COLLEGE OF MARIN
REGISTERED NURSING PROGRAM

STUDENT HANDBOOK
2015-2016

Revised July 2015

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COLLEGE OF MARIN
Registered Nursing Program

INTRODUCTION TO THE REGISTERED NURSING PROGRAM STUDENT HANDBOOK

Welcome to the College of Marin Registered Nursing Program. This student handbook will help you to become acquainted with the program. It contains information on the nursing program philosophy and curriculum framework, program objectives and outcomes, course structure and progression, program regulations, and student resources.

You will be held accountable for information found in the *College of Marin Registered Nursing Program Student Handbook* and for revisions made while you are a student in the program. A complete *Nursing Regulations Manual* with program regulations and procedures is located in the Nursing Skills Laboratory for students to refer to. Students are also referred to the *College of Marin Student Handbook.* This handbook explains student rights and responsibilities, academic standards, student conduct, and the academic complaint and grievance policies.

The nursing faculty and the Dean of Health Sciences are available to assist you. All of the faculty and staff hope your college experience is a successful and rewarding one.

COLLEGE OF MARIN
Registered Nursing Program

FINDING INFORMATION ABOUT THE COLLEGE OF MARIN REGISTERED NURSING PROGRAM

Information about the nursing program can be found in the College of Marin Catalog, Schedule of Classes, the College of Marin Homepage (www.marin.edu), the Nursing Program Regulation Manual, the Registered Nursing Program Student Handbook, recruitment flyers, enrollment materials, and the *NE 90 Introduction to Nursing Education and Practice* syllabus.

The College of Marin Catalog provides information on the College's mission, goals, degree, certificate and transfer requirements, admission policies, tuition and fees, refund policy and financial aid, graduation, licensing requirements, academic policies, academic calendar, program length, and program course requirements and descriptions.

Schedules of credit classes provide listings of courses, the academic calendar, registration procedures, fees and grading policies, and information on student services. The most current schedule is located online.

The College of Marin Internet Homepage provides access to the College Catalog and the current schedule of classes. The Nursing Department has a Homepage (www.marin.edu/nursing), which includes information on the program, the faculty, enrollment procedures, pre-requisites, graduation requirements, schedule of classes, and the job outlook.

In addition, the program has a brochure which contains information on the program, essential requirements, employment opportunities, enrollment procedures, admission requirements, transfer and challenge, licensing and degrees, costs, accreditation, and course requirements.

	Catalog	Schedule	Board Policies and Administrative Procedures	Regulation Manual	Web	Syllabi	Student Handbook	Flyers
Admission policies	✔	✔	✔	✔	✔	✔	✔	✔
Tuition and fees	✔	✔	✔		✔	✔		✔
Financial aid	✔	✔	✔		✔	✔		✔
Graduation and licensing requirements	✔			✔		✔	✔	
Academic Policies	✔	✔	✔	✔			✔	
Academic Calendar	✔	✔				✔		
Student Services	✔	✔	✔		✔	✔		
Program mission, philosophy, purposes	✔				✔		✔	✔
Career and Educational Opportunities					✔	✔	✔	✔
Accreditation Status	✔	✔	✔		✔			✔

COLLEGE OF MARIN
Registered Nursing Program

ACCOUNTABILITY CONTRACT WITH STUDENT

The RN Student Handbook has been read and understood. I intend to comply with all the nursing regulations and requirements listed in this Handbook and any future changes in the Program policies that may be made. Failure to comply will result in disciplinary measures.

I understand that this RN Student Handbook is subject to change at any time. I also understand and agree that my clinical schedule may change due to rotation assignment or clinical facility availability.

_____
Name - Print

_____
Name -Signature

_____
Date

Please print this page, sign and date it and turn it on the first day of classes.

COLLEGE OF MARIN

COLLEGE OF MARIN - RN PROGRAM RELEASE FORM

Fall 2015

Dear Class of 2015 and Class of 2017 student:

College of Marin has requested that we obtain a signature in order to print your name for the use of your photo for any use at the College of Marin to adhere to the Family Educational Rights and Privacy Act (FERPA).

Please sign below to authorize the use of your name and photo in publications, schedules, Pinning Ceremony programs, etc.

Thank you!

Marshall Alameida

Marshall Alameida, PhD, RN, CNS

Dean of Health Sciences

I agree that my name and/or photo may be used in publications and slideshows for the College of Marin.

Print name:_____

Signed: _____

Date:_____

Please return _the original hard copy of this form_ to the RN Program Office on the first day of classes.

COLLEGE OF MARIN
Registered Nursing Program

SIMULATION LAB RULES

The following rules are designed to highlight our expectations from you, the learner, in order to make your experience within this new and sophisticated environment a most positive one. Please read them carefully and sign the acknowledgement below. You will present your signed copy to the Simulation Lab Coordinator at your first session in order to participate in all further simulation activities.

1) The simulation lab provides the student an opportunity to experience clinical scenarios and participate in clinical decision making to a degree that is not possible in a fast paced acute care hospital situation with real patients. The student is expected to prepare for the scenario and to actively participate.
2) The student is expected to be on time and attend scheduled Simulation Lab sessions. If late or absent the student must immediately call both the Simulation Instructor and their course instructor. A make-up session may be required.
3) Please be respectful to one another and to faculty during role assignation and the simulation process. The simulation is not about practicing individual skills, but about anticipating the flow of events in real life clinical situations under time constraint. It is also about learning how to function as a health care team. Of note, there is sufficient research to show that observers/evaluators learn as much as the performers during simulation sessions.
4) No food or drinks are allowed in Simulation Lab
5) No jewelry that might puncture or otherwise damage the simulator are allowed in the Simulation Lab. Watches may be worn.
6) Please treat the simulator as you would a real patient – rules of hygiene, privacy and confidentiality apply.
7) Documentation done within the Simulation Lab must be completed in pencil only. No pens should be brought within Simulation lab area, and pencils should be kept at a distance from simulator as they could permanently damage the mannequin's skin.
8) Wear your proper uniform and come prepared with all the materials you would bring to a clinical site.
9) Please check with the Simulation Lab Coordinator before performing an actual intervention on the mannequin. The mannequins can be easily damaged. If you encounter any technical problem, do not fix it yourself – report it to the coordinator or your faculty.
10) Please maintain confidentiality. Confidentiality is applicable to all your interactions throughout the simulation experience. This pertains to other student's actions, the type of scenario being utilized, simulation performance, and sharing of materials that are under copyright laws.

Your signature indicates that you have read and understand the Rules for the Simulation Lab at College of Marin and agree to follow them as stated above.

_____   _____   _____

Signature   **Print Name**   **Date**

COLLEGE OF MARIN
Registered Nursing Program

ACCREDITATION

The Registered Nursing Program is guided and approved by the Board of Registered Nursing and ACEN. Graduates are prepared to take the National Council Licensure Examination for Registered Nurses.

Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100
Main Phone: (916) 322-3350
http://www.rn.ca.gov

Board of Registered Nursing Continuing Approval Granted on February 25, 2010.

COLLEGE OF MARIN
Registered Nursing Program

ADVANCED DEGREES IN NURSING

Bachelor of Science Degree in Nursing (BSN)
Master of Science Degree in Nursing (MSN)

The Institute of Medicine issued a report on The Future of Nursing: Leading Change, Advancing Health. Washington, DC: The National Academies Press. In 2008, two committees, The Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) launched a two-year initiative to respond to the need to assess and transform the nursing profession. The purpose of their task was to produce a report that would make recommendations for an action-oriented blueprint for the future of nursing. The two committees considered nurses across roles, settings, and education levels in its effort to envision the future of the profession. Through their deliberations, the committee developed four key messages:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.

Nursing faculty at COM are particularly interested in the recommendations: 1) "Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020, 2) Double the number of nurses with a doctorate by 2020."

Students at the COM receive an excellent education. To be competitive in the workforce, it is recommended that all students consider transfer to a 4-year institution. In 2008, a $100,000 Community College Chancellor's grant provided a collaborative grant between the COM Nursing Program and Sonoma State University (SSU). This project establishes a seamless program for current students to matriculate from the Associate degree level at College of Marin to a Bachelor or Master's degree program at SSU without duplication of course work. This initiative helps to clear obstacles that often inhibit the advancement of critically needed leaders and educators in the nursing field.

Nursing students planning to transfer to a four-year institution should complete the lower division major requirements and general education courses for the appropriate transfer institution and major. Exact major requirements for UC and CSU institutions can be found on www.assist.org. Graduates of the Registered Nursing Education Program may transfer to a number of colleges and universities to study for a Bachelor or Masters of Science degree in Nursing. Please see a counselor for more information as curriculum requirements may vary among the following schools:
  • Sonoma State University (***www.sonoma.edu/adnmsn***)
  • San Francisco State University (***www.nursing.sfsu.edu***)
  • Dominican University of California (***www.dominican.edu/academics/hns/nursing***)

Reference- **http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health/Report-Brief-Education.aspx**

Section II

Registered Nursing Program Faculty and Staff Directory and Emergency Contact Information

COLLEGE OF MARIN
Registered Nursing Program

FACULTY AND STAFF DIRECTORY AND EMERGENCY CONTACT INFORMATION

Dean of Health Sciences	*Office Number*	*Office Phone*	*E-mail*

Marshall Alameida	SMN 301A	415.485.9326	malameida@marin.edu
Faculty Members (Full -Time)	**Office Number**	**Office Phone**	**E-mail**
Molly Johnson	SMN 327	415.485.9477	cejohnson@marin.edu
Jeannie Langinger	SMN 303	415.485.9333	jlanginger@marin.edu
Sara Lefkowitz	SMN 325	415.485.9352	slefkowitz@marin.edu
Joyce Passer	SMN 326	415. 485.9392	jpasser@marin.edu
TBA	SMN 301E	415.485.9337	
Diane Ridley	SMN 302	415.485.9383	dridley@marin.edu
Joanna Ruddle	SMN 324	415.485.9338	jruddle@marin.edu
Administrative Assistant Angela Olmanson	SMN 301B	415.485.9319	aolmanson@marin.edu
Simulation Laboratory Stephanie Strozier	SMN 213	415-485-9748	sstrozier@marin.edu
Nursing Skills Laboratory Technician Lisa La Scala	SMN 214	415.457.8811 x7753	llascala@marin.edu

Scheduled Office Hours:

Scheduled office hours will be announced, posted on the MyCOM portal, and posted on the doors of the faculty members' offices. Additional hours are available by appointment.

Messages:

Messages for instructors may be left in their mailboxes outside SMN 301, which is open between 8:30 a.m. and 4:00 p.m., Monday through Friday and/or on telephone voice mailboxes and email. Part-time faculty do not have regular office space. Voice mail messages may be left for part-time faculty at 415.457.8811 x 7730. Please be sure to identify which part-time faculty member the message is for. Please arrange with your instructors for a way to contact them (appointments, etc.). **In case of emergency, call directly to the Nursing Department Administrative Assistant at 415.485.9319.**

DISASTER PREPAREDNESS

Disaster Preparedness:

For College closure, a message will be on the 457-8811 telephone line or for information listen to local news radio station KCBS. Should your clinical be canceled, your instructor will initiate calling the first person on the phone tree. A phone tree will be set up for each clinical group.

Refer to The College of Marin Police and Health and Safety ***Department Emergency Guidelines posted in every classroom and on the college website.*** Please be ready for emergencies by reviewing: 'About the College' 'Police Department' and click 'Emergency Preparedness' for helpful information.
Use common sense, but in most situations go to a large lawn area at least 100 feet from buildings, power lines, and other hazards. In the event of a building evacuation, if safe, SMN occupants will normally ***meet on the lawn area in front of Student Services Building***. This is above flood stage and away from where emergency vehicles will normally travel. Every student must be accounted for before you leave the scene. Report to your instructor and classmates.

COM Connect:

Marin Community College District Police Department participates in emergency SMS messaging platform to enhance our current communication services during crisis situations. This allows us to broadcast critical information, in real time, to the mobile devices (cell phones, etc.) of all employees and the student body. This is particularly important for those who may be in, or near, a crisis zone.

Contact Us
Urgent: **415.485.9696**
Emergency, fire, and medical: **911**

Sign up and review your contact information. You will be asked to provide an ID code—enter your M00#. Community Ed students and Marin community may sign up to receive emergency alerts at the **COM Connect open portal**.

Introduction to the College of Marin Registered Nursing Program:
History, Goals and Philosophy, Curriculum Framework

COLLEGE OF MARIN
Registered Nursing Program

BACKGROUND AND HISTORY OF THE COLLEGE OF MARIN REGISTERED NURSING PROGRAM

In 1964, the State Board of Nursing Education and Nurse Registration recommended that the College of Marin proceed with a registered nursing program. The Babcock Foundation, a local foundation which provides funding for a number of social and health-related projects, provided $30,000 to assist with a planning year for the program and provided support for its first year of operation.

The program admitted 30 students in the fall of 1965.

The College is located in Marin County, which is in the northern region of the greater San Francisco Bay Area. Marin County is a multi-faceted community whose population reflects a diversity of age, cultural and ethnic backgrounds, economic and occupational status, and life styles. The cost of living is high, and families often rely on two incomes. Many residents are older adults. A large number of residents commute to San Francisco and beyond for their employment. Others reside and work in Marin in various service industries including health care, education, restaurants, and retail stores. In West Marin, a rural area, work is available in local dairies and in agriculture.

Although most Marin residents are middle class, there is a small population of economically disadvantaged, including some transient and homeless people. Most of the population is Caucasian, but there is a growing population of recent immigrants from Southeast Asia, the Middle East, and Mexico, as well as African- Americans and Pacific Islanders.

The major health problems currently in Marin County, as in the nation, are cardiovascular diseases, cancer, injuries, and chemical dependency. In addition, human immuno-deficiency virus (HIV) has increasingly become a concern due to its impact on health and the economy, especially in the San Francisco Bay Area. In the future, health care problems in the following areas are expected to increase:

(1)   chronic illness as the population ages;
(2)   mental illness and stress-related illness in all ages;
(3)   substance abuse and chemical dependency;
(4)   communicable diseases, including sexually transmitted diseases and respiratory disorders.

In Marin County, there are three acute care hospitals, a rehabilitation hospital, numerous extended care facilities, a skilled nursing facility for chronically mentally ill patients, and several programs and centers for the treatment of individuals with chemical dependencies. Consumers of health care seek traditional as well as alternative services, and many actively participate in their care and treatment. Alternative modalities include chiropractic and homeopathic medicine, acupuncture, and hypnosis.

There is an increasing emphasis on wellness and health maintenance, an increase in out-patient treatment and a decrease in the use of the acute care hospital. Hospital care today is largely for the acutely ill with major health problems requiring intensive care. Health maintenance organizations are becoming the major providers of health care.

MISSION AND GOALS OF THE REGISTERED NURSING PROGRAM

The mission and goals of the Registered Nursing Program are congruent with those of the College of Marin. The College of Marin's mission is to provide educational opportunities for all students and community members: preparation for transfer to four-year schools and universities, workforce education, basic skills improvement/English as a second language, intellectual and physical development, and cultural enrichment. The College is committed to responding to community needs by offering student-centered programs and services in a supportive, innovative learning environment. The College of Marin pledges educational excellence to all members of our diverse community.

The mission of the Registered Nursing Program is to educate entry-level practitioners for roles as providers of care across the health care continuum, as managers of care, and as active members within the profession of nursing. The goal of the Program is to prepare graduates whose practice demonstrates caring, critical thinking, effective communication, and cultural and clinical competence. In addition, the Program strives to educate graduates who can work collaboratively, and are adaptable, politically aware, and committed to lifelong learning.

The Registered Nursing Program is guided and approved by the California Board of Registered Nursing (BRN). Graduates of the Program are awarded the Associate in Science Degree in Nursing, and are prepared to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN®).

Mission Statement College of Marin

College of Marin's commitment to educational excellence is rooted in our mission to provide excellent educational opportunities for all members of our diverse community by offering:

* preparation for transfer to four-year schools and universities;
* workforce education;
* basic skills improvement/English as a Second Language;
* intellectual and physical development; and lifelong learning; and
* cultural enrichment.

The College of Marin is committed to responding to community needs by offering student-centered programs and services in a supportive, innovative learning environment with a strong foundation of sustainability, which will instill environmental sensitivity in our students.

Approved at the April 20, 2010 Board Meeting

Vision Statement College of Marin

College of Marin will be a premier educational and cultural center that provides programs of the highest caliber to meet the needs of an increasingly interconnected global society. Our vision will be guided by our values.

Values Statement College of Marin

Student and Community Centered Education
We promote student success by providing programs and services that are learner centered and reflect the changing needs of our students and surrounding community.

Academic Excellence and Innovation
We are dedicated to academic excellence and encourage innovation. We foster intellectual inquiry by encouraging critical thinking, information literacy and technical competence. We continually evaluate the effectiveness of our programs.

Collaboration and Open Communication
We cultivate a culture of mutual respect, open communication, collaborative working relationships and participation in decision making among students, faculty, staff and the communities we serve.

Diversity
We cherish a learning environment that celebrates diverse backgrounds and recognizes the knowledge and experiences among its students, faculty and staff. We will provide open access and strive to remove barriers to student success.

Sustainability
We will apply environmentally sustainable and green principles in our college community to ensure the future of our planet.

Accountability
We will be accountable for our decisions and actions on behalf of the students, college and community. Our decisions will be academically, fiscally and environmentally responsible.

PHILOSOPHY OF THE REGISTERED NURSING PROGRAM

The nursing faculty's philosophy of nursing practice and nursing education is based on a humanistic and holistic orientation. Our philosophy of nursing practice involves an understanding of the relationship between individuals, their environment and health, and focuses on health promotion and the treatment of human responses to illness. We view nursing education as an individualized, collaborative endeavor that assists the student to acquire the knowledge, skills, and values necessary for entry level practice.

Individual

Nursing is concerned with people of all ages, social, cultural, ethnic, and economic backgrounds in various positions on the health-illness continuum. Nursing clients are not only individuals, but families and communities. We believe that individuals are holistic and function as biological, psychological, socio-cultural, and spiritual beings. Individuals develop and continually interact within the context of their physical and psychosocial environments. We believe that each individual is unique, has intrinsic worth, and has the right to develop to maximum potential.

Environment

The environment is defined as the internal and external conditions that have an impact on individuals and includes physical, psychological, social, spiritual and cultural elements. The concept of environment also includes the conditions and settings in which health/illness is experienced and nursing practiced. Changes in the physical environment, the economy, politics, family structure, cultural practices, and in health care policy and delivery are all influences to which nursing must respond.

Health/illness

We believe that health is not merely the absence of disease but a sense of well-being that can be described in physical, emotional, intellectual, social and spiritual terms. It is a dynamic state that is altered by elements in the internal and external environments, and requires continuous adaptation for the maintenance of physiological and psychosocial integrity**.** Illness is defined as changes within the biological, psychological, sociological, cultural, and spiritual aspects of a person, resulting in diminished or impaired functioning. Health is maximized when a person's optimal level of wellness is promoted, maintained, and/or restored. While we believe that health care is the inherent right of all individuals, we also believe that individuals have the responsibility to actively participate in achieving wellness. Individuals need information that allows them to make informed decisions about their health.

Nursing Practice

Nursing is based on a professional body of knowledge that integrates concepts from the liberal arts and the biological, physical, psychological and social sciences. Nursing is also an art that is practiced in the context of caring relationships. As a part of a caring relationship, the nurse has an obligation to advocate for the concerns and best interests of the client.

The registered nurse provides a unique, comprehensive assessment of the health status of the client (individual, family or group), develops and implements an explicit plan of care, and evaluates the outcomes of that care. The nurse assists clients in the promotion of health, diagnoses and treats human responses to actual

or potential health care problems, and provides support during the grieving and dying process. Nurses employ critical thinking to integrate increasingly complex knowledge, skills, and technologies into nursing practice.

Nursing practice is guided by state and federal laws and by current standards of care. The registered nurse is accountable for abiding by laws related to nursing practice and for adhering to current standards of care. Nurses engage in a lifelong process of learning and participate in on-going nursing research to generate high quality nursing care for all people.

Nursing Education

Learning is an active, constructive, and goal-oriented process of acquiring knowledge. It is both an intellectual and emotional experience that results in on-going cognitive and behavioral changes. The nurse educator facilitates learning by identifying learning objectives, structuring content, selecting/creating learning activities/experiences, and evaluating learner's achievement of learning outcomes. The nurse educator serves as a role model, advisor, motivator, and resource.

We acknowledge the role prior knowledge plays in the acquisition of new knowledge, and value the unique life experiences and varying cultural and ethnic backgrounds that each learner brings to the educational situation. Learners have various needs and modes of processing information and these are considered in planning and implementing the educational program.

Teaching strategies include using principles of adult learning, providing learning activities that address various learning styles, and facilitating critical and creative thinking and self-reflection. Success is enhanced when the learner demonstrates responsibility and accountability for their own learning.

The curriculum is developed, implemented, systematically evaluated, and revised by faculty with input from students. Changes in the curriculum are made in response to student assessment, recommendations by professional consultants, and findings from educational research. The curriculum is updated to keep current with changes in nursing and medical science, and the health care environment.

The nursing faculty believe that associate degree nursing (ADN) education prepares the graduate nurse for entry into practice, and serves as a foundation for advanced nursing studies. The associate degree graduate is able to work successfully in a variety of settings as a: provider of care, manager of care, and member within the profession of nursing

THE COLLEGE OF MARIN
REGISTERED NURSING PROGRAM PIN

The College of Marin Nursing Program pin was designed by the graduating Class of 1984 to incorporate both the traditional and emerging culture of nursing. The Florence Nightingale lamp rests against Mount Tamalpais. It is surrounded to the left and right by laurel leaves. At the top is the name of the college and on the bottom is the Latin "Par Oneri". Let us look more closely at what this pin reflects.

The Lamp - Florence Nightingale was a rebel, a radical, a revolutionary, a scientist and a visionary. She was born in Florence, Italy in 1820, of well-to-do English parents and named for that lovely city. She was a highly gifted and rather precocious child and her revolt against the conventional upbringing of young ladies of her day made her the despair of her mother and governess. Her education was taken over by her scholarly Oxford-trained father, who allowed her the free use of his well-stocked library. At the age of seventeen she was a highly educated young woman, well grounded in ancient and modern languages and literature, the natural and social sciences, political economy, higher mathematics, and statistics.

Her parents sent her on long trips to the Continent to dissuade her from her early determination to study nursing. These trips, however, merely provided her with opportunities to examine hospitals in all of Europe. Her request to the Secretary of War crossed his request for her to go to the Crimea. The nursing and sanitary reforms initiated there dramatically reduced the mortality rate of British soldiers. After the war she was instrumental in influencing the complete reorganization of the army medical service.

As a gesture of thanks and appreciation, the British people awarded her with $14,000 to be used to establish the Nightingale School of Nursing at St. Thomas' Hospital. The founder of modern nursing objected to the archaic and sentimental notions of nurses as martyrs, penitents, and ministering angels and to the current concept of "born" nurses. She rejected the prevailing system in which ignorant and untrained servant nurses, often of doubtful character, were employed in such service. To her, nursing was a dignified, useful, responsible career for self-supporting women who had the intelligence, training, and physical and moral stamina necessary to face its complex and difficult problems and to fight their own battles. She believed that nurses should be prepared to care for the sick at home as well as in hospitals and that they were also to teach health maintenance and prevention of sickness.

Mount Tamalpais - This particular mountain has been both a source of strength and a place of stability. This mountain, more than any other landmark, speaks to Marin, and in particular to this College.

The Laurel Leaves - Wreaths of laurel leaves were given by the ancient Greeks and Romans to their heroes as a crown of excellence.

Par Oneri - Translates from the Latin as "You Are Up To The Task." Indeed, this contemporary, College-based program is known for its excellence, for preparing nurse practitioners who perform well and carry out the responsibilities of professional nursing in an exemplary manner.

The pin was redesigned by the Class of 1985, retaining the original ideas in a new design.

ORGANIZING FRAMEWORK OF THE COLLEGE OF MARIN
REGISTERED NURSING CURRICULUM

<u>**Overview**</u>

The curriculum of the Registered Nursing Program at the College of Marin is based on the values and beliefs of the faculty. The organizing framework identifies the essential components of the curriculum - - nursing knowledge, values, skills and competencies -- necessary for students to achieve the program graduate outcomes and to function in the roles of provider of care, manager of care, and member within the profession of nursing. It provides a structure for determining student learning outcomes at various levels in the program, for selecting course content and learning experiences, and for sequencing courses, as well as, for unifying the faculty's approach to the curriculum. Guiding principles for the curriculum framework include building on previous knowledge, and sequencing of content so that it gradually increases in depth, breadth, and complexity.

<u>**Knowledge**</u>

Essential knowledge for entry-level practice in nursing addresses the interactions of persons, their environments, the health-illness continuum, nursing, and professional behaviors (roles). The knowledge component is identified and placed in a logical, sequential curriculum plan. However, with the expansion of information, the knowledge component is continually changing and evolving, requiring modification and update.

Nurses need to understand people within the context of their environments and their positions on the health-illness continuum. Thus, concepts of growth and development across the lifespan, culture, physiological and psychosocial integrity, and health/ wellness are integrated throughout the curriculum. To achieve optimal health people must continually adapt to elements in their internal and external environments and engage in activities that promote wellness. The nursing curriculum focuses initially on health/wellness and those activities that promote it. The curriculum then focuses on major health care problems of defined populations across the life-span, and the management of these health care problems. Illness is defined as changes within the biological, psychological, sociological, cultural, and spiritual aspects of a person, resulting in diminished or impaired functioning. The curriculum addresses concepts related to illness and disease – including etiology, pathophysiology, maladaptive or dysfunctional patterns, impact on individual, family, and community, and treatment modalities.

Nurses connect with clients in various health care delivery settings, assess clients' needs, and engage in a range of activities that promote, maintain, and restore clients' health. The nursing knowledge component of the curriculum focuses on nursing activities that promote, maintain, and restore clients' health. The nurse assists individuals to promote health by teaching them to recognize alterations in health and to develop health practices that support wellness. The nurse protects individuals against environmental hazards by providing safe care environments and infection control. The nurse assists individuals to maintain physiological integrity by providing basic care and comfort, by decreasing risk potential for health problems, and by managing and providing care to clients with acute, chronic, or life threatening physical health conditions. The nurse assists individuals to maintain psychosocial integrity by facilitating coping and adaptation related to illness, disability, and stressful events, and by managing and providing care for clients with maladaptive behaviors or acute or chronic mental disorders.

Nurses need to be knowledgeable of legal requirements, scope of practice, and ethical guidelines for their

practice, and of the political, economic and social factors affecting healthcare and nursing practice. In addition, nurses need to understand how to manage the client care environment. Leadership/management concepts in the curriculum include content on the role of the nurse as communicator, change agent, coordinator, collaborator, and decision maker. The nursing curriculum prepares the student for leadership roles that support quality nursing care, promote positive change, and enhance the power and influence of the nursing profession.

Student Learning Outcomes

The program has seven Student Learning Outcomes (SLO) for students to achieve in order for them to be prepared to provide and manage client care and to practice within the ethical and legal scope of professional nursing. These learning outcomes state that the graduate will be able to:

1. **Demonstrate caring that acknowledges worth and dignity of all individuals, through a skillful use of interpersonal processes and therapeutic nursing interventions.**
2. **Use critical thinking in applying the nursing process in a variety of settings to assist clients to promote, maintain, and restore optimal wellness, or provide support during the dying process.**
3. **Perform therapeutic nursing interventions competently, applying knowledge of culture and human development.**
4. **Apply teaching-learning principles in teaching and evaluating learning with clients, families, and members of the nursing care team.**
5. **Apply effective written, verbal, and nonverbal communication techniques in interactions with client(s) and members of the health care team.**
6. **Manage care for a group of clients, prioritizing, delegating and coordinating aspects of care and maximizing use of available resources while assuring quality and safety.**
7. **Practice within the ethical and legal scope of professional nursing, maintaining political awareness and a commitment to lifelong learning.**

The following sections describe each of these outcomes, their relevance to nursing, and the process for building these competencies in students throughout the curriculum.

Caring

Caring is a way of being with a person in the present moment that affirms their human dignity and self-worth. It is intentional and requires development. Caring is a core value in nursing that motivates nurses to understand clients, to act on their concerns, and to give competent and compassionate care. The nurse demonstrates caring by embodying qualities of calmness, warmth, acceptance, dignity, competence and communicativeness.

In the curriculum, the student gains understanding of clients and their families and how to show caring behaviors during health and illness, grief and loss, and death and dying. The student develops competencies in providing carative interventions to increasingly challenging and complex clients. As the student acquires experience, the depth and range of his/her caring expands and circumstances of being overwhelmed, immobilized or helpless in the face of client care situations diminishes.

Caring behaviors in nursing extend beyond the client to other relationships within the health care team and to the profession in general. Students learn to demonstrate carative behaviors towards one another, others nurses, and other health care professionals. Students learn that demonstrating caring for the profession means being involved with professional and political organizations and working to improve the work place environment and working conditions.

Critical Thinking

Critical thinking is a purposeful, self-examining and self-correcting, reflective, reasoning process, which is utilized in forming or evaluating nursing judgments. The nurse uses critical thinking in combination with the nursing process to address the complicated and changing nature of client care situations. Kataoka-Yahiro and Saylor (1994) describe a model for developing critical thinking in nurses as comprised of a specific knowledge base in nursing, experience in nursing, attitudes that define how a person approaches a problem, and intellectual and professional standards that are applied when a nurse carries out the nursing process. The nurse progresses through three levels of critical thinking as he/she gains new knowledge and experience and matures into a competent professional.

The student moves from a basic level of critical thinking where he/she thinks that the experts have all the right answers to resolve problems, towards a complex level of critical thinking where the learner begins to analyze and examine several alternatives more independently. The student's thinking grows from concrete to more creative and innovative in finding solutions to clinical problems that are mutually acceptable to client and nurse. In the third level of critical thinking, the student is committed to the nursing judgment, action or belief, that was formulated and assumes accountability for the decision.

Nursing Process

The nursing process is a decision-making tool that consists of five, non-linear steps: assessment, analysis, planning, implementation, and evaluation. The nursing process is one of the competencies that the nurse utilizes to deliver client care. The purpose of the nursing process is to identify and treat human responses to actual and potential health problems (American Nurses Association, 1980, 1995, 2003). This process allows the nurse to establish client goals and outcomes, that are mutually developed, to achieve the individual's optimal level of well-being. The nurse considers the individual's growth and development needs, as well as cultural influences, to plan nursing care throughout the nursing process. Within the curriculum, each step of the nursing process is defined and developed, and expectations for student learning are leveled.

. **Assessment** progresses from collecting data from readily available sources for a client with stable health care needs towards being able to elicit concise information from a client with emerging or changing health problems.

. **Analysis** progresses from a focus on actual to potential and then to collaborative health problems.

. **Planning** progresses from setting goals and expected outcomes to achieve resolution of actual, then potential, and then collaborative problems; emphasis is on prioritizing health care needs and utilizing consultation to plan a continuum of care.

. **Implementation** progresses from selecting nursing interventions based on the desired client goals and outcomes towards an understanding of the patho-physiological and/or psychological rationales for specific nursing actions to resolve a problem.

. **Evaluation** progresses from a focus on the discontinuation, revision, or modification of an individual client's plan of care towards a focus on how effective plans of care can lead to an improvement in the quality care indicators that a facility has established.

Therapeutic Nursing Interventions

Therapeutic nursing interventions include psychomotor and psychosocial nursing actions that change or manage factors affecting health in order to maintain, promote, or achieve adaptation. The selection of therapeutic nursing interventions is based on the desired client outcome, characteristics of the nursing diagnosis, validation of the research, feasibility of the interventions, acceptability to the client, and the

capability of the nurse. Courses are designed to build the cognitive, interpersonal, and psychomotor/technical skills necessary to successfully select and implement nursing interventions. The student is given the opportunity to simultaneously acquire and apply knowledge in a variety of clinical settings. When implementing nursing interventions cultural competence and age-specific factors are considered.

Teaching

Teaching is a process in which the individual's cognitive, psychomotor, and affective behaviors are modified. Teaching is a cooperative, collaborative venture with the learner for the purpose of promoting change and competence. The nurse has a responsibility to clients and families to ensure that they receive the information needed to maintain optimal health. The nurse gives clients information to make informed decisions about their care, and anticipates clients' needs for information based on their physical condition and treatment plans.

The curriculum provides opportunities for students to assess learning needs of clients, families, and communities; to develop and implement teaching plans which progress in complexity from single to multiple content area focuses; to apply an increasing number of teaching-learning principles; and to utilize various teaching methodologies.

Communication

Communicating is a process by which people affect one another through the exchange of information, ideas, and feelings within a particular context. Communication is an essential nursing skill used to influence others and achieve positive health outcomes. Communication in nursing facilitates the development of helping-healing client relationships and collaborative collegial relationships. Written, verbal, non-verbal, and electronic communications provide the means for nurses to gather, analyze, and transmit information. Nursing documentation serves as a way to communicate, to substantiate care for legal purposes, to clarify services for reimbursement, to provide data for research, and to facilitate auditing/monitoring for quality improvement.

Throughout the curriculum, an emphasis is placed on effective interpersonal and communication skills to accomplish client care outcomes. The initial focus is on building a therapeutic nurse-client relationship through using therapeutic communication techniques, and on communicating effectively, verbally and in writing, with other members of the health care team. As the student progresses, opportunities are provided to facilitate clients' coping with acute, chronic, or terminal illnesses; to work with challenging clients; to develop insights into their own communication and behavior; and to develop skill and confidence in communicating with families, small groups, and other health care providers.

Management/Leadership

Management refers to the activities involved in coordinating people, time, and supplies to achieve desired client and organizational outcomes. Management utilizes the processes of communication, inquiry, caring, and teaching, and requires the ability to anticipate, plan, prioritize, collaborate, communicate, delegate, supervise, evaluate, and make decisions.

Leadership is the art of influencing the beliefs, opinions, or behaviors of individuals or groups. It is a process of guiding, teaching, motivating, and directing the activities of others toward attaining goals. Leadership ability develops as the result of a combination of intrinsic personality traits, experience, learned interpersonal skills and strategies, and an understanding of the characteristics of the situation.

As a manager of care, the nurse is both a provider of client care and a manager of the care environment. Using the nursing process and principles of effective communication, client care managers plan and organize what is to be done, who is to do it, and how it is to be done. The role of the nurse as a manager of client care

involves the simultaneous and continuous application of management skills to obtain needed material and human resources to provide safe, efficient, effective quality care for clients within the constraints of the organization's financial and human resources.

Effective nurse leaders are those who through their knowledge, integrity, enthusiasm, sense of possibility and willingness to take risks, engage and motivate others to work together effectively in pursuit of a shared vision in the care setting and the public arena.

The initial focus in the curriculum is on the management of care for an individual client with minimal or stable care needs. Students identify and prioritize client needs, communicate pertinent information to other members of the health care team, and begin to advocate for clients. As students' progress, they apply the same management skills of communication, organization, and prioritization to address the needs of multiple clients and/or less stable clients with more complex care needs. Emphasis is placed on collaboration and coordination with other members of the health care team in the development and achievement of the plan of care. The curriculum focuses on how to influence others to work together to accomplish goals that are consistent with organizational and professional values and purposes and to prepare for, respond to, and/or promote positive change. At the advanced level, students focus on prioritizing the competing needs among clients, and on applying knowledge of legal and regulatory restrictions and human resource management to obtain requisite staffing, make appropriate assignments, and delegate and supervise aspects of care.

Ethical and Legal Practice

To practice responsibly within the profession of nursing, the nurse must have knowledge of legal and ethical issues, as well as the political, economic, and societal factors affecting the provision of health care. Responsible practice also requires that the nurse continually update knowledge and skills in order to deliver quality, evidence-based care.

Legal nursing practice requires the nurse to practice within the scope of the California Nurse Practice Act, and within federal, state and agency legal and regulatory requirements. Ethical nursing practice requires awareness of one's own ethical principles and biases, and of the distinction between customs, law, religion, and ethics. In addition, ethical practice requires recognition of commonly occurring ethical issues in health care, and application of the American Nurses' Association Code of Ethics and other ethical guidelines to begin the process of resolution.
Legal and ethical concepts are integrated throughout the curriculum so that students understand the differences between legal requirements and ethical obligations, and can recognize and respond appropriately to the commonly occurring legal and ethical issues that affect the delivery of care in various settings. Key policy issues affecting health care are discussed in the curriculum so that students can better understand these issues, and learn strategies for exercising personal power/influence to effect positive change in health care policies and practices. Students are encouraged to be inquisitive, to continually expand their knowledge, and to incorporate theory and research into nursing judgments and clinical practice.

COLLEGE OF MARIN
Registered Nursing Program

PROGRAM OUTCOMES

The Registered Nursing Program at the College of Marin has program outcomes to help us evaluate our success in educating students who are prepared for entry into practice.

The Registered Nursing Program of College of Marin will achieve:

1. A graduation rate of 85% or higher of the initial class membership and a graduation rate of 85% or greater of all students admitted to the class.

2. A pass rate on NCLEX-RN for the first time takers at or above the national mean.

3. The employment rate of College of Marin new graduates is consistent with or above the Bay Area new graduate ADN RN employment rate with one year of graduating from the program.

4. 80% of the graduates returning the survey rate overall program satisfaction with the theory and clinical portions as good to excellent.

5. An 80% or greater satisfaction rate with the outcomes of Critical Thinking, Communication, and Therapeutic Nursing Intervention skills, for students at Program completion and for alumni six months after graduation.

6. An 80% or greater satisfaction rate with clinical reasoning skills, communication/ relationship skills, and client care skills of graduates, by employers within six months of graduation.

7. 65% of the class will achieve individual scores that correlate with a 90% prediction of passing the NCLEX-RN® on the Critical Thinking portions of the ATI Graduate Nurse Comprehensive Predictor Examination.

8. 65% of the class will achieve individual scores that correlate with a 90% prediction of passing the NCLEX-RN® on the Communication Skills portions of the ATI Graduate Nurse Comprehensive Predictor Examination.

9. 65% of the class will achieve individual scores that correlate with a 90% prediction of passing the NCLEX-RN® on the Interventions portions of the ATI Graduate Nurse Comprehensive Predictor Examination.

10. 65% of the class will achieve individual scores that correlate with a 90% prediction of passing NCLEX-RN® on the Management of Care portions of the ATI Graduate Nurse Comprehensive Predictor Examination.

11. 65% of the class will achieve individual scores that correlate with a 90% prediction of passing the NCLEX-RN® on the Basic Care and Comfort portions of the ATI Graduate Nurse Comprehensive Predictor Examination.

(Revised May 2014 per Program Evaluation Plan)

STUDENT LEARNING OUTCOMES

Student Learning Outcomes (SLO)

The College of Marin Registered Nursing Program has seven (7) learning outcomes for students to achieve in order for them to be prepared to provide and manage client care and to practice within the ethical and legal scope of professional nursing. These learning outcomes state that the graduate will be able to:

1. **Demonstrate caring that acknowledges worth and dignity of all individuals, through a skillful use of interpersonal processes and therapeutic nursing interventions.**

2. **Use critical thinking in applying the nursing process in a variety of settings to assist clients to promote, maintain, and restore optimal wellness, or provide support during the dying process.**

3. **Perform therapeutic nursing interventions competently, applying knowledge of culture and human development.**

4. **Apply teaching-learning principles in teaching and evaluating learning with clients, families, and members of the nursing care team.**

5. **Apply effective written, verbal, and nonverbal communication techniques in interactions with client(s) and members of the health care team.**

6. **Manage care for a group of clients, prioritizing, delegating and coordinating aspects of care and maximizing use of available resources while assuring quality and safety.**

7. **Practice within the ethical and legal scope of professional nursing, maintaining political awareness and a commitment to lifelong learning.**

LEVELED STUDENT LEARNING OUTCOMES

<u>**Learning Outcomes To be Achieved Upon Completion of *Each Level* of the Program**</u>

Upon completion of the program the graduate will be able to:

SLO # 1   Demonstrate caring that acknowledges worth and dignity of all individuals, through a skillful use of interpersonal processes and therapeutic nursing interventions.

<u>**Level I**</u> (First Year, First Semester)
Upon completion of Level I, the student will be able to:

· Define their personal meaning of caring.
. Define caring theory in nursing.
. Identify caring behaviors as related to self, colleagues, clients and families.
. Demonstrate caring by initiating a nurse-client relationship.
. Demonstrate caring by providing comfort measures that are age appropriate and culturally sensitive.
. Describe how the construct of caring is expressed in their practice.

<u>**Level II**</u> (First Year, Second Semester)
Upon completion of Level II, the student will be able to:

. Demonstrate caring by engaging in therapeutic communication.
. Separate the client's needs and emotions from the student's needs and emotions.
. Demonstrate caring behaviors in the clinical setting by taking care of clients with increasing complex physical, emotional, and social problems.
. Demonstrate caring behaviors in relationship to other students, staff, and faculty.
. Advocate for the client by intervening in a timely and competent fashion when there is a change in condition.

<u>**Level III**</u> (Second Year, First Semester)
Upon completion of Level III, the student will be able to:

. Engage in effective carative nursing skills and effective therapeutic communication skills with clients and families who are experiencing loss, grief, death, disfigurement and/or emotional crises.
. Sustain carative nursing behaviors when confronted with ethical dilemmas.
. Advocate for the client by applying the nursing process and intervening when the medical and/or nursing care plan is not effective.
. Provide carative nursing when working with multiple clients and families.
. Collaborate with other members of the health care team to provide optimal support to the client and family.

Level IV (Second Year, Second Semester)
Upon completion of Level IV, the student will be able to:

. Demonstrate carative nursing behaviors when working with challenging client populations such as those who are socially deviant, emotionally demanding, hypercritical or violent.
. Demonstrate carative nursing behaviors when handling complex medical care situations.
. Sustain carative behavior when feeling overwhelmed emotionally or when excessively challenged on a technical level.
. Sustain carative behaviors when confronted with situations that threaten the nurse's personal values or sense of self.
• Sustain carative behaviors while balancing the conflicting needs of self, family, job, profession and institution.
. Construct a unique caring persona through which the art of nursing is practiced.

Upon completion of the program the graduate will be able to:

SLO # 2   Use critical thinking in applying the nursing process in a variety of settings to assist clients to promote, maintain, and restore optimal wellness or provide support during the dying process.

Level I (First Year, First Semester)
Upon completion of Level I, the student will be able to:

• Describe the components of a critical thinking model (knowledge, experience, attitudes and standards); and recognize and value input from an expert to find a solution to a clinical problem, by being open-minded and inquisitive.

•   Conduct a nursing assessment and health history and perform a basic physical examination to determine causalities and establish a database about an individual's perceived needs, health problems, and responses to these problems.

•   Acquire accuracy and ability to carry out each step of the nursing process.

Assessment-
• Categorize abnormal data by interpretation, validation, and clustering.
Analysis-
• Identify defining characteristics to confirm or rule out a nursing diagnosis.
Planning-
• Set specific and individualize client goals and expected outcomes of care.
Implementation-
• Select nursing interventions based on the causalities and the desired outcome.
Evaluation-
• Determine if a set of nursing actions were effective or ineffective to meet the expected outcome; and review if the client's well-being has improved.
• Utilize the nursing process, in clinical settings and with case studies, to develop nursing care plans or concept maps, which focuses on identifying the client's actual nursing diagnoses.

Level II (First Year, Second Semester)
Upon completion of Level II, the student will be able to:

- Identify and examine several alternatives to a clinical problem and begin to analyze each solution for benefits and risks before making a final decision.

- Conduct a comprehensive nursing assessment and health history and perform a complete physical examination to develop a relevant database; and analyze and determine the client's physiological, psychosocial, and health education needs.

- Recognize the most effective approach for each step of the nursing process.

Assessment-
- Utilize critical thinking skills in assessing a client, validating data, interpreting the information gathered, looking for diagnostic cues, and identification of the client's actual and potential problems to develop the client's database

Analysis-
- Analyze and interpret data based on physiological and psychosocial responses.

Planning-
- Describe the process of priority setting to sequence nursing diagnoses and nursing actions.
- Implementation-
- Utilize knowledge of pathophysiology in order to apply rationales and evidence-based research for selection of nursing interventions.
- Identify the appropriateness of a proposed nursing action by reassessing the client's level of wellbeing and client goal(s) prior to implementation.

Evaluation-
- Discuss evaluation measures used to determine a client's progress toward goals of care and outcome criteria.
- Identify the client's ability to implement self-care.
- Utilize the nursing process, in clinical settings and with case studies, to develop nursing care plans, or concept maps, which identify the client's actual and potential nursing diagnoses.

Level III (Second Year, Third Semester)
Upon completion of Level III, the student will be able to:

Compare and contrast options that are feasible to resolve a clinical problem, being more innovative and creative with finding a mutual solution.

Perform a succinct health assessment, in a variety of health care settings, that is relevant to an individual's problem(s) and focused so that a comprehensive database (moving from general to specific) can be gathered.

Incorporate input from the client, family, and members of the multidisciplinary healthcare team at each step of the nursing process.

Assessment-
- Identify a client and family's continuing health needs based on assessment and medical plans of care to achieve continuity of care.
- Assess a client and family's expectations and concerns about how they will care for the individual and manage his or her illness over the long term in order to maintain a high level of quality of care and patient satisfaction.

Analysis-
- Collaborate with medical care providers to determine the client's potential complication(s).

Planning-
- Identify the changing order of priorities of a client's condition to determine the sequence of providing care.
- Describe how consultation can increase knowledge about a problem, help to learn skills, and obtain the resources needed to resolve a clinical problem.

Evaluation-
- Explain the association between evaluation and quality improvement.
- Applies knowledge and clinical experience to evaluate and revise the plan of care.
- Utilize the nursing process, in clinical settings and with case studies, to develop nursing care plans, focusing on the client's actual, potential, and collaborative nursing diagnoses.

Level IV (Second Year, Fourth Semester)
Upon completion of Level IV, the student will be able to:

- Anticipate the need to prioritize and make a clinical judgment (the nurse chooses an action or belief based on the alternatives available) and assume responsibility by standing by their decision.

- Conduct health assessments with the ability to sort through various sources of data and formulate an appropriate branching set of questions or observations in order to readily collect a database and analyze assessment information.

- Identify emerging patterns, complications, or unstable health problems that need to be promptly reported to the primary care provider.

- Understand how each step of the nursing process can be applied to community-based nursing, which involves the acute and chronic care of individuals and families that enhance their capacity for self-care and promote autonomy in decision-making.

Assessment-
- Determine an individual and family's health status and their capacity for self-care.
- Assess members of vulnerable population groups (are those most likely to develop health problems as a result of excess risks, who have limits in access to health care services, or who are dependent on others for care) by setting the stage, obtaining a nursing history of an individual or family and performing a physical examination or home assessment.

Analysis-
- Select appropriate nursing diagnosis based on assessment findings for vulnerable population groups or individual and their family.

Planning-
- Sort nursing diagnoses into high, intermediate, or low priority, in order to organize ongoing care activities.
- Identify the highest priority to determine the first nursing response.

Implementation-
- Identify risks to the client and prevent complications by evaluating the relative benefit of a treatment verses the risk, and initiate risk prevention measures.
- Sort and organize client care and identify aspects of the client's care that could be carried out by other members of the health care team.

Evaluation-
- Determine if the outcome meets the expected goal(s).
- Describe how outcomes management can assist an organization in improving the quality of care it

delivers.
- Utilize the nursing process, in the clinical settings for a group of clients, to initiate, update, revise, or discontinue aspects of a client's nursing care plan.

Upon completion of the program the graduate will be able to

SLO # 3 **Perform therapeutic nursing interventions competently, applying knowledge of culture and human development.**

<u>Level I</u> (First Year, First Semester)
Upon completion of Level I, the student will be able to:

- Describe age-specific nursing interventions for obtaining vital signs, performing a health assessment and physical examination, maintaining infection control, and administering medications.
- Identify the scientific principles for the age specific nursing care, specific to meet basic human needs (activity and exercise, safety, hygiene, oxygenation, fluid and electrolyte, sleep, comfort, nutrition, urinary and bowel elimination).
- Distinguish nursing actions with rationales for the needs of special clients (immobilized client, client with a wound, client with sensory alteration, and surgical client).
- Acquire technical skills to perform basic nursing interventions (see accompanying skills lab course).
- Perform a developmental assessment based on theory in order to administer care for individuals at various stages of growth.
- Identify cultural considerations when developing interventions that retain and/or preserve relevant care values.

<u>Level II</u> (First Year, Second Semester)
Upon completion of Level II, the student will be able to:

- Describe the underlying pathological mechanisms of disease across the lifespan (Inflammation, Infection, and Healing; Genetics and Altered Immune Responses; Human Immunodeficiency Virus Infection; Cancer; and Fluid, Electrolyte, and Acid-Base Imbalances).
- Apply age specific nursing interventions for the nursing management of problems related to ingestion, digestion, absorption, and elimination; urinary function; and regulatory Mechanisms for geriatric, adult, and pediatric clients.
- Develop technical skills to perform intermediate nursing interventions (see accompanying skills lab course).
- Perform a comprehensive cultural assessment that investigates a client's cultural values, beliefs, and practices.
- Construct nursing interventions to achieve culturally congruent care by preserving, maintaining, adapting and/or negotiating with the client and/or their families for a beneficial or satisfying health outcome.

Level III (Second Year, First Semester)
Upon completion of Level III, the student will be able to:

- Conduct a health assessment that recognizes lifespan considerations and adapts to the needs of patients with special needs, for example serious or chronic illness, sensory and cognitive impairments, anxiety, hostility, abuse/neglect, and death and grieving.
- Utilize data obtained from specialized assessments to select age specific nursing actions, such as the Mini-Mental State Examination, NIH Stroke Scale, Pediatric Modification of Glasgow Coma Scale, ADL Functional Assessment, Braden Scale for Predicting Pressure Score Risk, and Body Mass Index-For-Age Percentiles in order to select age specific nursing actions for geriatric, adult, and pediatric clients.
- Analyze age-specific nursing interventions for the nursing management of problems related to Altered Sensory Input and Movement and Coordination for geriatric, adult, and pediatric clients.
- Outline and select age specific nursing actions for the nursing management of problems related to Mental Health Disorders; Addictions; Death and Grieving; Crisis Management; Stress and Coping; Self-Concept; Sexuality; Spiritual Health; and Cognitive and Behavioral Dysfunction for geriatric, adult, and pediatric clients.
- Determine the effectiveness of performing therapeutic nursing actions for clients with Mental Health Disorders or Cognitive and Behavioral Dysfunction by utilizing measures that provide self-reflection and analysis throughout the clinical experience.
- Establish a database for a client and their family by obtaining family and/or bonding nursing assessments and selecting appropriate nursing interventions for the family.
- Determine age specific nursing interventions for the nursing management of problems related to Fertility and Infertility; Nutrition for Childbearing; Prenatal Diagnostic Testing; Physiologic and Psychologic Adaptations to Pregnancy, Postpartum Recovery, and Neonate to Extra-uterine Life; High Risk Pregnancy; Intra-partum Fetal Surveillance; Process of Labor and Birth; Complications of Childbirth and Postpartum Recovery; High Risk Neonate; and Ineffective Adaptation of the Neonate to Extra-uterine Life.
- Expand technical skills to perform advanced nursing interventions (see accompanying skills lab course).
- Perform cultural assessments to identify significant values, beliefs, and practices critical to nursing care of individuals through life transitions or rites of passage (birth to grief and loss.)
- Interpret the client's behavior within the client's own context of meanings, and behave in a culturally congruent way.
- Analyze outcomes of culturally congruent care.

Level IV (Second Year, Second Semester)
Upon completion of Level IV, the student will be able to:

- Compare and contrast age specific nursing interventions for the nursing management of problems related to Oxygenation: Ventilation, Transport, and Perfusion; Shock and Multiple Organ Dysfunction Syndrome; Respiratory Failure and Acute Respiratory Distress Syndrome, and Emergency Care Situations for geriatric, adult, and pediatric clients.
- Utilize a community-based health care model to manage available resources to keep individuals well or to provide care for a client at home so that costs for health care are contained
- Improve technical skills by incorporating principles from evidenced-based practice, cost effectiveness, patient advocacy, and the individual client's needs.
- Apply research findings to identify risk factors for specific diseases among cultural and ethnic populations in order to decrease the incidence and mortality rate from illnesses.
- Identify methods the nurse can use to reorder, change, or greatly modify clients' lifestyle (negative cultural practices) for a new, different and beneficial health care pattern.

- Utilize cultural assessment findings to identify the nursing decision and action modes that are needed to achieve culturally congruent care.

Upon completion of the program the graduate will be able to
SLO #4   Apply teaching/learning principles in teaching and evaluating learning with clients, families, and members of the nursing team.

Level I (First Year, First Semester)
Upon completion of Level I, the student will be able to:

- Review assessment data to identify a client's primary learning needs and the major factors affecting learning.
- Identify a specific content area for teaching, which will assist the client to promote or maintain health.
- Incorporate a specific content area for teaching into the client's plan of care.
- Implement teaching, applying select teaching/learning principles such as promoting an environment conducive to learning and involving the learner.
- Evaluate whether learning has occurred by identifying cognitive and behavioral changes in the client.
- Utilize opportunities for informal teaching of clients.

Level II (First Year, Second Semester)
Upon completion of Level II, the student will be able to:

- Analyze assessment data to identify multiple learning needs of a client and the major factors affecting learning.
  - Describe selected learning needs or specific content areas for teaching, which will assist the client to restore
  health.
- Develop a plan for teaching, which focuses on specific content areas, or utilize a standardized teaching plan for a client.
- Implement teaching, applying multiple teaching/learning principles and considering factors affecting learning.
- Evaluate whether learning has occurred by identifying cognitive and behavior changes in the client.

Level III (Second Year, Third Semester)
Upon completion of Level III, the student will be able to:

- Analyze assessment data to identify and prioritize learning needs of a client with complex problems.
- **Describe** multiple learning needs or content areas for teaching, which will assist the client to restore health or cope with impaired function.
- Develop a plan for teaching, describing multiple content areas and proposing various teaching methodologies.
- Implement teaching, applying multiple teaching/learning principles and using various teaching resources , and document teaching.
- Evaluate the extent to which cognitive and behavioral outcomes were achieved and modify teaching accordingly.

Level IV (Second Year, Fourth Semester)
Upon completion of Level IV, the student will be able to:

- Analyze assessment data to identify and prioritize learning needs of family members or members of the

nursing care team.
- Describe learning needs or content areas for teaching of family members or members of the nursing care team.
- Design a plan for teaching, describing content areas and proposing various teaching methodologies for family members or members of the nursing care team.
- Implement teaching of family members or members of the nursing care team. Applying teaching-learning principles and using various teaching resources, and document teaching.
- Evaluate the extent to which cognitive and behavior outcomes were achieved in family members or members of the nursing care team, and modify teaching accordingly.
- Teach life style practices to promote or maintain health to a group of clients.

Upon completion of the program the student graduate will be able to
SLO #5   Apply effective written, verbal, and non-verbal communication techniques in interactions with clients and members of the health care team.

Level I (First Year, First Semester)
Upon completion of Level I, the student will be able to:

- **Recognize** techniques that enhance or hinder communication and begin to use therapeutic communication techniques in interactions with clients.
- Use interview skills to perform a nursing health history in order to collect information for client assessments.
- Adapt communication and approaches to clients, considering level of growth and development, gender, language/culture, education, and physical and cognitive impairments.
- Examine own communications in interactions with clients, identifying therapeutic and non- therapeutic techniques and approaches.
- Communicate clearly with members of the nursing care team when asking questions and reporting observations and care given.
- Document assessments and client care accurately on appropriate forms or by electronic means with validation from instructor.

Level II (First Year, Second Semester)
Upon completion of Level II, the student will be able to:

- Use therapeutic communication techniques in interactions with clients and families to facilitate their coping with acute or chronic illnesses.
- Use interview skills to collect information from family members for client and family assessments.
- Examine own reactions and communications with clients and their families, who are coping with acute or chronic illnesses, and modify approaches as needed.
- Communicate clearly with members of the health care team when seeking information, discussing client care, and reporting observations and care.
- Document accurately assessments and client care on appropriate forms or by electronic means.

Level III (Second Year, Third Semester)
Upon completion of Level III, the student will be able to:

· Use therapeutic communication techniques in interactions with clients, who are challenging –
  uncooperative/demanding, aggressive, agitated &/or self-destructive (suicidal, substance abusers).
· Use therapeutic communication techniques in interactions with the terminally ill or dying client and
    his/her family.
· Examine own reactions and communications with clients, who are challenging to work with, or who are
    terminally ill or dying, and modify approaches as needed.
· Communicate assertively and responsibly with colleagues when collaborating on client care and
    resolving conflicts in order to achieve positive outcomes.
· Identify client situations, which require descriptive notes and document assessments, interventions, and
    evaluations in the narrative notes.

Level IV (Second Year, Fourth Semester)
Upon completion of Level IV, the student will be able to:

· Use effective communication techniques when interacting and solving problems within small
    groups.
· Examine own reactions and communications when interacting and working within small groups.
· Initiate communication with physicians and other members of the health care team, accurately
    reporting client status, discussing plan of care, and advocating for the client.
· Initiate referrals to community agencies for services and resources, consulting with those in the
    community as needed.

Upon completion of the program the graduate will be able to
SLO #6   Manage care for a group of clients, prioritizing, delegating and coordinating aspects of
              care and maximizing use of available resources while assuring quality and safety.

Level I (First Year, First Semester)
Upon completion of Level I, the student will be able to:

• Identify key economic and policy issues affecting access to and delivery of health care.
• Identify the roles and responsibilities of members of the health care organization (including RN scope of
    practice).
• Describe variables that affect workload and staffing (state regulations, JCAHO, ANA, organizational
    policies, structure, and philosophy, nursing care delivery strategies, acuity, ratios, delegation).
• Describe qualities, behaviors, and communication strategies that contribute to effective management,
    leadership, membership in a team, and creation of a professional, satisfying work setting.
• Identify common threats to safety in the workplace for clients/family and workers and methods for
    creating a safe environment of care.
• Apply principles of organization and resource management (human, material, personal, stress, and time)
    to safely and effectively manage the care for one client in the clinical setting.

Level II (First Year, Second Semester)
Upon completion of Level II, the student will be able to:

- Describe the purposes and principles of delegation, and how scope of practice influences decisions about delegation.
- Identify the patient physical care index/acuity system and staffing methods utilized in the clinical setting.
- Utilize written, verbal, and non-verbal, and technological methods of communication to effectively communicate client health care needs and information to providers of care.
- Apply principles of organization with an emphasis on efficient time management and priority setting when managing care for two clients in the clinical setting.

Level III (Second Year, First Semester)
Upon completion of Level III, the student will be able to:

- Prioritize the components of care to an individual client and assess and triage among multiple clients to prioritize the order of care delivery in a hypothetical situation.
- Use a physical care index, staffing guidelines, and principles for making safe client room assignments and cohorting to plan care delivery in order to allocate resources judiciously to meet specific client needs in a hypothetical situation.
- Recognize and report quality care client issues/problems and unsafe practices.
- Provide a concise, complete, accurate change of shift report in a hypothetical setting.
- Evaluate current client care delivery approaches in terms of safety and quality vs. cost.
- Apply principles of management, with an emphasis on organization, prioritization, collaboration, coordination, efficient time management and priority setting when managing care for multiple clients in the clinical setting.
- Identify the performance improvement/quality assurance programs being carried out in the clinical setting
- Practice assigning clients to staff, demonstrating knowledge of scope of practice in clinical simulations.

Level IV (Second Year, Second Semester)
Upon completion of Level IV, the student will be able to:

- Utilize appropriate strategies for positively influencing the delivery of health care in the work setting, professional organizations, legislation, and the development of health care policy.
- Apply knowledge of the scope of practice, safety, and staffing guidelines when participating in the planning of care delivery and the allocation of staffing resources to meet specific client needs in the clinical setting.
- Utilize principles of management, organization, prioritization, and delegation to effectively provide quality care to clients when working with multiple patients care assignment.
- Apply the four major responsibilities of nursing -- service, advocacy, teaching, and leadership -- to the delivery of care (Provide a concise, complete, accurate change of shift report, participate in education of clients and staff, intervene to protect clients legal and ethical rights).
- Participate in the evaluation and improvement of the safety, quality, and cost-effectiveness of client care in the clinical setting (attend meetings, interview leaders, and/or participate in CQI, risk management, utilization review, infection control activities).
- Demonstrate team membership and leadership in the clinical setting and in the larger community through participation in professional committees, organizations, community projects, and the political process.

- Demonstrate strategies to effectively manage professional career (application for licensure, NCLEX review, resume, cover letter, interviewing, stress management).

Upon completion of the program the graduate will be able to
SLO #7   Practice within the ethical and legal scope of professional nursing, maintain political awareness, and a commitment to lifelong learning.

Level I (First Year, First Semester)
Upon completion of Level I, the student will be able to:

- Define major ethical terms, principles and theories and distinguish between social customs, religion, law, and ethics.
- Identify the common types of ethical problems and dilemmas occurring in health care and examine personal biases.
- Describe policies and legal principles that regulate nursing practice in order to protect the consumer and prevent professional liability (scope of practice, intentional and non-intentional torts, malpractice, privacy/confidentiality, abuse reporting, informed consent, chain of command).
- Adhere to HIPPA guidelines, providing for client privacy and maintaining confidentiality in all professional situations.
- Comply with the policies and regulations of the College of Marin, the Registered Nursing Program, and the clinical agency.
- Identify key policy issues affecting health care (funding of program, health care economics and reimbursement systems, utilization review).
- Distinguish between power and authority, and identify individuals with power and/or authority in the in clinical setting.
- Identify learning style, strengths, and weaknesses, and select appropriate resources to meet learning needs and successfully complete assigned learning activities**.**

Level II (First Year, Second Semester)
Upon completion of Level II, the student will be able to:

- Identify professional guidelines and resources available in the clinical setting for resolving ethical problems and dilemmas.
- Apply an ethical problem solving method to a case study involving an ethical dilemma.
- Identify areas of potential legal liability in the clinical setting and risk reduction strategies to protect the client and maintain legal and ethical nursing practice.
- Identify types and sources of power and methods for enhancing personal power and influence to effect change within the organization.

Level III (Second Year, First Semester)
Upon completion of Level III, the student will be able to:

- Identify ethical and moral problems and dilemmas in the clinical setting and sources of personal moral distress
- Identify appropriate strategies for exercising personal power/influence to affect the work group and committees.
- Evaluate and monitor the maintenance of safe, legal practice and client's rights in the clinical setting, and utilize appropriate resources to intervene as needed.
- Identify appropriate strategies to effect positive change in the profession and the delivery of health care in the work setting, professional organizations, legislation, and the development of health care policy.
- Participate in defining own academic, clinical, and career learning needs and independently and

systematically seek answers to problems and questions.
- Demonstrate the ability to apply current research to nursing judgments and clinical practice.

Level IV (Second Year, Second Semester)

Upon completion of Level IV, the student will be able to:

- Articulate a personal moral philosophy
- Utilize appropriate resources to intervene to promote ethical practice
- Intervene and utilize the chain of command to ensure the protection of client's safety and rights and to maintain adherence to legal and ethical professional practice mandates
- Identify appropriate strategies for exercising personal power/influence to effect professional organizations, legislation, and/or the development of health policy.
- Participate in the political process at the organizational, community, state, or national level.
- Demonstrate inquisitiveness and truth-seeking, independently and systematically going beyond minimum requirements to increase breadth and depth of knowledge and update practice.
- Demonstrate the incorporation of theory, anecdotal evidence, personal experience, and research into nursing judgments and clinical practice.

COLLEGE OF MARIN
Registered Nursing Program

LEARNING EXPERIENCES AND
METHODS OF INSTRUCTION IN NURSING COURSES

Each nursing course is structured with a course description and objectives, which reflect the philosophy, curriculum framework, and student learning outcomes of the College of Marin Nursing Program. Specific learning experiences are described in each course syllabus. Learning experiences are selected to enable students to meet the theoretical or clinical objectives for the course. These learning activities may include readings, use of audio-visual media, computer-assisted instruction, practice sessions for skill development, client care assignments, nursing care plans, journal writing, and community observational experiences. Instructional methods are chosen to facilitate learning of the content and synthesizing knowledge. These methods may include lecture presentations, seminars, group work, case studies and clinical simulations, oral presentations, class projects, and pre and post-clinical conferences.

Simulation Laboratory

The use of clinical simulation and human patient simulations is a teaching methodology that the College of Marin is very excited to be offering to Nursing Students. Simulation will be incorporated throughout the Nursing Program. Simulation laboratory is an interactive learning experience and all students are expected to prepare and participate. Simulation rules are listed in the Student Handbook and posted in the Simulation Laboratory. Students are required to maintain confidentiality about the details of scenarios and the performance of participants. Clinical simulations may be video recorded and participants will be asked to sign a Consent to Video Agreement. Students are expected to report to the Lab on time. ***Non-attendance is considered a clinical absence and make-up work will be required.***

College of Marin Nursing Program Faculty may assign students to do a simulation learning experience during theory, clinical or skills lab courses. During these experiences, students will be expected to prepare and to achieve the learning objectives that are outlined in the course syllabus. When a simulation day is assigned as part of College of Marin clinical course, faculty may evaluate the student's performance and use it as part of the assessment of clinical performance for the course. See Simulation Laboratory Plan 2014 which will be presented in the Simulation Laboratory for more specific information about this learning experience.

ATI

The Assessment Technology Institute (ATI) produces Nursing Content Review Modules, practice tests and formal proctored tests that cover all four semesters of the Registered Nursing Program. ATI materials reflect national Registered Nursing standards and are helpful in preparing students for the NCLEX exam. Nursing instructors may elect to use these materials as part of their course content. Nursing instructors may use ATI proctored tests as part of the course grade.

All students in the College of Marin Registered Nursing program are required to take the ATI Graduate Nurse Comprehensive Predictor Assessment during the 4th semester. This is a timed, proctored and computerized test which is designed to predict the student's ability to pass the NCLEX-RN. Individual student scores are analyzed to identify areas of strengths and weakness. This helps guide the student in planning and implementing an NCLEX study plan.

The COM RN program sets a benchmark for the student performance. Students who do not meet the benchmark will be counseled and required to complete a remediation plan. The remediation plan must be completed in order to receive credit for the course, including the senior, NE225L Course.

Faculty utilize ATI class scores and student course evaluations to identify program strength and weaknesses and make appropriate curriculum changes.

Electronic Medical Record (EMR) or Electronic Health Record (EHR)

In August 2013 the College of Marin Nursing Program implemented an Electronic Health Record (EHR) specifically developed as a teaching tool for nursing students. The EHR provides a web-based interactive learning tool that is comprehensive, realistic, and easy to use.

College of Marin Nursing Program Faculty may assign EHR learning experiences during theory, simulation, clinical, and skills lab courses to enhance their knowledge and use of Informatics Technology. Students will be expected to prepare and to achieve the learning objectives that are outlined in the course syllabus.
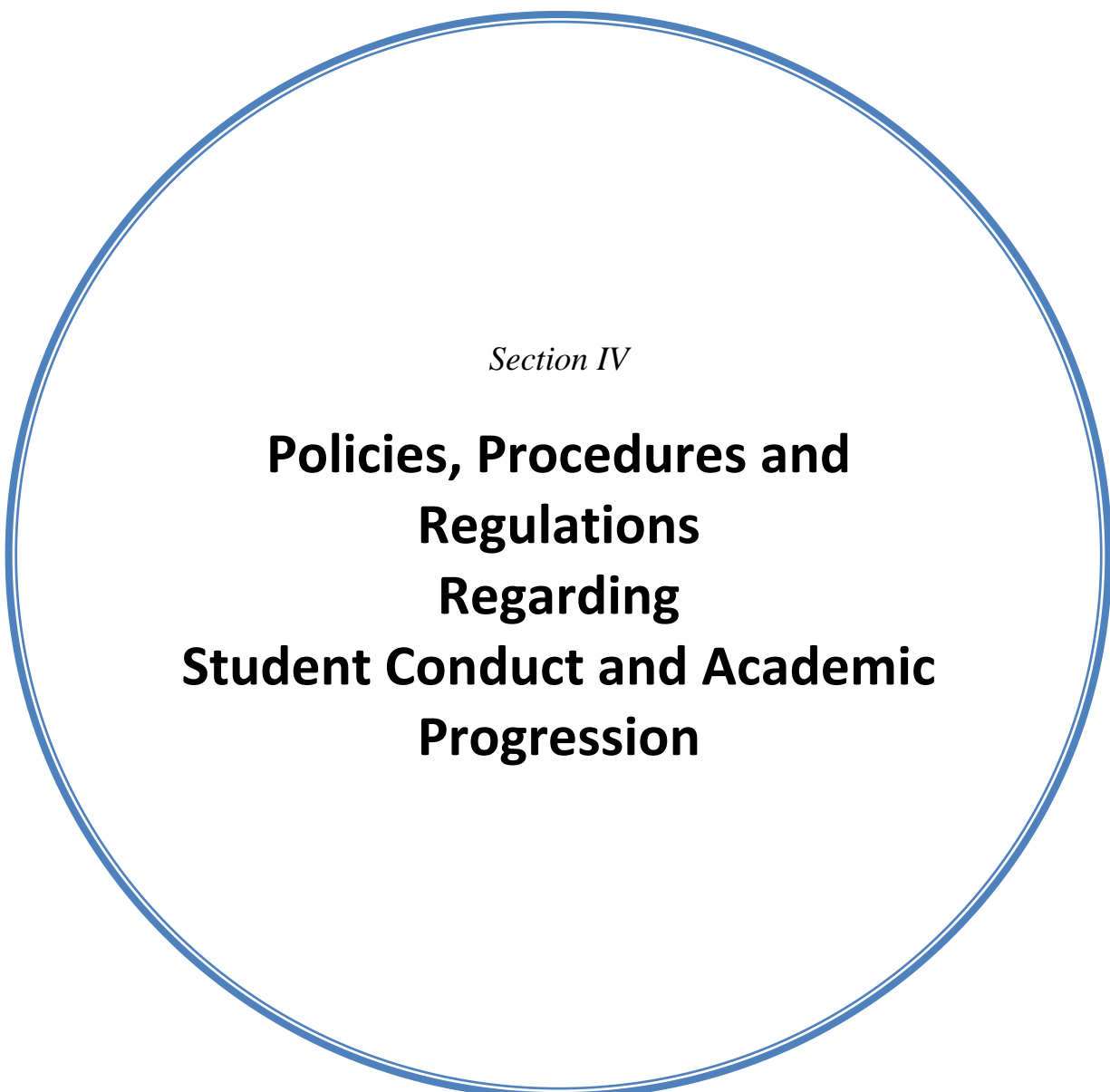
Auditing of Nursing Courses

According to the College of Marin District Academic Affairs Procedure - AP4070 -Auditing - Academic Affairs, auditing of nursing courses will be determined and approved by the Dean and Faculty.

COLLEGE OF MARIN
Registered Nursing Program

SUGGESTIONS FOR LEARNING AND BEING SUCCESSFUL IN NURSING COURSES

- <u>Do the Learning Activities before class</u>. Read all materials and view all audiovisual materials and CAI, using the objectives as a guide. This preparation is essential for you to utilize the class time most effectively. Students who don't prepare for class deprive themselves of essential learning. They also deprive others of the opportunity to learn from questions, answers, and discussions. *Bring your course syllabus to class.* It contains learning objectives, case studies, content, and charts/tables, which may be used in the class.

- <u>Come prepared</u> for skills laboratory. Read the assigned readings and syllabus prior to class and *bring your skills lab syllabus to class*. Practice skills either individually or in a small group prior to a skill check-off.

- <u>Come prepared</u> for the simulation laboratory which provides the opportunity to experience clinical scenarios and participate in clinical decision making to a degree that is not possible in a fast paced acute care hospital situation with real patients. The student is expected to prepare for the scenario and to actively participate. Be on time and be accountable for attendance.

- <u>Come prepared</u> to the hospital or community agency with appropriate client data, information from readings of resource materials, your nursing care plan, and your review of skills and procedures to be done.

- <u>Be actively involved</u> in both your learning experiences and in the evaluation of your learning.

  - Participate in class activities and seminars by asking questions, posing issues, and offering insights and suggestions. Form a study group with a few of your classmates. Discussing the material, clarifying concepts, and applying the content to clinical situations will help you learn.

  - Ask for conferences with the instructor to discuss your clinical or class performance.

  - Dialogue with peers and the instructor regarding client care during clinical conferences and consider their verbal critiques.

  - Consider and respond to questions/written feedback from the instructor on your nursing care plans, journals, interviews, and other written assignments.

  - Assess your own achievement of clinical objectives in the evaluation conferences.

- <u>Refer to the course schedule and syllabi</u> for class topics and examination dates for first semester courses. Don't get behind in your reading and class work.

- <u>Build on what you know</u>. Each one of you brings insights/knowledge/skills from each and varied backgrounds in education, work, and life in general. These are to be valued and used in learning the practice of nursing.

Section IV

Policies, Procedures and Regulations Regarding Student Conduct and Academic Progression

COLLEGE OF MARIN
Registered Nursing Program
Enrollment Regulation

The College of Marin Registered Nursing Program is committed to providing equal educational opportunities for all qualified applicants. Class size is limited by safety considerations related to the student-teacher ratio in the clinical setting, contracts with clinical facilities, and the California Board of Registered Nursing guidelines for student-faculty ratio in the clinical setting.

Application

All applicants (first-time, returning/readmission, transfer, or challenge applicants) to the Registered Nursing Program shall be aware of and follow the appropriate enrollment procedures.

Enrollment Criteria

All required documents must be submitted by the application deadline. Incomplete applications on the closing dates will not be considered for admission review.

A Registered Nursing Department committee shall determine that basic enrollment pre-requisites and requirements are met. Eligibility to enter the Registered Nursing Program is determined by:
- A score of 72% using the Chancellor's Office composite formula and
- Receiving a passing score of 62% on the TEAS V assessment test

Selection Methods

In the event that there are more applicants than openings in the program, all applicants will receive a number for the current application period and admission will be based on a computerized random selection method.

All students who were determined eligible but not selected due to a lack of sufficient openings may re-apply to the Registered Nursing Program by re-submitting their application during the next enrollment period.

College of Marin students earn their priority according to the outlined policy that was put in place effective Fall 2014.

Wait List Applicants

Ten (10) applicants from the application period who met all qualifications at the time of application and/or those who successfully remediate to pass the TEAS V assessment test qualify for the wait list for the *following* year. They must resubmit an application and updated documents and they will be offered a space in the program in this application period prior to filling openings with first time applicants. The remaining eligible applicants screened (first randomly selected 100) will then be selected using computerized random selection.

Reapplying for Admission

Students who are selected for the program and who decline admission **for any reason** or drop from the program prior to completion of the first semester must reapply for subsequent admission and shall follow the same procedures as first time applicants. Students who drop from subsequent semesters shall follow the application and selection procedures for returning, challenge, and transfer students. Each applicant is required to meet all admission requirements in effect at the time of application. Refer to current College of Marin catalog for requirements.

Requirements after Acceptance

Upon acceptance to the Registered Nursing Program, students are required by the program and clinical agency contracts to provide the following:

- A completed health clearance form
- Copy of immunization record(s)
- Background and Drug screening clearance
- Background Authorization Form
- Basic Life Support for Health Care Providers certification-American Heart Association
- Student and faculty current contact information
- Current Transcripts

COLLEGE OF MARIN
Registered Nursing Program

TEST OF ESSENTIAL ACADEMIC SKILLS
(TEAS)

Starting in Spring 2008, students who have met the eligibility requirements for admission into the Registered Nursing program and have been provisionally selected to be part of the incoming class and a group of selected alternates are required by Senate Bill 1309 to take a Test of Essential Academic Skills (TEAS) prior to final admission into the nursing program. The passing score for this test is set by the Chancellor's office and may differ from passing scores at institutions which are not part of the California Community College system.

This test is offered free of charge to students and alternates who meet the eligibility requirements and are selected for potential entry into the Fall nursing program. Students are notified of testing dates once they are in the qualified pool of pre-selected applicants. Testing will be offered on 3 dates during the month of May. Students are assigned to only one date. It is recommended that students purchase the TEST OF ESSENTIAL ACADEMIC SKILLS Pre Test Study Manual as soon as the application is submitted and begin studying for the test. Study materials may be purchased at www.atitesting.com. Test areas are Reading comprehension, Math, Science and English language usage.

Students who do not meet the composite minimum cut score (62%) will be offered a remediation plan. Upon successful completion of the remediation plan, the achievement of a passing score on the TEAS, and resubmission of the application form, the student will be eligible for acceptance into the nursing program. Remediation must be completed prior to taking a repeat TEAS exam.

Students who have achieved the composite minimum score, but score low in any of the major areas of the test will also be advised of appropriate remediation.

Students who do not take the TEAS at the College of Marin must contact ATI and have an official transcript sent to the Nursing Department Dean. ATI will charge a fee that will be paid by the student. A deadline for the TEAS transcript will be announced in the provisional acceptance letter. If the College of Marin receives the TEAS transcript after the deadline, the student will lose their seat in the class and only be offered a place in the class on a space available basis.

BP 5500   STANDARDS OF CONDUCT

References:
> ACCJC Accreditation Standard II.A.7.b;
> Education Code Sections 48900(q), 66300, 66301, 66450, 67361, 67362, 76033, 76120, 78907, 81600, and 87708;
> Government Code Sections 995 et seq.;
> Business and Professions Code Section 4240;
> Health and Safety Code Sections 11014.5 and 11053;
> Penal Code Sections 415, 502, and 626.2

The Standards of Conduct governing students shall be implemented in accordance with the requirements for due process of the federal and state law and regulations.

The Standards of Conduct shall identify potential disciplinary actions that may be taken for violations of the standards of conduct described in this policy, including but not limited to the removal, suspension or expulsion of a student.

The Board of Trustees shall consider any recommendation from the Superintendent/ President for expulsion. The Board shall consider an expulsion recommendation in closed session unless the student requests that the matter be considered in a public meeting. Final action by the Board on the expulsion shall be taken at a public meeting.

Information on inappropriate student conduct and disciplinary actions shall be made widely available to students through the District catalog and other relevant District publications.

When a student is suspended or expelled for disrupting the orderly operations of a District campus or facility, or both, the student shall be denied access to the campus or facility, or both, for a period of one year or the term of the suspension, whichever is shorter. Sanctions imposed as a result of violations of the student standards of conduct are intended to maintain order within the District.

The Administrative Dean who authorized the sanctions shall give written notice to the student's instructor(s) of the sanctions within 15 days of imposing the sanctions.

The following conduct shall constitute good cause for discipline, including but not limited to removal, suspension, or expulsion of a student when the conduct relates to college activity or college attendance.

1. Assault, battery, or attempted assault or battery, or any threat of force or violence upon a student or District personnel.

2. Possession, sale or otherwise furnishing any firearm, dirk, dagger, ice pick, knife, explosive or other dangerous object, including but not limited to any facsimile of the foregoing objects, unless, in the case of possession of any object of this type, the student has obtained written permission to possess the item from the Chief of Police who has the concurrence of the Superintendent/President. Possession of a knife does not violate this provision if possession is at the direction of an academic employee for use in a District-sponsored activity or class, for a lawful purpose within the scope of the student's employment with the District, or for lawful use in food preparation or consumption. Also see BP/AP 3530 titled Weapons on Campus

3. Unlawful possession, use, sale, offering to sell, or furnishing, or being under the influence of, any controlled substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code, an alcoholic beverage, or an intoxicant of any kind; or any poison defined in Business and Professions Code Section 4240, or unlawful possession of, or offering, arranging or negotiating the sale of any drug paraphernalia, as defined in Health and Safety Code Section 11014.5.

4. Committing, attempting, or being an accomplice to robbery or extortion.

5. Causing or attempting to cause damage to District property or to private property on campus.

6. Stealing or attempting to steal District property or private property on campus, or knowingly receiving stolen District property, or knowingly receiving stolen private property on campus.

7. Willful or persistent smoking in any area where smoking has been prohibited by law or regulation of the District.

8. Committing sexual harassment as defined by law or by District policies and procedures.

9. Engaging in harassing or discriminatory behavior based on ethnic group identification, national origin, religion, age, gender, gender identity, gender expression, race, color, medical condition, ancestry, sexual orientation, marital status, physical or mental disability, genetic information, or on the basis of one or more of these perceived characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics.

10. Engaging in intimidating conduct or bullying against another student or *District personnel* through words or actions, including direct physical contact; verbal assaults, such as teasing or name-calling; social isolation or manipulation; and cyberbulling

11. Willful misconduct which results or has the potential to result in injury or death to a student or to District personnel or which results in cutting, defacing, or other damage to any real or personal property owned by the District or on campus. The District may require students who cause damage to replace property or pay the cost of damages.

12. Continued disruptive behavior, continued willful disobedience, habitual profanity or vulgarity, or the open and persistent defiance of the authority of, or persistent interruption or abuse of, District personnel.

13. Cheating, plagiarism (including plagiarism in a student publication), or knowingly engaging in other forms of academic dishonesty, including, but not limited to:
    a. Copying, in part or whole, from someone else's quiz, examination, or work. For purpose of this item, "examination" includes quizzes, tests, and other graded or evaluated exercise.
    b. Submitting work presented previously in another course, if contrary to the rules of either course.
    c. Altering or interfering with grading.
    d. Using or consulting any sources or materials, including electronic devices, not authorized by the professor during an examination.
    e. Committing other acts which defraud or misrepresent one's own academic work.
    f. Incorporating sentences, paragraphs, or parts of another person's writing, without giving appropriate credit, and representing the product as one's own work.
    g. Representing another's artistic/scholarly works (such as musical compositions, computer programs, photographs, paintings, drawings, or sculptures) as one's own.
    h. Submitting an academic assignment purchased from a research/term paper service, or written by another individual; or work obtained electronically (e.g. via the internet) and representing it as one's own work.
    i. Purposefully allowing another student to copy from your paper during an examination.
    j. Giving your homework, term paper, or other academic work to another student to plagiarize.
    k. Having another person fraudulently submit any work in your name.
    l. Lying to an instructor or District official to improve your grade.
    m. Allowing other persons to misrepresent themselves as the student for any purpose, including interacting with any District employees, submission of work, attendance, or taking examinations.
    n. Misrepresenting circumstances in an effort to improve a grade.
    o. Altering graded work after it has been returned and then submitting the work for re-grading without the instructor's permission.
    p. Removing tests or examinations from the classroom or other area without the approval of the instructor.
    q. Stealing or being an accomplice to stealing tests or examinations.
    r. Forging signatures on drop/add slips or altering other District documents.

14. Dishonesty; forgery; alteration or misuse of District documents, records or identification; or knowingly furnishing false information to the District.

15. Unauthorized possession, duplication, or use of keys to any District premises or unauthorized entry upon or use of District facilities.

16. Engaging in expression which is libelous or slanderous; or which so incites others as to create a clear and present danger of the commission of unlawful acts on District premises or at District-sponsored or supervised functions, or the violation of lawful District administrative procedures, or the substantial disruption of the orderly operation of the District.

17. Persistent, serious misconduct where other means of correction have failed to bring about proper conduct.

18. Unauthorized preparation, giving, selling, transferring, distributing, or publishing for any commercial purpose, of any contemporaneous recording of an academic presentation in a classroom or equivalent site of instruction, including but not limited to handwritten or typewritten class notes, except as permitted by any District Policy or Administrative Procedure.

19. The use by a student of any electronic listening or recording device in any classroom without the prior consent of the instructor, except as necessary to provide reasonable auxiliary aids and academic adjustments or accommodations to a student with a disability.

20. Violation of BP/AP 3720 titled Information Technology Use or any conduct that constitutes a computer-related crime pursuant to Penal Code Section 502.

21. The offering of any inducement or item of value to influence the awarding of any grade or to alter any official District record.

22. Solicitation or acceptance of money or other item of value as an inducement, encouragement, or reward for intercollegiate participation in violation of Education Code Section 67361 or false declarations regarding eligibility for participation in intercollegiate athletics under Education Code Section 67362.

23. Accessing and/or disclosing confidential District information, including student records, without authorization. Also see BP/AP 3300 titled Public Records, BP/AP 4231 titled Grade Changes, and BP/AP 5040 titled Student Records.

24. Failure to obey federal, state, and local laws in connection with District attendance or activity.

25. Tampering with the election of any student organization recognized by the District.

26. Hazing defined as a "method of initiation or pre-initiation into a pupil organization or body, whether or not the organization or body is officially recognized by an educational institution, which is likely to cause serious bodily injury or personal degradation or disgrace resulting in physical or mental harm to a former, current, or prospective pupil. For purposes of this subdivision, 'hazing' does not include athletic events or school-sanctioned events." (Education Code Section 48900(q))

27. Abuse of the Student Conduct System, including but not limited to:

    a. Failure to obey the summons of the Student Conduct Hearing Committee or District official.

    b. Falsification, distortion, or misrepresentation of information.

    c. Disruption or interference with the orderly conduct of a judicial proceeding or Student Conduct Hearing Committee.

    d. Attempting to discourage an individual's proper participation in, or use of, the District judicial system.

    e.   Attempting to influence the impartiality of a member of a judicial body prior to, and/or during the course of, the judicial proceeding or Student Conduct Hearing Committee.

    f.   Failure to comply with the sanctions imposed under the Standards of Conduct and/or Education Code.

    g.   Influencing or attempting to influence another person to commit an abuse of the judicial system.

28. Operating bicycles or motorized bicycles, skateboards, roller skates, roller blades, scooters, and other similar devices on any property owned, maintained, or controlled by the District in violation of AP 6850 titled Bicycles, Skateboards, Roller Skates, Roller Blades, Scooters and Other Similar Devices on Campus.

Students who engage in any of the above conduct are subject to the procedures outlined in AP 5520 titled Student Discipline Procedures.

Also see BP/AP 6850 titled Bicycles, Skateboards, Roller Skates, Roller Blades, Scooters and Other Similar Devices on Campus, AP 6520 titled Security for District Property, BP/AP 3410 titled Nondiscrimination, and BP/AP 3900 titled Speech: Time, Place, and Manner

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Date Adopted: May 17, 2011
(Replaces College of Marin Policies 4.0020, 4.0022, and 4.0025)

Date Revised: June 18, 2013

COLLEGE FO MARIN
Registered Nursing Program

NOTICE FROM THE DEAN OF HEALTH SCIENCES
ON NON-DISCRIMINATION

This notice is a reminder to you of your rights and responsibilities as students at the College of Marin.

Students have a right to an education and a supportive learning environment free from discrimination and unlawful harassment. It is the policy of the Marin Community College District not to discriminate against any person on the basis of race, color, religion, creed, national origin, sex, marital or parental status, age or handicap. Furthermore, students have a right to raise issues and voice concerns related to their learning environment. The college has a responsibility to look into these concerns.

No student who raises issues should be criticized or retaliated against by faculty, staff or other students. Students should feel free to voice complaints to staff, faculty and managers and to expect that their concerns will be addressed. Any issue raised is taken seriously and will remain confidential, and the student raising the issue is protected.

My door is open to any student. I want the college to be a place where learning occurs and people are free to discuss when they believe it is not.

Sincerely,

Marshall Alameida
Marshall Alameida, PhD, RN, CNS
Dean of Health Sciences

COLLEGE OF MARIN
Registered Nursing Program

COMPLAINTS ABOUT THE REGISTERED NURSING PROGRAM

Student Complaints

A variety of College of Marin documents address student complaints, such as the *Student Roles and Responsibilities Handbook,* the United Professors of Marin (UPM) Contract, Enrollment Services, the College of Marin Schedule of Credit Classes (printed each semester) and the *College of Marin Catalog.* Please refer to Student Rights and Grievances in the current College of Marin catalog for guidance in handling a complaint/ grievance:

> *Student grievances fall in different categories. A complaint which involves a student and a member of the faculty can be defined as an academic grievance. Such a complaint is limited to issues involved in grading assignments and may demonstrate mistreatment.*
>
> *A complaint may be lodged by a student against another student for actions on campus or at a college-sponsored function.*
>
> *In a case of sexual harassment, the student should report the incident immediately and directly to the executive Dean of human Resources. Guidelines on the filing of a complaint or grievance are available from the Vice President of Student Services.- -* College of Marin Catalog

Student Complaints about the Registered Nursing Program

Many informal complaints are reviewed and resolved during the academic year using the student complaint process for the College. The RN faculty have defined a complaint as an expression of dissatisfaction about something or someone connected with the nursing program. A formal complaint is a written and signed statement with supporting evidence. All formal complaints will be tracked. Complaints received by the Dean of Health Sciences related to discrimination or harassment; academic complaints (student-faculty); or academic progress/dismissal, admission, attendance, financial aid, grades, graduation, fee payment/refund, residence determination and student records follow the College of Marin policy and procedures for the specific complaint.

Information related to student complaints is addressed in the *RN Student Handbook.* Under "Ethical Responsibilities", students are encouraged to follow the chain of command in reporting criticism.

Students should, "channel any criticism of an agency or individual *first to the instructor* and then to the Dean of Health Sciences" Students are also expected to make every effort to resolve problems or differences with a fellow student, hospital staff person, or member of the faculty. The faculty can assist the student with conflict resolution. Tactful approaches toward conflict resolution should be rational, mature and honest. Students are referred to the College process for academic complaints/grievances. The Board of Registered Nursing (BRN) has a role in hearing complaints about a program.

COLLEGE OF MARIN
Registered Nursing Program

METHODS AND TOOLS FOR MEASUREMENT OF STUDENT ACHIEVEMENT

IN NURSING COURSES

Student Evaluation in Theory Courses

Theoretical Performance Objectives serve as guidelines for evaluating student achievement. In the theoretical courses, written examinations, papers, class projects, and/or oral presentations are used to measure whether or not the student meets the theoretical objectives. Examinations are usually constructed with multiple choice and short essay questions. Often these questions require critical thinking in the application of the content of the course to clinical situations, as opposed to the memorization and recall of facts only. The NE 95 syllabus offers information and tips on test taking.

A	92-100
A-	90 -91
B+	87-89
B	83-86
B-	80-82
C+	77-79
C	75-76
No C minus	Per Title 5 CA Code of Education
D	60-74
F	<60

Each student is expected to achieve at least 75% of the total points for graded written assignments and examinations in each course to pass the course and continue in the nursing program. Theory courses are graded on an A, B, C, D, and F basis according to the table on the left. The student must contact the instructor in advance of they will be absent or late for an exam. A new test date will be arranged upon return to class.

All written assignments are to be turned in per instructor's directions in order to receive full credit in the course. It is expected that all written assignments will 1) be turned in on time, 2) be neat, legible, and written in ink or typed per instructions, and 3) contain proper grammar, punctuation, and spelling. It is advisable for students to keep a copy of written assignments for their records.

Student Evaluation in Clinical Courses

Clinical performance objectives, in the form of a clinical evaluation tool, serve as guidelines for ongoing instructor evaluation, and student self-evaluation, of the student's achievement in the clinical area and to award the course grade. Course grades for clinical are Pass/No Pass; a grade of Pass is required to continue in the program.

A copy of the clinical evaluation tool with the expected clinical performance criteria for the particular course can be found in the course syllabus. The criteria for evaluating student clinical performance fall into five major areas: Student Responsibility and Accountability, Communication, Client Teaching, Nursing Process, and Nursing Skills/Procedures. For each criteria, the instructor evaluates the student's level of accomplishment of the clinical objectives, considering the degree of consistency in performance, the amount of guidance necessary, and whether this was a first time experience or procedure for the student. The student's clinical performance and simulation performance, as well as the student's written work (e.g., nursing care plans, client teaching plans, journal entries, and papers related to observational experiences) are used to measure whether or not the student is meeting the

clinical objectives.

Clinical evaluation is *cumulative*. This means that objectives achieved in prior semesters must continue to be demonstrated in subsequent rotations. Safe clinical performance is mandatory at all times. If, at any time, a student's clinical performance is potentially harmful to a patient, as determined by the nursing faculty, the student will be removed from the clinical setting. See Dismissal /Withdrawal / Re-admittance Regulation in this handbook.

The student and instructor will meet at the end of the clinical rotation for a final clinical performance evaluation conference to review the formal written clinical evaluation. After the final clinical evaluation is discussed with the student, the student signs it and it is placed in the student's official file.
If the student disagrees with the instructor's evaluation of performance on any given clinical objective, the student may comment on the evaluation form regarding the area(s) of disagreement.

Instructors are available to meet with students on an on-going basis to discuss clinical performance.
In addition, if a student's performance falls below the expected level on one or more criteria, the instructor will first discuss this with the student (verbal notification that a problem exists), then meet with the student and formally document the problem in a Course Progress Notification Form if the problem continues, and if the problem persists the instructor and student will meet to develop an educational agreement which the outlines plans for the student to remediate. If the student fails to complete the educational agreement and/or fails to correct the problem the student will fail the course. Those who fail a clinical course will not be allowed readmission to the program.

Student Evaluation in Skills Laboratories

Skills laboratory courses allow students opportunities to see demonstrations and to practice psychomotor skills relevant to nursing practice. Course objectives are written to guide the student's learning of psychomotor skills. In the laboratory courses, skill performance check-offs are used to measure whether or not the student meets the skills laboratory course objectives.

Student Evaluation in the Simulation Laboratory

Students' timely attendance, preparation and active participation are expected. These simulation laboratories may be assigned as clinical hours or theory learning assignments for the student. Student attendance, demonstration of preparation and participation will be reported to the assigning core course clinical or theory instructor and will be reflected in the students' core course evaluation towards meeting course objectives.

For a more complete discussion of grading in theory, clinical, and skills laboratory classes, see the College of Marin Nursing Program Grading Regulation and Procedure in this handbook and the current course syllabi.

COLLEGE OF MARIN
Registered Nursing Program

GRADING REGULATION

In order to assure safe and competent nursing practice, students in the Registered Nursing Program will be assessed and graded on theoretical knowledge, nursing skills, and clinical performance.

Students who receive a grade lower than "C" in **any** nursing course may **not** progress to the next course in the program.

In addition to the Grading Regulation, students are advised to consult 1) the R.N. Student Handbook for the Regulation on Attendance, and 2) individual course syllabi for specific grading requirements for each of the nursing courses.

I. Theory Courses

    A. A grade of 75% or higher is required to pass theory courses. Final grades will be determined by the instructor using one of two methods:

    1. 60% of the grade is calculated from tests, projects, and assignments; 40% of the grade is calculated from the final examination. The result of this calculation must be 75% or higher.

    OR

    2. The average of all exams in the course must equal 75% or higher for the student to pass the course. The weighting of additional papers and projects for the final grade is determined by the instructor. The final grade must be 75% or higher.

ll. Clinical Courses

    A. A clinical grade of Pass is required in each clinical nursing course.

III. Nursing Skills Laboratory

    A. All skills must be competently performed midway and at final of each course. During the performance evaluation, competence must be achieved by:

    1. Successfully demonstrating the predetermined set of criteria of one of the skills/procedures, chosen at random from those listed in the course outline, and

    2. If required, passing a written test with a score of 75% or higher.

June 1993
Reviewed June 2014

COLLEGE OF MARIN
Registered Nursing Program

GRADING PROCEDURE

In the COM Registered Nursing Program there are three types of courses and each type has a different grading procedure:

I. Grading of Theory Courses

A. Grades are determined by written quizzes, final examinations, and other graded assignments as determined by the course instructor.

B. The final grade must be 75% or higher to pass the course (a theory letter grade of "C" or higher).

C. Grading Scale

A	92-100
A-	90-91
B+	87-89
B	83-86
B-	80-82
C+	77-79
C	75-76
No grade of C minus	Per Title 5 CA Code of Education
D	60-74
F	<60

II. Grading of Clinical Courses

A. Grades are determined by clinical performance evaluation, simulation evaluations and clinical papers.

B. If the clinical course grade is Pass, the student will receive Pass (P) for the clinical grade. If the clinical grade is Fail, the student will receive No Pass (NP) for the clinical grade.

C. Clinical objectives will be rated by the instructor using the following rating system:

S = Satisfactory: Meets clinical performance objectives at a level commensurate with theory and experience in the program. Functions adequately with moderate direction and guidance. Consistently meets all clinical performance objectives. Seeks assistance when needed and benefits from constructive criticism.

N = Needs Improvement: Is displaying difficulty in meeting clinical performance objectives at a level commensurate with theory and experience in the program. Needs guidance and detailed instruction. Is unable to consistently apply theory to practice.

U = Unsatisfactory: Exhibits behavior which endangers self, the patient or others. Is deficient in meeting clinical objectives at a level that is commensurate with theory and experience in the program. Is unable to demonstrate improvement with constant guidance and detailed instruction. Is unable to consistently apply theory to clinical practice.

N/R = Not Rated

In order to receive a grade of Pass for this course, all ratings must be Satisfactory or Needs Improvement. Any rating of Unsatisfactory will result in a grade of No Pass for the course. Students who fail a clinical course will be dismissed and <u>not</u> be eligible for readmission.

III. Grading of Nursing Skills Laboratory Courses

Grading in the Nursing Skills Laboratory course is Pass/No Pass. To receive a grade of Pass for the course, the following criteria must be met:

A. Skills Lab participation requirements must be met:

1. Students must attend and participate in 75% of the skills laboratory course hours in order to learn the purpose and application of the skills being taught, observe the skill demonstrations, and practice the skills.

2. Make-up work for any missed class must be completed through a Tutoring Session Record. A student missing a skills lab class must arrange with a classmate for a demonstration and practice session on the particular skill missed, and complete a Tutoring Session Record. The completed Tutoring Session Record is to be submitted to the skill lab instructor before the Final skills demonstration/written examination.

B. All course skills must be successfully demonstrated and documented on the skills checklist.

C. The student must pass a final skills examination midway and at the end of each course. The skills exam consists of:

1. Demonstrating competent performance of a randomly selected course skill, and may also consist of,
2. Passing a written examination with a score of 72% or higher.

Skill Passing Criteria

A. To "pass" a skill, the student must demonstrate competency. Competency in a skill/procedure is demonstrated by meeting the following criteria:

1. Be able to state principles and rationales for each skill.
2. Demonstrate therapeutic communication.
3. Provide relevant patient teaching.
4. Maintain patient safety.
5. Perform the critical steps of the procedure correctly, which achieves desired outcome within allotted amount of time.
6. Provide accurate and complete documentation.

B. Three opportunities are given to pass/demonstrate competency on the selected final skill or exam during the first semester. For first semester only, if the third attempt is unsuccessful, or if the student fails to contact the instructor within one week for retesting, the student receives a No Pass for the course.

C. Two opportunities are given to pass/demonstrate competency on the selected final skill or exam during the second, third and fourth semesters. For the second, third and fourth semesters, if the second attempt is unsuccessful, or if the student fails to contact the instructor within one week for retesting, the student receives a No Pass for the course.

D. The student who fails during an attempt to demonstrate competency on the selected final skill is given an opportunity to practice and obtain peer tutoring prior to being retested. Retesting can be done during the same testing period, or within one week of the testing period, at the instructor's discretion.

E. Skills Lab Grading Rubric

Skills Lab Grading Rubric

Criteria	Pass	Not Pass
1.Able to state principles and rationale for each skill.	1. Student is able to verbalize principles/reasons for each step in performance skill.	1. Student is unable to verbalize principle/rationale for steps in performance of skill without prompting by the teacher, or verbalized principle/rationale is inaccurate.
2. Demonstrates therapeutic communication	2. Student assesses for pain and discomfort and prepares patient psychologically for procedure; student acknowledges patient's experience (thoughts, feeling) before, during and after procedure.	2. Student focuses on performance of skill itself and does not respond to the patient's comfort or psychological needs before, during, or after the procedure.
3. Provides patient teaching	3. Student provides appropriate "anticipatory guidance," accurately explaining procedure to patient prior to beginning procedure and providing accurate post-procedure teaching.	3. Student fails to provide pre-procedure or post-procedure teaching, or student provides inaccurate information/explanation.
4. Maintains safety	4. Student follows all safety precautions for individual skill, including properly identifying patient, implementing appropriate infection control measures, following correct body mechanics, protecting patient from falls or injury, and preventing needle sticks.	4. Student fails to follow one or more safety precautions.
5. Accomplishes therapeutic outcome within the allotted time frame.	5. Student correctly performs all of the critical steps of the procedure, which accomplishes the desired therapeutic outcome for the patient. Student completes the skill within the allotted time frame.	5. Student does not perform one or more of the critical steps of procedure, and/or fails to accomplish the therapeutic outcome of skill. Student is unable to complete the skill within the allotted time frame.
6. Documents skill	6. Student correctly and completely documents the skill using PIE format to describe Patient assessment findings and/or Problem, Intervention (including technique and equipment used and problems encountered), and Evaluation of patient's response.	6. Student fails to document the skill, fails to document skill correctly or completely (including date, time, signature), and/or fails to use PIE format.

IV. Midterm grades

    A. Midterm grades are determined by scores from examinations or written assignments completed midway through the course. Instructors will assess student progress <u>midway</u> by averaging these grades. Instructor will notify and confer with students at risk of failing.

V. Missed Examinations, Presentations, Assignments

    A. Refer to individual course guidelines. The student must contact the instructor immediately for missed or planned miss of assignments/tests, and arrangements to make-up the missed assignment/test -if possible.

June 1998
Revised Sept. 2004, 2010
Reviewed July 2014

COLLEGE OF MARIN
Registered Nursing Program

THE PROGRAM DEAN'S PERSPECTIVE REGARDING CHEATING

I would like you to know that there is zero tolerance for cheating at the College of Marin and in the Registered Nursing Program. You are entering a profession where honesty and trust are qualities that the professional nurse must possess. Our clients must be able to trust the ones who care for them. Exam time is near and stress is high but the consequences of academic dishonesty could result in losing your dream of becoming a nurse.

I would like to remind you that there is a section on Cheating in the Board Policy on Student Conduct at the College of Marin. Cheating includes the following:

- Cheating, plagiarism (including plagiarism in a student publication), or engaging in other academic dishonesty, including:
- Copying, in part or whole, from someone else's quiz or examination.
- Submitting work presented previously in another course, if contrary to the rules of either course.
- Altering or interfering with grading.
- Using or consulting any sources or materials, including electronic devices, not authorized by the professor during an examination.
- Committing other acts which defraud or misrepresent one's own academic work.
- Incorporating ideas, words, sentences, paragraphs, or parts of another person's writing, without giving appropriate credit, and representing the product as one's own work.
- Representing another's artistic/scholarly works (such as musical compositions, computer programs, photographs, paintings, drawings, or sculptures) as one's own.
- Submitting a paper purchased from a research or term paper service, or written by another student.
- Purposely allowing another student to copy from your paper during a test.
- Giving your homework, term paper, or other academic work to another student plagiarize.
- Having another person submit any work in your name.
- Lying to an instructor or college official to improve your grade.
- Altering graded work after it has been returned then submitting the work for re-grading without the instructor's permission.
- Removing tests or examinations from the classroom without the approval of the instructor.
- Stealing tests or examinations.
- Forging signatures on drop/add slips or altering other college documents

If a faculty member identifies cheating behavior, the conduct shall constitute good cause for discipline. Consequences of academic dishonesty include a written warning, a failing grade on the test paper or examination, a lowered course grade, or an F for the course. In the RN Program failing a course results in dismissal from the Registered Nursing Program.

Incidents of academic dishonesty and sanctions are reported to the Vice President of Student Services

and Special Programs, with a copy sent to the student accused of the dishonesty. Within 7 days of the receipt of the report of academic dishonesty and sanctions, a student may submit a written request to the Vice President of Student Services for a hearing before the Student Conduct Panel to appeal the decision. The decision of the Student Conduct Panel shall be final.

The Vice President of Student Services maintains a confidential record of students who have been reported for academic dishonesty. This record may be used to identify students who may have been reported more than once.

I would also like to tell you that as a nurse it will be your obligation to uphold ethical standards and to report incidents of unethical behavior to your supervisor. Please help us to put an end to any cheating in the program!

Sincerely,

Marshall Alameida

Marshall Alameida, PhD, RN, CNS
Dean of Health Sciences
July 2015

COLLEGE OF MARIN
Registered Nursing Program

ATTENDANCE REGULATION

The College of Marin Registered Nursing Program adheres to the California Board of Registered Nursing requirement that the student receive 18 semester units of theory and 18 semester units of clinical. Three hours of clinical are equal to one semester unit; one-hour lecture is equal to one semester unit. Student attendance is important in order for the student to achieve the academic and clinical goals of the Program.

Nursing students are preparing for future work as nurses where the patients and employer will depend upon their reliability to be available for work and their ability to perform all functions in a safe and accurate manner. Therefore, it is expected that Registered Nursing students will be on time and attend all classes, including seminars, college or nursing laboratory classes, clinical, and community experiences in order to meet the learning objectives of the program which are designed to provide safe care.

Students will follow the nursing program procedures for missed work and make up of absences. If the student is unable to complete the class work or meet the clinical objectives because of excessive absences, a failing or a W grade will be given for the course.

Make-up work for a student who has exceeded the limit of absences will only be allowed in the event of *extraordinary* circumstances such as a death in the family or serious illness. This opportunity will be provided at the discretion of the student's instructor and the Program Dean. The student must be performing at or above a satisfactory level in the Nursing Program, and approval will be dependent upon the availability of clinical space and the ability of the Nursing Program to provide the necessary instructional time, support and supervision to accomplish the learning objectives of the course. The student must provide verification of the extraordinary circumstances that precluded attendance at class.

Approved: April 30, 1993
Last reviewed: June 26, 2014

Seminar Absence
It is expected that students will attend all seminars and will complete all missed work. It is the student's responsibility to identify any missed work to be completed. (Refer to the College of Marin Catalogue.)

Clinical, College Laboratory or Simulation Laboratory Absence
A student missing a clinical, college laboratory, or simulation laboratory day will be required to complete a make-up assignment. The clinical instructor determines the appropriate make-up assignment. Examples of make-up assignments include completing Computer Assisted Instruction (CAI), a Simulation experience, a continuing education offering, or, when possible, attending an additional clinical day at the hospital (with the clinical instructor, in a community experience, or with a clinical tutor). It is the student's responsibility to report their absence and to contact the clinical instructor to arrange the make-up assignment.

Guidelines: A maximum of three missed clinical days may be made-up. Failure to complete the make-up assignment for each clinical absence will result in a No Pass grade for the course. Students missing four or more days in a clinical course, whether or not any make-up assignments have been completed, are deemed to have insufficient clinical experience to meet the clinical objectives and will receive a No Pass grade for the course.

The instructor will ultimately determine if student performance has met the clinical objectives for the course in order to assign a Pass Grade. Students who fail a clinical course will not be allowed readmission to the program.

Nursing Skills Laboratory Absence
It is expected that students will utilize the skills laboratory to practice and become competent in psychomotor skills. To earn credit for the nursing skills lab course, the following criteria must be met:
- Students must attend and participate in 75% of the skills laboratory course hours in order to learn the purpose and application of the skills being taught, observe the skill demonstrations, and practice the skills.
- Make-up work for any missed class must be completed through a Tutoring Session. A student missing a skills lab class must arrange with a classmate for a demonstration and practice session on the particular skill missed, and complete a Tutoring Session Record. The completed Tutoring Session Record is to be submitted to the skills lab instructor before the Final skills demonstration/written examination.
- Students must demonstrate competency in the skills through skill demonstration and/or a written exam.

A student will receive a No Pass for the course if he or she:
- Fails to attend and participate in at least 75% of the skills lab sessions *in the semester* (not the *course*, which may only be 8 weeks), or
- Attends 75% of the skills lab class sessions but fails to make-up the missed work through completion of a Tutoring Session, or fails to submit the completed Tutoring Session Record to the instructor within the prescribed time frame.

Approved: April 30, 1993; Last Reviewed: June 24, 2014

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COLLEGE OF MARIN
Registered Nursing Program

CLINICAL ABSENCE MAKE-UP PROCEDURE

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Make-up can be accomplished by a variety of methods including, (1) Simulation, (2) completing Computer Assisted Instruction (CAI) as assigned by instructor, or (3) attending an additional clinical day in the hospital. FOR BOTH FIRST AND SECOND YEAR STUDENTS, the **instructor** determines the appropriate make-up assignment.

I. Simulation

An instructor may assign simulation hours –if available. The instructor will designate related simulation preparation, participation, and written work to be completed.

II. Computer Assisted Instructional Assignment

An instructor may assign selected CAI programs to serve as make-up for absent time. The instructor designates related written work to be completed such as a nursing care plan, etc.

III. Additional Hospital Day or Community Experience

An instructor may require a student to attend an additional day in the hospital. The student would be required to prepare for the clinical day as usual i.e. with data collection and nursing care plan.

Approved: April 30, 1993
Reviewed: June 27, 2014

COLLEGE OF MARIN

MEMO

To:

From:

CC:

Date:

Subject: Clinical Make-up

Since you were absent from clinical laboratory on the following   dates:_____

_____, it is necessary for you to complete _____hours of

tutoring of other students to complete course requirements.

When you have completed the tutoring sessions, complete the appropriate form to record your activities

and return the form to your instructor.

COLLEGE OF MARIN
Registered Nursing Program

TUTORING SESSION RECORD

Directions: Tutor is to initiate this form, see that it is completed, and return it to the appropriate instructor.

Tutor: _____   Length of Session:_____Hours

Student: _____

Goals of Tutoring Session:

Outline of Session's Content:

Student's (Tutored) Evaluation of Session:

Tutor's Evaluation of Session:

Signed:
Student: _____   Tutor: _____

COLLEGE OF MARIN
Registered Nursing Program

Regulation on Dismissal or Withdrawal and
Readmission after Dismissal, Withdrawal or Failure

Students are expected to perform safely and competently in the clinical area, to attend all classes and clinical experiences, to behave in a professional and ethical manner, to pass each nursing course, and to follow all program and College conduct policies and procedures established by the Board of Trustees at the College of Marin. Every effort will be made by the faculty to assist students to succeed in meeting their educational goals.

Standards for Dismissal
A student may be dismissed or asked to withdraw from the Registered Nursing Program for:
- Unsafe clinical performance
- Excessive clinical absences
- Unprofessional or unethical behavior
- Violation of the Student Conduct Policy
- Failure of any nursing education course.

Safe and Unsafe Nursing practice is defined in the College of Marin Registered Nursing Program Student Handbook under Procedures for Students in Danger of Failing.

Student Conduct Standards are contained in the College of Marin Board Trustees Policy and Procedure. Failure to follow Standards of Conduct are cause for discipline and include but are not limited to removal, suspension or expulsion of a student.

Students who fail a nursing education course will not be allowed to progress to the next level of courses in the Registered Nursing Program and will not be allowed to continue in the Registered Nursing Program. An exception is made for students who are taking a pharmacology course (NE 138, NE 220A, NE 220B) at the time of failure: these students may complete the course they are enrolled in.

The student will be informed of the reason for the dismissal and shall have the right, basic to the concept of due process, to appeal the action or decision by following the College of Marin's procedure for academic grievances.

Readmission Policy

Readmission After Withdrawal:
1. Readmission to the RN Program after withdrawal is not guaranteed.
2. Students must reapply to the program for admission, following the current application process.
3. Students with nursing education courses that are 36 months or more must reapply for first semester admission and repeat all nursing courses.
4. A student who withdraws from the Registered Nursing program a second time will not be considered for readmission to the program.
5. Each semester the program dean will determine if there is space available to readmit students based on student to teacher ratio safety considerations in the clinical setting, contract and

capacity for placement in clinical facilities, and other factors beyond the control of the program such as fiscal and program resources.

6. Accepted returning students may be asked by the Dean or Faculty to Petition to Repeat or Audit previously taken nursing course(s). District policies AP 4225, 4227, 4228, and 4070 apply.

<u>Readmission After Failure</u>

1. Readmission to the RN Program after failure is not guaranteed.
2. Students who fail a *clinical* nursing course will *not* be considered for readmission.
3. Students who failed a clinical course because they posed a severe threat to the health or safety of a patient in the clinical setting will *not* be considered for readmission to the program.
4. A student who fails a *theory* nursing course is eligible for readmission <u>only one time</u>.
   a. A student who fails two theory courses or who fails a course after readmission will not be considered for readmission to the program
5. Students who fail a *theory* nursing course is encouraged to apply for admission within one year.
6. A student who is taking a pharmacology course at the time of failure namely: NE138, NE220A or NE220B may complete this course. The student may not proceed onto the next pharmacology course without being readmitted into the nursing program.
7. Readmission will be contingent on showing evidence of the completion of a remediation plan obtained at program exit. A copy of the remediation plan will be given to the student at the mandatory Exit Interview with the Dean of Health Sciences.
8. A completed remediation plan does not guarantee readmission.
9. Each semester the program dean will determine if there is space available to readmit students based on student to teacher ratio safety considerations in the clinical setting, contracts and capacity for placement in clinical facilities and other factors beyond the control of the program such as fiscal and program resources.
10. Accepted returning students may be asked by the Dean or Faculty to Petition to Repeat or Audit previously taken nursing course(s). District policies AP 4225, 4227, 4228, and 4070 apply.

<u>Readmission After Dismissal</u>

1. Students who have been dismissed for poor student conduct in the Registered Nursing Program will not be eligible for readmission.

Readmission Procedure

The reapplication process is described in detail in the *College of Marin Course Catalogue* and on the College of Marin Registered Nursing Program webpage. See the *Registered Nursing Program Enrollment Procedures for First Semester Students,* and *Enrollment Procedures for Returning (readmission) Transfer, or Challenge Students.*

1. Students who fail a nursing *clinical* course will not be readmitted to the Registered Nursing Program.
2. Student who fail a nursing *theory* course or who withdraw in the 1st semester and who wish to be readmitted must reapply for admission and re-enter the program (it is recommended to apply within one year of exiting).
   a. The student shall follow the same procedures as first time applicants and show evidence of a completed readmission plan.
   b. Students seeking readmission in the Fall semester must submit their application between January 2nd and February 1st.
   c. All required re-admission materials must be submitted by the application deadline.
3. Student who fail a nursing *theory* course or who withdraw from the program in the 2nd, 3rd or 4th semesters and who wish to be readmitted must reapply for admission and re-enter the program within one year of exiting.
   a. Application deadlines for fall semester (the 1st and 3rd semesters) are accepted between January 2nd and February 1st. All required re-admission materials must be submitted by the application deadline.
   b. Students seeking re-admission in the spring semester (2nd and 4th semesters) must submit their application between September 1st and October 1st. All required re-admission materials must be submitted by the application deadline.
4. At the time of application for readmission the student should notify the Registered Nursing Program Dean by email and request a meeting to discuss readmission to the program.
   a. A readmission review committee will determine if an applicant will be readmitted.
   b. If a remediation plan has been given to the student, the Registered Nursing Program Dean will determine if the remediation plan has been completed.
   c. A completed remediation plan does not guarantee readmission.
   d. Accepted returning students may be asked by the Dean or Faculty to Petition to Repeat or Audit previously taken nursing course(s). District policies AP 4225, 4227, 4228, and 4070 apply

   Check All specific DEADLINES on the Nursing Education Website: www.marin.edu/nursing

May 1996
Revised June 1999, December 2006, April 2011; Reviewed: May 2014, and June 2014

COLLEGE OF MARIN
Registered Nursing Program

GUIDELINES FOR CLINICAL EVALUATION

1. Students receive the clinical objectives and the clinical evaluation tool as part of each course syllabus. Students are to review this information to become familiar with the objectives to be achieved. These objectives must be met to pass the clinical course.

2. All nursing program clinical objectives completed in previous courses must be performed satisfactorily in each successive course. e.g. knowledge and competencies passed in NE135/135L will be expected to be retrieved and performed in later courses. The student is responsible to assess and remediate any skill deficiency in the nursing skills lab.

3. Completion of the course clinical objectives is determined as follows:

   A clinical grade of pass is required for each clinical course. **In order to receive a pass all ratings must be satisfactory or needs improvement. Any rating of Unsatisfactory will result in a No pass for the course.**

   Criteria for Grading:

Pass	=	Satisfactory Performance
No Pass	=	Any Unsatisfactory Rating Requires explanation
NI (Needs Improvement)	=	Requires description of areas to improve

   (See section on Grading of Clinical Courses for explanation of ratings; satisfactory, needs improvement, unsatisfactory and not rated.)

4. Clinical evaluation:
   Instructors provide evaluation related to clinical performance and the achievement of course objectives when they interact with students in clinical, during office hours, comment on written assignments, or through email communication. Formal clinical evaluation is done in conferences, and on written Notification and Evaluation Forms. For each criteria assessed, the instructor evaluates the pattern of performance, the amount of guidance necessary and whether the student can perform therapeutic nursing interventions with the integration of the competencies of patient safety, assessment, communication, patient teaching, documentation, critical thinking and sound theoretical knowledge base.

5. Clinical performance may be evaluated by:
   A. Preparation for clinical assignment
   B. Attendance
   C. Professional Behavior

D. Observation of clinical experience
E. Performance of Therapeutic Nursing Interventions
F. Contributions in pre and post conference
G. Written assignments
H. Completion of external agency assignments
I. Feedback from clinical staff
J. Feedback from tutors
K. Clinical simulation experiences
L. Previous High Risk Performance

6. A student who is not meeting the clinical objectives during clinical performance or has unsafe practice may receive a written summary listing the areas needed for improvement. A "Course Progress Notification Form" will be used to list the areas. See the Course *Progress Notification and Clinical Course Failure Process Regulation* for a full description of this process.

7. The student has an option to withdraw by the approved date.

8. A student who has performed satisfactorily during the clinical experience and then demonstrates unsatisfactory performance or unsafe practice during the last weeks will not pass the course. Note: Safe clinical performance is mandatory at all times. If at any time a student's clinical performance is potentially harmful to a patient, as determined by the nursing faculty, the student will be removed from the clinical setting.

   1. The Clinical Evaluation Tool is completed and a Final evaluation conference is held at the end of the course to review the evaluation tool and inform the students of their progress in meeting the clinical objectives.

   2. All completed evaluation forms are turned into the Nursing Office and placed in the student's file.

   3. A student who has a "No Pass" (NP) evaluation as a final clinical grade will not be eligible to progress to the next semester. *Students who receive a "No Pass" are not eligible for readmission to the program.*

Developed 6/7/2010
Reviewed: June 2014

COLLEGE OF MARIN
Registered Nursing Program

PROCEDURES FOR STUDENTS IN DANGER OF FAILING
COURSE PROGRESS NOTIFICATION AND CLINICAL COURSE FAILURE PROCESS

The grading of clinical is described in *Guidelines for Clinical Grading*. The most important clinical objective is the consistent performance of safe nursing practice.

Safe Nursing Practice: A student and faculty obligation
It is the responsibility of the nursing faculty to determine whether nursing practice is safe or whether it is unsafe and/or unprofessional. Nursing faculty are obligated to protect the patient and society against harm.

Therefore, if necessary, faculty may remove students from the clinical area for the day, issue a No Pass for the course, and/or recommend immediate dismissal of students from the nursing program for unsafe, unprofessional, dishonest and /or disruptive conduct. If the student poses a threat to patient or staff safety immediate dismissal may be warranted.

Components of Unsafe Practice
Unsafe nursing practice is behavior that places the patient, staff or student in physical or emotional jeopardy and is an unacceptable risk. Some major areas of concern for safe practice are:
1. Failure to practice medical asepsis which is any action or inaction that places a patient at risk for infection.
2. Physical jeopardy is any action or inaction that threatens a patient's safety and physical health, i.e., medication errors.
3. Emotional jeopardy means that the student creates an environment of anxiety and distress which puts the client or family at risk for emotional or psychological harm.
4. Failure to take responsibility for self and actions: Lack of appropriate preparation for clinical; impaired cognitive ability that may be due to prescription medication, substance abuse or lack of sleep and/or mental health problems.
5. Time jeopardy means that the student requires excessive supervision, emotional support, or coaching such that the instructor is unable to safely supervise the entire clinical group.
6. Performing patient care activities beyond the scope of the student's practice or without adequate supervision. For example; administering an IV push medication unsupervised.
7. Other areas of concern: Accountability, Responsibility, Nursing Process- failure to follow standards of competent performance, Communication, Professional Behavior, Organization, Documentation, Legal/Ethical, Caring, Patient Teaching, or any action or inaction that places a patient at risk.

Clinical Course Progress Notification

1. Clinical Evaluation: Instructors provide evaluation related to clinical performance and the achievement of course objectives when they interact with students in clinical, during office hours, and on written assignments, or through email communication. It is expected that students will receive the ongoing feedback and will make the necessary changes to improve, meet the objectives, and strive for excellence. If the student does not understand the feedback or is unclear on what steps to take to improve; it is the student's responsibility to contact the instructor for assistance and clarification. The instructor may suggest clinical, simulation, academic or skills lab remediation.

2. Course Progress Notification Form: If the student is not making satisfactory progress in meeting the course objectives; the instructor will complete a Course Progress Notification Form. The most common reasons for writing a notification are:

    A. The student performing below the expected level
    B. The clinical performance has multiple areas that need improvement
    C. The clinical performance is unsatisfactory
    D. There has been an unsafe or unusual occurrence during the clinical experience
    E. There are concerns related to attendance, clinical preparation or professional behavior

    Contents of the Course Progress Notification Form:

    A. The objectives, area of concern, or nursing standard that has not been met
    B. The date and description of the event(s) that are inconsistent with the course objectives, College of Marin Student Conduct or COM RN Handbook.
    C. The learning plan or behavior changes that are required
    D. The time limit for remediation
    E. The consequences of continued or repeated unacceptable behaviors

3. Course Progress Notification Conference: Once a Course Progress Notification Form is written, the student **must** meet with the instructor. The student may not return to clinical until this meeting occurs. Each day absent from clinical counts towards the total number of clinical absences. The purpose of the conference is to review the form, clarify the course objectives that are not being met and to discuss the plan for achieving satisfactory clinical performance. At the request of the instructor or student, the following people may be present at this conference: Assistant Director, Dean, Counselor and/or Vice President of Student Services.

4. At Risk for Failure: Once a Course Progress Notification Form is written the student is considered at risk for failing the course. The student must improve clinical performance or change behavior to pass the course.

5. Student File: The student receives a copy of the Course Progress Notification Form and the instructor *places a copy in the student's file. The Assistant* Director and Dean are notified about the form.

    7. **Progress report:** Once a student is on Notification, feedback on clinical performance will be given. The instructor or student may request another formal conference to discuss progress in meeting objectives. The instructor will keep clinical notes on the student's progress.

    8. **Final Evaluation and No Pass Grade:** If the notification does not bring about improvement in clinical performance and the student's clinical performance remains below the expected level or is unsafe, the student will receive a course grade of No Pass. The final grade will be based on the student's performance over the entire clinical component. Improvement for 1 or 2 days does not provide sufficient data to support a clinical pass when the over-all clinical performance was inconsistent in meeting course objectives and/or standards of nursing care. The final evaluation will take place at the end of the clinical course and be documented on the clinical evaluation tool. **The student must meet the objectives by the end date of the clinical course.** A copy of the evaluation will go into the student's file. Note: the student is not eligible for readmission to the program if a clinical course is not passed.
    9.

8. Failure and Course Progression: If a student withdraws from or fails any nursing course, the student cannot progress to the next rotation. The student must withdraw from co-requisite nursing courses (clinical, theory and skills lab). The student may finish the pharmacology course that they are currently enrolled in only if student conduct is not an issue in the reason for leaving the program.

9. High Risk Course Performance: If at the end of a clinical course, an instructor gives a student a grade of Pass; but has significant concern about the student's ability to meet objectives in the subsequent clinical rotation; the student performance will be considered Hi Risk. The following are examples of occurrences that might make a student performance High Risk:

      A. Clinical performance has multiple areas that need improvement
      B. The student has required considerable remediation
      C. There have been excessive clinical absences, lateness, or lack of preparation

In this case, a Course Progress Notification Form will be written at the end of the rotation and/or course and a student/teacher conference will be held. The instructor or student may request that the Assistant Director/Dean be present at this conference. The new clinical instructor will receive a copy of the Course Notification Form and Course Evaluation Form. The Assistant Director/Dean will be notified and a copy of the Form will go into the student's file. The student must meet the course objectives in the new rotation to pass the course. A continued pattern of hi risk performance demonstrates that the student is not progressing and may not pass the new clinical course.

10. Immediate Dismissal: There may be situations where the immediate dismissal of a student is recommended. These include but are not limited to:

      A. The student's performance is so unsafe that it jeopardizes patient safety.
      B. The student requires continuous one-to-one supervision from the instructor.
      C. The clinical agency does not accept the student for placement.
      D. Drug/alcohol or emotional illness impairment or abuse to patients, staff or peers.

In the event of any of these, the student is removed from clinical during which an investigatory meeting is held and appropriate action taken.

The instructor's recommendation that the student withdraw from the course or be dismissed will be forwarded to the Dean of the Nursing Program and to the Vice-President of Student Services.

11. Withdrawal: Students are advised to consult the *College of Marin Schedule of Credit Classes* for withdrawal information from courses.

12. Reasons for Failure or Dismissal. The student will be informed of the reasons for dismissal for unsafe or incompetent practice, academic failure, or both.

13. Campus Resources: If at any time during the notification/failure process, the students need additional support or direction, the available resources on the campus include: the Program Dean, Counselors and the Vice President of Student Services.

14. Exit Interview: An exit interview will be held to discuss the reason for dismissal and the process for readmission (if possible) will be reviewed by the Program Dean.

15. Student Right and Responsibilities: All members of the College community are subject to State and Federal laws, as well as policies and procedures established by the Board of Trustees. The student should familiarize themselves with the following policies which are found in the College Catalogue and COM Registered Nursing Handbook:

    A. Student Conduct Policy
    B. Student Rights and Grievances Policy
    C. Drug and Alcohol Free Campus
    D. Sexual Assault and other Assaults on Campus Policy
    E. Questions regarding these policies should be directed to the Vice President of Student Services, Mr. Jonathan Eldridge.

Revised: 6/2010
Reviewed: June 2014

COLLEGE OF MARIN
Registered Nursing Program

COURSE PROGRESS NOTIFICATION

Student:	Date:
Course:	Instructor:

Student: Please Review "Guidelines for Clinical Evaluation" and "Procedures for Students in Danger of Failing Course Progress Notification and Clinical Course Failure Process" in your COM Nursing Student Handbook

Date:_____ Description of the objectives, *area of concern* or nursing standard that needs improvement or is unsatisfactory

Date: _____ Description of the event(s) that are inconsistent with the course objectives, College of Marin Code of Conduct or COM RN Handbook.

The Learning Plan or behavior changes that are required:

The time limit for Remediation:
Date for follow up:

Student Comments:

Instructor Signature	Date:
Student Signature (Signature only Indicates that this form has been read)	Date:

Revised 2011

COLLEGE OF MARIN
Registered Nursing Program

TRANSFER AND CHALLENGE

The College of Marin Registered Nursing Faculty recognize that students come to the community college setting with unique life experiences, individual learning needs, and a variety of educational backgrounds. Therefore, prospective students are provided with the opportunity to obtain credit for the program's nursing courses by the use of challenge examinations and/or credit for previous education. The successful challenge or transfer student may enter the Registered Nursing Program with advanced standing.

Challenge Student: Student or individual with prior nursing education or individual with other health care education or experience who wishes to enter the nursing program with advanced standing and receive credit for previous education or work experience.

Transfer Student: Student who has successfully completed one or more semesters of nursing education courses in another accredited Registered Nursing Program.

Transfer and Challenge Students must comply with the current student admission policy.

(See: "Enrollment Procedures for Returning, Transfer or Challenge Students" in Nursing Education: Registered in current College of Marin Catalog or www.marin.edu/nursing

COLLEGE OF MARIN
Registered Nursing Program

REGULATION REGARDING NURSING STUDENTS IMPAIRED BY
SUBSTANCE ABUSE AND/OR MENTAL ILLNESS

In the matter of nursing students impaired by substance abuse and/or mental illness, the Registered Nursing Program has the authority and responsibility to take immediate action and to help the impaired student in the following ways:

- Education
- Identification and Assessment
- Support
- Referral

Interventions by the program staff will be handled in a confidential manner.

Approved: April 30, 1993
Reviewed: June 2014

COLLEGE OF MARIN
Registered Nursing Program

PROCEDURE FOR NURSING STUDENTS IMPAIRED BY
SUBSTANCE ABUSE AND/OR MENTAL ILLNESS

EDUCATION

Didactic and experiential teaching about substance abuse and mental illness is included in the curriculum of the Registered Nursing Program.

IDENTIFICATION

If a nursing student is aware that she/he is impaired by substance abuse or mental illness, she/he has the responsibility to seek aid for diagnosis and treatment.

ASSESSMENT

If a faculty member observes that the clinical performance or classroom behavior of a nursing student poses a danger to the safety and well-being of self or others, the faculty will direct the nursing student to immediately leave the clinical agency or classroom. These behaviors may include, but are not limited to:

    a. physical impairment
    b. impaired judgment
    c. mental or emotional impairment
    d. disruptive actions
    e. inconsistent behavior patterns

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

    a. the student will be removed from the classroom or clinical area immediately;
    b. the instructor will immediately report the incident to the Program Director and provide writte documentation of the behaviors on the Student Referral Form;
    c. the instructor will give the Student Referral Form to the Program Director;
    d. within 24 hours, the student will make an appointment to see the Program Director.

SUPPORT AND REFERRAL

The Program Director will meet with the student for discussion and planning for support and referral to services and programs located at the College and within the community for further professional assessment. The student will be given a copy of the Student Referral Form indicating those behaviors that led to the classroom/clinical exclusion. Additionally, the student will receive a Health Clearance Form which must be signed by a licensed chemical dependency/mental health counselor indicating that the student is safe to return to nursing. This form must be submitted to the Program Director before the student can be considered for readmission.

SUSPENSION

When a student has been identified as being impaired, and is a danger to self or others and the student refuses to submit to the required assessment, the student may be suspended from the nursing program.

If the student completes the required assessment and is diagnosed as being impaired, the student will be suspended from the nursing program for a minimum of one semester and until such time proof of having received professional treatment and a certified release to return to nursing can be provided.

READMISSION

After a minimum of one semester, the student may request readmission to the nursing program. The readmission requirements are:

1. The applicant must submit a written request to the Program Director/Dean of Health Sciences;

2. At the time of reapplication to the program, the burden of proof shall lie with the applicant to demonstrate sufficient evidence of having received professional treatment and rehabilitation to establish fitness to perform student nurse functions in a safe and competent manner.

3. Submission of signed Health Clearance Form from chemical dependency/mental health counselor indicating that the student is safe to return to nursing.

4. A second documented incident of impaired behavior will result in dismissal from the nursing program with no possibility for readmission.

5. **RE-ENTRY IS ON A SPACE AVAILABLE BASIS.**

6. Application procedures must comply with all program Readmission Policy criteria.

Approved: April 30, 1993
Reviewed: June 2014

COLLEGE OF MARIN
Registered Nursing Program

REFERRAL FORM

DIRECTIONS: The Referral Form is to be completed by the student's instructor indicating reason for referral to a licensed chemical dependency/mental health counselor for a health clearance.

The Health Clearance Form is to be completed only by a licensed chemical/mental health counselor following the examination and assessment of the student's physical/emotional status.

The completed Health Clearance Form must be returned directly to the Program Dean before the student may be re-admitted to the course.

<u>Referral Statement</u>

_____ , has been removed by me from the _____ classroom,

_____ clinical setting due to the following impaired behaviors:

_____

_____

_____

_____

_____   _____   _____
Instructor   Date   Time

_____   _____   _____
Program Dean   Date   Time

I GRANT PERMISSION FOR THE RELEASE OF INFORMATION REGARDING MY DIAGNOSIS AND TREATMENT TO THE PROGRAM DIRECTOR AT COLLEGE OF MARIN.

_____   _____
Student Signature   Date

COLLEGE OF MARIN
Registered Nursing Program

HEALTH CLEARANCE STATEMENT

RESULTS OF EXAMINATION AND ASSESSMENT:

_____

_____

_____

_____

_____

PLAN OF TREATMENT:

_____

_____

_____

_____

_____

_____, is determined by me to be safe to:

1) Return to the classroom with no restrictions   _____ Yes _____ No

2) Practice direct patient care in the hospital   _____ Yes _____ No
    setting with no restrictions

_____   _____
Signature of Licensed Chemical   Printed Name of Licensed Chemical
Dependency/Mental Health Counselor   Dependency/Mental Health Counselor
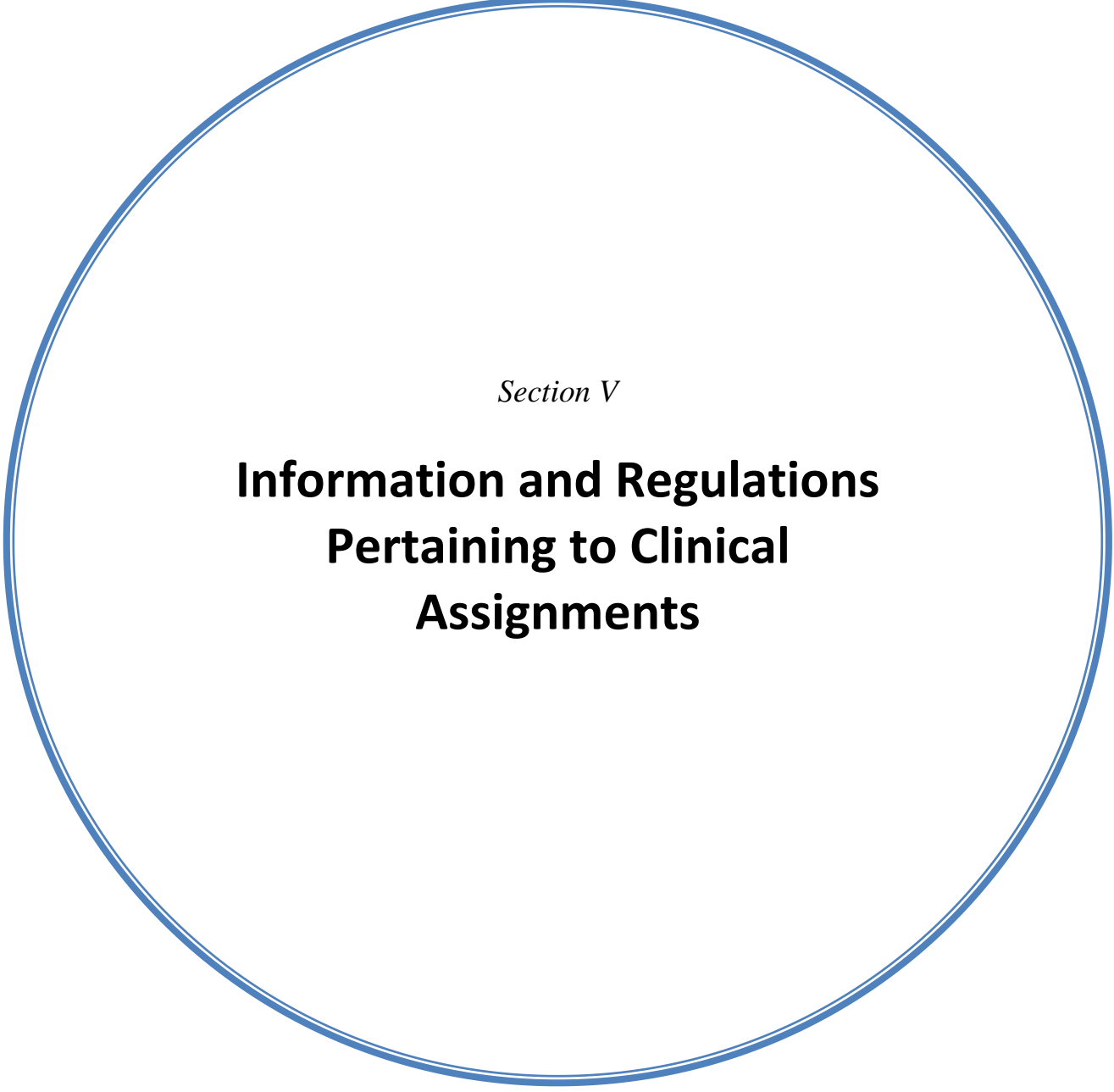
_____   _____
Telephone and Extension   Address and Zip Code

_____   _____
Date   License and Number

Section V

Information and Regulations Pertaining to Clinical Assignments

COLLEGE OF MARIN
Registered Nursing Program

Background Clearance / Drug Screening / Conviction Information

The Joint Commission on Accreditation of Healthcare Organization (JACAHO) Comprehensive Accreditation Manual for Hospitals 2008 now requires that all staff members, students, instructors and volunteers meet new standards relating to criminal background and freedom from drugs.

Notice Concerning Eligibility for the Nursing Program

Background checks/drug screenings are commonly completed on health care personnel, including students and volunteers. Current and prospective nursing students must at all times meet applicable hospital security standards for placement in mandatory clinical rotations at selected hospitals. Every student offered space in the program will be required to submit to a background screening and drug screening clearance prior to beginning clinical rotations as part of their clinical requirements for admission. A history of felony conviction(s) or any bar, exclusion or other ineligibility for federal program participation could render a student ineligible for clinical placement, as determined by the clinical agencies.

If a student cannot obtain background clearance and/or drug screening clearance from the clinical agencies, it will not be possible to place the student in the clinical area, which is a required component of the program. In the event that a student cannot obtain a background clearance, the space will be forfeited.

Students who are found to be ineligible for clinical placement by the clinical agency after admission to the nursing program shall be subject to dismissal from the program, as they will be unable to complete mandatory clinical rotations.

Note that the student is given an opportunity to receive a copy of the screening report. The student has the right to dispute the accuracy of the report. If the clinical agency rejects the student, the student has the right of appeal to the clinical agency, following the appeal process of that agency.

Mandatory Drug Screening Requirement for Students

Many of the clinical agencies require all students to successfully pass the drug screening to participate in mandatory clinical rotations. These agencies require mandatory drug screening for all employees and students. **Clinical agencies hold students to the same standards as they use for their employees**. Mandatory drug-screening to ensure compliance with regulations will be required beginning Fall 2010. Many clinical agencies can ask for a random drug screening test if the student's behavior warrants a check.

The Urine Drug Screen requires testing for the following: amphetamines, barbiturates, benzodiazepines, cocaine metabolites, marijuana metabolites, methadone, methaqualone, opiates, phencyclidine, propoxyphene.

Students must clear a urine drug test. Any student with a positive or an inconclusive dilute result will not be allowed to participate in clinical training at these facilities. Since all students rotate through

several of these facilities and clinical is a part of each semester in the program, students will not be allowed to continue in the program.

Refusal to participate in the drug-screen portion of the requirement shall be interpreted as the student's unwillingness to complete the checklist of requirements and therefore that student will not be allowed to participate in clinical courses.

To comply with this requirement, students must do the following:

1. Go online to www.verifystudents.com , enter your information and the College of Marin code, and pay $101.00 for both the Background and Drug Screening. If a second drug test is necessary, you will need to pay for retesting.

2. After you have paid and set up your account, you will receive notification of the labs that are near you for testing. You will then select a lab and receive a one page document to take with you to the lab.

3. Go to the lab for the drug screen. If, in the above drug testing procedure, the result is dilute, you will need to be retested. If a *second result is dilute you will be medically disqualified* from the program application pool, and the result treated as a non-negative result unless you can provide documentation from their private medical provider that there is a medical reason for such a result.

Corporate Screening completes the entire process of screening. All drug tests are sent to a Medical Review officer (MRO) at Corporate Screening. Every student who has a non-negative result will have an opportunity to speak with an MRO before the report is sent back to COM. Once the report is complete Corporate Screening provides a complete report to student and notifies the Program Dean whether you are cleared or not as with the Background Check. For any non-negative result the Program Dean will consult with the student.

Any student with a positive result will not be allowed to participate in clinical training at the discretion of the clinical facilities. This must be completed before the start of each Fall Semester or per agency policy by each student.

Notice Concerning Board of Registered Nursing Licensure

Prior to obtaining a license to practice as a Registered Nurse, all graduates must report felony and misdemeanor convictions along with submission of fingerprints. The Board of Registered Nursing may deny licensure based on prior convictions. For a list of convictions substantially related to the practice of nursing, please contact the Nursing Department or the Board of Registered Nursing Web page.

If students have any questions about the background screening, nursing program eligibility, or the Board of Registered Nursing requirements, they should contact the Nursing Program Director.

See BRN website at http://www.rn.ca.gov/ for Policy on Background Checks for Student Clinical Placements.

Revised August 2010; Reviewed: June 2014

COLLEGE OF MARIN
Registered Nursing Program

LEGAL AND ETHICAL RESPONSIBILITIES IN THE CLINICAL SETTING

Registered Nursing students, who are carrying out nursing activities, are expected to act as a reasonably prudent RN would act under the circumstances based on the level of education and experiences which he/she has had. The prudent person is one who governs and disciplines themselves with reason. It speaks to skill and good judgment in the use of resources. Assignments made by the nursing instructor are consistent with level of preparation of the student. Students are not to exceed these expectations or limitations. This is not to discourage the student from growing and learning. It means that when in doubt, the student must **stop** what he/she is doing and seek further guidance and direction. Students are not allowed to perform any procedures/skills without class/lab instruction and, in many cases, satisfactory lab check-off, prior to patient assignments. Students are to accept direction and guidance only from the instructor, except in a life-threatening emergency, or with the instructor's permission as that student gains experience. Students are to question when in doubt and not to proceed beyond what the student's reasonably believes he/she is capable of accomplishing in a safe manner.

Registered Nursing faculty are required 1) to determine the level of student competence, 2) make appropriate patient assignments, 3) supervise with appropriate degree of personal attention, 4) correct deficiencies and 5) evaluate outcomes of patient care.

Correcting deficiencies includes demonstrating correct techniques, providing feedback about deficiencies and consequences for the patient, establishing requirements for remediation and removing incompetent students from the clinical setting.

Instructors must provide on-going supervision of students until they validate consistent safety and competence. Students are not to perform independently until they have the necessary knowledge, training and experience, and the instructor has validated consistent safe and competent practice.

The California Code of Regulations, Section 70214 states that "Assignments shall include only those duties and responsibilities for which competencies have been validated."

1. The nursing student is required to be covered by malpractice insurance before entering a hospital clinical area.

2. Students are not to participate as witnesses to personal affairs of patients, such as a will, conservatorships, business dealings, etc. Since they are not employed by the facilities, they are in legal limbo in such matters, should any problems arise.

3. Student Nurses are expected to follow the Nursing Practice Act, Code of Ethics, the RN Program regulations, procedures, or guidelines, as well as the individual hospital or agency policies and procedures.

4. Students are expected to report to the Instructor if they are not prepared or competent to perform a task or assignment.

STUDENT RESPONSIBILITIES IN CLINICAL SETTINGS

A nursing student is expected to:

1. Be prepared for clinical assignments: a) care plan completed per guidelines before arrives on unit, b) techniques for planned treatments reviewed and c) medication information read and available.

2. Consider all information obtained regarding the patient's status as strictly confidential, and not to be discussed with anyone except the instructor, peers, and hospital personnel responsible for an assigned patient's care. (Learning experiences in the clinical area are to be shared only during pre and post conferences and other related professional sessions.)

3. Use patient's initials when submitting reports on patients to instructors, never the patient's full name.

4. Consult with the instructor if circumstances regarding the patient will hamper you from giving effective care (e.g., personal friend).

5. Maintain a professional attitude at all times when caring for patients.

6. Channel any criticism of an agency or individual first through the instructor and then to the Dean of the Nursing Program. Incorporate knowledge of chain of command in reporting criticism.

7. Recognize that as in other professional fields ethics are essential.

8. Make every effort to resolve problems or differences with a fellow student, a hospital staff person or a member of the faculty. We are all here to assist you with this kind of problem solving.

9. Use your energies to learn. Griping is seldom constructive and may be destructive. If you have a legitimate complaint, let your instructor know so that something can be done about it. Tactful approaches toward conflict resolution should be rational, mature and honest.

The Nursing Department is expected to:

1. Maintain confidentiality. Your file is accessible to you. Information will be released only with your permission and/or signature.

UNIFORM DRESS CODE

The following are guidelines and expectations regarding RN student dress regulations while in clinical settings. Students must be conservative and adhere to multiple hospital dress codes; dress codes for individual clinical institutions and units may supersede this policy. When purchasing any component of the nursing uniform, keep the receipt so that if it does not meet the dress code requirements it may be returned.

Hair:	Hair should be clean and well-groomed. Long hair is to be pulled back and off the uniform collar. Beards and mustaches must be neat and well-trimmed.
Jewelry:	No rings other than wedding bands should be worn in the clinical setting. No long decorative chains or necklaces. No bracelets. Earrings should be limited to one small stud if you have pierced ears. Remove any tongue studs and cover any tattoos. A watch with second hand or digital second reading is required.
Cosmetics:	Refrain from using perfume, cologne or scented lotion in the clinical setting. Please use deodorant or anti-perspirant daily. Nails should be clean and trimmed short. Subdued colored nail polish may be worn, but artificial nails are not permitted in the clinical setting for infection control reasons.
Uniform:	Uniforms with COM Nursing patches, name pins, and other required student identification are to be worn in the clinical setting when providing patient care. (Students are to wear professional clothes and a lab coat with COM Nursing Patches, name pin, and other required student identification when in the clinical setting doing data collection or other non-direct patient care activities.) Uniforms are to be laundered and ironed after each wearing. COM Nursing Patches must be sewn on the left upper sleeve of the lab coat and uniform tops.

	Men:	Specific Uniforms requirements will be given.
	Women:	Specific Uniforms requirements will be given.
	Shoes:	White leather uniform shoes with closed toes/heels, or all white, leather low-top walking (not running) shoes that have no obvious logo are acceptable. Whatever shoes are selected are to be worn exclusively as nursing shoes. Shoes must always be clean and white.
	Jacket:	Either a lab coat or jacket with College of Marin RN Program badge or a matching blue or white vest may be worn while working on the nursing

units, although this is not recommended unless it is also laundered as frequently as the uniform and should not be worn during direct care if soiling is likely. A clean, white, long-sleeved shirt may be worn under the uniform top for warmth; it must also be laundered as frequently as the uniform.

Nurse Pack: Nurse packs (like a "fanny pack") are considered part of the student nurse's uniform, therefore all packs should look the same. Nurse packs are sometimes provided to first-year RN students by the RN Program. Student nurses also have the option to purchase and wear their own nurse packs under these conditions:

1. The nurse pack should be of white nylon so that regular cleaning (weekly) by washer is possible. A leather nurse pack is not washable.

2. The nurse pack should be 9 inches by 6 inches.

3. The Nurse Pack should have separate sections that can hold limited items that are stated below. Hospital supplies are not to be put into this article, e.g., syringes, needles.
   - Outside Section: *All personal objects*, such as keys, drivers license and money.
   - Inside Section: *All nurse related tools*, such as scissors, hemostat, penlight, Tubex/Carpuject holder, calculator, and pens.

Professional Attire: Hospitals request that students wear professional attire and dress <u>neatly</u> and <u>conservatively</u> when in hospitals gathering data for nursing care planning or other assignments. Professional attire means no bare feet or flip-flops, hose for women wearing dresses/skirts, no exposed underwear, no exposed midriffs, conservative cleavage, no jeans. Please cover tattoos and remove tongue studs. Lab coats with the COM RN Program patch on the left shoulder, name pin, and other required student identification are to be worn over street clothes when students are not in uniform on nursing units. If unprofessional wear during pre-clinical is reported, you will have violated the Student Conduct policy.

<u>Failure to adhere to the Dress Code:</u>

Failure to adhere to the dress code – uniform unkempt, incomplete, or not meeting the regulations (e.g. unlaundered, wrong color, lacking name pin or school patch, open-toe non-white footwear with logo), wearing jewelry other than that outlined in the RN Student Handbook – will result in Faculty action. The instructor will give the student a verbal warning identifying the student's failure to meet standards set in the RN Program dress code or clinical agency dress policy and request the student correct the problem, i.e. remove jewelry, put on name pin, sew patch on shirt, wear appropriate footwear. The instructor may request that the student go home, change to appropriate clothes, and return to the clinical agency to provide nursing care. Time missed from the clinical will be counted as a clinical absence and will need to be made up.

STUDENT NURSE PROFESSIONALISM

You are preparing for a career in the *profession* of nursing. This means that you will not only be learning a new body of knowledge, but you will be adopting the behaviors, values, and standards that are required of members of the nursing profession. As a student nurse, you will be expected to conduct yourself with discretion and judgment and in a manner compatible with the educational purposes of the college, the mission of the health care agency, and the standards of the nursing profession. This handbook outlines the guidelines for the student nurse's conduct, responsibility and accountability, and reviews ethical and legal regulations.

STUDENT NURSE ACCOUNTABILITY

Accountability is a key element in the life of any professional person. It is a particularly important concept for the profession of nursing. It means that you are responsible or accountable for the services that you provide to patients. It requires above average academic achievement, a positive attitude about one's role in giving nursing care to clients, and a willingness to learn and practice nursing with the highest of ideals.

In day-to-day practice this requires that you be prepared for your clinical experience. Should you have questions, or should a situation arise that is new or confusing, you have an obligation and responsibility to inform your instructor to seek further guidance and direction. You are responsible for your actions and this means that you must be prepared for your assignments and alert your instructor when you are in doubt.

Students are responsible to demonstrate professionalism in every learning environment. For example, when assigned to a community setting the student is responsible to come on time and in appropriate attire, to maintain client confidentiality, exercise therapeutic communication, and fulfill the objectives of the assignment.

It is important to share ideas, learning experiences, and knowledge gained. This sharing and assisting each other in the classroom and hospital area accomplishes a common goal for all--quality care of the client entrusted to your care.

The Student Nurse:

1. Must provide the SAME LEVEL OF CARE as a GRADUATE NURSE for those tasks completed satisfactorily in a lab setting or performed in the clinical setting.
2. Will be *both* SAFE and COMPETENT.
3. Does <u>not</u> have to be PROFICIENT *(fast and smooth in task)*.
4. Must be removed from clinical setting if found unprepared to perform specific tasks or clinical course objectives SAFELY and COMPETENTLY. *The individual situation will dictate whether the student will do work in the library or be sent home for the day.*
5. May be sued for negligence or malpractice. The RN Program provides student malpractice coverage.

IF A STUDENT *LACKS* ANY OF THE FOLLOWING, THE STUDENT MUST NOTIFY THE INSTRUCTOR:

- Lacks requisite knowledge or information to perform safely.
- Lacks requisite skill or equipment to perform safely.
- Lacks psychomotor competence due to illness, effects of drugs, or lack of sleep.

STUDENTS MUST BE:

  - Prepared
  - Competent

> **STUDENTS DO NOT PRACTICE
> ON THE
> FACULTY'S NURSING LICENSE**

**COLLEGE OF MARIN
Registered Nursing Program**

Student Blanket Coverage- Malpractice Insurance:

Policy Administrator: Marsh Proliability
Policy coverage is $2,000,000 to $4,000,000 per student/per year

COLLEGE OF MARIN
Registered Nursing Program

FACULTY AND RN STAFF QUESTIONS
REGARDING SUPERVISION OF RN STUDENTS IN CLINICAL SETTINGS

"Is the student working under my license?"

No, the answer is found in the Nursing Practice Act in the Business and Professions Code 2729. Students are acting in a category called an exemption. They are not working under anyone's license and have the right, by law, to practice as long as it is incidental to the educational process.

Section 2729. Students

Nursing services may be rendered by a student when these services are incidental to the course of study of one of the following:

a) a student enrolled in a board approved pre-licensure program or school of nursing.
b) a nurse licensed in another state or country taking a board approved continuing education course or post licensure course.

What are the agency responsibilities when students are assigned to the hospital?

The Board of Registered Nursing expects that the responsibilities of the staff in relation to student learning and behavior are clear; that the staff is oriented to the student's role, and that responsibilities of faculty assigned to the facility are clearly described to staff. There must be assurance that there is staff adequate in number and quality to insure safe and continuous health care services to the individuals. Staffing patterns must not be determined by the presence or absence of students. The agency must evidence appropriate safe utilization of staff, as reflected in its staffing pattern.

What are RN responsibilities when students are part of the team?

The Board of Registered Nursing has made it clear that the Registered Nurse functions include:

- Initial Nursing Assessment

  Comprehensive Admission Assessment
  Readmission after Invasive Procedure
  Validation of Abnormal Data

- Review of all data collected by personnel to determine patient needs
- Formulating Nursing Diagnosis
- Establishing Patient Outcomes
- Determining Proper Interventions
- Evaluating progress toward outcomes

The RN is responsible for assessing patients and must take over for what the student is not yet prepared to do or have the background to analyze.

What are the student's responsibilities?

- The student nurse may accept responsibilities only for those tasks found safe and competent to perform in lab/class. The student must provide the same level of care as graduate registered nurse for those tasks found competent in lab to implement in clinical setting. The standard of care must be the same as that rendered by the registered nurse.

- They must ask for appropriate instructor or primary nurse supervision if unsure of skill.

Under the law, each person is responsible for his/her own actions. The nurse must be clear about what the student can or cannot do.

- If an RN directed the student to perform a skill/task without the appropriate supervision the RN would be responsible. The nurse has the responsibility to delegate according to the subordinate's abilities and to supply adequate supervision.

- The student must be prepared for the assignment with; 1) nursing care plan; 2) medication information; 3) teaching plans; 4) knowledge of policies and procedures.

- A student must be removed from the clinical setting if: he/she 1) is unprepared to perform safe and competent care; 2) lacks knowledge; 3) lacks skill; 4) lacks resource; or 5) reports for assignment under the influence of mood altering drugs.

- A student must immediately report to the instructor or primary nurse if he/she is unable to perform a task or provide care safely and competently. When the student does not possess the skills needed to carry out an assigned function, acting with reasonable care requires the student to refuse to perform the function.

- Students may be sued for malpractice. The RN Program provides basic malpractice coverage.

NATIONAL STUDENT NURSES' ASSOCIATION, INC. CODE OF ACADEMIC AND CLINICAL CONDUCT
Adopted by the NSNA House of Delegates, Nashville, TN, on April 6, 2001

Preamble
Students of nursing have a responsibility to society in learning the academic theory and clinical skills needed to provide nursing care. The clinical setting presents unique challenges and responsibilities while caring for human beings in a variety of health care environments.

The Code of Academic and Clinical Conduct is based on an understanding that to practice nursing as a student is an agreement to uphold the trust with which society has placed in us., The statements of the Code provide guidance for the nursing student in the personal development of an ethical foundation and need not be limited strictly to the academic or clinical environment but can assist in the holistic development of the person.

A Code for Nursing Students
As students are involved in the clinical and academic environments we believe that ethical principles are a necessary guide to professional development. Therefore within these environments we:

1. Advocate for the rights of all clients.
2. Maintain client confidentiality.
3. Take appropriate action to ensure the safety of clients, self, and others.
4. Provide care for the client in a timely, compassionate and professional manner.
5. Communicate client care in a truthful, timely and accurate manner.
6. Actively promote the highest level of moral and ethical principles and accept responsibility for our actions.
7. Promote excellence in nursing by encouraging lifelong learning and professional development.
8. Treat others with respect and promote an environment that respects human rights, values and choice of cultural and spiritual beliefs.
9. Collaborate in every reasonable manner with the academic faculty and clinical staff to ensure the highest quality of client care.
10. Use every opportunity to improve faculty and clinical staff understanding of the learning needs of nursing students.
11. Encourage faculty, clinical staff, and peers to mentor nursing students.
12. Refrain from performing any technique or procedure for which the student has not been adequately trained.
13. Refrain from any deliberate action or omission of care in the academic or clinical setting that creates unnecessary risk of injury to the client, self, or others.
14. Assist the staff nurse or preceptor in ensuring that there is full disclosure and that proper authorizations are obtained from clients regarding any form of treatment or research.
15. Abstain from the use of alcoholic beverages or any substances in the academic and clinical setting that impair judgment.
16. Strive to achieve and maintain an optimal level of personal health.
17. Support access to treatment and rehabilitation for students who are experiencing impairments related to substance abuse and mental or physical health issues.
18. Uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.

National Student Nurses' Association, Inc.®

Code of Ethics: Part II
Code of Academic and Clinical Conduct
and Interpretive Statements

Adopted by the NSNA Board of Directors, October 27, 2009 in Phoenix, AZ

As students are involved in clinical and academic environments we believe that ethical principles are a necessary guide to professional development. The following *Interpretive Statements* are offered as a framework to help guide nursing students in ethical analysis of responsibilities, professional conduct, and decision making in academic and clinical settings as they adhere to the *NSNA Code of Ethics for Nursing Students.*

> ** *Indicates sections taken directly from the NSNA Code of Ethics: Part II: Code of Academic and Clinical Conduct*

Part II: Code of Academic and Clinical Conduct

** Students of nursing have a responsibility to society in learning the academic theory and clinical skills needed to provide safe, quality nursing care. The clinical setting presents unique challenges and responsibilities for the nursing student while caring for human beings in a variety of health care environments.

** The *Code of Academic and Clinical Conduct* is based on an understanding that to practice nursing as a student is an agreement to uphold the trust society has placed in us. The statements of the code provide guidance for nursing students in their personal development of an ethical foundation and need not be limited strictly to the academic or clinical environment, but can assist in the holistic development of the person.

> ** As students are involved in the clinical and academic environments we believe that ethical principles are a necessary guide to professional development. Therefore, within these environments we:

** 1. Advocate for the rights of all clients.

>> 1.1 Advocacy: A responsibility of nursing students is to advocate for the rights of all clients. This requires the nursing student to understand the client's rights and responsibilities, the scope and applicable standards of nursing practice to meet the client needs,

and the relevant federal (e.g. Health Insurance Portability and Accountability Act (HIPAA), Patient Self-Determination Act, etc), state (e.g. Nurse Practice Act, etc.), and local laws in accordance with the health care institution's policies and procedures. This knowledge enables the nursing student to function as an advocate for the rights of all clients in collaboration with nursing faculty and members of the health care team.

1.2 Rights of clients: Nursing students provide care for persons who have rights both as human beings and as clients. As such, nursing students must be cognizant of public, professional and institutional policies concerning patients' rights and access to resources across the care continuum. For example, nursing students help ensure that these fundamental rights of clients to receive culturally and linguistically appropriate services are protected and maintained.

** 2. Maintain client confidentiality.

2.1 Confidentiality: Access to and sharing of information that identifies a specific client, their condition, and other information must be guarded with the best interests of the client in mind. Access to and sharing of such information must be limited to only those personnel with the medical need to know and family members who are authorized by institutional policy and patient consent (according to HIPAA guidelines).

2.2 Academic Setting: In discussing client cases in the academic setting, care must be taken to avoid breeching confidentiality and violating HIPAA regulations; this includes appropriate selection of the time and place of discussion, people attending the discussion, and omitting data that is not necessary to the purpose of the discussion or that discloses the client's personal identity.

2.3 Special Circumstances: In order to protect the safety of the patient, other parties, and in cases of mandatory disclosure for public health reasons there may by times where the nursing student is obligated to report confidential information. The nursing student must immediately share these concerns in a confidential setting with the nursing faculty or clinical preceptor and with the registered nurse in charge of the patient's care who will provide appropriate guidance.

** 3. Take appropriate action to ensure the safety of clients, self, and others.

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3.1 Appropriate action to ensure safety of clients: The nursing student must be able to identify hazardous conditions which may include faulty equipment, an unsafe environment, incompetent practices of other healthcare team members and colleagues, suspicious persons and activities, and self limitations. If an unsafe condition or incident becomes apparent, the nursing student should use good judgment and follow institutional policies and procedures for emergencies, reporting hazardous conditions and incidents. The nursing student should be aware of personnel responsible for directing patient and personnel safety and immediately share these concerns with the registered nurse in charge of the patient's care and with the nursing faculty or clinical preceptor.

3.2 Safety of self: Nursing students cannot be expected to work in unsafe conditions or in situations where they are incompetent to practice. Academic and clinical environments should allow for a nursing student to voice concerns about safety to self without retribution. Nursing students have the responsibility to come prepared to meet the objectives assigned in caring for clients in clinical settings and to ask questions.

3.3 Safety of others: Nursing students should not condone or participate in lateral violence or incivility towards other professionals, students, or faculty. Further, students observing such behavior should take appropriate steps to remove her/himself from the situation and report to the nursing faculty or clinical preceptor .

** 4. Provide care for the client in a timely, compassionate and professional manner.

4.1 Timely care: Client care is time sensitive. Therefore, nursing students should be aware that adhering to the schedule set forth by the health care team is important and discharge planning should begin upon the client's admission to the clinical environment. By prioritizing tasks, patient education, treatments and procedures the nursing student will ensure that they are utilizing time in the most effective and efficient way.

4.2 Compassionate care: Providing care with compassion creates a better nursing student-client relationship. It reflects the nursing student's desire to respect the client as an individual, to help the

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client maintain their safety and dignity, to provide support and comfort , to assist the client to achieve optimal independence and meet their health goals.

4.3 Professional care: Professional communication, appearance, and behavior by the nursing student demonstrates respect for the client and for self. The nursing student has the responsibility to be prepared to meet the objectives assigned in caring for clients and to demonstrate safe, quality nursing care. These professional actions by the nursing student enhance the image of nursing and contribute to building a trusting relationship between the nursing student and the client, and between the nursing student and the health care team. An essential component of professional care by the nursing student and the health care team in the 21st century is to assure that the client receives culturally and linguistically appropriate health education and services (NSNA Resolution #15, 2009).

** 5. Communicate client care in a truthful, timely and accurate manner.

5.1 Truthful communication: Veracity is key to developing trusting relationships in academic and clinical environments. Truthful and thorough communication between nursing students and nursing faculty or preceptors, and between nursing students and healthcare professionals is a key component to providing safe, quality care within an optimal clinical learning environment.

5.2 Timely communication: Communicating client care information at the appropriate time is a duty of nursing students. Timely communication allows for assessments, interventions, and that changes to the plan of care be initiated and completed in a timely manner.

5.3 Accurate communication: Accurate communication is a responsibility of the nursing student. The nursing student, by providing an accurate, concise and timely report on the client's assessment and status changes helps the nurse in charge of the client's care and the primary care provider to make informed client care decisions and follow-up with further assessment as required.

** 6. Actively promote the highest level of moral and ethical principles and accept responsibility for our actions.

6.1 Promote the highest level of moral and ethical principles: Nursing students should be familiar with the *NSNA Student Bill of Rights and Responsibilities* and the *NSNA Code of Ethics for Nursing Students (Part I: Code of Professional Conduct and Part II: Code of Academic and Clinical Conduct)* and supporting documents. Being well informed and encouraging others to read and adhere to the *NSNA Code of Ethics for Nursing Students* and the *ANA Code of Ethics for Nurses (ANA House of Delegates, 2001)* actively promotes the values and ethics of the nursing profession. Acting under ethical principles ensures that the care being provided does not jeopardize the client's basic rights or endanger professional relationships.

6.2 Accepting responsibility for our actions: Nursing students are accountable to the educational institution, the health care institution that provides the clinical learning environment, and above all to clients and society as a whole. The nursing student must function within the state's Nurse Practice Act, the *Scope and Standards of Nursing Practice (American Nurses' Association, 2004)* and the Policies and Procedures of the health care institution. The nursing student will care for clients only under the supervision of the nursing faculty or preceptor. Supervision must be completed in accordance with the clinical education agreement between the nursing program and the health institution providing a clinical learning environment to meet the student's clinical learning objectives.

** 7. Promote excellence in nursing by encouraging lifelong learning and professional development.

7.1 Excellence in Nursing: Nursing is a profession that demands a nursing student's commitment to evidence-based practice and to the health, well-being, and safety of clients. The client willingly gives the nursing student their trust in her/his ability to provide nursing care in accordance with their clinical education objectives.

7.2 Encouraging lifelong learning: The health care environment is ever changing. Nursing students, after attaining licensure as a registered nurse, have a responsibility to continue to educate themselves formally and informally throughout their careers to remain clinically competent to meet the health care needs of an increasingly diverse client population across an ever changing health care environment.

7.3 Professional development: Professionalism is a key factor for gaining the trust of others. Participation in professional organizations is imperative to one's professional development. It begins by nursing students becoming active members and participants in NSNA; participants in nursing research utilization to advance evidence-based practice (NSNA Resolution #3, 2009); and in advocating for interdisciplinary education opportunities (NSNA Resolution # 13, 2009). Professional development continues for registered nurses as evidenced by membership in state nurses association (ANA) and specialty nursing organizations, and through continuing formal education.

** 8. Treat others with respect and promote an environment that respects human rights, values and choice of cultural and spiritual beliefs.

8.1 Treat others with respect: Nursing is based on client care that is supported by a foundation of respect and trust. Respect should be a fundamental component of intra-professional and inter-professional collaboration in which the nursing student participates (*Nursing's Social Policy Statement*, ANA, 2003).

8.2 Promote an environment that respects human rights: As members of NSNA, nursing students pledge to refuse to engage in, or condone discrimination on the basis of race, color, creed, national origin, ethnicity, age, gender, marital status, lifestyle, disability, or economic status (*NSNA Code of Ethics: Part One, 1999; NSNA Bylaws, Article III Purpose and Functions, Section 2, item f, 2007*). By providing an atmosphere that allows clients to voice their needs, and to collaborate with the health care team, clients are empowered to meet their health care goals.

8.3 Values: All clients have a unique set of beliefs that form their values. Nursing students are obligated to holistically provide care to clients in ways that respect the client's belief system and empowers them to attain their heath goals.

8.4 Choice of cultural and spiritual beliefs: All individuals have a unique set of values that are influenced by their culture and spirituality. Nursing students have a responsibility to demonstrate respect for the client by seeking to understand the client's health care goals, their strengths and values, their cultural and spiritual beliefs, and how they influence and support the client's care.

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** 9. Collaborate in every reasonable manner with the academic faculty and
    clinical staff to ensure the highest quality of client care

    9.1 Collaborate in every reasonable manner: Clinical learning
       environments are places for applying the skills that nursing
       students have learned in the classroom and nursing lab. Nursing
       students are compelled to deliver the highest quality of care
       possible in these clinical learning environments. If the student has
       questions or needs clarification on a procedure or nursing
       intervention they are obligated to refer those questions to the
       nursing faculty or preceptor assigned to manage the student's
       clinical learning experience. The client's safety is the highest
       priority and the student should not let their questions go
       unanswered.

** 10. Use every opportunity to improve faculty and clinical staff
    understanding of the learning needs of nursing students.

    10.1 Nursing is a fast paced ever-changing field that leaves little or
       no room for error. It is imperative for nursing students to
       communicate what they are learning as well as the need for further
       education in a clinical practice area through any means possible
       such as, verbal conferences and written evaluations. Learning as a
       process may vary for each individual student. However, each
       student shares responsibility for ongoing evaluation of their clinical
       learning and participates as an active learner by demonstrating and
       documenting that their clinical learning objectives have been met
       and maintained.

** 11. Encourage faculty, clinical staff, and peers to mentor nursing
    students.

    11.1 Encourage faculty: Nursing faculty are an important and readily
       available source of information and serve as role models for
       professional practice .By encouraging faculty to mentor students in
       evidence-based practice, in professional involvement in NSNA as a
       student, and in other nursing organizations after graduation,
       nursing programs prepare students to advocate for clients and to
       provide safe quality nursing care.

    11.2 Encourage staff: Clinical staff and clinical preceptors are
       important sources of information about safe quality nursing
       practice and evidence-based Policies and Procedures in the clinical

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practice environment. By encouraging staff to mentor nursing students and to role model professional behaviors, health care institutions can create welcoming and effective learning environments.

11.3 Encourage peers: Peer mentoring has a unique advantage because of the shared experience of being a nursing student. Peers provide a different perspective on a nursing student's performance than faculty or staff, which can be facilitated through peer reviews and discussions. These reviews promote a career-long activity of collaborative learning and peer mentoring, and should be practiced as a component of clinical learning.

** 12. Refrain from performing any technique or procedure for which the student has not been adequately trained.

12.1 Operating within appropriate scope of practice: The client's well being is the highest priority. By performing procedures or interventions that the student is not ready to perform, the student and faculty are placing the client's well being in jeopardy. The student must inform the faculty or clinical preceptor assigned to supervise the clinical experience whenever they are unprepared to safely provide an assigned intervention or procedure. This allows the faculty or clinical preceptor to provide the needed information for safely conducting the procedure.

** 13. Refrain from any deliberate action or omission of care in the academic or clinical setting that creates unnecessary risk of injury to the client, self or others.

13.1 Academic or clinical setting: Nursing students must recognize that actions influence the reputation of the nursing program and the profession of nursing. Therefore, whether on campus or in clinical settings, nursing students have a responsibility to come prepared to provide safe quality nursing care under the direction of the faculty or preceptor. By not engaging as an active learner or violating the nursing program's code of conduct (i.e. not coming prepared to class, missing a significant amount of class time, cheating or condoning other student's actions to cheat on exams, etc.) violates ethical and academic responsibilities of nursing students and future nurses. As an NSNA member, nursing students pledge in the *NSNA Code of Professional Conduct* (1999) to refrain from any form of cheating or dishonesty, and take action to report dishonorable practices to proper authorities using established channels.

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13.2 **Creating unnecessary risk of injury to the client, self, or others:** Nursing students have shared responsibility with the health care team for maintaining the safety of clients, themselves, and others in the academic and clinical learning environment. Any action that creates the potential for harm or increases the risk for failure to maintain and support the physical or mental integrity of clients, self, or others is contradictory to these responsibilities. Competent delegation and supervision is a shared responsibility between the registered nurses and the health care team to control for unnecessary risks of injury to the client, self, or others. Nursing education should provide nursing students with opportunities to develop competencies related to delegation, including assessment and planning, communication, surveillance and supervision, evaluation and feedback (National Council of State Boards of Nursing (NCSBN), 2005; NCSBN & ANA, 2006).

13.3 **Refraining from any deliberate action or omission of care that creates unnecessary risk to the client, self, or others:** Knowingly withholding action, acts of omission of care, and deliberate actions that create unnecessary risk to the client, self, or others is a violation of the ethical and professional responsibilities of nursing students. Such acts are subject to review by the academic institution, and others as deemed appropriate.

** 14. **Assist the staff nurse or preceptor in ensuring that there is a full disclosure and that proper authorizations are obtained from clients regarding any form of treatment or research.**

14.1 **Assist staff or preceptor:** While the nursing student may observe and assist the staff nurse or preceptor with the education and care of the client, primary responsibility for informed consent and managing and implementing the plan of care/research protocols remains with the physician/primary care provider/researcher in collaboration with the client, the staff nurse, and health care team.

14.2 **Ensuring that there is full disclosure:** The nursing student should immediately, in a confidential setting, make full disclosure of any questions the client verbalizes and any concerns pertaining to the client's safety, privacy, or informed consent to the nursing faculty or preceptor as well as to the staff nurse assigned to the client.

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14.3 Proper authorizations are obtained from clients: The staff nurse assigned to provide the client's care has the responsibility with the physician/primary care provider/researcher to assure that the client understands the treatment and/or research being provided and that proper authorizations are obtained from client after all of the client's questions are answered (National Institutes of Health (NIH), 2006).

14.4 Regarding any from of treatment or research: Human subject research requires that participants be given full disclosure of the purpose and procedures in the research study, including the potential benefits and risks. The client maintains the right to decide to participate or not to participate in the research (NIH, 2006).

** 15. Abstain from the use of alcoholic beverages or any substances in the academic and clinical setting that impair judgment.

15.1 Abstain from the use of alcoholic beverages or any substances that impair judgment: Nursing students strive to promote client, family, co-worker, and self safety in academic and clinical settings. This cannot be accomplished when health professionals or nursing students are under the influence of any substance, legal or illegal, which impairs judgment. Impaired decision-making can contribute to poor patient outcomes and can lead to disciplinary action.

15.2 In the academic and clinical setting: In classroom and clinical settings nursing students gain opportunities to build their critical thinking skills and learn to make sound clinical judgments. Nursing students should hold their colleagues and peers to this same standard. In that regard, if one suspects a colleague of alcohol or substance intake, he or she should discuss the situation in a confidential setting with the nursing faculty or preceptor.

** 16. Strive to achieve and maintain an optimal level of personal health.

16.1 Optimal level of personal health: As agents of a research-based industry we must remember the objective and scientific guidelines of optimal health. Taking care of one's self is important to providing good nursing care. Personal health encompasses both physical and mental health.

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16.2 Striving to achieve and maintain: It is important for nursing students to be familiar with and routinely practice a *healthy* lifestyle. Nursing students and nurses are ambassadors, role models, and health educators for clients. It is an important responsibility for nursing students to maintain their own physical and mental health to provide safe quality nursing care to clients.

** 17. Support access to treatment and rehabilitation for students who are experiencing impairments related to substance abuse and mental or physical health issues.

17.1 Support access to treatment and rehabilitation for students experiencing impairment: Nursing students should be familiar with the established policies and regulations related to substance abuse. Nursing students who are substance abusers must seek assistance to address this issue. By not doing so places both the student and clients in jeopardy and may result in dismissal from the program; disqualification for taking the licensure examination; and in the case of professional misconduct or malpractice, may result in legal action.

17.2 Mental or physical health issues: Nursing students suffering from mental and/or physical health issues must address these issues as soon as they become known. Assistance may be available at the student health center or other providers either on or off campus. By maintaining a high level of mental and physical health, nursing students will have the capacity to help others.

** 18. Uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.

18.1 Uphold school policies and regulations related to academic and clinical performance: Adherence to the rules and regulations that are established for students including honesty, integrity, and professionalism within all academic and clinical settings is imperative. Nursing students must hold themselves and others accountable to these high standards. Being aware of the rules, regulations, and policies is part of this accountability; ignorance is not an excuse for violations.

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18.2 Reserving right to challenge and critique rules and regulations as per school grievance policy: Nursing students have the right to challenge and critique rules and regulations following the process outlined in the school's grievance policy. Student perspectives and evaluations should be integral components of quality improvement for classroom and clinical learning environments, and the curriculum. NSNA adopted the *Student Bill of Rights and Responsibilities (NSNA House of Delegates, 1975, 1991, 2006)* and *Grievance Procedures (NSNA Board of Directors, 1975, 1991)* to provide nursing students, faculty, and nursing programs a resource for developing and revising school grievance policies. Nursing students have a responsibility for adequate preparation for participation in academic classroom and nursing lab environments, and for safe quality clinical practice under the direction and supervision of nursing faculty and clinical preceptors.

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Guidelines on Living Healthy
See the Centers for Disease Control and Prevention website for more detailed information and guidelines on living healthy:
http://www.cdc.gov/HealthyLiving/.

Health Insurance Portability and Accountability Act (HIPAA) and the Patient Self Determination Act
See the National Institutes of Health (NIH) training site for an introduction to legal issues in clinical research, including content on HIPPA and the Patient Self Determination Act presented by Valerie H. Bonham, Office of the General Counsel, NIH on December 11, 2006:
http://www.nihtraining.com/cc/ippcr/current/downloads/Bonham121106

Standards of Care
See this site for information on the "standard of care":
http://www.jointcommission.org/Standards/FAQs/2009+Standards+FAQs.htm

COLLGE OF MARIN
Registered Nursing Program

HIPAA PRIVACY REQUIREMENTS FOR HEALTHCARE PROFESSIONALS

Overview of HIPAA requirements

As a result of improper disclosure and misuse of health information, the federal government took action to make health plans, hospitals, and health care providers do more to protect health information privacy and confidentiality. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a broad federal regulatory act, which requires organizations to have detailed policies and procedures in place that dictate how patient "protected health information" (PHI) is to be used, when it can be disclosed, and how it should be disposed of. Accessing, using and disclosing protected health information is subject to strict requirements.

HIPAA establishes standards for electronic transfer of health information and provides privacy and security standards to safeguard the confidentiality, availability and integrity of such information. Under HIPAA, distinction is made between Privacy and Security. Privacy sets standards for health care facilities control of access, use and disclosure of "protected health information" (PHI), and for related individual rights. Security requires health care facilities to develop, implement and maintain appropriate security measures to safeguard the data integrity, confidentiality and availability of electronic individual health information (e.g., password protection, door locks and key cards for files and offices).

Duty to maintain information in a confidential manner

Individuals performing services for health care organizations and having access to PHI are expected to comply with HIPAA regulations. Information and communication, whether verbal, written, or electronic, about patient health information must be kept private and confidential by limiting it to persons who are authorized to receive it. Only people with an authorized need to know should have access to the protected health information. These individuals should 1) not access or use information they don't need for work responsibilities; 2) access or use only as much information as needed; and 3) only disclose information when permitted or required to do so by law or the patient.

There are many ways to protect patient privacy. Some of these include the following:
- All clinical material remains off limits for any public site or public communication, regardless of the lack of any direct patient identifier.
- Close doors and curtains and lower your voice to keep conversations about patient care private. Do not discuss your experiences of the day in the elevators, vans, or public areas or post any protected information on the web or social net work sites.
- Discuss PHI in private areas so that others may not easily overhear. For example, avoid discussing PHI in the cafeteria, waiting rooms and elevators.
- Keep patient medical records, lab results, and other PHI where unauthorized persons cannot see or access them. Do not leave charts open on desks or countertops, or in areas where unauthorized people could easily access them.
- Do not access patient medical records unless you are authorized to access that information.
- When finished using patient information, return it to its appropriate location. When finished accessing electronic patient information, log off the system.
- When discarding patient PHI, make sure it is disposed of properly (e.g., shredding).

New Hospital Policies Regarding Use of Electronic Devices

Since the passage and implementation of HIPAA, health care agencies have been developing new privacy and security policies designed to protect the confidentiality and integrity of protected health information, including policies regarding the use of electronic devices. When a policy is adopted by one agency, rapid adoption of similar policies by other agencies, especially those within the same parent organization, often follows. Faculty and students must be alert for any changes in policies.

One clinical agency used by the College of Marin Registered Nursing Program, Alta Bates Summit Medical Center (ABSMC), a member of the Sutter Health network, has announced a new (2008) policy that allows students to bring computers to clinical and use them for data collection (previously this has not been allowed). However, students <u>may not use any patient identifying information</u>—<u>including name, age, birth date, room number, Medical Record Number, home address, phone number</u>. The Risk Management and Compliance Officer and the HIPPA Privacy Officer at ABSMC recommend that students work out their own encryption system so that they can recognize their patient. Alta Bates Summit Medical Center has stressed that random audits will be conducted in which students will be asked to have their computers examined. <u>The penalty for violations of the ABSMC HIPPA electronic device policy will be that the student can no longer practice at the medical center,</u> (Students are being held to the same standard as Alta Bates Summit Medical Center employees and are subject to the same penalties.) Because this agency is used frequently by the College of Marin Registered Nursing program for clinical rotations, <u>this in turn has implications for a student's ability to continue in the College of Marin Registered Nursing Program.</u>

Alta Bates Summit Medical Center also cautions students that they may not take digital images of parts of the medical record on their cell phone cameras or other electronic devices, and may not photograph patients except in situations in which the patient has the control, as when patient asks the student to take a picture of them with their new baby, etc. Similarly, patients may not take pictures of staff or students without their express permission. (E.g., there have been situations where patients have taken photographs during their labor and delivery that included the medical and nursing staff in attendance, and then posted those pictures on a website without permission; this is a violation of the staff members' right to privacy.)

Students should also be aware that the admission procedure to the critical care areas at Alta Bates Summit Medical Center now includes the identification of a code word that family members can use for obtaining information about their loved one. When family members call the unit, they can be give information by the RN if they have the correct code word.

Students should properly dispose of (e.g., put in secure trash for shredding) any written or computer generated notes with identifying information before leaving the medical center.

Security Awareness Training:

Students may be asked to participate in security awareness training, which involves security incident reporting, acceptable use of computers and other electronic devices, physical security in the workplace, password and access management, and identifying when someone has attempted to access a system using your user ID.

(Adapted from HIPAA Training Booklet for Health Care and Health Plan Professionals - Kaiser Permanente, 2002)

COLLEGE OF MARIN
Registered Nursing Program

RULES FOR SAFETY AND PREVENTION OF ACCIDENTS

A. The health and safety of all individuals will be given the highest priority. The nursing faculty shall use a variety of methods to convey information to students for their personal and professional guidance which will include training in the following areas related to communicable disease:

    a. Prevention of exposure
    b. Use of personal protective equipment
    c. Exposure follow-up
    d. Hepatitis B vaccination

Students caring for individuals with any communicable disease shall be instructed as to proper precautions according to The Centers for Disease Control and Prevention (CDC) and Federal Occupational Safety and Health Administration (OSHA) Guidelines. Compliance with the current College of Marin District Board Policy 5200 Student Health Services - Safety and Security is ensured BP 5205 Student Accident Insurance (See Program Regulations and College of Marin Board Policies). Students will follow The Board of Registered Nursing Statement on Delivery of Health Care (See G). Hospital procedures for preventing the transmission of communicable diseases will be rigorously enforced. Review the Universal Precaution Guidelines. February 1988, CDC Guidelines (See H).

B. Student requirements to comply with health and safety guidelines include:
- Vaccinations (MMR, Polio, Hepatitis, Quantiferon TB test or 2-step PPD, DT) and positive titer for Varicella, Hepatitis B
- Completion of a Health Clearance with a Release of Information clause to inform clinical facilities about the health of the student
- FIT testing
- Bloodborne Pathogen Workshop attendance and annual review. An OSHA Guidelines & Bloodborne Pathogen Workshop is scheduled for early Fall. Attendance is mandatory in order to orient you to (OSHA) safety guidelines. Hospitals require that student's attend this workshop prior to clinical experience in their facilities.
- Graduation requirement course study in anatomy, physiology and microbiology
- Nursing course study in asepsis, hygiene, immunology, and pathophysiology

C. Guidelines in the Classroom and Nursing Skills Laboratory

Instructors and students will comply with the current College of Marin - Exposure Control Plan for Bloodborne Pathogens which is posted in the Nursing Skills Laboratory. Universal Precautions Guidelines must be observed by all students and staff.

Methods of exposure prevention include but are not limited to:

1. Engineering Controls: proper means for disposal of contaminated equipment and maintenance of contamination prevention facilities.
2. Hand-washing facilities shall be readily available.
3. Contaminated needles and other sharps shall be disposed of in a puncture-resistant container designed for this purpose.

4. Skills practice areas shall be kept separate from personal care areas e.g. eating, drinking.

5. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering of this substance.

6. Warning labels shall be affixed to containers of regulated waste.

7. Protective equipment such as gloves, mask, eyewear, and gowns will be utilized appropriately as necessary.

D. Procedure for Injury of Student in the Clinical Area

1. The student should report to the Emergency Room. The College District's Workers' Comprehensive Coverage for Employee's (Keenan Insurance Services) should be designated as the paying party.

2. Call Company Nurse (1-877-518-6702) immediately to report incident and follow-up instructions. If life-threatening, call 911.

3. As soon as possible the student must file for Worker's Compensation Coverage for Employees (Keenan) with Human Resources. A Workers' Compensation Form should be completed and a copy of this report must be sent to the Student Health Center.

4. The instructor and student must comply with the Clinical Facility's protocol for the reporting of an injury.

E. Procedure for Injury of Student in Clinical Area Related to Blood Borne Pathogens.

What are the Student Responsibilities?

1. Exposure Notification: Reports the exposure immediately to the nursing instructor. The nursing instructor will direct the student to the emergency department or hospital department for employee health to determine the need for post-exposure prophylaxis.

2. Immediate Wound Care:

   a. Needlestick, Laceration, or Skin Exposure: The student is encouraged to cleanse the wound immediately with soap and water. If a puncture wound is sustained, encourage bleeding.
   b. Ocular or Mucous Membrane Exposure: The student is encouraged to immediately irrigate the eye or mouth with water for 5 minutes.

3. If injury: Report to Emergency Department or hospital department for employee health to determine treatment. Call Company Nurse (1-877-518-6702)

4. Worker Compensation claim: The student must file a Workers' Compensation claim by contacting Connie Lehua (415.485.9361) in Human Resources, College of Marin.

What are the Instructor Responsibilities?

1. Sends the student to the Emergency Department for treatment.

2. Call Company Nurse (1-877-518-6702)

3. Notifies the Program Dean and Connie Lehua (415.485.9361) in Human Resources, College of Marin, of the injury in order to initiate the Workers' Compensation (Keenan) claim.

4. Follows the Clinical Facility protocol for reporting an injury.

What are the College of Marin Personnel Department Responsibilities?

1. Complete the Workers' Compensation Claim form and forwards this to Keenan Insurance Services and to the College Health Center.

What does the College of Marin Workers' Compensation Cover?

1. College of Marin Workers' Compensation covers students injured while working in clinical facilities. This includes immediate care of the student, follow-up care, and patient testing. Keenan will offer counseling, if needed.

2. If Keenan Insurance Services is notified immediately, they will assign a caseworker to contact the patient's physician for patient follow-up testing. If for some reason they cannot be contacted, the instructor or health facility may contact the attending physician for evaluation of patient risk and permission to test the patient. Keenan Insurance Services will reimburse the patient testing that is ordered by the attending physician.

F. Procedure for Injury of Student in the College Setting

1. The student must report to the College Student Health Nurse for first aid attention if appropriate. Otherwise, the student <u>must</u> report to the Student Health Nurse within 3 days to initiate Student Health Insurance Coverage and to document the incident. The instructor should complete an <u>Accident/Illness/Injury Report Form</u> and send it to the Student Health Center with the student.

2. If the College Student Health Center is closed at the time of the incident, the student should go to an emergency room or their physician. Students must bill their primary insurance first for services given. Student Health Insurance is the secondary source of payment.

3. Student should contact the Student Health Center for specific questions regarding insurance coverage and to complete any necessary claim forms. Insurance benefits can change annually.

Please note:

The College's Student Accident and Injury Insurance policy is limited and should not be construed as a health insurance plan. It is supplemental and secondary to one's own primary medical insurance. If a student has medical insurance, including HMO's, they must seek care from their primary provider first according to the provisions of their own policy.

Additional forms and insurance brochures are available at the Student Health Center.

G. California Board of Registered Nursing Statement on the Delivery of Health Care Source: www.rn.ca.gov/practice/pdf/npr-b-17.pdf (accessed 6/27/2014)

COLLEGE OF MARIN
Registered Nursing Program

STATEMENT ON DELIVERY OF HEALTH CARE

STATE OF CALIFORNIA

dca

DEPARTMENT OF CONSUMER AFFAIRS

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

STATEMENT ON DELIVERY OF HEALTH CARE

The Board of Registered Nursing supports the right of all consumers to receive dignified and competent health care consistent with the law and prevailing standards of care, including the right to participate in and make decisions regarding their health care. The Board also supports the right of the nurse to know the patient's diagnosis/suspected diagnosis in a timely fashion in order to make an appropriate nursing care plan.

The implementation of infection control procedures known as universal precautions is basic in all health care. Universal precautions are regarded by the Board as a common standard of nursing practice necessary to protect both patients and health care workers from disease transmission. Knowledge of the patient's diagnosis(ses) by the registered nurse is essential so that the registered nurse may initiate any additional precautions necessary to minimize the risk of contracting or spreading disease.

Although the nurse is not expected to take life-threatening risks in caring for clients, it is not acceptable to abandon any patient, nor is it acceptable to refuse to treat any person on the basis of age, religion, sex, national origin, sexual orientation, or disability. Decisions regarding the degree of risk involved in patient care should be based on current scientific knowledge.

Information on issues related to communicable disease is available from the U.S. Centers for Disease Control and from agencies in the State Department of Health Services and County and City Health Agencies.

SOURCE LIST ON REVERSE SIDE

NPR-B-17.DOC 11/1993

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SOURCES OF CURRENT INFORMATION ON AIDS

1. Center for Disease Control
   1600 Clifton Road N.E.
   Atlanta, GA 30333
   Publishes "MMWR" (Morbidity and Mortality Weekly Report) about AIDS each
   week.

2. General Information from CDC (recorded)
   Call 1-800-342-2437

3. AIDS Hotline: Answers questions
   Call 1-800-447-AIDS

4. Health Worker's Needle-Stick Survey: A federal study of health workers who have
   possible exposure to AIDS via needle stick or other work-related incidents. The
   project is interesting in hearing from hospital infection-control coordinators who
   want to enroll in the project.
   Call (404) 329-3406

5. State of California
   Department of Health Services
   Office of AIDS
   P.O. Box 160146
   Sacramento, CA 95816

   Contact: (916) 445-0553

6. Los Angeles County
   Department of Health Services
   AIDS Program
   313 North Figueroa Street, Room 222
   Los Angeles, CA 90012

   Contact: (213) 974-8139

H.   Universal Precaution Guidelines (February 1988, CDC Guidelines)

The Registered Nursing Program at College of Marin follows the recommendations of The Centers for Disease Control and Prevention and mandates the application of blood and body substance precautions for <u>all</u> patients. Precautions must be strictly followed whenever there is a possibility of exposure to blood or other body substances.* These precautions emphasize blood and body substance precautions for all patients regardless of their isolation status, or presumed infectious status, or diagnosis. Guidelines are as follows:

*   ***Wash hands*** before and after patient care. Wash hands immediately after gloves are removed.

*   ***Wear gloves*** when you anticipate direct contact with moist body substances* from any patient; remove gloves after each individual task.

*   ***Wear mask and protective eye wear*** during procedures likely to generate droplets of blood or the body fluids*, to prevent exposure of mucous membranes of the mouth, nose and eyes.

*   Wear gown or disposable plastic apron when you anticipate that your clothing may be soiled with blood and other body fluids.*

*   Protect your non-intact skin from contact with body substances.*

*   Wash your hands, arms, face, etc., as appropriate, if you have had unprotected contact with blood or other body fluids.*

*   Discard sharp instruments, needles and syringes in puncture-resistant containers. Needles should not be bent, broken, recapped or unnecessarily handled.

*   Handle all specimens as though infectious.

*   Notify your instructor immediately when you have had an accidental needlestick or splash of body substances* into non-intact skin, mouth, eyes or nose.

*Blood or Body Substances: Blood, semen, vaginal secretion, cerebral spinal fluids, pathology specimens, wound exudate, urine, feces, sputum, vomitus, etc.

February 19, 1988
State of California
COM: Revised: June 2014

Human Resources | 835 College Avenue   Kentfield Campus
Kentfield, CA 94904   Indian Valley Campus
415 . 457 . 8811   www.marin.edu

C O L L E G E O F

MARIN

March 25, 2013

TO: ALL EMPLOYEES

FROM: Kristina Combs, Executive Director of Human Resources and Labor Relations

RE: WORKERS' COMPENSATION

The following is an update on the College's Workers' Compensation laws. It is being sent to all employees to stress the importance of reporting all job-related accidents/injuries or health problems to your immediate Supervisor. It is also to remind Management and Supervisory employees of the importance of timely reporting of such incidents to the Human Resources Department. Please read carefully. **All employees should be familiarized with this Program**.

The Workers' Compensation laws of California require that every employer provide benefits to its employees who sustain an injury or illness arising from their employment. Industrial Accident and Illness Leave is provided by the Education Code and in collective bargaining agreements. Northern California Community College Self Insurance Agency (NCCCSIA) is the self-insured program, which provides our Workers' Compensation coverage. Keenan Insurance Services (Keenan) is under contract with NCCCSIA to provide claims service for the College. Our Keenan Claims Examiner is Rosemarie Cooke at (916) 859-4900 extension 4114.

REPORTING THE INJURY OR ILLNESS

When an employee/student sustains an injury or illness, he/she must first report the incident to his/her:
   a) **Immediate supervisor/ Instructor, and the Dean of Health Sciences must be informed also.**
   b) **IT IS THE RESPONSIBILITY OF THE EMPLOYEE/STUDENT TO REPORT THE INJURY OR ILLNESS TO THE HUMAN RESOURCES DEPARTMENT**. (Attachment A)

To ensure prompt reporting of all non-life threatening injures all employees should:
   a) **Contact the Company Nurse Injury Hotline which provides district employees with 24/7 telephone access to Registered Nurses and medical professionals for prompt reporting of on the job injuries.**
   b) **Please keep the attached card with phone information in a safe place. (Attachment C)**
   c) Within a 24 hour period from the injury/illness, send the employee/student to the Human Resources Department in order to complete, sign and process a Claim for Workers' Compensation Benefit Form.
   d) Completed claim forms must be received by Keenan within 5-days of the incident.
   e) It is essential that the Supervisor or employee advise Human Resources of any accident/injury as soon as he/she is aware.
   f) In case of death or serious injury, phone the Human Resources Office immediately.

Under the California Labor Code, the District is entitled to direct injured workers to a provider panel for the first 30 days**, unless the injured worker has specified in writing to the Human Resources Department, *prior* to his/her injury, that he/she would prefer to be seen by his/her own personal physician**. Attached is the Northern California Community College Self Insurance Agency (NCCCSIA) Preferred Provider Panel for employees' use for the first 30 days **(Attachment B).**

If a critical situation exists, the nearest location for professional medical care should be utilized. If a minor injury, the employee should obtain immediate treatment through the College of Marin's Health Center Nurse, if available. Following the first 30 days, the injured worker may be seen by an appropriate health care professional of his/her choice, **as long as he/she has received *prior* approval from the District Claims Representative at Keenan, Rosemarie Cooke (916) 859-4900 ext. 4114.**

BENEFITS

The College and Keenan will continue to pay the employees full regular salary for up to **60 days*** if he/she is unable to work. The amount of any compensation from Keenan will be sent directly to the injured worker. Please note that Workers' Compensation payments are excluded from Federal and State income tax withholdings as well as from Social Security. Subsequently the district is notified by Keenan of compensation paid and a payroll deduction will be entered into the payroll system for that amount.

The employee must complete a regular absence report, and enter "Industrial Accident" under "type of Absence;" however, Human Resources cannot start the 60-day leave until the claim has been acknowledged by our insurance carrier as an accident or illness. Prior to acknowledgement, the employee's sick leave accrual will be used. If it is subsequently determined to be industrial accident or illness, the sick leave will be restored. Stress claims involve a particularly long investigative process and, as above, the employee's sick leave accrual will be used prior to approval. A supervisor or manager will be a part of the investigative process.

NOTICE OF EMPLOYEE'S RETURN TO FULL DUTY

It is the employees' (students') responsibility to inform and provide Human Resources with a written doctor's clearance in order for him/her to return to full duty.

Full cooperation is needed to insure prompt and proper attention to all injured employees. In any serious accident, there is a major liability potential for the District. It is imperative that Managers and Supervisors personally investigate report and arrange medical assistance as outlined above. Please call Connie Lehua in Human Resources at (415) 485-9361 if you have any questions.

TO: **COLLEGE OF MARIN HUMAN RESOURCES DEPARTMENT**
FROM: **MANAGEMENT/SUPERVISORY EMPLOYEE**
SUBJECT: **REPORTING INDUSTRIAL ACCIDENT/ILLNESS**   **DATE:** _____

Below is a reporting of an on-the-job illness or injury of an employee for your processing:

_____
Name of Employee

1. Date of injury or onset of illness   2. Time injury/illness occurred   3. Time employee began work
     _____   _____   _____

4. If employee died, date of death   5. Unable to work for at least one full day   6. Date last worked
     _____   after date of injury   Yes ☐ No ☐   _____

7. Date returned to work   8. If still off work
     _____   check this box ☐

9. Specific injury/illness and part of body affected, medical diagnosis, if available, e.g. 2nd degree burns on right arm, tendonitis of left elbow, lead poisoning.
_____

10. Location where event or exposure occurred (Number, Street, City, Zip) _____

_____

10A. County _____   10B. On Employer's premises: Yes ☐   No ☐

11. Department where event or exposure occurred, e.g. shipping department, machine shop. 12. Other workers injured/ill in this
                                                                                     Event   Yes ☐   No ☐
_____

13. Equipment, materials and chemicals the employee was using when event or exposure occurred, e.g. welding torch, scaffold

_____

14. Specific activity the employee was performing when event or exposure occurred, e.g. welding seams of metal forms, loading boxes into truck_____

_____

15. How injury/illness occurred. Describe sequence of events. Specify object or exposure which directly produced the injury/illness e.g. worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. (Use separate sheet if necessary)
_____

_____

16. Name and address of physician (Number, Street, City, Zip)
_____

_____

17. If hospitalized as an inpatient, name and address of hospital (Number, Street, City, Zip) _____

Northern California Community College Self Insurance Agency (NCCCSIA)
Preferred Provider Panel
Kaiser-On-the-Job
Occupational Health Center Locations and Contact Phone Numbers
1-888-KOJ-WORK (565-9675) (to all locations)

San Rafael
99 Montecillo Rd.
Med. Office Bldg. 1
San Rafael, CA 94903-3308
(415) 444-2900

Santa Rosa
401 Bicentennial Way,
East Bldg. Ste 270
Santa Rosa, CA 95403-2149
(707) 571-3000

Vallejo
975 Sereno Dr.
Vallejo, CA 94588-9430
(707) 651-1370

Napa
3285 Claremont Way, 2nd Fl.
Napa CA 94588-3313
(707) 258-4907

Petaluma
3900 Lakeville Hwy, MOB 2
Petaluma, CA 94954-6900
(707) 765-3800

For other locations *Please visit kp.org/employers/kaiseronthejob*

Unless the injured worker has completed the *Pre-Injury Personal Physician Pre-Designation for Work Related Injuries Form* prior to his/her injury, that he/she would prefer to be seen by his/her own personal physician, the employee must be seen by the provider on this list.

IN CASE OF WORKPLACE INJURY:
ACCION a seguir en caso de un accidente en el trabajo

COMPANY
NURSE
Injury Hotline

1 Injured worker notifies supervisor.
Empleado lesionado notifica a su supervisor.

2 Supervisor / Injured worker immediately calls injury hotline.
Supervisor / Empleado lesionado llama inmediatamente a la linea de enfermeros/as.

IN CASE OF LIFE- OR LIMB-THREATENING INJURY DIAL 9-1-1
EN CASO DE UNA HERIDA QUE AMENAZA LA VIDA O UN MIEMBRO DEL CUERPO LLAMAR 9-1-1

IN CASE OF INJURY, CALL:
EN CASO DE UN ACCIDENTE LLAMAR A:

1-877-518-6702

EMPLOYER NAME (NOMBRE DE COMPANIA):

Marin Community College District

SEARCH CODE (CÓDIGO DE BÚSQUEDA):

NSI01

Section VI

Miscellaneous Regulations and Procedures

COLLEGE OF MARIN
Registered Nursing Program

REGULATION ON THE USE OF BEEPERS AND CELLULAR PHONES

Cell phones and beepers are ubiquitous in this technological age, and are increasingly depended upon not only for their convenience but for their usefulness in facilitating the coordination of increasingly complex and demanding schedules and responsibilities. Nevertheless, the desultory ringing and beeping of these portable communication devices where other people are focusing on work or other activities can be quite disruptive. Further, the trend toward conducting personal, private conversations in public areas is still perceived by many as discourteous.

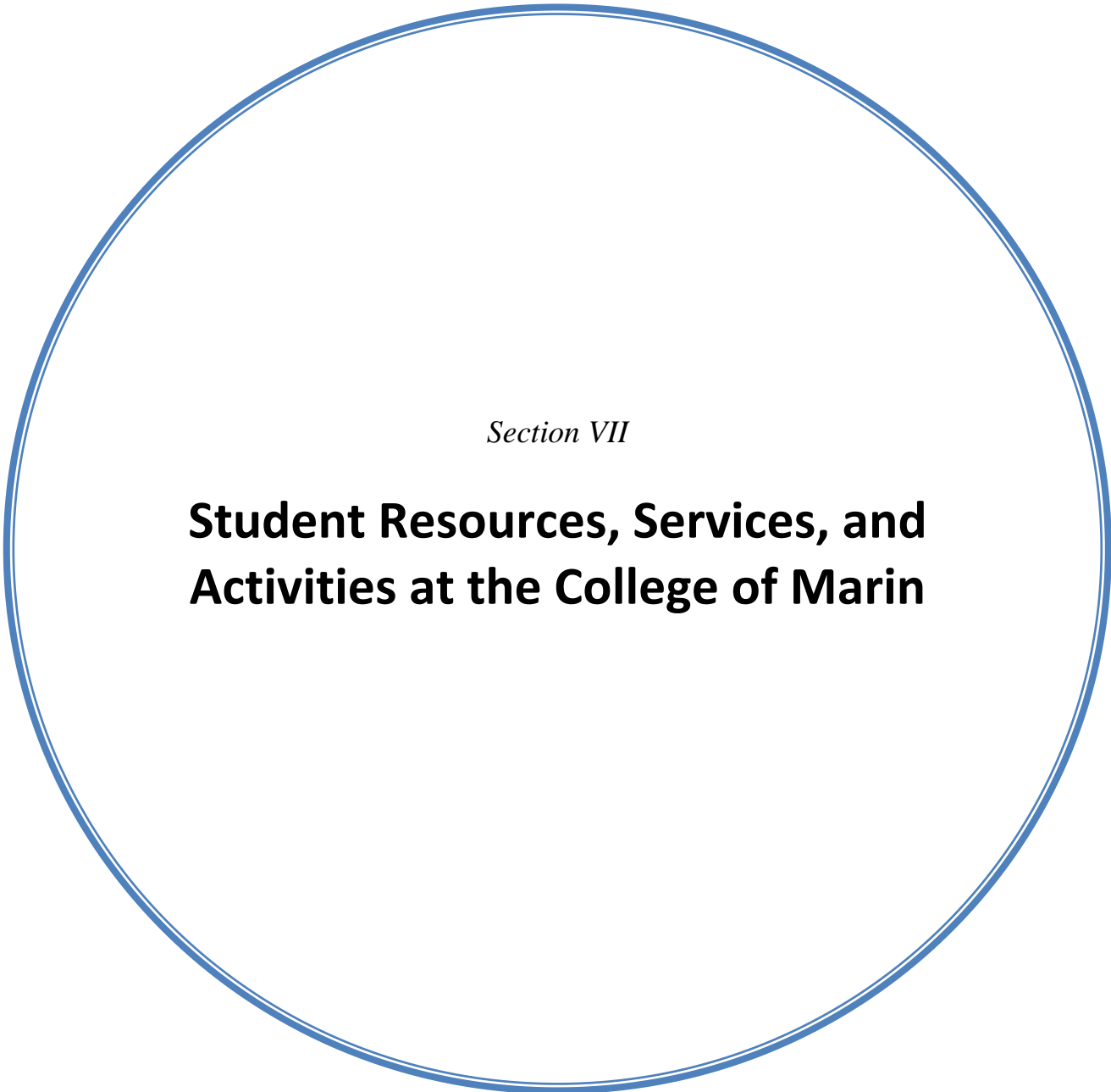**PROCEDURE FOR THE USE OF BEEPERS AND CELLULAR PHONES**

Therefore, in consideration of both fellow students and faculty, beepers and cell phones are to be turned off, or on silent/vibratory mode, during class. No cell phone calls are to be initiated or answered in the classroom. Students are asked to complete their calls outside the classroom, before or after class and during breaks.

To avoid the potential for, or appearance of, any impropriety, beepers and cell phones are to be turned off, or to a silent/vibratory and/or voice mail mode, before any exam. Students, who must be available by phone for emergency calls, may be contacted through the College of Marin Registered Nursing Department secretary. In the event of an emergency, the Department Administrative Assistant will contact the student during the exam. (Alternatively, the student may choose to leave their cell phone or beeper with a designee who can take a message, and, in the event of an emergency, ask the instructor to interrupt the student during the exam.) In the case of such an emergency, arrangements may be made at the instructor's discretion for the student to take a make-up exam.

Cell phones may not be operated within clinical facilities as they can potentially interfere with the use of medical equipment. Students may carry beepers but must put them on silent/vibratory mode. Beepers may be answered during student breaks. Students, who do not have beepers and are in clinical during hours when the College of Marin Registered Nursing Department is closed, may be contacted for emergencies through their clinical instructor's beeper. Students are forbidden to take pictures/video of exams, college staff or students without their permission (FERPA guidelines). Students may never take pictures of students, hospital documents per HIPPA guidelines. Review:

HIPAA PRIVACY REQUIREMENTS FOR HEALTHCARE PROFESSIONALS

Approved 5/01
Reviewed: June 2014

Section VII

Student Resources, Services, and Activities at the College of Marin

STUDENT SERVICES AT THE COLLEGE OF MARIN

Select student services will be described here briefly. For a more detailed description of the services included here, and for descriptions of additional services offered at the College, students are referred to the additional information provided in this manual, the *College of Marin Catalog*, the *College of Marin Schedule of Credit Classes,* and the *College of Marin Homepage at* www.marin.edu.

Counseling and Advising Services

Academic, career, and personal counseling are available to students. Counseling services are located in the Student Services Building on both campuses. Hours vary throughout the year but both day and evening hours are available. For information, call 415.485.9432 (Kentfield Campus).

Academic counseling provides information on degree requirements, RN Program requirements, and transfer requirements to a four-year university or college. Students should be aware that, in compliance with SB 139 (October 12, 2007), students applying for an Associate of Science Degree in Nursing who already possess a bachelor's degree or higher degree from a regionally accredited institution of higher education in the United States may be awarded an associate degree upon completion of all of the coursework necessary for licensing as a registered nurse. This includes all of the prerequisites to the program and the degree requirements for nursing.

Career counseling is provided to students to help them develop goals or make career choices. A Career Day for student nurses is planned each spring to introduce students to various career options.

Personal counseling is available to help students with personal problems that are interfering with their education. Counselors refer students who are in serious distress to private or public mental health agencies in the area.

Disabled Students Program

At the Kentfield Campus, adaptive physical education, learning disability testing and instruction, and computer-assisted instruction for special learning needs are offered to students who have physical, learning, psychological and/or communication disabilities. The College offers educational and mobility aids; note-takers, readers, and interpreters, and liaison with instructors, other campus services, and referrals to community agencies. The Disabled Students Program liaison communicates with the instructor when special considerations need to be given to a student, such as additional time for testing. Students should present a letter from Disabled Students Program for each course in which they want accommodations. Additional Information on Disabled Students and a Student Guide to Testing Services appears elsewhere in this handbook.

Financial Aid

The College of Marin offers a variety of federal and state programs in the form of tuition fee waivers, grants, loans and part-time jobs to qualified students. Financial Aid provides money for books, fees, transportation and some living expenses for students who qualify. The Financial Aid Office on the

Kentfield Campus is located in the Student Services Center. For information, call 415.485.9409. Applications are available in January for the following Fall and Spring semesters.

Students should also be aware of scholarship deadlines. Students must complete a Free Application for Federal Student Aid (FAFSA) if they wish to be considered for all financial aid programs. The file is reviewed and the student notified of their eligibility for funds. Some financial aid programs have particular qualifications, such as financial need, grade point average, or enrollment in a program of study leading to a degree or transfer to a four-year institution.

The College of Marin Foundation has several scholarships that are identified for nursing students. Contact the nursing Program Director for Nursing scholarships.

Health Center

The Student Health Center provides first aid, care and treatment for short-term medical concerns, over-the-counter and some prescription medications, immunizations, TB testing, anonymous HIV testing, flu shots, health education, physical exams for College programs, voluntary insurance plans, and physician appointments. The College Health Center is in the process of being moved and you will be notified of the new location. For information or appointments, call 415.485.9458.

Learning Resources Center

- **Library**

If you would like help with your research, the librarian at the Reference Desk will be happy to assist you. Stop by or call: 415.485.9475. The College Library, located in the Learning Resource Center, is open Monday through Thursday, 8:00 a.m. – 9:00 p.m. and Fridays, 8:00 a.m. – 4:00 p.m.; there are no weekend hours. (Check online or telephone to confirm current hours.) Library orientations are offered each semester. There is a computer based catalog, and the library subscribes to the Cumulative Index to Nursing and Allied Health Literature which indexes more than 525 medical journals. Reference librarians assist students with finding appropriate materials. The library has an on-line full-text periodical database, INFOTRAC-Expanded Academic ASAP, which includes abstracts and/or full-text articles from many periodicals specific to nursing and the health sciences. The library currently subscribes to hundreds of periodicals, (both print and electronic) related to nursing and health care. These include *American Journal of Nursing, Geriatric Nursing, Health, Nursing 2004, New England Journal of Medicine,* and *Journal of the American Medical Association (JAMA).* Computer workstations with Internet access are available in the library. Students can schedule workstation user times and print or e-mail copies of online articles. See *College of Marin Library Guidelines for Internet Workstation* in this manual.

Articles from nursing journals may be assigned in nursing courses. These articles contain current nursing information, discussion of important issues in nursing, and examples of client application of theoretical concepts.

- **Media Center**

The Media Center is located in the Learning Resource Center, Room 120, (415.485. 9645) is open Monday through Thursday, 8:00 AM to 8:00 PM, and Fridays 8:00 AM to 4:00 PM. (Check the COM website or telephone to confirm current hours.) It is a place where students can view videos. The General Access

Student Computing Lab is also located in the Media Center. Several Macintoshes and PCs are available for students needing to write papers. The Computing Lab also contains a color scanner and printer.

- **Computer Learning Resources**

There are several computer labs on the Kentfield Campus: These are open to all students. They are staffed with support people who can help with computer questions.
http://www.marin.edu/student_services/learning_resources.htm#computer

- **Nursing Clinical Application Laboratory (Skills Lab)**

The Clinical Application Lab is provided to assist students in learning to perform the skills and procedures used in everyday nursing practice with speed, accuracy and confidence. It is intended to be a non-threatening learning environment where mistakes may safely be made and corrected, professional attitudes and behaviors molded, and critical thinking and decision-making skills developed. It is also intended to be a place where students may receive the encouragement and support they need to grow into competent, compassionate nurses.

The Lab is as much a resource as students make of it. Experience has shown dramatic differences between those students who spend much time in the Lab sharpening their expertise, and those who merely meet minimal requirements. Students who "make the Lab their own" progress through the Nursing program with much greater ease, enjoy greater success in clinical assignments, and integrate the nursing role and the nursing identity in their lives with less stress. Students are strongly advised to use the Lab freely, beyond the minimal requirements established by the faculty, and to take responsibility for on-going assessment of their own strengths and weaknesses.

Students may not use the Clinical Applications Lab independently unless permission has been granted from the Lab Tech or a faculty member who is available in the building. Students may use the Lab independently during open hours (see posted semester schedule) by **making arrangements with the instructor in the building or with the Lab Tech to open the room.** Be sure to turn off the lights and/or computers when you leave, close the doors so they lock, and let the lab tech or faculty member know that you are leaving.

RN Student Resource Room (SMN 216)

The resource room has computers, texts, journals and other resources available for RN students. Access and use of this room can be attained by asking a faculty member or administrative assistant to unlock the room for your use. There is no printer available in the room. It is the student's responsibility to sign the Log Sheet in the room, and Please be sure the room is left the way it is found, in good order, and *LOCK the Door* when you leave. The college computer use policy applies.

Tutoring Center

Free tutoring is offered to College of Marin students in nearly all academic disciplines. Tutoring is performed by peer tutors who have been recommended by faculty in the appropriate subject. Check with your instructor. Your instructor may also be able to arrange for a graduate nurse to tutor for either theory or clinical courses should the need arise.

Student Academic Clubs

Student clubs reflect the diversity of interests of the student body and provide a focus for student activity, involvement, and development. The Student Nurses' Association at the College plays an active role and continues to provide leadership for the nursing student body.

How to Schedule Make-Up Tests

Student make-up tests must be arranged with your instructor. The instructor will set a time and date to proctor your make-up test.

If the student qualified for DSPS assistance, you will still need to arrange with your instructor in what time period you will take the exam.

DSPS students and make-up test that the instructor cannot find time to proctor, may be taken in the Testing Center upon approval.

The instructor will send the exam and directions for the exam to the Testing Center and alert the center that you will call to make an appointment o take the exam.

COLLEGE OF MARIN
Registered Nursing Program

Reference Letters for Students

Students requesting reference letters for scholarships and employment must give the faculty member a minimum of one week's notice. The request should be made in writing and include all the necessary information for the faculty member to complete the letter. Only two letters of reference for each graduating senior will be written.

Remember that your performance and conduct will dictate what is written. The letter is a product of your clinical evaluation, your class work, and your activities in the Program. For example, if you had no absenteeism and wrote excellent nursing care plans, the faculty member could praise these qualities. If the opposite were true, the faculty member could not speak highly of you for attendance or care planning. Your clinical performance in responsibility and accountability, communication, planning and implementing care, performing skills, and leadership/management become crucial pieces in letters of reference.

DISABLED STUDENTS' PROGRAM AND SERVICES

Providing Reasonable Accommodations for Students with Disabilities

Background:

The Americans with Disabilities Act (ADA) is comprehensive legislation intent on ending discrimination against individuals with disabilities. It is a national mandate to fully integrate individuals with disabilities into the mainstream.

The ADA, for the first time, extends universal civil rights protection to individuals with disabilities. The wide range of protections of the ADA covers both public and private sector employment, public accommodations, transportation and telecommunications. The Act applies and extends these protections to all state and local government services.

The Act expands and clarifies the prohibitions against discrimination established by Section 504 of the Rehabilitation Act of 1973; which has barred discrimination against individuals with disabilities in federally funded programs since 1977. Implementation of the ADA, in concert with Section 504, provides greater access and opportunities for community college students and employees with disabilities.

Section 504: "No otherwise qualified individual with disabilities in the United States . . . shall, solely by reason of his/her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Terms

Disability is defined as (1) a physical or mental impairment that substantially limits one or more of the major life activities of an individual, (2) a record of such an impairment or (3) being regarded as having such an impairment.

A *qualified individual with a disability* is defined as an individual with a disability who meets the essential eligibility requirements to receive services or to participate in programs or activities provided by the college, *with or without* one of the following accommodations:
- Reasonable modifications to rules, policies or practices
- The removal of architectural, communication or transportation barriers
- The provision or auxiliary aids and services

Obligations of Students with Disabilities

In order to enjoy the protections of Section 504 and the ADA, the student has an obligation to *self-identify* that s/he has a disability and *needs accommodations*. The institution may require that the student provide appropriate documentation at student expense in order to establish the existence of the disability and the need for accommodation.   In addition, the request for accommodations must be made in a *timely manner.*

Obligations of Institution under Section 504 and the ADA

The institution must provide *reasonable accommodations to the student's known disability in order to afford him/her an equal opportunity* to participate in the institution's programs, activities (including extracurricular activities). A college or university may not discriminate against an individual solely on the basis of disability.

The Role of the Disabled Students Programs and Services (DSPS)

College of Marin's Disabled Students Program is the place you should contact for all your needs regarding disabled students in your class(es). It is the role of the DSPS staff to provide *all* accommodations and maintain liaison with the instructor regarding the implementation of the accommodations. As a result, there should be no burden put on the instructor to deal directly with student(s)' requests except to refer them to the DSPS office so that the staff can assess the request and set up the appropriate support. You should also know that just because a student requests a *certain* accommodation, it does not necessarily mean that the District must provide it. In addition, the college is not required to provide accommodations if such provision would fundamentally alter the nature of the program or when the academic requirements are *essential* to a program of study or to meet licensing requirements.

The staff of the Disabled Students Program is available to you for all your needs regarding students with disabilities. . . be it help with accommodations, referrals, general information, or to answer specific questions. Contacting the program immediately if there is a "perceived" or "anticipated" problem with a student or students can often be the best method to offset any complications that could arise in the future. The office is located at the Kentfield campus and is open Monday-Thursday (8:30a.m.- 4:30p.m.). In addition, the program offers special classes throughout the county and provides classes and services to approximately 1500-2000 disabled students per year. **Call 415.485.9406 for help or information!**

Student Guide to Testing Services

Please feel free to talk to your counselor or to the Support Services Technician if you have any question about these policies or about testing. Additional information can be found in your DSPS Student Handbook.

Where do I take my tests?
Tests are given in one of three places: the classroom, the Testing Center, or the DSPS offices. The location of your test depends on the accommodations you discussed with your counselor. If you get additional time on your tests, you will take them in the classroom or in the Testing Center. If you get a laptop computer or enlarged print, you will take your tests in the Testing Center. If you get a reader, a scribe, or a distraction-reduced environment, you will take your tests in the DSPS offices.

How do I take tests in the classroom?
Talk to your instructor at the beginning of the semester to find out how he/she will give you additional time on tests.

How do I take tests in the Testing Center?
If your instructor can't give you additional time in the classroom, you should make an appointment at the Testing Center at (415) 457-8811, ext. 7469, at least one week before the test. If you need a laptop computer or enlarged print, you should make your appointment at the Testing Center one week before the test, and then call the Support Services Technician at (415) 457-8811, ext. 7706, to let him/her know what

day you are taking the test and that you need a computer or enlarged print.

If you are using a computer your disk may need to be sent to the DSPS offices so you test can be printed and mailed to your instructor.

Be aware that the Testing Center often fills up during finals week, so make your appoints as early as possible to be sure you will have a slot.

How do I take tests at the DSPS offices?
If you need a reader, a scribe, or a distraction-reduced environment for your test, contact the Support Services Technician at least one week before the test and let him/her know which accommodations you need and which class the test is for. The Technician will then schedule an appointment for you to come in and take your test. Tell him/her to specify what you can use for the test, such as scratch paper, notes, or a calculator. You will not be allowed to use any of these materials unless the instructor specifies to the Technician what is permitted.

What if I'm late to my test at DSPS?
If you are less than twenty minutes late you will lose that time on your test. If you are more than twenty minutes late your test may need to be rescheduled with the approval of your instructor.

What if I miss my test?
If you miss an appointment it is your instructor's decision whether or not you can make up your test.

For all tests, come prepared with any materials you will need, such as pencils, Scantron forms, essay books, scratch paper, and calculators.

DSPS reserves the right to discontinue services if any of the above policies or any combination of the above policies is violated or abused.

COLLEGE OF MARIN

LIBRARY GUIDELINES FOR INTERNET WORKSTATIONS

Purpose

The primary purpose of library Internet workstations is to provide the tools to conduct course-related research. Internet workstations may be used to search the Internet for classroom assignments and research tasks, search library catalogs, access online databases, and conduct course related e-mail, but not personal e-mail. **Use of e-mail on Internet workstations is limited to course related work. Personal e-mail may be accessed only at the Media Center.** The College of Marin does not provide e-mail accounts.

Assistance

Workstations users should have basic Internet navigation skills, knowledge of the Windows format, and be able to use a mouse. Library staff does not provide basic computer assistance, offer one-on-one instruction on the use of personal computers or e-mail assistance. Staff will assist users by providing search tips and strategies as well as recommending appropriate Internet sites.

Access

Sign-up is required for all Internet workstations. Sign-up sheets are located near the Loan Desk counter. College of Marin students may sign-up by entering their library card barcode number in the appropriate space on the sign-up sheet. Visitors to the library may inquire at the Loan Desk to arrange for the use of an Internet workstation.

Internet research sessions are limited to two 30-minute sessions per day.

No more than two users may occupy an Internet workstation except for library instruction, class orientations, or to accommodate those with special needs.

The library Internet workstations do not have word processing and spreadsheet capability. Personal computers are available in the Media Center for word processing, opening e-mail attachments, etc.

The following activities **are not permitted** at library Internet workstations
- **Exhibiting noisy or disruptive behavior**
- **Accessing newsgroups or chat rooms**
- **Viewing or transmitting harassing, obscene or threatening material**
- **Receiving or sending illegal material or conducting illegal activity**
- **Conducting commercial or business activities**
- **Playing computer games**
- **Downloading or uploading programs**
- **Installing or reconfiguring software**
- **Attaching peripherals of any kind**
- **Vandalizing library property or violating library network security**
- **Harming or destroying other users or network data connected to the Internet**

Violation of these rules may result in the loss of computer access privileges at the College of Marin Library. *02/23/04*

COLLEGE OF MARIN
Registered Nursing Program

STUDENT REPRESENTATIVES ON COMMITTEES

The nursing faculty feel it is essential for students to participate in the decision-making process regarding curriculum, regulations, and procedures of the Department Nursing. We support this participation by requesting student volunteers to serve on faculty and curriculum committees. Faculty welcome the opportunity to formally share information and learn the students' perspective on specific issues.

What are the benefits of serving as a student representative?

You will have the opportunity to develop leadership skills and management functions in working with faculty and your peers. You will learn how to give and receive feedback about your education and have the opportunity to initiate change. The title of Student Representative can be added to your resume. Faculty letters of recommendation may note your contribution as a representative. The program is exploring other incentives for your valuable participation and input at program meetings.

In the Fall, two-three students will be selected by their peers to serve on both the Faculty and Curriculum Committees. Faculty and curriculum meetings are held once a month. Students alternate attendance so that at least one representative from the first year and second year class is present at every meeting. These representatives are responsible for gathering information from their peers regarding student concerns and requests, and for bringing this information to the appropriate committee. The student representatives then report back to their classmates on the outcome of the meeting.

The representative should function to bring group concerns to the attention of the faculty member(s). If a student has individual concerns, it is expected that the student will approach the faculty member concerned.

After student representatives are selected in the Fall, an orientation meeting will be held to clarify any questions. At this time students will receive a schedule of all meetings in order to sign-up for available dates.

A first year and second year binder that contains Faculty and Curriculum documents, agendas and minutes are kept near the Faculty mailboxes in SMN 301. As the documents are distributed, student representatives should place these in the binders. The binders are brought to the meetings and then returned to the boxes thereafter.

COLLEGE OF MARIN
Registered Nursing Program

STUDENT NURSES' ASSOCIATION

The Student Nurses Association at the College plays an active role and continues to provide leadership for the nursing student body. In the past, the SNA has raised funds for their Pinning ceremony, donated a scholarship to a 1st year student, and was involved in community projects and services.

NATIONAL STUDENT NURSES' ASSOCIATION

Purpose and Objectives (Article III of Bylaws)
- To provide programs representative of current professional interests and concerns
- To represent nursing students to the consumer, institutions, and other organizations
- To promote and encourage participation in community affairs and activities, toward improved health care and the resolution of related social issues
- To participate as a constituent of CNSA and NSNA through duly elected representatives

Executive Board Member Roles (Article VII of Bylaws)

President
- Preside at all meetings
- Submit annual applications for NSNA and CNSA constituency
- Represent COM SNA in matters related to the association
- Serve on the Inner Club Council at College of Marin or delegate another member to attend the meetings
- Oversee/assist other board members in their responsibilities
- Review and reply to club correspondence
- Inform club advisor of current issues
- Fill out and file necessary paperwork for club activities
- Appoint SNA board members in case of a vacancy

Vice President

- Assume President's duties in case of absence
- Responsible for review and recommendations for changes in bylaws
- Perform duties as assigned by the President

Secretary

- Prepare the minutes of all meetings
- Other duties as assigned by the President

Treasurer

- Act as custodian of club funds
- Follow guidelines concerning fund raising events
- Other duties as assigned by the President

Editor/Publicity Director

- Responsible for publicity for the chapter
- Create, edit and distribute posters, newsletters, announcements, and flyers concerning upcoming events, important dates, editorial, and award information
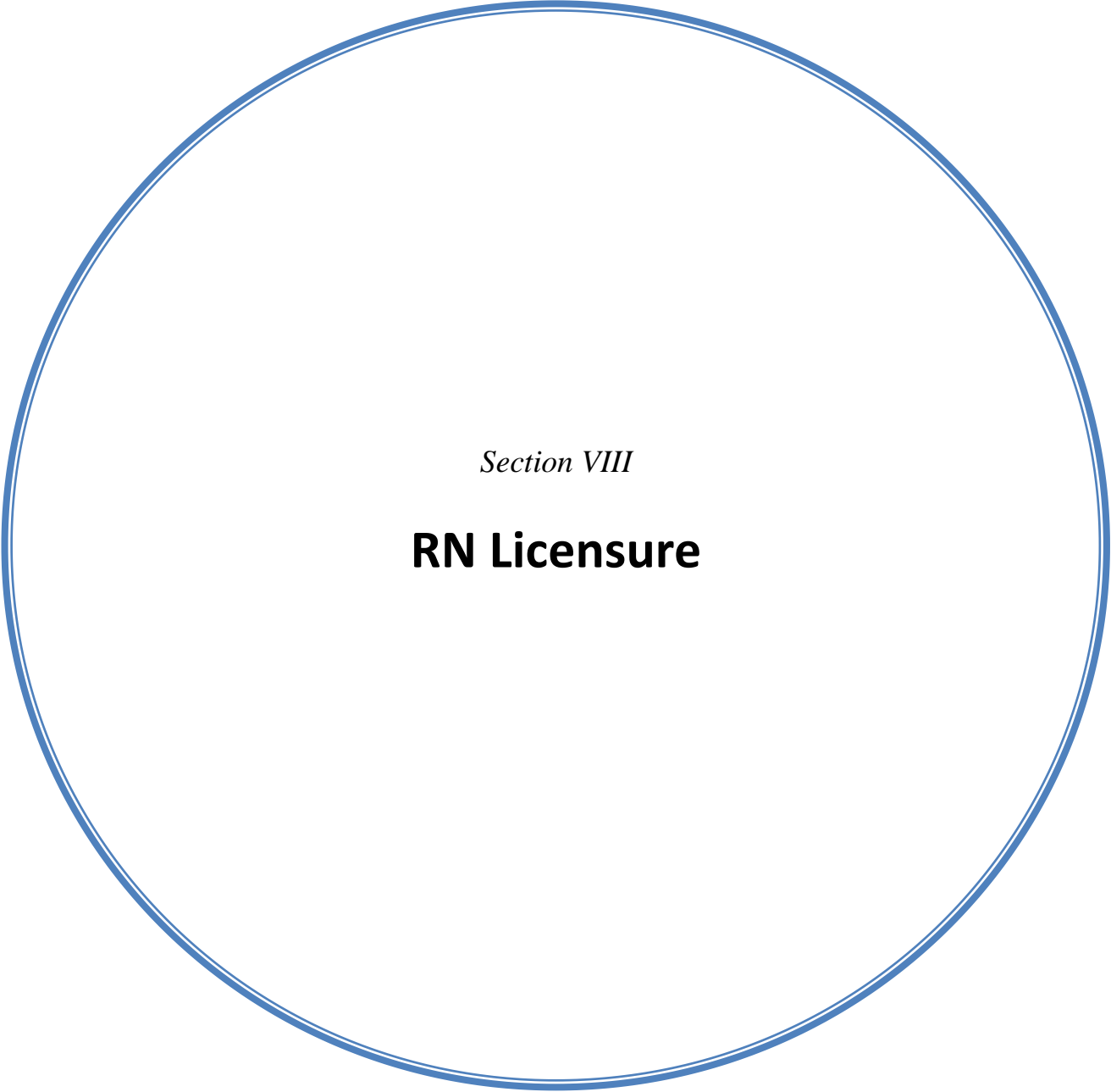- Responsible for display case in Harlan Center

Committee Chair Director

- Oversee all committees and forward reports to the board
- Assist with appointment of committee chairs
- Committees may include fund raising, resolutions, community health, Pinning, etc.

College of Marin Faculty Advisor to SNA

- Advisors are not required to attend club meetings when the club meets on campus during regular college hours.
- Advisors must attend off-campus, club sponsored activities or weekend on-campus activities.
- Advisors must sign all club "purchase orders" for club expenditures.
- Advisors are welcome to consult with the Director of Student Affairs regarding any questions, concerns or problems regarding club activities or events.
- Advisors may initiate the formation of a student club by finding two students who meet the "club officer" requirements and by completing the necessary club forms.

Excerpt from College of Marin Student Affairs Activities Guide

Section VIII

RN Licensure

CALIFORNIA BOARD OF REGISTERED NURSING (BRN)

The California Board of Registered Nursing
(a division of the Department of Consumer Affairs)
1625 North Market Boulevard, Suite N-217
Sacramento, CA 95834-1924
Phone: 916-322-3350
http://www.rn.ca.gov/

COMPOSITION OF THE BOARD

(4) Public Members
(2) Registered Nurses (Direct Patient Care)
(1) Registered Nurse (Advanced Practice)
(1) Registered Nurse (Educator or Administrator of RN Program)
(1) Registered Nurse (Administrator - Nursing Service)

GENERAL FUNCTION

Protection of the public is the highest priority for the Board of Registered Nursing in exercising its licensing, regulating, and disciplinary functions. The Board sets standards, holds meetings, passes upon applicants, conducts investigations of violations of laws under its jurisdiction, and holds hearings for the revocation of licenses, and imposes penalties following such hearings, in so far as these powers are given by statute.

SPECIAL FUNCTIONS

Consumers

1. Receive complaints from consumers (including RN students) about RN practitioners; investigate and if appropriate file accusations, hearing notice, statements of defense, and set hearing date and time.
(Complaint procedure is posted on bulletin board in nursing laboratory.)

Licensure – Sections 1409 – 1445.4; 1442 – 1445.1 of California Nursing Practice Act, 2004 Ed.

1. Deny application for licensure.
2. Accept application for licensure.
3. Grant license.
4. Suspend and/or revoke licensure.
5. Establish rehabilitation programs.
6. Reinstate licensure.

Education - Section 2786; 1420 – 1430; and 1451 of California Nursing Practice Act, 2004 Ed.

1. Establishes minimum standards for Schools of Nursing.
2. Accredits Schools of Nursing.

3. Approves courses for continuing education and monitors same.

Role and Function of the Board of Registered Nursing (BRN) (continued)

Nursing Practice

1. Research nursing practice issues.
2. Establish policies relating to/clarifying Nursing Practice Act.

GENERAL GROUNDS FOR DISCIPLINE, DISCIPLINARY PROCEEDINGS AND REHABILITATION

1. Gross Negligence
   "Gross negligence" includes an extreme departure from the standard of care which, under similar circumstances, would have ordinarily been exercised by a competent registered nurse. Such an extreme departure means the repeated failure to provide nursing care as required or failure to provide care or to exercise ordinary precaution n a single situation which the nurse knew, or should have known, could have jeopardized the client's health or life. (Section 1442)
2. Incompetence
   "Incompetence" means the lack of possession of or the failure to exercise that degree of learning, skill, care and experience ordinarily possessed and exercised by a competent registered nurse as described in Section 1443.5 (Section 1443)
3. Substantial Relationship Criteria
   A conviction or act shall be considered to be substantially related to the qualifications, functions or duties of a registered nurse if to a substantial degree it evidences the present or potential unfitness of a registered nurse to practice in a manner consistent with the public health, safety, or welfare. Such convictions or acts shall include but not be limited to the following: (a) Assaultive or abusive conduct including, but not limited to, those violations listed in subdivision (d) of Penal Code Section 11160. (b) Failure to comply with any mandatory reporting requirements. (c) Theft, dishonesty, fraud, or deceit. (d) Any conviction or act subject to an order of registration pursuant to Section 290 of the Penal Code. (Section 1444)
4. Disciplinary guidelines (See Nursing Practice Act, Section 1444.5) Amended 2003.
5. Criteria for Rehabilitation and Petition for Reinstatement (See Nursing Practice Act, Section (1445 and 1445.1)

NOTE: The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation. See the Board of Registered Nursing Policy, Appendix V, Policy Statement on Denial of Licensure.

Additional information on the California Nursing Practice Act, including information on how to order a bound copy of the most recent edition, as well as PDF files for the California Business and Professions Code, and Title XVI of the California Code of Regulations, is available from the California Board of Registered Nursing website at: http://www.rn.ca.gov/regulations/npa.shtml

1.   What convictions or license discipline must be reported on the application?

All convictions must be reported, except for minor traffic violations. Both misdemeanor and felony convictions must be reported, and "driving under the influence" must be reported. Convictions must be reported even if they have been expunged under Penal Code Section 1203.4. Also, offenses must be reported even if the applicant has successfully completed a diversion program under the Penal or Article 5 of the Vehicle Code. All prior or current disciplinary action against a healthcare related license must be reported, whether it occurred in California or in another state or territory.

2.   What type of documentation do I need to submit in support of my application if I have a prior conviction or license discipline?

- Certified official court document(s) and arrest report(s) relative to your conviction(s), showing the date(s) and circumstance(s) surrounding your arrest/conviction(s), sections of the law violated, and disposition of the case.

- Copy of documents relative to any disciplinary action taken against any license as an RN or any healthcare related license or certificate, if applicable.

- A detailed description of the circumstances surrounding your conviction(s) or disciplinary action and a thorough description of the rehabilitative changes in your lifestyle since the time of your conviction(s) or disciplinary action which would enable you to avoid future occurrences. It would be helpful to include factors in your life which you feel may have contributed to your conviction(s) or disciplinary action, what you have learned about yourself since that time, and the changes you have made that support your rehabilitation.

- The burden of proof lies with the applicant to demonstrate evidence of rehabilitation. Examples of rehabilitation evidence include, but are not limited to:

  - If applicable to your conviction(s) or license discipline(s), documented evidence of professional treatment and counseling you may have completed. Please provide discharge summary, if applicable.
  - Letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
  - Proof of community work, schooling, and/or 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 who 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. If the applicant is applying to take the licensing examination, all evidence of rehabilitation must be submitted *prior to being found* eligible for an examination.

COLLEGE OF MARIN
Registered Nursing Program

NOTICE CONCERNING
THE CALIFIORNIA BOARD OF REGISTERED NURSING
LICENSURE REQUIREMENTS

Prior to obtaining a license to practice as a Registered Nurse, all graduates must report felony and misdemeanor convictions along with submission of fingerprints. The board of Registered Nursing may deny licensure based on prior convictions. For a list of convictions substantially related to the practice of nursing, please contact the Nursing Department or the Board of Registered Nursing Web page.

If students have any questions about the background screening, nursing program eligibility, or the Board of Registered Nursing requirements, they should contact the Nursing Program Dean.

BOARD OF REGISTERED NURSING
P.O Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 | www.rn.ca.gov

POLICY STATEMENT ON DENIAL OF LICENSURE

The California Board of Registered Nursing protects the public by screening applicants for licensure in order to identify potentially unsafe practitioners. Statutory authority for denial of licensure is set out in Business and Professions Code Sections 480-487, 492, 493, 496, 810, 820-828, 2750-2765, and 2795-2797.

The law provides for denial of licensure for crimes or acts which are substantially related to nursing qualifications, functions, or duties. A crime or act meets this criterion if, to a substantial degree, it evidences present or potential unfitness to perform nursing functions in a manner consistent with the public health, safety, or welfare (California Code of Regulations, Section 1444).

The Board may deny licensure on the basis of:

- Conviction of crime substantially related to the practice of nursing.
- Any act involving dishonesty, fraud, or deceit with intent to substantially benefit self or another or to substantially injure another.
- Any act which is grounds for revocation of a license.
- Making a false statement on the application for license.
- Breach of examination security.

Convictions

The Board considers most convictions involving sex crimes, drug crimes, and crimes of violence to be substantially related to nursing practice. Board regulations list examples of such crimes or acts to include, but not be limited to:

- Conviction of child abuse.
- Violation of Nursing Practice Act.
- Conviction as a mentally disordered sex offender.
- Crime or act involving narcotics, dangerous drugs, or dangerous devices.
- Conviction of assault and/or battery.

Rehabilitation

If the Board determines that an act or crime is substantially related to the practice of nursing, then it is the responsibility of the applicant to present sufficient evidence of rehabilitation.

When considering denial of license, the Board takes into account the following criteria to

evaluate the rehabilitation of the applicant. (California Code of Regulations, Section 1445.)

1. Nature and severity of the acts or crimes.
2. Additional subsequent acts.
3. Recency of acts or crimes.
4. Compliance with terms of parole, probation, restitution, or other sanctions.
5. Evidence of rehabilitation submitted by applicant.

The Board has developed the following list of suggested evidence of rehabilitation for applicants whose licensure is in question.

It should be noted that the board applies the same denial criteria for applications for interim permits and temporary license as it uses for permanent licensure.

In summary, the Board of Registered Nursing screens applications fairly but cautiously, applying the above criteria. Schools of nursing are encouraged when counseling prospective nursing students to make them aware that there could be potential licensure problems due to serious acts or convictions as described above. In this manner, students have the opportunity to explore other career options prior to investing substantial time in a nursing program if it appears that a prior serious act or conviction may jeopardize licensure due to its substantial relationship to the practice of nursing.

EVIDENCE OF REHABILITATION

At the time of application for licensure, the burden of proof lies with the applicant to demonstrate sufficient competent evidence of rehabilitation to establish fitness to perform nursing functions in a manner consistent with public health, safety, and welfare. The following list itemizes types of evidence which the applicant should consider providing to the Board. All items should be mailed directly to the Board by the individual or agency who is providing information about the applicant.

1) Copies of court documents pertinent to conviction, including documents specifying conviction and sanctions, and proof of completion of sanction.
2) Letter from applicant describing underlying circumstances of arrest and conviction record as well as any rehabilitation efforts or changes in life since that time to prevent future problems.
3) Letters of reference from nursing program instructors concerning attendance, participation, and performance in nursing program.
4) Letters of reference from past and/or current employers.
5) Letters from recognized recovery programs attesting to current sobriety and length of time of sobriety if there has been a history of alcohol or drug abuse.
6) A current mental status examination by a clinical psychologist or psychiatrist. The evaluation should address the likelihood of similar acts or convictions in the future, and should speak to the suitability of the registered nursing profession for the applicant.
7) Letters of reference from other knowledgeable professionals, such as probation or parole officers.
8) Copy of Certificate of Rehabilitation or evidence of expungement proceedings.
9) Evidence of compliance with and completion of terms of probation, parole, restitution, or any other sanctions.

10) For endorsement applicants, copies of:
    a) Formal accusation and determination of other state;
    b) Copies of evidence presented to other state in order to obtain reinstatement of license or reduction or penalty; and
    c) Terms of probation and evidence of current compliance if currently on probation in another state.

STATUTORY AUTHORITY FOR DENIAL OF LICENSURE
(Summarized Version of Business & Professions Code)

Grounds for Denial
480   (a) Board may deny a license on the basis of:
        (1) Conviction of a crime, after time for appeal, irrespective of a subsequent order under Section 1203.4 of the Penal Code.
            (2) Any act involving dishonesty, fraud or deceit with intent to substantially benefit self or another, or substantially injure another.
            (3) Any act which is grounds for suspension or revocation of registered nurse's license.

(b)   May not deny license solely on basis of felony conviction if there is certificate of rehabilitation (Penal Code 4852.01)

(c)   May deny license if applicant knowingly made false statement of fact required in application.

Criteria for Related Crimes Required
481   Board must have criteria to assist in considering denial, revocation, suspension of license in order to determine whether a crime or act is substantially related to nursing qualifications, functions, or duties. (BRN criteria specified in Section 1444 of California Code of Regulations.)

Criteria for Rehabilitation Required
482   Board must have criteria to evaluate rehabilitation when considering (a) denial or (b) suspension or revocation of license. Board must consider all competent evidence of rehabilitation furnished by applicant or licensee. (Section 1445, California Code of Regulations.)

Attestations of Good Moral Character Not Required
484   No applicant can be required to submit attestations of good moral character.

Procedure for Board Upon Denial
485   Upon denial the Board must (a) serve a statement of issues or (b) notify the applicant of the denial stating the reasons and the right to a hearing. The right to a hearing is waived if a written request is not received within 60 days.

Reapplication after Denial
486   Upon denial the Board must inform the applicant of the earliest date for reapplication, state that all competent evidence of rehabilitation will be considered upon reapplication, and send a copy of the criteria for rehabilitation.

487 If a hearing is requested it must be conducted within 90 days of request, except for OAH extensions or at applicant's request.

492 Successful completion of any diversion program under the Penal Code or successful completion of an alcohol and drug problem assessment program under the Vehicle Code does not prohibit the Board from denying or disciplining a license based upon the underlying misconduct.

493   The record of the conviction of a crime shall be conclusive evidence of the fact that the conviction occurred and the Board may inquire into the circumstances surrounding the crime in order to fix the degree of discipline or to determine if the conviction is substantially related.

Violations of Exam Security
496   Board may deny, suspend, revoke, or restrict license on grounds that applicant for licensure subverted or attempted to subvert administration of examination.

REGULATIONS RELATING TO LICENSE DENIAL
(Summarized Version of California Code of Regulations)

1444. Substantial Relationship Criteria

A crime or act is considered substantially related to the practice of nursing if, to a substantial degree, it evidences present or potential unfitness of a registered nurse to perform nursing functions in a manner consistent with the public health, safety, or welfare.

Such acts or crimes include, but are not limited to:

(a) Conviction of child abuse.
(b) Violation of Nursing Practice Act.
(c) Conviction as a mentally disordered sex offender.
(d) Crime or act involving sale, gift, administration, or furnishing of narcotics, dangerous drugs, or dangerous devices.
(e) Conviction for assault and/or battery.

1445. Criteria for Rehabilitation
(a) When considering denial of license, the Board is to consider the following criteria in evaluating the rehabilitation of the applicant and his/her present eligibility for a license.
(1) Nature and severity of acts or crimes.
(2) Evidence of any additional, subsequent acts which also could be considered grounds for denial.
(3) Time that has elapsed since commission of acts or crimes.
(4) Extent to which applicant has complied with terms of parole, probation, restitution, or other sanctions.
(5) Evidence of rehabilitation submitted by applicant.

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

STANDARDS OF COMPETENT PERFORMANCE

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.

STATE OF CALIFORNIA

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
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Louise R. Bailey, MEd, RN, Executive Officer

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.

CALIFORNIA NURSING PRACTICE ACT

Scope of Regulation
Excerpt from Business and Professions Code
Division 2, Chapter 6. Article 2

Section 2725. Legislative intent: Practice of Nursing Defined

2725. (a) In amending this section at the 1973-74 session, the Legislature recognizes that nursing is a dynamic field, the practice of which is continually evolving to include more sophisticated patient care activities. It is the intent of the Legislature in amending this section at the 1973-74 session to provide clear legal authority for functions and procedures that have common acceptance and usage. It is the legislative intent also to recognize the existence of overlapping functions between physicians and registered nurses and to permit additional sharing of functions within organized health care systems that provide for collaboration between physicians and registered nurses. These organized health care systems include, but are not limited to, health facilities licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, clinics, home health agencies, physicians' offices, and public or community health services.

(b) The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following:

(1) Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures.

(2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.

(3) The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.

(4) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (A) determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.

(c) "Standardized procedures," as used in this section, means either of the following:

(1) Policies and protocols developed by a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code through collaboration among administrators and health professionals including physicians and nurses.

(2) Policies and protocols developed through collaboration among administrators and health professionals, including physicians and nurses, by an organized health care system which is not a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code.

The policies and protocols shall be subject to any guidelines for standardized procedures that the Division of Licensing of the Medical Board of California and the Board of Registered Nursing may jointly promulgate. If promulgated, the guidelines shall be administered by the Board of Registered Nursing.

(d) Nothing in this section shall be construed to require approval of standardized procedures by the Division of Licensing of the Medical Board of California, or by the Board of Registered Nursing.

(e) No state agency other than the board may define or interpret the practice of nursing for those licensed pursuant to the provisions of this chapter, or develop standardized procedures or protocols pursuant to this chapter, unless so authorized by this chapter, or specifically required under state or federal statute. "State agency" includes every state office, officer, department, division, bureau, board, authority, and commission.

2725.1. (a) Notwithstanding any other provision of law, a registered nurse may dispense drugs or devices upon an order by a licensed physician and surgeon or an order by a certified nurse-midwife, nurse practitioner, or physician assistant issued pursuant to Section 2746.51, 2836.1, or 3502.1, respectively, if the registered nurse is functioning within a licensed primary care clinic as defined in subdivision (a) of Section 1204 of, or within a clinic as defined in subdivision (b), (c), (h), or (j) of Section 1206 of, the Health and Safety Code.

(b) No clinic shall employ a registered nurse to perform dispensing duties exclusively. No registered nurse shall dispense drugs in a pharmacy, keep a pharmacy, open shop, or drugstore for the retailing of drugs or poisons. No registered nurse shall compound drugs. Dispensing of drugs by a registered nurse, except a certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51 or a nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, shall not include substances included in the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code). Nothing in this section shall exempt a clinic from the provisions of Article 13 (commencing with Section 4180) of Chapter 9.

(c) Nothing in this section shall be construed to limit any other authority granted to a certified nurse-midwife pursuant to Article 2.5 (commencing with Section 2746), to a nurse practitioner pursuant to Article 8 (commencing with Section 2834), or to a physician assistant pursuant to Chapter 7.7 (commencing with Section 3500).

(d) Nothing in this section shall be construed to affect the sites or types of health care facilities at which drugs or devices are authorized to be dispensed pursuant to Chapter 9 (commencing with Section 4000).

2725.2. (a) Notwithstanding any other provision of law, a registered nurse may dispense self-administered hormonal contraceptives approved by the federal Food and Drug Administration (FDA) and may administer injections of hormonal contraceptives approved by the FDA in strict adherence to standardized procedures developed in compliance with subdivision (c) of Section 2725.

(b) The standardized procedure described in subdivision (a) shall include all of the following:

(1) Which nurse, based on successful completion of training and competency assessment, may dispense or administer the hormonal contraceptives.

(2) Minimum training requirements regarding educating patients on medical standards for ongoing women's preventive health, contraception options education and counseling, properly eliciting, documenting, and assessing patient and family health history, and utilization of the United States Medical Eligibility Criteria for Contraceptive Use.

(3) Demonstration of competency in providing the appropriate prior examination comprised of checking blood pressure, weight, and patient and family health history, including medications taken by the patient.

(4) Which hormonal contraceptives may be dispensed or administered under specified circumstances, utilizing the most recent version of the United States Medical Eligibility Criteria for Contraceptive Use.

(5) Criteria and procedure for identification, documentation, and referral of patients with contraindications for hormonal contraceptives and patients in need of a follow-up visit to a physician and surgeon, nurse practitioner, certified nurse-midwife, or physician assistant.

(6) The extent of physician and surgeon supervision required.

(7) The method of periodic review of the nurse's competence.

(8) The method of periodic review of the standardized procedure, including, but not limited to, the required frequency of review and the person conducting that review.

(9) Adherence to subdivision (a) of Section 2242 in a manner developed through collaboration with health care providers, including physicians and surgeons, certified nurse-midwives, nurse practitioners, physician assistants, and registered nurses. The appropriate prior examination shall be consistent with the evidence-based practice guidelines adopted by the federal Centers for Disease Control and Prevention in conjunction with the United States Medical Eligibility Criteria for Contraceptive Use.

(10) If a patient has been seen exclusively by a registered nurse for three consecutive years, the patient shall be evaluated by a physician and surgeon, nurse practitioner, certified nurse-midwife, or physician assistant prior to continuing the dispensation or administration of hormonal contraceptives.

(c) Nothing in this section shall be construed to affect the sites or types of health care facilities at which drugs or devices are authorized to be dispensed pursuant to Chapter 9 (commencing with Section 4000).

2725.3. (a) A health facility licensed pursuant to subdivision (a), (b), or (f), of Section 1250 of the Health and Safety Code shall not assign unlicensed personnel to perform nursing functions in lieu of a registered nurse and may not allow unlicensed personnel to perform functions under the direct clinical supervision of a registered nurse that require a substantial amount of scientific knowledge and technical skills, including, but not limited to, any of the following:

(1) Administration of medication.

(2) Venipuncture or intravenous therapy.

(3) Parenteral or tube feedings.

(4) Invasive procedures including inserting nasogastric tubes, inserting catheters, or tracheal suctioning.

(5) Assessment of patient condition.

(6) Educating patients and their families concerning the patient's health care problems, including post-discharge care.

(7) Moderate complexity laboratory tests.

(b) This section shall not preclude any person from performing any act or function that he or she is authorized to perform pursuant to Division 2 (commencing with Section 500) or pursuant to existing statute or regulation as of July 1, 1999.

2725.5. "Advanced practice registered nurse" means those licensed registered nurses who have met the requirements of Article 2.5 (commencing with Section 2746), Article 7 (commencing with Section 2825), Article 8 (commencing with Section 2834), or Article 9 (commencing with Section 2838).

2726. Except as otherwise provided herein, this chapter confers no authority to practice medicine or surgery.

2727. This chapter does not prohibit:

(a) Gratuitous nursing of the sick by friends or members of the family.

(b) Incidental care of the sick by domestic servants or by persons primarily employed as housekeepers as long as they do not practice nursing within the meaning of this chapter.

(c) Domestic administration of family remedies by any person.

(d) Nursing services in case of an emergency. "Emergency," as used in this subdivision includes an epidemic or public disaster.

(e) The performance by any person of such duties as required in the physical care of a patient and/or carrying out medical orders prescribed by a licensed physician; provided, such person shall not in any way assume to practice as a professional, registered, graduate or trained nurse.

2727.5. A person licensed under this chapter who in good faith renders emergency care at the scene of an emergency which occurs outside both the place and the course of that person's employment shall not be liable for any civil damages as the result of acts or omissions by that person in rendering the emergency care.

This section shall not grant immunity from civil damages when the person is grossly negligent.

2728. If adequate medical and nursing supervision by a professional nurse or nurses is provided, nursing service may be given by attendants, psychiatric technicians, or psychiatric technician interim permittees in institutions under the jurisdiction of the State Department of State Hospitals or the State Department of Developmental Services or subject to visitation by the State Department of Public Health or the Department of Corrections and Rehabilitation. Services so given by a psychiatric technician shall be limited to services which he or she is authorized to perform by his or her license as a psychiatric technician. Services so given by a psychiatric technician interim permittee shall be limited to skills included in his or her basic course of study and performed under the supervision of a licensed psychiatric technician or registered nurse.

The Director of State Hospitals, the Director of Developmental Services, and the State Public Health Officer shall determine what shall constitute adequate medical and nursing supervision in any institution under the jurisdiction of the State Department of State Hospitals or the State Department of Developmental Services or subject to visitation by the State Department of Public Health.

Notwithstanding any other provision of law, institutions under the jurisdiction of the State Department of State Hospitals or the State Department of Developmental Services may utilize graduates of accredited psychiatric technician training programs who are not licensed psychiatric technicians or psychiatric technician interim permittees to perform skills included in their basic course of study when supervised by a licensed psychiatric technician or registered nurse, for a period not to exceed nine months.

2728.5. Except for those provisions of law relating to directors of nursing services, nothing in this chapter or any other provision of law shall prevent the utilization of a licensed psychiatric technician or psychiatric technician interim permittee in performing services used in the care, treatment, and rehabilitation of mentally ill, emotionally disturbed, or developmentally disabled persons within the scope of practice for which he or she is licensed or authorized in facilities under the jurisdiction of the State Department of State Hospitals or the State Department of Developmental Services or licensed by the State Department of Public Health, that he or she is licensed to perform as a psychiatric technician, or authorized to perform as a psychiatric technician interim permittee including any nursing services under Section 2728, in facilities under the jurisdiction of the State Department of State Hospitals or the State Department of Developmental Services or subject to visitation by the State Department of Public Health.

2729. Nursing services may be rendered by a student when these services are incidental to the course of study of one of the following:
   (a) A student enrolled in a board-approved prelicensure program or school of nursing.
   (b) A nurse licensed in another state or country taking a board-approved continuing education course or a postlicensure course.

2730. If he does not represent or hold himself out as a professional nurse licensed to practice in this State and if he has an engagement, made in another State or country, requiring him to accompany and care for a patient temporarily residing in this State during the period of such engagement, a nurse legally qualified by another State or country may give nursing care to such patient in this State.

2731. This chapter does not prohibit nursing or the care of the sick, with or without compensation or personal profit, when done by the adherents of and in connection with the practice of the religious tenets of any well recognized church or denomination, so long as they do not otherwise engage in the practice of nursing.

2732. No person shall engage in the practice of nursing, as defined in Section 2725, without holding a license which is in an active status issued under this chapter except as otherwise provided in this act.
   Every licensee may be known as a registered nurse and may place the letter "R. N." after his name.

2732.05. (a) Every employer of a registered nurse, every employer of a registered nurse required to hold any board-issued certification, and every person acting as an agent for such a nurse in obtaining employment, shall ascertain that the nurse is currently authorized to practice as a registered nurse or as a registered nurse pursuant to a board-issued certification within the

provisions of this chapter. As used in this section, "board-issued certification" includes, but is not limited to, certification as a nurse practitioner, nurse practitioner with a furnishing number, nurse anesthetist, nurse midwife, nurse midwife with a furnishing number, public health nurse, clinical nurse specialist, or board listed psychiatric mental health nurse.

(b) Every employer of a temporary licensee or interim permittee and every person acting as an agent for a temporary licensee or interim permittee in obtaining employment shall ascertain that the person is currently authorized to practice as a temporary licensee or interim permittee.

(c) As used in this section, the term "agent" includes, but is not limited to, a nurses' registry and a traveling nurse agency.

Examination by an employer or agent of evidence satisfactory to the board showing the nurse's, licensee's, or permittee's current authority to practice under this chapter, prior to employment, shall constitute a determination of authority to so practice.

Nothing in this section shall apply to a patient, or other person acting for a specific patient, who engages the services of a registered nurse or temporary licensee to provide nursing care to a single patient.

2732.1. (a) An applicant for license by examination shall submit a written application in the form prescribed by the board.

Upon approval of the application, the board may issue an interim permit authorizing the applicant to practice nursing pending the results of the first licensing examination following completion of his or her nursing course or for a maximum period of six months, whichever occurs first.

If the applicant passes the examination, the interim permit shall remain in effect until a regular renewable license is issued by the board. If the applicant fails the examination, the interim permit shall terminate upon notice thereof by first-class mail.

(b) The board upon written application may issue a license without examination to any applicant who is licensed or registered as a nurse in a state, district or territory of the United States or Canada having, in the opinion of the board, requirements for licensing or registration equal to or higher than those in California at the time the application is filed with the Board of Registered Nursing, if he or she has passed an examination for the license or registration that is, in the board's opinion, comparable to the board's examination, and if he or she meets all the other requirements set forth in Section 2736.

(c) Each application shall be accompanied by the fee prescribed by this chapter for the filing of an application for a regular renewable license.

The interim permit shall terminate upon notice thereof by first-class mail, if it is issued by mistake or if the application for permanent licensure is denied.

2733. (a) Upon approval of an application filed pursuant to subdivision (b) of Section 2732.1, and upon the payment of the fee prescribed by subdivision (k) of Section 2815, the board may issue a temporary license to practice professional nursing, and a temporary certificate to practice as a certified nurse midwife, certified nurse practitioner, certified public health nurse, certified clinical nurse specialist, or certified nurse anesthetist for a period of six months from the date of issuance.

A temporary license or temporary certificate shall terminate upon notice thereof by certified mail, return receipt requested, if it is issued by mistake or if the application for permanent licensure is denied.

(b) Upon written application, the board may reissue a temporary license or temporary certificate to any person who has applied for a regular renewable license pursuant to subdivision (b) of Section 2732.1 and who, in the judgment of the board has been excusably delayed in completing his or her application for or the minimum requirements for a regular renewable license, but the board may not reissue a temporary license or temporary certificate more than twice to any one person.

2734. Upon application in writing to the board and payment of the biennial renewal fee, a licensee may have his license placed in an inactive status for an indefinite period of time. A licensee whose license is in an inactive status may not practice nursing. However, such a licensee does not have to comply with the continuing education standards of Section 2811.5.

2736. (a) An applicant for licensure as a registered nurse shall comply with each of the following:
   (1) Have completed such general preliminary education requirements as shall be determined by the board.
   (2) Have successfully completed the courses of instruction prescribed by the board for licensure, in a program in this state accredited by the board for training registered nurses, or have successfully completed courses of instruction in a school of nursing outside of this state which, in the opinion of the board at the time the application is filed with the Board of Registered Nursing, are equivalent to the minimum requirements of the board for licensure established for an accredited program in this state.
   (3) Not be subject to denial of licensure under Section 480.
   (b) An applicant who has received his or her training from a school of nursing in a country outside the United States and who has complied with the provisions of subdivision (a), or has completed training equivalent to that required by subdivision (a), shall qualify for licensure by successfully passing the examination prescribed by the board.

2736.1. (a) The course of instruction for an applicant who matriculates on or after September 1, 1985, shall include training in the detection and treatment of alcohol and chemical substance dependency.
   (b) The course of instruction for an applicant who matriculates on or after January 1, 1995, shall include training in the detection and treatment of client abuse, including, but not limited to, spousal or partner abuse. The requirement for coursework in spousal or partner abuse detection and treatment shall be satisfied by, and the board shall accept in satisfaction of the requirement, a certification from the chief academic officer of the educational institution from which the applicant graduated that the required coursework is included within the institution's required curriculum for graduation.

2736.5. (a) Any person who has served on active duty in the medical corps of any of the Armed Forces of the United States and who has successfully completed the course of instruction required to qualify him or her for rating as a medical service technician—independent duty, or other equivalent rating in his particular branch of the Armed Forces, and whose service in the Armed Forces has been under honorable conditions, may submit the record of such training to the board for evaluation.

(b) If such person meets the qualifications of paragraphs (1) and (3) of subdivision (a) of Section 2736, and if the board determines that his or her education would give reasonable assurance of competence to practice as a registered nurse in this state, he or she shall be granted a license upon passing the standard examination for such licensure.

(c) The board shall, by regulation, establish criteria for evaluating the education of applicants under this section.

(d) The board shall maintain records of the following categories of applicants under this section:

(1) Applicants who are rejected for examination, and the areas of such applicants' preparation which are the causes of rejection.

(2) Applicants who are qualified by their military education alone to take the examination, and the results of their examinations.

(3) Applicants who are qualified to take the examination by their military education plus supplementary education, and the results of their examinations.

(e) The board shall attempt to contact by mail or other means individuals meeting the requirements of subdivision (a) who have been or will be discharged or separated from the Armed Forces of the United States, in order to inform them of the application procedure provided by this section. The board may enter into an agreement with the federal government in order to secure the names and addresses of such individuals.

2736.6. The board shall determine by regulation the additional preparation in nursing, in a school approved by the board, which is required for a vocational nurse, licensed under Chapter 6.5 (commencing with Section 2840) of this division, to be eligible to take the examination for licensure under this chapter as a registered nurse. The board shall not require more than 30 units in nursing and related science subjects to satisfy such preparation.

2737. An applicant for a license authorizing him to practice nursing in this State under this chapter, upon the filing of his application shall pay the fee required by this chapter.
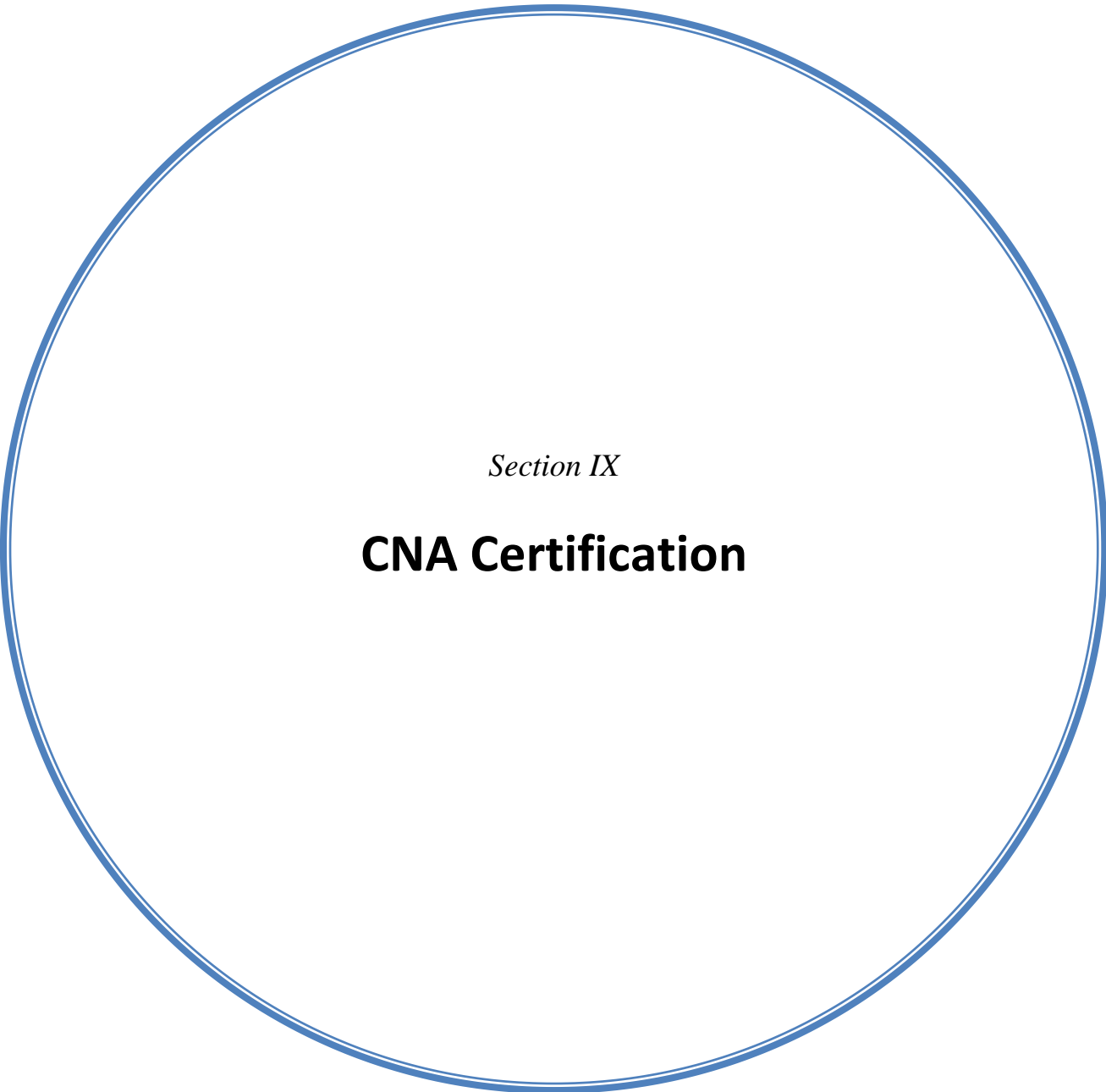
2738. The board shall hold not less than two examinations each year at such times and places as the board may determine.

2740. Examinations shall be written, but in the discretion of the board may be supplemented by an oral or practical examination in such subjects as the board determines. All examinations shall be conducted by such persons and in such manner and under such rules and regulations as the board may prescribe.

The board shall finally pass or reject all applicants. Its actions shall be final and conclusive and not subject to review by any court or other authority.

2741. An application for reexamination shall be accompanied by the fees prescribed by this chapter.

2742. The board shall issue a license to each applicant who passes the examination and meets all other licensing requirements. The form of the license shall be determined in accordance with Section 164.

Section IX

CNA Certification

CALIFORNIA NURSE ASSISTANT CERTIFICATION

Student nurses may gain additional patient care experience by working as a Nurse Assistant or Home Health Aide. The following information explains the procedures.

All student nurse assistant candidates applying to take the National Nurse Aide Assessment Program (NNNAP) Examination in California must have successfully completed a Department of Public Health-approved nurse assistant training program. You are allowed two (2) years from your training program completion date to pass the nursing assistant examination. If you do not pass the NNAAP Examination within a two-year period, you will be required to re-train before you will be allowed to take the examination again.

If you have not completed a CNA training program but have had other training (e.g., completion of your first year of the ADN program) you should contact the California Department of Public Health at 1-916-327-2445 to determine your eligibility.

California Department of Public Health (CDPH)
Hours of Operation 8:00 a.m. – 5:00 p.m. P.S.T.
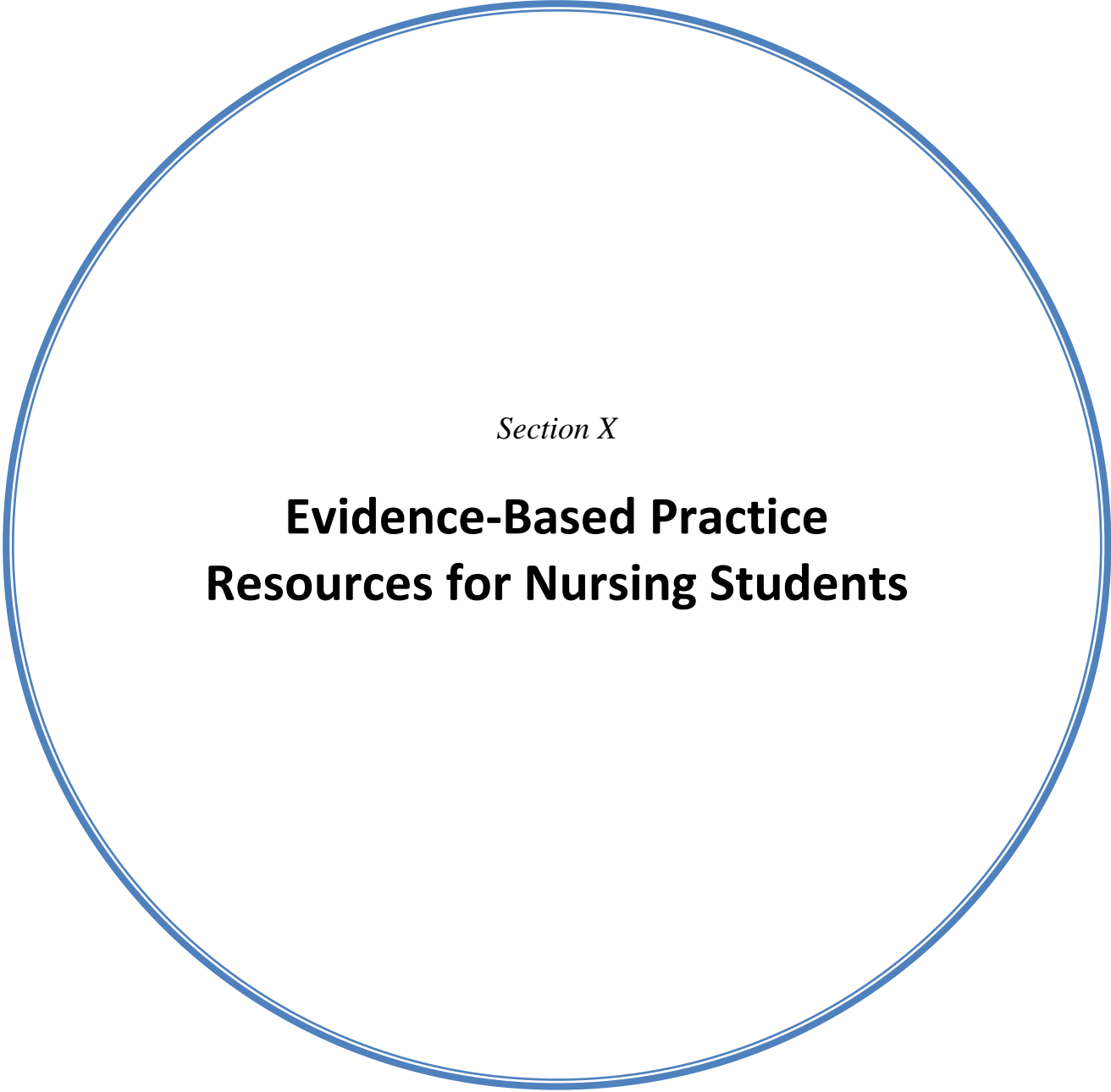1-916-327-2445;
http://www.cdph.ca.gov
Call CDPH to:
• Obtain information regarding requirements for
initial licensing
• Change your current address or name after testing
• Obtain information regarding reciprocity
• Obtain additional information

For Nurse Assistant and/or Home Health Aide Initial Application (form HS 283B) and licensing requirements, go to:
http://www.cdph.ca.gov/pubsforms/Pages/CNAHHAProgram.aspx

For the California Nurse Assistant Candidate Handbook January, 2010 go to:
http://www.asisvcs.com/publications/pdf/070500.pdf

Evidence-Based Practice Resources for Nursing Students

EVIDENCE-BASED PRACTICE RESOURCES FOR NURSING STUDENTS

Student Learning Outcomes

1. Define evidence-based practice as the integration of the best available evidence from scientific research with nursing expertise and patient/family values.
2. Identify reliable sources for obtaining research evidence and clinical practice guidelines.
3. Discriminate research findings based on level of evidence.
4. Formulate a clinical question based on the PICO guideline.
5. Synthesize clinical practice with the principles of evidence-based practice.

Evidence-Based Practice in Nursing

An understanding of the principles of evidence-based practice provides the foundation for delivery of expert, patient-centered nursing care. In nursing, evidence-based practice integrates the best available evidence from scientific research with nursing expertise and individual patient and family preferences. Implementation of best practice evidence increases nurses' ability to provide safe, cost-effective care (Reavy & Tavernier, 2008). Nursing practice based on evidence-based research and guidelines provides consistency, reduces errors, and improves outcomes (Meeker, Jones, & Flanagan, 2008).

Clinical Inquiry

Essential steps on the pathway to evidence-based nursing practice include clinical inquiry and information literacy. Clinical inquiry involves both background and foreground questions. Background questions seek general knowledge, the who, what, when, where or how about a disease or clinical frame of reference. Background inquires use secondary resources such as textbooks, reference books, and articles summarizing current knowledge. For example, the nurse may seek general information about infection control on a medical-surgical unit. More focused foreground questions ask for specific knowledge about diseases, patients, clinical procedures, or nursing interventions. Foreground inquiries use primary sources such as articles from scholarly and peer reviewed journals that report the results of studies or experiments. For example the nurse may want specific information from studies about the effectiveness of hand washing with soap and water compared with hand washing with alcohol-based cleansers (WCSU, n.d.).

PICO

The PICO format provides a guide for developing foreground inquiries. The four-step process helps clarify the clinical research question and define main search concepts.

P: Population. What is the population or problem of concern?

Example: Adult medical-surgical patients

I: Intervention. What interventions will be applied to the problem?

Example: Hand washing with soap and water

C: Comparison. Are there alternative interventions?

Example: Hand washing with alcohol-based cleanser

O: Outcome: What will be improved or changed?

Example: Decrease in incidence of hospital acquired infections

Clinical Question

Once the population, intervention, comparison and outcomes have been identified, a clinical question is formed.

Population	Intervention	Comparison	Outcome
In adult medical-surgical patients	does and washing with soap and water by nurses	compared with hand washing with alcohol-based cleanser by nurses	decrease the incidence of hospital acquired infections?

Information Literacy

The clinical question suggests search terms. In the above example, useful search terms include hand washing, infection control, and techniques of nurses (WCSU, n.d.). Detailed information about conducting internet database searches is available through the WCSU evidence-based nursing practice tutorial at http://library.wcsu.edu/web/assistance/research/nursing/tutorial/

Levels of Evidence

The process of investigating a clinical question involves evaluating the study design and level of evidence. Upper division and graduate level research courses provide tools for evaluating research design and methods. Levels of evidence are rated on a hierarchical scale with evidence from meta-analysis of relevant randomized controlled trials occupying the highest level and evidence from expert opinion occupying the lowest level.

Level 1	Evidence from a systematic review or meta-analysis of relevant randomly controlled trials (RCT).
Level II	Evidence obtained from at least one well designed RCT.
Level III	Evidence obtained from one well designed controlled trial without randomization.
Level IV	Evidence from well designed case control or cohort studies.
Level V	Evidence from systematic reviews of descriptive or qualitative studies.
Level VI	Evidence from single descriptive or qualitative study.
Level VII	Evidence from the opinion of authorities and/or reports of expert committees (SSU,2010).

Evidence-Based Practice Resources

The strength of evidence depends on the quality of the research. One way to ensure quality scholarship is to search for peer-reviewed articles. Peer reviewed articles are subjected to review by an impartial panel of experts prior to publication. Peer review publications are more likely to provide conclusions supported by well founded research and statistics and are less likely to reflect bias. The most reliable sources for evidence based information are filtered databases, published professional journals, and reference sources. Although general internet searches may yield promising data, results are highly varied and may include advertising and biased opinions (WCSU, n.d.). The following list provides links to some reliable public access resources and research tutorials.

Libraries

College of Marin Library. Infotrack database provides access to full text, articles.

Sonoma State University Library Nursing research guide: http://libguides.sonoma.edu/nursing
Click on the *Evidence-Based Practice* tab for links to research tutorials and resources.

WCSU Western Connecticut State University Libraries. Information literacy for evidence-based nursing practice. http://library.wcsu.edu/web/assistance/research/nursing/tutorial/
Provides an excellent online tutorial incorporating case studies.

Clinical Agency Data Bases

Many clinical agencies allow on-site student access to subscription databases such as EBSCO, CINAHL, and Up To Date.

Public Access Websites

Agency for Healthcare Research and Quality (AHRQ) http://www.ahrq.gov/clinic/
Provides links to evidence-based practice guidelines
Cochrane Reviews http://www2.cochrane.org/reviews/
Provides abstracts and plain language summaries of evidence-based practice reviews

National Guidelines Clearinghouse http://www.guideline.gov/
Provides evidence based practice guidelines
PubMed http://www.ncbi.nlm.nih.gov/PubMed/
Provides abstracts and some free full-text articles

TRIP (Turning Research in Practice) http://www.tripdatabase.co.uk/
Provides evidence-based healthcare resources

University of Massachusetts Public Health Clinical Guidelines: http://library.umassmed.edu/ebpph/
Provides free access to evidence-based public health resources

Health Organization Websites

Centers for Disease Control (CDC): http://www.cdc.gov/

Healthfinder (U.S. Dept. of Health and Human Services): http://www.healthfinder.gov/

National Library of Medicine: http://www.nlm.nih.gov/

Informine: Scholarly Internet Resource Collections: http://infomine.ucr.edu/

Mayo Clinic: http://www.mayoclinic.com/health/medical/HomePage

Merlot Health Sciences: http://healthsciences.merlot.org/

National Institutes of Health (NIH): http://www.nih.gov/

Lab Tests Online: http://www.labtestsonline.org/

MedlinePlus http://medlineplus.gov/

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SSU.Sonoma State University Library. (2010). Guide to SSU Nursing research resources. Retrieved from http://libguides.sonoma.edu/nursing

Reavy, K., & Tavernier, S. (2008, April). Nurses reclaiming ownership of their practice: implementation of an evidence-based practice model and process. *Journal of Continuing Education in Nursing, 39*(4), 166-172.

WCSU. Western Connecticut State University. (n.d.). Information literacy for evidence-based nursing practice. Retrieved from http://library.wcsu.edu/web/assistance/research/nursing/tutorial/