklist as a guide to ensure that once the end of the program is reached all academic pieces are in place. Too often, a nursing student gets caught at the end of the Nursing Program missing graduation requirements. Is this a bad thing to happen? The major ramification of a delayed graduation date is the inability to obtain an interim permit to work as a nurse while waiting to take the NCLEX-RN. This delay in graduation may result in a substantial reduction of earning power. Remember, it is the student's responsibility to ensure all graduation requirements are met. Neither counseling, nor the Nursing Director has the ability to seek out each and every student to ensure graduation requirements are met. This detailed document can be found in the **Appendix titled "Academic Checklist."**
2. **Prior Felony and/or Misdemeanors or Arrests or Convictions** (even if expunged or diverted) must be reported to the BRN at the time of license application in order to take the necessary steps required by the BRN so a student can sit for the NCLEX-RN. **See Appendices titled "Reporting Prior Convictions or Discipline Against Licenses" and "Documents for Applicants with Convictions (Board of Registered Nursing Enforcement Division)."** Faculty are available to help with this, as needed.
3. **Commencement Ceremony:** Students are reminded that there is a campus commencement ceremony where the earned associate degree is conferred. All nursing students are invited and urged to participate in the college commencement.
4. **Pinning Ceremony:** To commemorate completion of the Nursing Program, the faculty will arrange for a Pinning Ceremony during final exam week. Student guidelines for the end of program Pinning Ceremony are found on the NURSE 430 website.

APPENDICES

APPENDIX A

IMPLEMENTATION OF STUDENT COUNSELING, ROOT CAUSE ANALYSIS, MEMO, AND EDUCATIONAL AGREEMENT

Implementation of counseling means students are given a notice of a need to change their behavior(s) and/or performance.

QUALITY IMPROVEMENT

A. Policy

Core Competencies are standards of practice and include those behaviors that are so important to nursing care and patient safety that failure to perform them correctly is considered unsafe nursing care.

All Core Competencies will be considered in the ongoing evaluation of the student's clinical performance and **are areas in which satisfactory performance must be achieved and maintained at all times**. The student is expected to comply with the Core Competencies **100% of the time**. Failure to comply with any one of the Core Competencies by the end of any nursing course will result in the student receiving an "F" in the course.

B. Procedure

ROOT CAUSE ANALYSIS REPORT

Practice not meeting any of the Core Competencies will result in the student completing a Root Cause Analysis Report which will be submitted to faculty. A Root Cause Analysis Report is a powerful tool used to identify causal factors, improve performance, and prevent recurrence of errors.

1. When practice does not meet one or more Core Competency, faculty will discuss the situation and strategies for improvement and require the student to complete ALL components of Sections I and II of the Root Cause Analysis Report and sign the back of the form.
2. Once the student has completed Sections I and II of the Root Cause Analysis Report and signs the form, the student submits the report to their professor for review of these sections and completion of Section III.
3. After the professor has reviewed Sections I and II of the Root Cause Analysis Report and completed Section III, the professor signs the report and forwards it to the Assistant Nursing Director for review and signature.
4. Once the Assistant Nursing Director has reviewed and signed the Root Cause Analysis Report, the report will be given back to the professor. The professor will then make and distribute a copy of the report to the student and the professor. The professor will place the original Root Cause Analysis Report in the student's permanent file.
5. An established trend will result in a Memo and, if need be, an Educational Agreement. However, there may be times when a student is placed directly on Memo or Educational Agreement.

MEMO

Students in the ARC Nursing Program are adult learners. As adult learners they are responsible for their own learning. It is the student's responsibility to be aware of standards regarding grading, testing, absenteeism, and tardiness as stated in this Student Handbook and individual course materials. It is expected that adult learners be aware of their standing in class and clinical areas via test results, graded papers, and performance evaluations. To support success, a written Memo may be issued to reinforce this knowledge.

For example, all students are expected to:

1. maintain a grade of 78% in written theory;
2. achieve all the Core Competencies for a course;
3. maintain good attendance and promptness; and,
4. submit required written work on time.

If serious problems continue, the student will progress to an Educational Agreement.

EDUCATIONAL AGREEMENT

An individualized Educational Agreement identifies the course objectives which have not been met with a description of the student's performance, what the student must do to achieve the unmet Core Competencies within a stated time frame, and what the professor will provide to assist the student to meet these Core Competencies. If the student does not follow the success plan and/or is not able to meet the specified Core Competencies, the student will not pass the course.

Students on an Educational Agreement for any reason forfeit their right to self-select their next semester's clinical rotation. These students will be placed in a clinical rotation by the next semester's faculty team based on needs identified in the Educational Agreement.

Copies of Memos and/or Educational Agreements will be given to the:

1. Student
2. Clinical Professor

The originals of all Memos and Educational Agreements will be placed in the student's permanent file.

NOTE: All student files are available to faculty for review as indicated by current student performance.

ROOT CAUSE ANALYSIS (RCA) REPORT

Student completes Sections I and II and signs the back of the RCA. Clinical professor completes Section III and signs the RCA. Assistant Director reviews and signs the RCA. The RCA is placed in the student's file, and the student receives a copy.

Student: _____ Course: _____ Professor: _____ Date: _____ Clinical Facility: _____

SECTION I: STUDENT'S DESCRIPTION OF THE OCCURRENCE AND CORRECTIVE ACTION:

Occurrence description:

Occurrence cause:

How could it have been avoided?

REAL effects on the patient:

Potential effects on the patient:

Corrective action taken by the student:

Student's plan to prevent this from happening again:

SECTION II: CORE COMPETENCIES: CIRCLE THE UNMET CORE COMPETENCY(IES) FROM THE LIST BELOW.

Core Competencies include those behaviors so important to nursing care and patient safety that failure to perform them correctly is considered unsafe nursing practice. All Core Competencies are considered in the ongoing evaluation of the student's clinical performance. The student is expected to satisfactorily perform the following Core Competencies at all times:

1. **Patient Centered Care**: Recognizes the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for the patient's preferences, values, and needs.
2. **Evidence Based Practice**: Integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
3. **Safety**: Minimizes harm to patients and providers through both system effectiveness and individual performance.
4. **Informatics and Technology**: Uses information and technology to communicate, manage knowledge, mitigate error, and support decision making.
5. **Quality Improvement**: Participates in the systematic process that healthcare organizations and professionals use to continuously improve the quality and safety of healthcare systems.
6. **Communication**: Interacts effectively with patients, families, and colleagues, fostering mutual respect and shared decision making, to enhance patient satisfaction and health outcomes.
7. **Teamwork and Collaboration**: Functions effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect, shared decision-making, team learning, and development.
8. **Leadership**: Influences the behavior of others in a way that will facilitate the establishment and acquisition/achievement of shared goals.
9. **Professionalism**: Demonstrates accountability for the delivery of standard based nursing care that is consistent with moral, altruistic, legal, ethical, regulatory, and humanistic principles.

Please refer to the "**Educational Student Learning Outcomes and Core Competencies**" table in the Nursing Student Handbook for the individual knowledge, attitudes, and skills (KAS) needed to successfully achieve each core competency. Satisfactory performance must be achieved in all Core Competencies by the end of the current semester in order to progress to the next semester.

SECTION III: CLINICAL PROFESSOR'S DESCRIPTION OF THE OCCURRENCE AND RECOMMENDATION(S):

Unsafe Behavior _____ Gross Negligence _____ Facility Incident Report Completed: Yes _____ No _____

Description:

Recommendation(s):

STUDENT SIGNATURE: _____

DATE: _____

PROFESSOR SIGNATURE: _____

DATE: _____

ASSISTANT DIRECTOR SIGNATURE: _____

DATE: _____

cc: Student, Professor

APPENDIX B

ELECTED REPRESENTATIVES

Student representation at Curriculum, Policy, and Faculty meetings is highly encouraged. Student opinion is an essential component to the continuing improvement of the Nursing Program policies, procedures, and curriculum. The strongest nursing programs are those that have solid student involvement.

Meetings occur approximately twice a month on Monday afternoons. The exact meeting schedule may be obtained from the Nursing Department Chair.

Each class is encouraged to elect representatives to attend Curriculum, Policy, and Faculty meetings. It is recommended that classes select one representative for each type of meeting—Curriculum, Policy, and Faculty. In addition, each class may choose to elect a body of officers to manage class activities.

CURRICULUM/POLICY COMMITTEE REPRESENTATIVES

Responsibilities include:

- Attend Curriculum and Policy Committee Meetings
- Bring student curriculum and policy concerns to faculty
- Inform class of Curriculum and Policy Committee announcements/activities

FACULTY MEETING REPRESENTATIVE

Responsibilities include:

- Attend Faculty Meetings
- Act as liaison between faculty and students
- Bring student curriculum and policy concerns to faculty
- Inform class of Faculty Meeting content including announcements/activities
- Inform faculty regarding class activities

PINNING CEREMONY

A Pinning Ceremony for the graduating class will be arranged by the faculty with student input regarding music and student speakers (maximum: two). The cost of the ceremony, including programs, invitations, and sound, lighting, or janitorial services will be absorbed by the Student Nurse Association (SNA). Detailed guidelines can be found on the N430 website and posted on the N430 bulletin board in the nursing classroom.

AMERICAN RIVER COLLEGE STUDENT NURSE ASSOCIATION

The American River College Student Nurse Association is a chapter of the California Nursing Student's Association. The ARC chapter is committed to helping students achieve their professional career goals. Participation in the ARC SNA provides the nursing student with opportunities to build relationships with other nursing students, develop leadership skills, advocate for key issues affecting nursing students, and support community-based health promotion activities.

The ARC faculty encourages active participation in the Student Nurse Association. Members are able to attend on-campus meetings and take part in local community events. Additionally, opportunities exist to go to state and national conventions. Attendance at any event that results in clinical absence must meet specific criteria, and the student intending to participate must complete the "ARC Student Nurse Association Approval for Attendance at State and National Conventions."

ARC STUDENT NURSE ASSOCIATION APPROVAL FOR ATTENDANCE AT STATE AND NATIONAL CONVENTIONS

Any student may attend Student Nurse Association conventions. However, students wishing to attend conventions that result in theory or clinical absence must have their absence approved by faculty prior to the event. If the student is absent from theory/clinical as a result of attendance at meetings/conventions, these hours will not be counted as absences.

CRITERIA

- Second year nursing student (third or fourth semester)
- Good standing in clinical (no Memo or Educational Agreement)
- "B" average or above in theory
- Zero to one day of clinical absence (not to exceed 8 hours)

PROCESS

At the beginning of the semester in which the convention will occur:

- Notify clinical faculty in first week of semester desire to attend convention and dates of event
- Obtain "Approval for Attendance at State and National Convention" form located in Health and Education Office
- Provide clinical faculty with the form to be completed
- Clinical faculty will review submission and either approve or disapprove clinical absences prior to convention date
- Submit form to Nursing Director for placement in student file

APPROVAL FOR ATTENDANCE AT STATE AND NATIONAL CONVENTIONS

Criteria	Level of Achievement	Comments
Clinical Performance		
Theory Grade		
Attendance – Clinical		

Student Signature/Printed Name

Date

Professor Signature/Printed Name

Date

APPENDIX C

Drug and Alcohol-Free Workplace and College Premises P-2443

2400 STUDENT RIGHTS AND RESPONSIBILITIES

2440 Standards of Conduct and Due Process

1.0 Drug and Alcohol-Free Workplace and College Premises

1.1 The Los Rios Community College District is committed to maintaining a drug and alcohol-free workplace in accordance with the requirements of the U.S. Drug-Free Workplace Act of 1988, the California State Drug-Free Workplace Act of 1990, and a drug and alcohol-free college environment for students and employees in accordance with the requirements of the Drug-Free Schools and Community Act Amendment of 1989. The District certifies that it will provide a drug and alcohol-free environment by taking the actions required by these Acts.

1.2 It is the intent of the District to make a good faith effort to continue to maintain a drug and alcohol-free environment through implementation of this policy.

2.0 Implementation

2.1 The District will notify students and employees that the unlawful manufacture, distribution, dispensing, possession or use of illicit drugs and alcohol is prohibited in the workplace and college premises. The notice will include the actions that will be taken for violation of such prohibitions.

2.2 A drug and alcohol awareness program will be established to inform students and employees about the dangers of drug and alcohol abuse and the District's policy of maintaining drug and alcohol-free workplace and college premises. Information will be provided regarding drug and alcohol counseling and rehabilitation programs and the penalties that may be imposed upon students and employees for violations occurring in the workplace and colleges.

2.3 Each employee will be given a copy of the policy statement annually regarding the drug and alcohol-free workplace and college premises.

2.3.1 Employees will be notified that, as a condition of employment under any federal or state contract/grant to the District, the employee will abide by the terms of the policy. The employee shall notify the District of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.

2.3.2 Within ten (10) days after receiving notice from an employee or otherwise receiving actual notice of conviction, the District will notify the contracting agency in accordance with the Drug-Free Workplace Act.

2.3.3 Within thirty (30) days of receiving notice with respect to any employee who is convicted, the District will take appropriate personnel action against such employee, which may include termination; or require such employee to participate satisfactorily in a drug or alcohol abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.

2.4 Each student will be given a copy of the policy statement annually regarding the drug and alcohol-free workplace and college premises. Violation of this policy by students shall result in disciplinary sanctions up to and including expulsion, and may include the completion of an appropriate rehabilitation program.

2.5 In addition to disciplinary sanctions, violators may be prosecuted under applicable law.

2.6 Students and employees will be informed of the health risks associated with the use of illicit drugs and the abuse of alcohol, and will be advised of the availability of drug or alcohol counseling, treatment or rehabilitation programs.

LRCCD

Policy Adopted: 9/19/90
Policy Revised: 5/20/92
Policy Reviewed: 2/19/15
Adm. Regulation: R-2443

APPENDIX D

PROCEDURE FOR REPORTING EXPOSURE TO BLOODBORNE PATHOGENS

As the student enters the ARC Nursing Program, the student's health and safety is of primary importance. In the course of providing health care, the student may be put at risk by contacting body fluids containing a blood borne virus. The three blood borne viruses that are considered a risk to healthcare workers are HIV (the AIDS virus), Hepatitis B, and Hepatitis C.

Immediately after a needle stick or exposure:

1. Promptly wash the area with soap and water for at least 5 minutes and irrigate mucus membrane (eye, mouth, or skin) with water for 10 minutes. Eyes should be irrigated with clean water, saline, or a sterile irrigant.
2. Prompt reporting is essential.
 - a. Student **MUST IMMEDIATELY** report any possible exposure to the clinical professor so that procedure can be followed.
 - b. In the event it is determined that an exposure requiring "Post Exposure Prophylaxis" has occurred, the student may be referred to a treating clinician. In consultation with the treating clinician, the student will need to make a decision whether further treatment is needed.
3. Treatment may include the following:
 - a. Documentation of the route(s) of exposure and the circumstances of the incident
 - b. Identification and documentation of the source individual
 - c. Collection and testing of blood for HBV and HIV infection status
 - d. Post-exposure vaccines or medical treatment
 - e. Counseling
 - f. Evaluation of reported illness
 - g. Assessment of HBV immunization status

APPENDIX E



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Loretta S. Melby RN, BSN, MSN, Executive Officer

STANDARDS OF COMPETENT PERFORMANCE

Excerpt from California Code of Regulations

Title 16 - Chapter 14

Website: <http://www.rn.ca.gov/regulations/title16.shtml#1443.5>

1443.5. STANDARDS OF COMPETENT PERFORMANCE

A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:

- (1) Formulates a nursing diagnosis through observation of the client's physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.
- (2) Formulates a care plan, in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.
- (3) Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the client and family and teaches the client and family how to care for the client's health needs.
- (4) Delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.
- (5) Evaluates the effectiveness of the care plan through observation of the client's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the client and the health team members, and modifies the plan as needed.
- (6) Acts as the client's advocate, as circumstances require by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided.

APPENDIX F

POLICY AND PROCEDURE REGARDING THE STUDENT WITH DISRUPTIVE BEHAVIOR, CHEMICAL, AND/OR EMOTIONAL IMPAIRMENT

(Board Approved 11/84. Rev. 7/07 EDP-B-03)

The ARC Nursing Program faculty requires nursing students to provide the highest quality safe patient care in a state of mind and body conducive to promoting patient healing. To fulfill this requirement, students must be free of disruptive behavior, chemical, and/or emotional impairment during participation in all aspects of the Nursing Program including classroom, laboratory, and clinical settings.

The State Board of Registered Nursing has stated in its guidelines for schools of nursing in dealing with the matter of nursing students impaired by alcoholism, drug abuse and emotional illness, the following:

In the matter of nursing students impaired by alcoholism, drug abuse and emotional illness, the California Board of Registered Nursing recognizes that:

1. These are diseases and should be treated as such;
2. Personal and health problems involving these diseases can affect student's academic and clinical performance and that the impaired nursing student may pose a danger to self and a grave danger to the patients in her or his care;
3. Nursing students who develop these diseases can be helped to recover;
4. It is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness; and
5. Confidential handling of the diagnosis and treatment of these diseases is essential.

Therefore, the Board of Registered Nursing expects schools of nursing with students impaired by these diseases to offer appropriate assistance, either directly or by referral. Schools of nursing are asked to provide the policy and factual material to incoming students on drug or alcohol abuse and mental illness among nursing students.

Furthermore, the Board expects that schools of nursing will ensure that professors have the responsibility and authority to take immediate corrective action with regard to the student's conduct and performance in the clinical setting.

It is outside of the Board's scope of function to endorse or recommend a particular course of therapy, however, it does wish to inform nursing students of the importance of seeking voluntary help for conditions that could, if left unattended, lead to disciplinary action and may prevent them from being licensed to practice nursing in the State of California.

IMPORTANT INFORMATION REGARDING LICENSURE

The Board of Registered Nursing may deny a license on the grounds that the applicant has been convicted of a crime and/or felony. (California Business and Professions Code, Section 480). If an arrest/conviction related to drug/substance abuse or driving under the influence has occurred, the Board will request validation of rehabilitation before issuing a license. Further information regarding these regulations can be found on the BRN website.

AMERICAN RIVER COLLEGE
NURSING FACULTY POLICY AND PROCEDURE
REGARDING DISRUPTIVE BEHAVIOR, CHEMICAL, AND/OR EMOTIONAL IMPAIRMENT

The American River College Nursing Program faculty has developed the following policy/procedure in regard to the nursing student with disruptive behavior, chemical, and/or emotional impairment. This policy/procedure is consistent with the Board of Registered Nursing guidelines of November 1984 and revised in July 2007 and the American River College [Guide to Student Rights and Responsibilities](#).

American River College and all its clinical sites are to be considered Drug-Free Workplaces. (Please see Los Rios Community College District Policy for details [Policy P-2443].)

POLICY

The professor has the responsibility and authority to take immediate corrective action with regard to students' conduct and performance in the clinical, laboratory, or classroom setting. Any student who exhibits symptoms of disruptive behavior, chemical, and/or emotional impairment will be removed from the classroom, laboratory, or clinical setting, and the established procedure for assessment and rehabilitation will be followed.

Students are encouraged to self-identify any chemical or emotional impairments. These students will be encouraged to meet with the Nursing Director regarding possible assistance and referral and will be individually evaluated regarding current safety.

PROCEDURE

ASSESSMENT

The professor will evaluate whether the student is able to function safely and effectively in the clinical, laboratory, or classroom setting. The professor will observe for signs and symptoms of chemical and/or emotional impairment. The student's behavior may include, but is not limited to:

1. Physical impairment including, but not limited to: fine motor tremors, rapid or slurred speech, unsteady gait, odor of alcohol
2. Impaired judgment including, but not limited to: inability to follow directions, difficulty with calculations, inability to concentrate, and inability to focus on the patient's needs
3. Mental or emotional impairment including, but not limited to: impaired decision-making, acute or chronic depressed mood, suicidal ideation, acute or chronic anxiety, disordered thinking, inability to set priorities
4. Any disruptive behavior or any conduct that would constitute good cause for discipline as set forth in LRCCD Reg. 2441, sections 3.1 and 3.2 (see "*Good Cause*" that follows)
5. Inconsistent behavior patterns
6. Chronic tardiness or absenteeism

INTERVENTION

When a student exhibits any of the above behaviors, the following actions will take place:

1. The student will be immediately removed to a private area from the classroom, laboratory, or clinical area. If appropriate, the professor may request additional assistance, i.e. from campus or facility security. The professor will take appropriate steps to ensure confidentiality.
2. The professor will discuss signs and behaviors observed, allow the student to provide a brief verbal explanation regarding the exhibited behavior(s), and question the student regarding possible substance use. The behaviors and the discussion will be documented by the professor.
3. If the professor continues to believe that the student's disruptive behavior is unsafe, the professor will immediately report the incident to the Nursing Director or designee and relieve the student of further classroom or clinical responsibility for the day. The student and the professor will arrange for appropriate transportation. An escort may go with the student if indicated.
 - a. If the behavior is felt to be due to alcohol or other drugs, the student will be directed to the nearest Emergency Department or other collection/testing site for immediate appropriate testing. Refusal to be tested shall be documented and signed by the professor and the student. The professor will inform the student that refusal may lead to dismissal from the Nursing Program.
 - b. If the student refuses assistance with transportation (if such has been indicated), the professor will immediately notify the Nursing Director or designee.
4. It is outside of the Nursing Program scope to diagnose or recommend a specific course of treatment. However, a referral to the ARC Student Health Center or a private practitioner may be made for assessment, diagnosis, and treatment recommendations. The "Health Referral and Clearance Form" will be completed according to directions on the form.
5. By the end of the next business day, the written referral form documenting the behaviors indicative of impairment will be completed by the observing professor and a copy will be given to the student. The original referral form will be forwarded to the Nursing Director or designee.
6. All information regarding cases of students impaired by chemicals or emotional illness will be treated with utmost confidentiality. All written records shall be kept in a separate, locked file and shall not be included in the student's academic folder.
7. By the end of the next business day from receipt of the referral, the student will make an appointment to see the Nursing Director or designee to discuss and review those behaviors that led to the classroom, laboratory, or clinical exclusion, and their implications for continuance in the program.

ADMINISTRATIVE ACTION

1. When a professor suspects a student is impaired and a danger to self or others, the professor has the authority to remove the student for up to two class periods for assessment. When a student is removed, the Nursing Director or designee will be notified of the student's removal.
 - a. If the student refuses to submit to the required assessment, the student will meet with the Nursing Director or designee within 48 hours of the initial impairment identification to discuss suspension proceedings according to ARC policy.
 - b. If the student follows through with the required assessment and is found to have no impairment, the student will be readmitted to the next class or clinical period without the penalty of missed time.
2. If, after assessment, the student is found to have a documented impairment, the Nursing Director or designee will determine whether the impairment constitutes a disability for which reasonable accommodation must be provided and:
 - a. The current semester's professors will meet with the Nursing Director or designee to review student options for the rest of the semester. These options may include reasonable accommodations that would allow the student to complete the program.
 - b. The student will then meet with the current semester's professor and Nursing Director or designee to discuss the decided corrective measures. If no reasonable accommodations are available or appropriate and suspension is recommended, the Nursing Director or designee will meet with the appropriate college administrator to present the student situation, at which time suspension may be authorized.
3. If suspension has been pursued, the student may request program re-entry after a minimum of one semester. The following readmission procedures will be followed:
 - a. Re-entry is on a space available basis. All re-entry policies and procedures are in effect.
 - b. Proof of successful completion or active enrollment in a supervised treatment program must be presented.
 - c. If chemical impairment was the issue, the student must be substance free. Further testing may be required.
 - d. Failure to submit evidence of on-going treatment or failure to comply with testing if required will result in dismissal from the program.
 - e. A second documented incident of impaired behavior will result in dismissal from the program.

GOOD CAUSE DEFINED

As defined in the Los Rios Community College District Standard of Conduct 2441, good cause includes, but is not limited to the following offenses:

Section 3.1

- (a) Continued disruptive behavior, continued willful disobedience, habitual profanity or vulgarity, or the open and persistent defiance of the authority of, or persistent abuse of, college personnel.
- (b) Assault, battery, or any threat of force or violence upon a student or college personnel.
- (c) Willful misconduct which results in injury or death to a student or college personnel or which results in cutting, defacing or other injury to any real or personal property owned by the district.
- (d) The use, sale, or possession on campus of, or presence on campus under the influence of, any controlled substance.
- (e) Willful or persistent smoking in any area where smoking has been prohibited by law or by regulation of the governing board.
- (f) Persistent, serious misconduct where other means of correction have failed to bring about proper conduct.

Section 3.2 Good cause is further defined, but is not limited to the following:

- (a) Violation of college rules and regulations including those concerning student organizations, the use of college facilities, or the time, place and manner of public expression and distribution of materials.
- (b) Obstruction or disruption of teaching, research, administrative disciplinary procedures or other college activities, including its community service activity, or of other authorized activities on college-controlled premises.
- (c) Theft of or non-accidental damage to property of the college or a member of the college community or campus visitor while on campus or at college-sponsored events.
- (d) Unauthorized entry to or use of college facilities.
- (e) Dishonesty, such as cheating, plagiarism or furnishing false information to the college, forgery, alteration or misuse of college documents, records or identifications.
- (f) Knowing possession or use of explosives, dangerous chemicals or deadly weapons on college property or at a college function without prior authorization of the College President or designated representative.
- (g) Use, possession, distribution or being under the influence of alcoholic beverages, narcotics or dangerous drugs on college property or at College-sponsored events.
- (h) Soliciting or assisting another to do any act which would subject a student to expulsion, suspension, probation or other discipline pursuant to this policy.
- (i) Violation of any order of a college president, notice of which has been given prior to such violation, and which order is not inconsistent with any of the other provisions of this policy. This notice may be given by publication in the college newspaper, by posting on an official bulletin board designated for this purpose or by any other means reasonably calculated to inform students of its provisions.
- (j) Attempting to commit an act that would be cause for disciplinary action identified above.

**Los Rios Community College District
Allied Health Programs**

<input type="checkbox"/> ARC	<input type="checkbox"/> SCC	
<input type="checkbox"/> Dental Assistant		<input type="checkbox"/> Dental Hygiene
<input type="checkbox"/> Funeral Service		<input type="checkbox"/> Paramedic
<input type="checkbox"/> PTA	<input type="checkbox"/> OTA	<input type="checkbox"/> Respiratory Care
<input type="checkbox"/> RN	<input type="checkbox"/> VN	<input type="checkbox"/> CNA

HEALTH REFERRAL AND CLEARANCE

DIRECTIONS: Professor completes "Referral Statement" indicating the reason for referral to the student's Health Care Provider for evaluation. Student signs the release of information.

HEALTH CARE PROVIDER: Completes "Health Clearance Statement" following the examination and assessment of the student's ability to perform essential functions required of allied health students.

Completed form must be returned to the Program Director or designee before the student may return to the course.

REFERRAL STATEMENT: _____, is not allowed to return to the allied health program classroom / clinical setting due to the following:

Printed Name of Professor	Signature	Date	Time
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Printed Name of Program Director	Signature	Date	Time
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RELEASE OF INFORMATION:

I grant permission for the release of information to the Nursing Program Director and/or designee at: ARC SCC

Student Name	Student Signature	Date
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HEALTH CARE PROFESSIONAL HEALTH CLEARANCE STATEMENT

I have examined _____ and recommend that the student:

- 1) Return to the classroom with no restrictions Yes _____ No _____
- 2) Return to practice direct patient care in the clinical / hospital setting with no restrictions. Yes _____ No _____

Comments:

Printed Name of Provider	Signature of Provider	Date	License and Number
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Address	City	State	Zip Code	() Telephone
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APPENDIX G

BACKGROUND CHECKS FOR STUDENT CLINICAL PLACEMENT (BOARD APPROVED 06/05; EDP-I-33 REV 10/04/05; 08/08; 11/10)



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Loretta S. Melby RN, BSN, MSN, Executive Officer



During the past the Board of Registered Nursing (BRN) has received numerous questions regarding the issue of background checks on registered nursing students prior to clinical placement. The Board has been asked to assist programs with meeting this requirement.

The use of background checks on individuals working in clinical settings is one of the means agencies use to help protect their clients/clients. While obtaining background checks on employees is not new for clinical agencies, the Joint Commission has added to their Human Resources standards (HR.1.20) a section related to criminal background checks. The Joint Commission standard requires agencies to include nursing students in criminal background checks when required by state law, regulation or hospital policy. (www.jointcommission.org)

The BRN does not require prelicensure nursing programs to screen potential students for a history of convictions prior to acceptance into their program. The BRN only requires background checks on criminal convictions at the time of application for licensure. Furthermore, BRN staff reviews all applications with prior convictions on an individual case-by-case basis before issuing or denying licensure. The criteria used by the Board in evaluating an applicant's present eligibility for licensure are found in the California Code of Regulations (CCR) Section 1445. (www.rn.ca.gov)

Clinical agencies have the right to establish criteria that would exclude a student from placement at their facility. Those clinical agencies that have a policy that include student nurses in their requirement for criminal background checks will need to comply with their own policy to be compliant with the Joint Commission Standard HR 1.20. On the other hand agencies may use different criteria for students than are used for employees or exempt them entirely and still meet Joint Commission Standards.

Nursing programs should establish a written policy describing the process for obtaining background checks for those clinical agencies that require them. The Board recommends that the policy on background checks, like all program policies, be published in documents that are available to applicants and students. Examples include admission packets and school catalogs and/or nursing student handbooks.

The written policies should include the following:

- Who will perform the search (the college, the agency or an independent service);
- Who will pay for the process;
- Where and by whom the results will be maintained and protected (student confidentiality);
- What criteria will be used to exclude a student from a particular clinical placement; and
- What alternatives if any will be available in the event a student is denied a clinical placement.

The Board encourages clinical agencies and nursing programs to work collaboratively in establishing standardized policies that are the least restrictive possible while also protecting the rights of consumers. A process that allows for a case-by-case review of students with prior convictions is encouraged. However, the burden of proof lies with the student to demonstrate evidence of rehabilitation that is acceptable to the clinical agencies and the nursing program. (See the document "Prior Convictions and Disciplinary Actions" on the Board's Website.)

FREQUENTLY ASKED QUESTIONS RELATED TO BACKGROUND CHECKS

Question: Does the BRN require student nurses to undergo criminal background checks prior to admission in a prelicensure school of nursing?

No. The Board has no authority to request a criminal background check except at the time of application for licensure.

Question: Does the Joint Commission require that student nurses in California have criminal background checks done prior to the students participating in a clinical rotation in a Joint Commission approved facility?

No. The Joint Commission requires that clinical agencies follow state law/regulation and their own organization's policy regarding background checks on students. (See Joint Commission website www.jointcommission.org) There is no state law in California that mandates background checks be completed on nursing students. Some clinical agencies have included student nurses in the category of individuals that need to be screened, therefore, the Joint Commission would also require that nursing students need background checks done.

Question: If a clinical agency denies a student with a prior conviction from being placed at their facility does the BRN require that the student be dropped from that course or from the program?

No. The program is encouraged to evaluate such students, in collaboration with their clinical agencies, to find possible alternatives for the student to complete the objectives of the course. All students are expected to meet course objectives as defined by the course syllabi and program policy.

Question: If students have had a criminal background check done as part of clinical placement can they use that information as part of their application packet for licensure?

No. The Board requires a background check on all applicants for licensure by the Department of Justice. As a health care licensing Board, the background check conducted on applicants is more extensive than most employers obtain.

Question: If a student is denied access to a clinical site due to a positive criminal background check does the nursing program have to find an alternative site for the student to meet course requirements?

No. The Board encourages programs and agencies to work collaboratively to review students with a prior conviction on an individual basis since the specific conviction may not prevent the student from ultimately being licensed. While the BRN encourages alternative placement ultimately the program would need to follow their published policy regarding the options available to the student in this situation. (See the attached Criteria for Rehabilitation, CCR 1445.)

Question: Can the college or university request the Department of Justice to perform a criminal background check on their nursing students in order to meet clinical agency requirements for placement?

No. Only authorized agencies may request the Department of Justice to perform criminal background checks. The nursing program or the agency may utilize private companies that provide background checks for a fee. The Board does not require the use of such a service nor does it endorse any specific company.

Question: Should results of criminal background checks be placed in the student's academic file?

The self-disclosed student information and the results of a background check are confidential information. The nursing program must develop in consultation with their administration and clinical agencies a means to safeguard this information. It is recommended that the process, maintenance and security of student background checks should be described in the program's contract with those agencies requiring screening of nursing students and in policies provided to students and applicants.

Question: Do students need to have a background check done every time they go to a new clinical agency?

The Board encourages nursing programs to work collaboratively with other nursing programs in their geographical area to develop a standardized policy with all clinical agencies requiring background checks on nursing students. Since there is no state law or regulation that mandates background check on nursing students, individual agency policy is the source of this requirement. Working collaboratively within a geographic area is probably the most efficient way to coordinate requirements in the least disruptive manner.

Question: Can a clinical agency refuse to allow a student to do a clinical course at their agency as a result of a prior conviction?

Yes. The Board would encourage the nursing program to work with the agency to clearly identify the types of prior convictions that would exclude a student from clinical rotation. The BRN suggests using CCR 1445 as a guide.

Question: Can a nursing program require students to meet clear background checks prior to admission or as a requirement for progression in the program?

Admission and progression policies are the purview of the program & the institution. The nursing program should seek guidance from their institutions legal counsel. The Board regulations require that all policies affecting students be written, available to students, and applicants.

Attachment:

TITLE 16, CALIFORNIA CODE OF REGULATIONS:

1445. Criteria for Rehabilitation

- (a) When considering the denial of a license under Section 480 of the code, the board, in evaluating the rehabilitation of the applicant and his/her present eligibility for a license will consider the following criteria:
- (1) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
 - (2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the code.
 - (3) The time that has elapsed since commission of the act(s) or crime(s) referred to in subdivision (1) or (2).
 - (4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.
 - (5) Evidence, if any, of rehabilitation submitted by the applicant.
- (b) When considering the suspension or revocation of a license on the grounds that a registered nurse has been convicted of a crime, the board, in evaluating the rehabilitation of such person and his/her eligibility for a license will consider the following criteria:
- (1) Nature and severity of the act(s) or offense(s).
 - (2) Total criminal record.
 - (3) The time that has elapsed since commission of the act(s) or offense(s).
 - (4) Whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee.
 - (5) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.
 - (6) Evidence, if any, of rehabilitation submitted by the licensee.

APPENDIX H

ACCOMMODATION CHECKLIST

Every semester students are required to complete the following items in order to be provided testing accommodations. Students are unable to utilize Disabled Students Programs & Services (DSPS) assistance until documentation is on file with all current course faculty and DSPS. This must be completed by the end of the first week of classes.

- Prior to the first day of class**, obtain a "Disability Verification Letter with Accommodations" that indicates the type of accommodations needed for testing. Ask for a confidential envelope to use in order to return the form to DSPS.
- On the first day of class**, give the form to the faculty to complete specific instructions regarding the testing procedure and obtain a faculty signature.
- The original proctor form will be returned to the student in a sealed confidential envelope.
- Go to DSPS by the end of the first week of classes to submit the sealed confidential envelope with the signed form. Most students will test with nursing faculty at times arranged by the faculty. These students will be provided the accommodations required per DSPS. The two most common accommodations are extra time on exams and a distraction-reduced environment. Faculty will explain the timing and procedures for examinations with DSPS students. A very small number of students are accommodated in DSPS for testing. Usually, these are students who need special equipment during testing or private accommodations. Instructions for students permitted to test in DSPS are:
 - Exam appointments must be scheduled to take place on the same day the exam is given in class.
 - Provide faculty a written copy of testing appointments.
 - If the accommodation does not specify the need for a private room, students will be testing in a distraction reduced group room set up by nursing faculty.
 - A group setting will be provided for the final unless otherwise needed (i.e., need of a computer scribe reader). If, due to a disability, the DSPS counselor or LD Specialist determines that a private room is warranted, it will be stated specifically on the form.
 - Students must **immediately** notify faculty if DSPS staff states they are unable to meet scheduling requirements.

REMINDERS

- Exam and time allotment begin at the appointment time. Plan to arrive a few minutes early to be ready to start taking the exam at the appointed time. Students will lose whatever time is missed.
- Students are required to cancel their appointment and notify DSPS and faculty in the event that they are unable to keep the scheduled appointment time. A failed or "No Show" appointment will result in a RCA.
- Points will be deducted for taking an exam at a time other than when it was scheduled.
- The accommodation plan must be followed. This includes test location. **For example, if students are designated as needing a private room, a private room must be utilized. Students may not independently decide to test in the group setting.** Any changes to the plan must be derived from the DSPS counselor and requires a new "Disability Verification Letter with Accommodations" form.

APPENDIX I

ACADEMIC CHECKLIST

SEMESTER ONE – NURSE 400

Congratulations! You have been accepted into the Nursing Program. Though graduation appears a long way off, it is important that you make plans now to complete ARC nursing requirement courses **AND** graduation requirements.

1. We encourage all students to meet with a counselor and complete a Curriculum Planning sheet during the beginning of first semester.
2. Are there any general education course left to complete? It is easier to complete general education courses in the summer session, so plan accordingly. ARC has a one (1) unit of PE requirement which is an unexpected requirement.
3. Have you completed the **NURSE 400 co-requisite**, COMM 301? This course **must be taken prior to or with NURSE 400**. Enrollment in NURSE 410 cannot occur unless this requirement is met.

SEMESTER TWO – NURSE 410

You have completed the first semester of the Nursing Program. Keep up your energy and check out the following.

1. Have you completed the **NURSE 410 co-requisite**, SOC 300 or ANTH 310? One of these courses **must be taken prior to or with NURSE 410**. You will not be allowed to enroll in NURSE 420, unless the Sociology or Anthropology requirement has been met.
2. If you have not done so already, review coursework completed outside the Los Rios Community College District (i.e., a speech class taken at Sierra College). The counselor may have approved course equivalencies. Make sure that transcripts for corequisite courses taken outside of Los Rios are sent to Admissions and Records, also.
3. Plan ahead for completion of these general education courses and graduation requirements: Humanities, PE, history, ethnic/multicultural studies, and reading and math competencies. The second year of the Nursing Program is not necessarily easier than the first. Therefore, it is best to complete these courses/requirements early.

SEMESTER THREE – NURSE 420

You are in the second year of the Nursing Program. This is an exciting time in your nursing development as you assume greater accountability and responsibility for patient care. Students have often said they begin to feel like a "real nurse" in third semester. Graduation is less than a year away. It is crucial you ensure no unforeseen surprises will occur when you petition to graduate next semester. Here is what you should do:

- See a counselor sometime this semester to determine which classes you must still complete to graduate. In the past, some students have waited to see a counselor until they petition to graduate in fourth semester. Those students have been surprised at a late date that some general education course (i.e., PE, humanities, History) must still be completed before they can earn their degree. Remember, it is your responsibility to ensure courses you need to graduate have been completed. Admissions and Records will not excuse courses or competencies required because you "forgot" to take them.

SEMESTER FOUR – NURSE 430

You are in the final semester of the Nursing Program. Are you counting down the days, hours, or minutes? It is easy to get wrapped up in graduation plans. However, there are some crucial activities to be completed this semester.

1. File a petition to graduate – EARLY. The dates to complete this requirement will be announced by your fourth semester faculty. Critical dates will be listed on the N430 course calendar. There are no exceptions to the deadline dates. It is your responsibility to petition to graduate on time. If you do not petition by the deadline date, you will not graduate.
2. What to do about those general education courses? It is important that you enroll in these courses now. If you delay completion of these courses until after completing fourth semester, you will delay your graduation. The Board of Registered Nursing will not issue an interim permit until you complete either BRN nursing requirements or ARC graduation requirements.

BRN APPLICATION AND LICENSURE

1. Early in fourth semester, the faculty will go over the application process with you.
 - a. Application information will be distributed. It is also available online at www.rn.ca.gov.
 - b. We suggest you apply for an Interim Permit.
 - c. You will begin by going to the California Board of Registered Nursing website and register for a BreEZe account. Follow the directions.
2. The Nursing Director will verify online that you are a graduate after your transcript has been updated. After that you may take the NCLEX.
3. Special Issues
 - a. Potential Disciplinary Action: Any student with a police history will need additional documentation to send to the Board. Information about this can be also found on the BRN website. Applications that result in review by enforcement staff are delayed due to lack of supporting documentation enabling BRN staff to make a prompt decision to approve or deny the application. When you fill out a licensure application, be sure to include all of the following information CLEARLY LABELED, with your application packet:
 - 1) Written Statement
 - A written statement, in your own words, describing the incident(s), date(s) incident(s) occurred, outcome (e.g. paid fine, placed on probation, court ordered classes or rehabilitation), and any rehabilitative efforts or changes to prevent future occurrences.
 - 2) Certified Arrest/Incident Reports (Note: Court documents DO NOT include arrest reports and MUST be requested separately).
 - Contact the arresting agency for this report. The arresting agency is the agency that conducted the arrest and/or issued the citation (e.g. Highway Patrol, Police Department, Sheriff's Office). If the arrest documents are purged or unavailable, please provide a letter or proof from the arresting agency which confirms that information.
 - If the arrest is for DUI, ensure the Blood/Breath Alcohol Content (BAC) is included in the report.
 - 3) Certified Court Documents
 - Contact the court to get a certified copy of all court documents pertaining to the conviction(s) including satisfaction/compliance with all court ordered probation orders.

- 4) Evidence of Rehabilitation
 - Include completion certificates of court ordered/voluntary rehabilitation.
 - 5) Reference letters for Alcohol or Drug Related Convictions
 - Recent, date letters from professionals in the community; for example, AA/NA Sponsor, counselor, probation officer, employer, professor, etc. who can address an awareness of the past misconduct and current rehabilitation; for example, use/non-use of alcohol/drugs. The letters must be signed and dated within the last year by the author of the letter.
 - 6) Reference Letters for All Other Convictions
 - Recent, dated letters from professionals in the community; for example, counselor, probation officer, employer, professor, etc. who can address an awareness of the past misconduct and current rehabilitation; honesty/integrity, management of anger/stress. The letters must be signed and dated within the last year by the author of the letter.
 - 7) **Note:** For Traffic Citations > \$1000.00
 - A letter of explanation is all that is required
 - 8) Work Performance
 - A copy of a recent work evaluation or review which may or may not be from a health related agency.
 - 9) Inquiries
 - Phone calls requesting application status further delays the process for everyone. Calls to analysts should not be made until a file has been in enforcement for at least four (4) weeks, not 4 weeks since the application was submitted to the Board of Registered Nursing.
- b. Individual Candidate Rosters will not be submitted until the end of the semester for students who are currently completing courses for graduation (excluding NURSE 430), have math or reading competencies to complete, or who are not passing NURSE 430. Students who have unpaid fines, unreturned library materials, etc., will have a college hold on their transcripts. The entire class set of transcripts **will be held** until all students in the class clear any college holds.
 - c. Incomplete Graduation Requirements: Students who have not completed all BRN or ARC graduation requirements by the end of the fourth semester will have their license issuance delayed. For example, a student finished the fourth semester of the Nursing Program in December, yet still needs to take a humanities class. The student's candidate roster will not be sent to the BRN until one month before the class is to be completed. If the student has paid for an Interim Permit, they will receive the permit upon completion of the course (as stated on the individual candidate roster). The nursing license will not be issued until after transcripts are next processed.
 - d. Completing only Nursing Requirements versus Graduation Requirements: We recommend that all students who do not possess a previous degree take all courses required for graduation. Many of the local agencies will not hire candidates without degrees. Failure to sit for NCLEX-RN as a degreed candidate may affect the ability to obtain licensure in another state. (California is one of the few states that allow students to obtain nursing licensure without a degree.)

Students who plan to obtain a Bachelor's Degree in nursing, generally must have completed an Associate' Degree or Diploma in nursing.

APPENDIX J

REPORTING PRIOR CONVICTIONS OR DISCIPLINE AGAINST LICENSES

Applicants are required under law to report all misdemeanor and felony convictions. "Driving under the influence" convictions **must** be reported. Convictions must be reported even if they have been adjudicated, dismissed or expunged or even if a court ordered diversion program has been completed under the Penal Code or under Article 5 of the Vehicle Code. Also, all disciplinary action against an applicant's registered nurse, practical nurse, vocational nurse, or other health care related license or certificate must be reported. Also any fine, infraction, or traffic violation over \$1000.00 must be reported.

Failure to report prior convictions or disciplinary action is considered falsification of application and is grounds for denial of licensure or revocation of license.

When reporting prior convictions or disciplinary action, **applicants are required to provide a full written explanation of:** circumstances surrounding the arrest(s), conviction(s) or disciplinary action(s); the date of incident(s), conviction(s) or disciplinary action(s); specific violations(s) (cite section of law if convicted), court location or jurisdiction, sanctions or penalties imposed and completion dates. Provide **certified** copies of arrest and court documents and for disciplinary proceedings against any license as a RN or any healthcare related license; includes copies of state board determination/decisions, citations and letters of reprimand.

NOTE: For drug and alcohol convictions include documents that indicate blood alcohol content (BAC) and sobriety date.

To make a determination in these cases, the Board considers the nature and severity of the offense, additional subsequent acts, recency of acts or crimes, compliance with court sanctions, and evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation.

Examples of rehabilitation evidence would include, but not be limited to:

- Recent, dated letter from applicant describing the event and rehabilitative efforts or changes in life to prevent future problems or occurrences.
- Recent and signed letters of reference on official letterhead from employers, nursing professors, health professionals, professional counselors, parole or probation officers, Support Group Facilitators or sponsors, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse.
- Submit copies of recent work evaluations.
- Proof of community work, schooling, self-improvement efforts.
- Court-issued certificate of rehabilitation or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.

All of the above items should be mailed **directly** to the Board by the individual(s) or agency that is providing information about the applicant. Have these items sent to the Board of Registered Nursing, Licensing Unit, P.O. Box 944210, Sacramento, CA 94244-2100.

It is the responsibility of the applicant to provide sufficient rehabilitation evidence on a timely basis so that a licensing determination can be made. All evidence of rehabilitation must be submitted **prior to being found** eligible for an examination.

An applicant is also required to immediately report, in writing, to the Board any conviction(s) or disciplinary action(s) which occur between the date the application was filed and the date that a California registered nursing license is issued. Failure to report this information is grounds for denial of licensure or revocation of license.

NOTE: The application must be completed and signed by the applicant under the penalty of perjury.

(The information above is adapted from the California Board of Registered Nursing website: www.rn.ca.gov current as of July 2011.)

APPENDIX K

LAB MANUALS

WELCOME!

Our purpose is to assist faculty with helping students meet course objectives. We, as Instructional Assistants, may be assigned by faculty to assist students in scheduled practice times.

The Health and Education Division Labs are composed of a Computer Lab, a Skills Lab, and a Simulation Lab.

Lab Instructional Assistants	
Computer Lab:	Lisa Mundling
Skills Lab:	Gordon Ng
Simulation Lab:	Lisa Mundling

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COMPUTER LAB

The Computer Lab is used primarily as an online testing center for the Health & Education (HEED) programs at American River College. However, the computer lab also has a variety of computer assisted instruction (CAI) programs which are used either as a requirement for class or as an optional resource to enhance student learning. These practice programs help students learn and review the knowledge base and skills they will use in the clinical setting. Students can access these programs under the supervision of their professors, or by appointment with the instructional assistant in conjunction with their professor. Some of the programs in the computer lab have practice exams available to assist with preparation for taking program specific certification examinations. An additional computer resource for students includes the Learning Resource Center (LRC), which also has some of the nursing software, or CAI programs available to students. The LRC is open on a drop-in basis.

The **Computer Lab** is located in HEED 713.



AMERICAN RIVER COLLEGE

HEALTH AND EDUCATION DIVISION COMPUTER LAB ROOM 713

STUDENT ACCEPTABLE USE POLICY

WHAT IS EXPECTED?

In the interest of promoting academic freedom and with the understanding that students attending a community college are recognized as mature and responsible adults, the college maintains an open and unfiltered system with regard to Internet access. However, all students are expected to comply with district standards and the specific rules set forth below. In addition to these general rules, students are expected to abide by the specific rules and regulations posted in the computer lab. The use of the Health and Education Computer Lab resources is a privilege, not a right, and may be revoked if abused. The user is personally responsible for his/her actions in accessing and utilizing the college's computer resources. Sanctions as identified in the Student Code of Conduct are imposed on students who violate the provisions of the Acceptable Use Policy.

In order for the Health and Education Division to satisfy software license agreements, all users must be informed of, and agree to follow Lab use conditions.

- Current enrollment in course work within the Health and Education Division corresponding with the software being used is necessary for admittance to the lab.
- All signs posted in the Lab must be adhered to.
- Food, drink, pets, bicycles and children are NOT permitted in the Health and Education Computer Lab.
- No cellular telephone usage is permitted in the lab. Ringers should be turned on silent so they do not cause a disturbance. The lab assistant telephone is not for personal use.
- Personal belongings must be stored out of traffic areas, clear of doorways, and away from the portable laptop cart.
- Directions must be followed when given by any lab assistant or instructor concerning use of equipment/facilities or student conduct. If you encounter a problem with any of the computing equipment, please contact the Lab Assistant.
- Students may not be in the computer lab without the supervision of an instructor or lab assistant.
- Students may not install copy and/or down load software, alter system files, or disconnect any cables on computers or other equipment; including the installation of games or any other software not supported directly by the Health and Education Division Computer Lab.
- Users may not attempt to physically move any equipment in the lab. Moving equipment may damage the equipment and/or cause network connectivity problems.
- PRINTING** services are **NOT** available to students.
- Students may save work on Memory/USB stick. Student work saved onto computers will be deleted on a daily basis or any time a computer is restarted.

Network

- Proper use of the network does not include using Real Player, MacroMedia, Windows Media Player and other like programs for the playing of music, radio stations, video of any type or format etc. Use of Real Player, and other like programs for teleconferencing and collaborative efforts, is acceptable use of College equipment. Inappropriate use of the network ties up network resources and causes slow network response times. Network drops are monitored by Network Operations and any system found to be performing excessive network activity will be cut off from the network until it is determined whether or not the network traffic is justified. Examples of improper installed software that will cause the computer(s) to be taken off the network due to high traffic loads are: Audio Galaxy, Morpheus, Napster, Gnutella, and BearShare. Playing Internet games or the use of IRC (or any other real-time chat application), unless it is part of a class activity, is not acceptable use of the college network. These activities use up scarce network capacity.
- Users should not provide, assist in, or gain unauthorized access to College computing or network resources.
- Users should not attempt to circumvent or defeat computer or network security measures.
- Attempts by students to obtain, manipulate, delete or change the contents of another user's files, passwords, etc., are regarded as infractions of the January 1980 California Computer Crime Penal Code (Senate Bill No. 66). Attempts to 'break' the operating system constitute a felony under this law.
- Users should not connect personal computers or any other device to the American River College network. ***Do not plug your personal computers into the campus network!***
- Users should not use information technology resources for non-College, unsanctioned, commercial activity.

Internet

The following rules and restrictions concerning Internet connection must be followed, where applicable. Students must NOT:

- Transmit unsolicited information, which contains obscene, indecent, lewd or lascivious material or other material which explicitly or implicitly refers to sexual conduct.
- Transmit unsolicited information, which contains profane language or panders to bigotry, sexism, or other forms of discrimination.
- Use the Internet to gain unauthorized access to any computer.
- Engage in personal attacks: writing bullying, intimidating, threatening or harassing entries.
- Make threats (directed towards others or yourself) without expecting the recipients of those threats, the college, and the police to consider them real.
- Engage in inappropriate mass mailing, which includes multiple mailings to newsgroups, mailing lists, or individuals, e.g. "spamming", "flooding" or "bombing."

Inappropriate Language or Materials

Since the college's computer labs are public areas, students shall not access Internet sites that contain pornography, gratuitous violence, non-instructional game interaction, or any material that is deemed to be offensive to others and that is not consistent with District or College policy and/or the laws of the United States. The intent of this provision is not to limit academic freedom but to respect the sensibilities of others using these facilities. Material of this type is offensive to many people and is not acceptable at American River College. Furthermore, the definition of pornography is not open for debate. If a student inadvertently accesses material containing nudity/pornography (easy enough to do), the student should promptly exit the application and inform the instructor or lab assistant of the error. **Students who are doing legitimate academic research on a subject that may be controversial must notify the Lab Instructional Assistant before using the computer to access this material.**

Students who do not comply with these terms may face disciplinary measures including formal disciplinary actions from American River College, liability for all damages, attorney fees and court costs.

SKILLS LAB

The Skills Lab consists of five stations modeling a hospital environment. These stations include electric beds, wall air, oxygen, and suction. IV pumps, catheterization practice models, and oxygen equipment are also available. Students are allocated time to practice skills that they will use in their clinical rotations in local healthcare facilities. Manikins that are used for practicing and becoming accustomed to various skills before using the aforementioned skills on human patients are available. The Skills Lab is an area simulating various healthcare settings. Students will learn via demonstrations and simulated hands-on practice. This is done in formal classes, scheduled practice times, and open practice sessions. Learning can be accomplished in group and individual practice sessions. Students have access to a variety of resources such as medical equipment, reference books, and other learning references.

The **Skills Lab** is located in HEED 714.



SKILLS LAB

STUDENT RESPONSIBILITIES AND USAGE GUIDELINES

1. Personal belongings including student backpacks are not allowed in the Skills Lab. There are lockers available near the student rest rooms where belongings can be stored. Students must provide their own lock for these lockers, and the lock and student belongings must be removed at the end of the lab period.
2. For open lab, sign in on the computer at the front of the room. (This information is vital for annual statistical reports).
3. Each student is required to provide their own supplies. (i.e. Students must provide supplies found in the Skills Kit. Supplies for skills and equipment not contained in the Skills Kit will be provided.)
4. When practicing skills, students are to remove shoes when on the beds.
5. Tables and chairs are to be kept clean and neatly in place.
6. Food and beverages are **NOT** permitted in the Skills Lab.
7. Beds are to be left made and neat.
8. Dirty linen is to be placed in the linen hampers.
9. Students are to be sure to label their Skills Kit clearly with their name.
10. If a special lab setup is required for skills practice, students should request lab setup as soon in advance as possible from their professor or the lab IA. This will limit down time as students wait for labs to be set up.
11. Cell phones are to be in "off," "silent," or "vibrate" mode when in the Skills Lab. Conversations on cell phones must take place outside of the lab.
12. Students are to respect other students using the lab and are to keep personal conversations to a minimum.
13. Students are NOT allowed in the storage area unless accompanied by their professor or an IA.
14. When leaving, students need to return the Skills Lab to the state in which it was found and sign out.

SIMULATION LAB

The Simulation Lab replicates a hospital environment where students can pull concepts learned from theoretical knowledge and skill sets to provide full patient care. The patients are high fidelity human patient simulators. High fidelity simulators combine technology, run by way of computer, large plastic dolls, and embedded task trainers to provide realistic physiological and anatomical conditions. The human patient simulators have dynamic vital signs that students can palpate and/or auscultate. The simulators' condition can change at any time base on the physiological, psychological, or physical condition, and the care a student provides.

The Simulation Lab is a collaborative setting that allows students to think and act in real time with peers and patients they can interact with to promote better understanding of nursing theory and the clinical environment. The simulators range in age from newborn and infant, through childhood, to adulthood of both childbearing age and older adults. Students have the opportunity to care for patients from cradle to grave in a realistic and safe learning environment under the guidance of faculty members. The Simulation Lab offers many of the same tools and supplies that students will use in the hospital setting, allowing students a more realistic experience in the care of their simulated patient. The Simulation Lab can also provide learning opportunities that may not be available in the community clinical setting, due to area demographics or rarity of specific conditions. These learning opportunities can include specific a disease state or situational scenarios.

The **Simulation Lab** is located in HEED 712.



HEALTH AND EDUCATION DIVISION SIMULATION LAB ROOM 712

AMERICAN RIVER COLLEGE VIRTUAL HOSPITAL

STUDENT USAGE AGREEMENT

The simulation lab, ARC Virtual Hospital, is intended to replicate a hospital setting. It is intended to be a safe and supportive learning environment. Like any hospital, there are policies and procedures to follow. Review the following lab usage agreement:

- Students are to have current enrollment in a course that makes use of the Simulation lab.
- Students will sign in and out using the Simulation Lab Login Computer located on the Nurses station (desk).
- Students must be supervised by at least one faculty member while running scenarios on the Simulators in the Simulation lab.
- Students will arrive in full clinical attire as they would in a hospital setting. Students not dressed appropriately will not be allowed to participate.
- Be sure to turn cell phones off or put them on silence. If you must use your cell phone; make use of it outside of the Simulation lab and silence it before returning to the lab.
- No pictures may be taken in the Simulation Lab except by Simulation Lab personnel.
- Personal belongings including student backpacks are not allowed in the SIM Lab. There are lockers available near the student rest rooms where belongings can be stored. Students must provide their own lock for these lockers, and the lock and student belongings must be removed at the end of the lab period.
- Do not enter the control room unless directed to do so.
- Only five (5) students may be in a patient room at any given time.
- Gloves must always be worn while in the patient rooms. Students are required to supply their own nitrile gloves (non-latex and powder free).
- No Ink pens are permitted in the patient rooms as they damage the simulators.
- Do not go through the supply cabinets unless you are participating in an active simulation or you are directed to do so.
- Deposit all sharps and biohazards in the appropriate containers provided in the lab.
- Do not perform any actions on the simulators that are not directly related to the current, assigned simulation scenario.
- Do not remove the patient binders, documents or supplies from the Simulation lab.
- No food or drink is permitted in the Simulation lab.
- Do not discuss simulations outside of Simulation lab except during debriefing. Remember: "What Happens in Sim Lab, Stays in Sim Lab".
- Please fill out a simulation experience evaluation form before you leave.

Enjoy Your Simulation Experience!

Use of the Simulation Lab Implies Agreement with the Above Policy

SAFETY MANUAL

I. SAFETY POLICY

It is the intent of the faculty and administration to provide a safe learning experience for all students and provide guidelines for the development, implementation, and maintenance of a comprehensive safety program.

The following guidelines are established to provide instructions in maintaining safety for students, staff, and faculty while using the Skills, Simulation, and Computer Labs. These guidelines shall be adhered to by all concerned. The Skills Lab Coordinator, faculty, and staff are responsible for enforcing the regulations set forth in this manual.

II. GENERAL GUIDELINES

- A. All faculty, staff, and students must know and practice the safety guidelines at all times while using the Skills, Simulation, and Computer Labs. Failure to adhere to these general guidelines can result in disciplinary action. This manual will be available in the labs and students will be instructed to review the contents upon admission to the clinical component of the curriculum.
- B. All labs are locked unless occupied by faculty, staff, and/or students during class or practice. Any break in security must be reported immediately to Campus Police (916-558-2221), the Nursing Director, and/or Dean of Health and Education.
- C. Students are expected to come to lab prepared by having read the scheduled lab objectives and assignments prior to the start of the lab period. Students should be knowledgeable of the care, handling, and proper use of equipment prior to using it in any of the labs.
 - 1. Students will be instructed to practice and return demonstrate only those skills for which they have had prior instruction and gained familiarity with content and proper procedure. Students are expected to come to the lab prepared according to the prior instruction on the procedure.
 - 2. Students should at all times practice safe techniques while learning in the Skills, Simulation, and Computer Labs. Standard Precautions should be followed at all times.

III. LAB GUIDELINES

- A. Personal belongings including student backpacks are not allowed in the Skills or SIM Labs. There are lockers available near the student rest rooms where belongings can be stored. Students must provide their own lock for these lockers, and the lock and student belongings must be removed at the end of the lab period.
- B. There shall be no eating or drinking in the labs during student use, demonstration, or return demonstration.
- C. Access to the doorway in the labs will be open at all times. Furniture will not be placed to obstruct the exits.
- D. All doors and cabinets shall remain closed when not in actual use.

- E. The Skills Lab will not be used as a health center for ill students, staff, or faculty.
- F. Children or unauthorized personnel are not allowed in the labs at any time. Injury to unauthorized personnel in the labs will not be considered the responsibility of American River College, Los Rios Community College District, or the Health and Education Division.
- G. All students shall practice proper hand washing technique while utilizing the Skills Lab.
- H. Gloves are worn by students and faculty during any contact with body fluids. Gloves are utilized for practice and demonstration of skills. Gloves are utilized for personnel using harsh disinfectants to clean the lab. Departments will provide sterile and non-sterile gloves for faculty. Avoid using petroleum-based hand creams. These can interfere with glove integrity.
- I. The labs are not to be used as social areas.
- J. Students are to report any misconduct occurring in the labs and may be held responsible if not reported.

IV. SKILLS LAB SAFETY

A. Sharps Guidelines

1. Needles provided for practice of injections are used in the Skills Lab and ONLY when faculty are present for assistance.
2. Student must demonstrate safety precautions while utilizing needles during practice as instructed in class. Any irresponsible use of needles will result in disciplinary action.
3. Students are to practice injections ONLY on the manikins provided in the Skills Lab.
4. Students are never to recap dirty needles and must discard used needles in the sharps disposal containers provided in the Skills Lab. Needles and other sharp objects must not be discarded in the trash or left out openly in the Skills Lab at any time.

B. Electrical Safety

1. Wet materials may not be used around electrical outlets or equipment.
2. Faculty and students are responsible for reporting to the appropriate staff any frayed electrical cords, cracked plugs, missing outlet covers, etc., as well as any problems encountered while using electrical equipment.
3. No electrical cords will be left in the pathway of walking traffic. Extension cords will be properly taped to the floor if used over a walkway.
4. Electric beds in the Skills and Simulation Labs will be inspected as needed for repairs.
5. Electric beds shall be maintained in the lowest position.
6. Only three-prong plugs that contain a ground wire should be used to power equipment in the Skills and Simulation Labs.

C. Physical Safety

1. Students will be observed to use good body mechanics when demonstrating moving, lifting, and transferring skills.
2. Students should use caution when practicing lifting skills and should not lift another student who is too heavy without assistance.
3. Students practicing lifting techniques will not perform these procedures in a foolish or unsafe manner. Irresponsible behavior will result in the dismissal from the lab.
4. Equipment needed for body mechanics practice (beds, wheelchairs, gurneys, etc.) will be kept in good working condition. Any broken part will be reported immediately to the Skills Lab Coordinator.
5. The wheels of all equipment (wheelchairs, gurneys, and beds) are to be locked during practice and return demonstration.

D. Standard Precautions

1. All blood and body fluids should be treated as if they are infectious.
2. Students involved in any situation involving blood or other potentially infected materials must make sure to follow all precautions to avoid getting another person's blood or body fluids on their skin.

V. REPORTING OF AN INJURY

- A. Any incident occurring in the Skills, Computer, or Simulation Labs during school hours must be reported to the faculty, Instructional Assistant, (if appropriate), and Nursing Director immediately.
- B. An incident report must be filled out for the injury. The report must be signed by the faculty member and the student involved as soon as possible after the incident. Incident forms are available in the Health and Education Division Office.
- C. Protocol for a physical injury/occupational exposure:
1. Report the incident to faculty, lab IA, and Nursing Director.
 2. A faculty member will assess the student/staff and administer first aid as needed.
 3. Contact College Nurse or Campus Police if necessary.
 4. The faculty/staff/student will be assisted to the Student Health Center, appropriate agency, or personal physician depending upon the nature of the injury. Campus Police may be called to assist in transporting a student to a healthcare facility or call 911 depending on the severity of the injury.

VI. CLEANING OF LABORATORY AND EQUIPMENT

- A. The Skills Lab IA will be responsible for the disinfection and maintenance of equipment, and monitoring of the lab. Students and faculty are responsible for the cleanliness of the lab during and after use.
- B. Floors, counters, and furniture will be cleaned by appropriate personnel. Equipment located in the Skills Lab will be cleaned with the appropriate cleaning agent.
- C. Bed linens will be changed on a regular basis and when soiled or after extensive use.

VII. HAZARDOUS WASTE DISPOSAL

Potential infectious wastes are collected, contained, stored, and disposed of according to the Occupational Safety and Health Administration (OSHA) guidelines.

- A. Batteries used in Skills Lab equipment will be disposed of through the Hazardous Waste Office.
- B. Biohazard contaminated supplies used during competency labs are collected and stored in designated area of the Skills Lab. All biohazard waste will be picked up by a designated transporter.
- C. Biohazard contaminated supplies used during community promotion activities are collected in biohazard-labeled containers and transported back to the campus Skills Lab for disposal.

ACCOUNTABILITY FORM

ACCOUNTABILITY

Accountability is a key word in the discipline and profession of nursing. The materials in the ARC Student Nurse Handbook contain the philosophy, policies, procedures, and general information which will facilitate your success in the program. Students are expected to be accountable and responsible for understand the content of this handbook and all course materials. Please review the content in your handbook and all course materials. Faculty are available to clarify any questions.

Revision Policy

The faculty reserves the privilege of revising the policies and procedures found in this handbook and individual course materials at any time deemed advisable. Any revisions will be made in writing and effective as of the date on the revision. They will be distributed to you so that you may update your handbook and/or course materials. You will then be responsible for adding, changing or replacing pages of the handbook and/or course materials as directed by the faculty.

Complete the form below, detach, and submit to your course faculty on the first day of each semester or as otherwise instructed.

(DETACH HERE AND RETAIN ABOVE FOR YOUR RECORDS)

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NURSING PROGRAM ACCOUNTABILITY

Student's Name (Print Clearly)

I, the undersigned, have read and understand the information, policies, and procedures, in the ARC Student Nurse Handbook and all course materials. I agree to abide by these guidelines and the grading system. Furthermore, I authorize the College to provide information about me which is necessary for my participation in the program including information identified in this Student Handbook and course materials to the clinical site.

Student's Signature

Date

Circle Semester (one): 1 2 3 4