GLENDALE COMMUNITY COLLEGE

Health Sciences Division
Department of Nursing

NURSING STUDENT HANDBOOK

**Academic Year
2022- 2023**

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WELCOME!

Welcome to the Nursing Program at Glendale Community College. You are embarking on a very demanding journey, but one that has numerous rewards and benefits. You will be asked to give a great deal, but you will receive much in return.

We have high expectations of our students. We want you to be proud to say you are a graduate of Glendale Community College. Please remember that a school's reputation is built on the quality of its students and graduates. It is our job to enable you to be successful and achieve excellence. You, however, must be active in acquiring the knowledge and skills that you need – we can only make available to you the opportunities to learn; you must do the learning.

You will find an immense amount of material to learn and apply as you care for patients in the hospital and other health care settings. It is crucial to your success that you do not get behind in your studies. We are here to help; please talk to us if you have concerns – we very much want you to achieve your career goals.

You must abide by the policies and procedures contained in this Handbook. The Handbook has been prepared for the protection of everyone – yours, that of the faculty, and also the patients for whom you will care. Please read it carefully and refer to it when you have questions. Unless you are notified in writing of a change in policy or procedure, this is the Handbook that will govern your enrollment in the Department until you complete your program. If you have a break in enrollment for any reason, you will follow the Handbook of the class you join when you are reinstated.

Again, it is a delight to provide a sincere welcome from the faculty and staff of the Department of Nursing. We all look forward to getting to know you in the coming semesters.

The Faculty and Staff – Department of Nursing
Glendale Community College

SECTION I

PROGRAM PHILOSOPHY AND UNIFYING THEME

MISSION STATEMENT AND PHILOSOPHY

The Department of Nursing's primary purpose is preparing students to become entry-level Registered Nurses (RNs). The department's goals are aligned with GCC's Mission Statement, as we seek to provide access to the knowledge and experiences needed to prepare the graduate for employment and achievement of individual potential. The college and Department of Nursing are committed to providing experiences for students that foster personal growth and develop essential skills that are critical for success in the modern workplace. This is achieved by creating a challenging, yet supportive, non-discriminatory environment which enables our diverse population of students to attain their educational and career goals.

The curriculum is designed to equip the graduate with the knowledge, skills, and attitudes (KSAs) to function safely within the scope of nursing practice as set forth by the State of California's Department of Consumer Affairs, specifically, the Board of Registered Nursing (BRN). Upon successful completion of the program, graduates are eligible to apply for the state licensure exam.

Generic RN, Career Ladder (LVN-RN), and advanced placement (transfer/foreign nurse graduate) options exist as multiple pathways to goal attainment. Applicants are guided to an option that addresses their specific needs and background.

The nursing faculty also intends to promote and support the development of graduates who are committed to continuing their nursing education, and are an asset to the discipline of nursing, their communities, and society.

With the college mission statement and nursing program goals in mind, we endeavor, throughout all program pathways, to:

1. participate in the process of counseling and assisting interested students preparing for admission to the program;
2. recruit, admit, and retain qualified applicants from diverse backgrounds who progress through the program in a timely manner;
3. maintain consistently high standards of academic achievement;
4. provide students with a variety of resources to promote retention and success;
5. provide and maintain an integrated, current, and consistent curriculum which meets the needs of the student, graduate, faculty, consumer, and health care provider;
6. maintain department protocols that promote student input and participation in class and program governance;
7. produce graduates who attain licensure, apply principles of ethics and research to their practice, and demonstrate entry-level competence in initial employment;
8. remain current as a faculty member in nursing practice and community issues, learning theory, evidence-based practice, and technological advances;
9. foster responsibility to excel in practice, lifelong learning, and commitment to community;
10. provide experiences for students to develop important skills that are critical for success in the modern workplace, such as verbal and written communication, mathematics, the effective use of technology for work and research, and the ability to collaborate with others and conduct their lives with responsibility;
11. provide an extensive array of student services and learning tools, including state-of the-art technology to assist students in all aspects of their college experience;
12. promote cultural sensitivity and openness to the diversity of the human experience;
13. identify students in need of advisement by initiating an early referral process to develop a plan towards success; and
14. create a supportive, non-discriminatory environment which enables students to reach their educational goals in an efficient and timely manner.

The following philosophy has been written by the Department of Nursing to reflect the nursing mission statement and represents a consensus of their beliefs about nursing and nursing education.

Definition of Terms:

Nursing: The Registered Nurse is an essential member of the interdisciplinary healthcare team. The practice of nursing includes health promotion across the life span as well as the diagnosis and treatment of human responses to actual and potential health problems. As a service, it is practiced in an ever-changing variety of settings that includes, but is not limited to, acute care, ambulatory care, and the home, as well as other community-based sites. Nursing is an evolving and applied discipline with expected proficiency in specific critical competencies. These competencies include culturally-sensitive patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics. Each of these competencies encompasses expectations of Knowledge, Skills, and Attitudes (KSAs). The nursing process provides a framework by which these competencies are incorporated into practice and which guides clinical decision-making for safe and quality nursing practice. We believe that nursing is an increasingly essential resource in improving the health of our community and nation.

Health and Health-Illness Continuum: Health is a condition in which all functions of the mind, body, and spirit are appropriately active in promoting individual potential and achievement of desired self-actualization. It has biological, psychosocial, cultural, spiritual and environmental facets. The perception of degrees of health and illness is strongly influenced by culture. The balance between health and illness is a part of the life process, which fluctuates along a health-illness continuum. The appropriate distribution and use of healthcare resources in promoting access to care can optimize health in our community and nation. Maintaining and achieving health is an essential focus of nursing.

People: We view people holistically as complex biological, psychological, intellectual, social-cultural, and spiritual beings. We believe that while each person is unique and dynamic, all people share similar hierarchical human needs from basic survival to self-actualization. All people have inherent dignity and worth as individuals. Within their scope of practice, nurses diagnose and treat human responses to actual and potential health problems. The nursing faculty views these human responses as unmet or potentially unmet basic human needs. Nursing's role is to provide culturally-sensitive patient-centered care to promote health and well-being. Consumers of nursing services include individuals, families, groups, communities, and populations.

Environment: Environment includes internal and external elements that affect human beings. Patient-centered nursing care considers patients/clients in relation to their environment that impacts their health and unmet human needs. The faculty is committed to creating and preserving a learning environment that is conducive to success, which meets the needs of our highly diverse nursing student population.

Nursing Education: The faculty believes that the purpose of nursing education is to prepare graduates with essential nursing knowledge, skills, and attitudes for licensure and entry-level practice. The nursing curriculum builds on foundational knowledge derived from the physical and social sciences. Nursing courses and clinical experiences are sequenced across the curriculum in increasing complexity. Nursing faculty members provide nursing expertise and experience to guide the student in the acquisition of the Knowledge, Skills, and Attitudes needed for optimal patient care in practice. The faculty endeavors throughout the program to guide and encourage students in the appropriate use of existing and emerging technologies in order to provide safe, culturally-sensitive, patient-centered care supported by current evidence. The nursing curriculum has been designed specifically to provide an instructional framework that is consistent with the philosophy.

The Teaching-Learning Process: The teaching-learning process is viewed as dynamic and interactive and a responsibility shared by the student and faculty. It requires participation and group discussion in the classroom, resource laboratory, and varied clinical settings. The faculty believes that students are unique individuals who bring a variety of strengths, needs, and life experiences to the learning environment. The faculty also seeks to instill lifelong learning in the students and actively promotes its graduates to achieve higher education and further acquisition of nursing knowledge and skills.

Teaching: The faculty views teaching to be the process to facilitate the acquisition of knowledge, skills, and attitudes. Faculty members serve as role models and facilitators of learning and guide attitude development. Helping students identify learning styles and abilities using Departmental and College resources is seen as central to helping all students achieve their goals. The faculty holds a strong commitment to improving teaching effectiveness, and exploring and integrating the use of various teaching methodologies. The faculty further strongly believes in emphasizing the principles of quality and safe nursing practice.

Role of the Associate Degree Graduate: The faculty believes that associate degree nursing graduates are essential to the healthcare delivery system. It is the primary goal of all nursing career pathways at Glendale Community College to prepare graduates who are equipped to fulfill entry level nursing duties and responsibilities. It does not include advanced or highly specialized practice, but does serves as the foundation for educational advancement in professional practice.

Conceptual Framework:
The accompanying schematic illustrates the relationships that the faculty believes exist among the basic elements of nursing. These elements include underlined universal human needs, nursing process, core practice competencies, knowledge, skills and attitudes (KSAs), caring, and ethical practice.
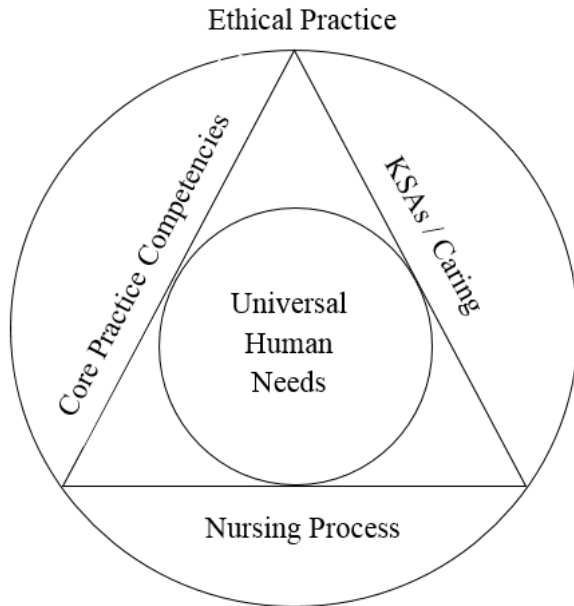
Nursing Process: The nursing process is a problem-solving method and a cognitive activity that requires both critical and resourceful thinking and serves as the basis for providing nursing care. It is an outgrowth of the scientific method and provides a way or "process" for considering solutions to a patient/client problem. The use of the nursing process promotes the development of clinical judgment - it is learned concretely by the novice but practiced abstractly by the experienced practitioner.

<u>Knowledge, Skills, and Attitudes</u>:

Knowledge is the broad base of information, concepts, and theories gathered from nursing, previously acquired physical and social sciences, and general education coursework. It provides the cognitive and conceptual foundation upon which skills and attitudes are built.

Skills (manual, intellectual, interpersonal) are used to implement the care prescribed by applying experience, knowledge, and observation through the nursing process. Critical thinking skills are essential for sound clinical judgment in nursing practice.

Attitudes are nebulous in nature but often clearly communicated in body language and interaction. The attitudes projected by the nurse in all facets of practice contribute greatly to outcomes. Since attitudes are formed and evolve over time their prominence in nursing education and preparation of nurses is essential. They include, but are not limited to, professionalism, respect, appreciation, valuing, and caring. Caring is an extremely important and indispensable attitude in nursing. It encompasses both the ability to understand self and others and the willingness to consistently place the welfare of the patient first. The attitude of caring is a critical component of providing culturally-sensitive patient-centered care.

<u>Core Practice Competencies</u>: The Quality and Safety Education for Nurses (QSEN) project identifies key competencies in which nurses are expected to demonstrate proficiency. These competencies include the delivery of patient-centered care, teamwork and collaboration, using evidence-based practice, participation in quality improvement, safety, and informatics.

<u>Universal Human Needs</u>: Nursing practice involves the restoring, supporting, and promoting health. "Universal Human Needs" is a hierarchical set of needs shared by all people ranging from basic survival needs to the more complex needs of self-fulfillment. Disruptions in health cause actual or potentially unmet needs which are the focal point of nursing in planning patient-centered care.

<u>Ethical Practice</u>: The professional nurse practices with compassion while respecting the beliefs, values, dignity, and individuality of every patient/client, and strives to protect his/her rights and quality of life through the process of unprejudiced decision-making and problem solving.
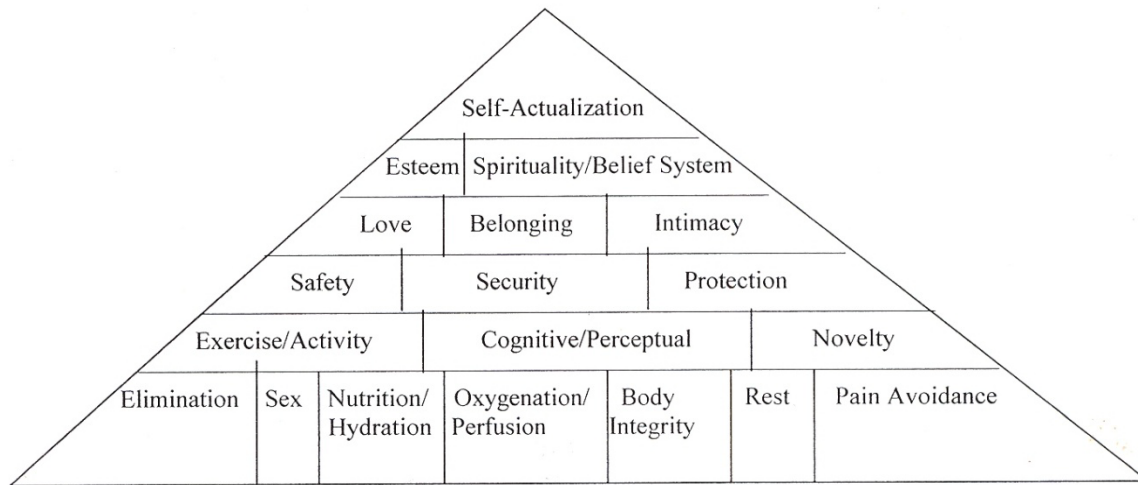
CURRICULAR UNIFYING THEME

The Unifying Theme is formed by the concepts that connect and provide focus to sequence of courses, which form the curriculum of the Department of Nursing. The faculty has attempted to draw consistently upon their collective philosophy in order to create a curricular framework that not only is consistent with their beliefs about nursing, but is clear and understandable to the nursing student. The human needs hierarchy and the nursing process are central to the Glendale College Unifying Theme.

The Nursing process is a goal-directed, problem-solving method used by nurses, who, by virtue of their education and experience, are uniquely prepared and licensed to exercise its use. The five components of the nursing process are assessment, problem identification, planning, intervention, and evaluation.

Assessment	Assessment is process of gathering, verifying, organizing, and communicating patient/client data.
Problem Identification	The statement of an actual or potential patient/client/family problem.
Planning	The methodical development of an approach, with the patient/family, to achieve specific prioritized outcomes that are realistic, measurable, and with a stated time frame.
Intervention	A nursing activity selected from an organized knowledge base, which may employ psychomotor, cognitive, affective, and/or interpersonal skills to attain specific outcomes.
Evaluation	The ongoing review of care plan effectiveness with subsequent adaptation and modification. Effectiveness is measured by the degree to which desired outcomes have been achieved.

Content is arranged in a simple to complex progression. It is further organized around common health problems and the impact they have on human needs. While the nursing process and human needs are the primary organizing concepts of the curricula, other integrated topics such as ethics/ethical dilemmas, law, communication, information competency, health promotion-restoration, societal-cultural concerns, community, leadership and management, and lifespan growth and development issued are introduced and continued across the curriculum. The hierarchy of human needs, as introduced by Maslow (1943), refined by Kalisch (1983), and further adapted by the nursing faculty, provides an organizing framework which helps the student acquire proficiency in nursing assessment/data collection and prioritization.

The hierarchy can be diagramed as a triangle that depicts human needs on six levels. The bottom of the triangle (first level) contains needs that are most essential for survival and which must be met to a certain degree to maintain life, before needs on the next level can be successfully addressed. Need fulfillment constantly fluctuates throughout life and at different developmental periods different needs may predominate. The desire to fulfill needs serves to motivate the individual toward need fulfillment. The intensity of a need and the extent to which it is met depends upon the individual and individual circumstances. The levels of hierarchy also help the student understand the possibility of growth as physiological needs are met, enabling movement to fulfillment of higher and more individually rewarding needs.

Human Need Hierarchy

Level 1	Physiologic needs of survival are the basic physical needs. These needs must be met at least minimally for life to continue.
Level 2	Physiologic needs for stimulation are biologic needs, which while not essential for continued existence, have significant impact on the quality of life.
Level 3	Safety needs represent the necessity to feel safe and, as such, are both physiological and psychological. They include avoiding harm and physical safety as well as structure, security, and a sense of order.
Level 4	Love and belonging needs are social needs. They reflect the necessity for love and a sense of belonging or closeness. They include a person's ability to maintain affectionate relationships, companionship, and to affiliate or interact with others thought involvement with and within various groups.
Level 5	Esteem and spiritual needs include needs which are related to perceptions of individual adequacy. These perceptions of spirituality, worth, competence, adequacy, and prestige come both from external and internal sources. They reflect beliefs and values about others, self, and a higher power.
Level 6	Self-actualization needs include the degree to which the individual is able to achieve potential and grow and improve. These needs are unique, based on individual capabilities, inclinations, and preferences.

The faculty believes that the organization of this Unifying Theme is adaptable to any setting in which the student is assigned and exists at a conceptual level which the novice nursing student can comprehend. It is also believed to be compatible with more advanced and theoretical models of nursing for those students who continue their nursing education at an advanced level.

Kalisch, R. (1983). The Psychology of Human Behavior. Monterey, CA: Brooke/Cole.
Maslow, A. (1943). A theory of human motivation. Psychol Rev, 50, 370-396

6/2005, 5/2006, 4/2007, 5/2008, 5/2009, 5/2010, 5/2015, 8/2015

GRADUATE LEARNING OUTCOMES (EPSLOs)

The Graduate Learning Outcomes reflect both the Department's Philosophy and Unifying Theme. They correspond to the role of the nurse in providing and managing patient care and to the role of the nurse as a member of the discipline of nursing. They are organized by the nursing process and acknowledge the Role of Provider and Manager of Care and Role as a Member of the Discipline of Nursing.

Role of Provider and Manager of Care
Upon completion of the Associate Degree Nursing Program the graduate will be able to:
1. Utilize evidence-based knowledge derived from nursing, behavioral, and natural sciences to guide clinical practice.
2. Perform an assessment appropriate in level to the client's status and developmental level. Gather clinical data pertinent to the client, differentiating normal from abnormal assessment information.
3. Organize and classify assessment information based on unmet human needs.
4. Formulate individualized care plans that are supported by subjective and objective data.
5. Set realistic outcomes by emphasizing Patient-Centered Care in practice.
6. Exercise sound clinical judgment in decision-making, task organization, and team coordination.
7. Provide direct care to the client, demonstrating safe and quality nursing practice.
8. Utilize teaching/learning principles to educate the client and to provide continuity of care.
9. Delegate appropriately to other members of the health care team to provide safe and effective patient centered nursing care.
10. Adapt nursing care to the client's stage in the life cycle and individual psycho-socio-cultural requirements.
11. Collaborate and coordinate teamwork with other members of the acute care and community health system to promote an optimal degree of health and quality of life for the client.
12. Communicate effectively with colleagues, the client, and family.
13. Assume responsibility for care of assigned clients, including supervision of care given by other members of the health care team.
14. Document relevant information according to standards of practice.
15. Judge the effectiveness of nursing interventions by determining client's response and the extent to which the expected patient outcomes have been met.
16. Continuously reassess and modify the plan of care to achieve desired client outcomes.
17. Utilize information and technology to communicate and ensure safe and quality nursing care.
18. Utilize data to monitor nursing care outcomes and use improvement methods to ensure quality improvement.

Role as a Member of the Discipline of Nursing

Upon completion of the Glendale Community College Nursing Program, the graduate will be able to:

1. Demonstrate accountability for individual decisions and actions in nursing practice.
2. Recognize and deal appropriately with ethical/legal problems and questions.
3. Participate as a patient/client advocate in providing and managing care.
4. Demonstrate an awareness of the role of the A.D.N. graduate, trends within nursing, and the role of the involvement and collaboration in determining the future direction of nursing.
5. Identify and utilize a variety of resources, including electronic media, to increase knowledge and improve care of the patient/client and family.
6. Establish goals for personal growth within the discipline which are oriented toward achievement of potential.
7. Accept responsibility for learning as a lifelong process.
8. Fulfill nursing's scope of practice without being task based.

Competency Area:	First Level	Second Level	Third Level	Fourth Level
ROLE AS PROVIDER AND SUPERVISOR OF CARE:				
A. Assessment and Diagnosis	Assess patient needs using: a. Using informatics to access the electronic healthcare record (EHR) to gather information b. Collaborating with nurses to gather information from handoff communication reports c. Performing direct physical assessment of assigned patients d. Determining patients' and families' learning needs	⟹	Assess patient needs by: a. Using informatics to access the electronic healthcare record (EHR) to gather information b. Collaborating with nurses to gather information from handoff communication reports c. Determining patients' and families' learning needs. d. Comprehensive and developmentally appropriate, physical assessment skills.	**Assess patient needs by:** a. **Using informatics to access the electronic healthcare record (EHR) to gather information** b. **Collaborating with nurses to gather information from handoff communication reports** c. **Determining patients' and families' learning needs** d. **Comprehensive and developmentally appropriate, physical assessment skills.**
	Apply assignment research and/or previously learned content/knowledge to patient assessment.	⟹	⟹	**Apply assignment research and/or previously learned content/knowledge to patient assessment.**
		Identify and report abnormal or inconsistent findings.	⟹	⟹
	Identify purpose and evidence-based practice principles regarding invasive devices and other equipment used in the care of assigned patients.	Identify purpose, status, nursing responsibility, and evidence-based practice principles regarding invasive devices and other equipment used in the care of assigned patients.	**Identify purpose, status, nursing responsibility, and evidence-based practice principles regarding invasive devices and other equipment used in the care of assigned patients.**	⟹
	Identify unmet human needs based on assessment.	Identify and prioritize unmet human needs based on assessment.	⟹	⟹
	Select nursing diagnosis(es) based on human need assessment.	Select and validate appropriate nursing diagnosis(es) based on human need assessment.	⟹	**Select and validate appropriate nursing diagnosis(es) based on human need assessment.**

Bolded and Underlined Text indicates a critical element, which **must** be met at a satisfactory level.

Competency Area:	First Level	Second Level	Third Level	Fourth Level
B. Planning Nursing Care to Meet Human Needs	Prioritize individualized nursing care plan based on the Human Needs Hierarchy, physiological assessment, and psychosocial/cultural aspects regarding the assigned patient	⇨	⇨	⇨
	Develop short term goals and outcomes that are specific, measurable and attainable within a realistic time frame.	Develop short and long term goals and outcomes that are specific, measurable and attainable within a realistic time frame.	⇨	⇨
	Plan evidence-based nursing interventions that address unmet needs and support desired outcomes.	⇨	Plan evidence-based nursing interventions that clearly address unmet needs, developmental level, and support desired outcomes.	⇨
	Determine patient needs and scheduling demands prior to giving care.	Anticipate patient needs, establish nursing priorities before giving care, and adjust to meet changing circumstances.	⇨	Anticipate patient needs and scheduling demands and establish nursing priorities prior to giving care, adjusting to meet individual circumstances and acuity.
	Plan patient and family-centered care that demonstrates application of didactic content to assigned patients.	⇨	⇨	**Plan patient and family-centered care that demonstrates application of didactic content to assigned patients.**
	Manage time and priorities to complete safe and effective patient-centered care	⇨	⇨	⇨
C. Interventions				
A. Participation in the Plan of Care Competencies:		Apply previously learned knowledge and skills to new clinical situations.	⇨	⇨
	Perform nursing interventions, using relevant knowledge, skills and attitudes in a manner consistent with evidence-based practice.	Perform nursing interventions, using relevant knowledge, skills and attitudes in a manner consistent with evidence-based practice and current standards of practice.	⇨	⇨

Bolded and Underlined Text indicates a critical element, which **must** be met at a satisfactory level.

Competency Area:	First Level	Second Level	Third Level	Fourth Level
	Demonstrate effective teamwork by collaborating within nursing and interdisciplinary teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.	⇨	⇨	⇨
	Implement the plan of care.	**Implement the plan of care, clarifying inconsistencies or questions.**	⇨	**Implement the plan of care, clarifying inconsistencies and modifying as indicated in consultation with staff.**
	Complete own assignment as directed and on time.	⇨	⇨	⇨
B. Organization and Safety Competencies	**Clarify inconsistent or contradictory clinical information or observations.**	⇨	⇨	⇨
	Provide safe, compassionate and coordinated care based on respect for patient's preferences, values and needs.	⇨	⇨	⇨
	Administer medications safely and according to protocol:			
	a. **Access credible references to research all prescribed medications prior to administration,** b. **Demonstrate critical thinking by correlating information from the electronic healthcare record (EHR) and the medication information with assigned patient(s); and** c. **Administer medication according to agency protocol**	⇨	⇨	⇨
	Explain correct rationales for own actions when asked.	⇨	⇨	⇨

Bolded and Underlined Text indicates a critical element, which **must** be met at a satisfactory level.

Competency Area:	First Level	Second Level	Third Level	Fourth Level
	Acknowledge own limitations by seeking assistance when unfamiliar with situations or as needed.	⇨	⇨	⇨
	Implement standard precautions and other applicable infection prevention practices, as applicable.	⇨	⇨	⇨
	Perform previously learned skills correctly with minimal supervision/assistance.	⇨	⇨	⇨
			Identify tasks to be delegated to a variety of care providers, in a manner that acknowledges scope of practice.	⇨
	Access the electronic healthcare record to review agency policy and/or protocol regarding skills prior to initiate nursing care and calling instructor.	⇨	⇨	⇨
	Maintain cleanliness and organization of patient care area.	⇨	⇨	⇨
	Follow all faculty verbal and written instructions and guidelines.	⇨	⇨	⇨

Bolded and Underlined Text indicates a critical element, which **must** be met at a satisfactory level.

Competency Area:	First Level	Second Level	Third Level	Fourth Level
C. Patient Teaching and Communication Competencies	Provide patient education relevant to patient's health care needs, level of understanding, and knowledge deficit(s) which incorporates cultural, developmental and psychosocial aspects: a. Prior to delivering care and carrying out skills; b. **Regarding scheduled and PRN medications,** c. Regarding prescribed treatments, equipment, diet, plan of care; and Discharge planning/ instructions.	**Provide patient education relevant to patient's health care needs, level of understanding, and knowledge deficit(s) which incorporates cultural, developmental and psychosocial aspects:** a. **Prior to delivering care and carrying out skills;** b. **Regarding scheduled and PRN medications,** c. **Regarding prescribed treatments, equipment, diet, plan of care; and Discharge planning/ instructions.**	⇨	⇨
	Ensure instructor and assigned staff are aware of changes in patient condition.	⇨	⇨	⇨
	Provide complete "hand-off" (e.g. SBAR) to instructor and staff at the beginning, during and at the end of the shift.	⇨	⇨	⇨
	Introduce self and role and responsibilities to patients and staff	⇨	⇨	⇨
	Communicate clearly and concisely, both verbally and in writing.	⇨	⇨	⇨
	Communicate at a level that indicates safe comprehension and listening skills.	⇨	⇨	⇨
		Communicate with patient in a developmentally appropriate and therapeutic manner.	⇨	⇨
	Ask appropriate questions.	⇨	⇨	⇨

Bolded and Underlined Text indicates a critical element, which **must** be met at a satisfactory level.

Competency Area:	First Level	Second Level	Third Level	Fourth Level
	Notify instructor and staff by following established protocol before leaving unit at any time.	⇨	⇨	⇨
	Communicate through the proper chain of command.	⇨	⇨	⇨
	Maintain composure and appropriate conversation in the presence of the patient and family.	⇨	⇨	⇨
	Complete charting which is: a. Accurate and pertinent; b. Done within the time guidelines of the instructor; c. Done according to hospital protocol, and; d. Inclusive of correct spelling, terminology, and grammar.	⇨	**Compete charting which is:** a. **Accurate and pertinent;** b. Done within the time guidelines of the instructor; c. Done according to hospital protocol, and; d. Inclusive of correct spelling, terminology, and grammar	a. **Accurate and pertinent;** b. Done within the time guidelines of the instructor; c. **Done according to hospital protocol,** and; d. Inclusive of correct spelling, terminology, and grammar

	Maintain confidentiality of healthcare records by:
	  a. **Accessing information pertinent to assignment,**
	  b. **Disposing any printed material that contain patient identifiers to protect patients' health information (PHI), according to agency protocol.**
	  c. **Adhering to Health Insurance Portability & Accountability Act (HIPAA).**
		⇨	⇨	⇨

D. Evaluation	Review the appropriateness of existing plan of care and update as needed.	**Review the appropriateness of existing plan of care and update as needed.**	⇨	⇨

Bolded and Underlined Text indicates a critical element, which **must** be met at a satisfactory level.

Competency Area:	First Level	Second Level	Third Level	Fourth Level
	Use data and other quality improvement tools (e.g. flow charts, diagrams, trends, bar graphs) to monitor outcomes of the plan of care.	⇒	**Use data and other quality improvement tools (e.g. flow charts, diagrams, trends, bar graphs) to monitor outcomes of the plan of care.**	⇒
	Document and report patient response to plan of care and nursing interventions.	**Document and report patient response to plan of care and nursing interventions.**	⇒	⇒
	Evaluate, in a realistic manner, own effectiveness and skill in varying patient care situations.	⇒	⇒	⇒
ROLE AS A MEMBER OF THE DISIPLINE OF NURSING				
1. Individual Growth	**Accept constructive feedback and develop ways for improvement.**	⇒	⇒	⇒
	Seek opportunities for new learning by:			
	a. Tracking own progress by adding completed skills to checklist b. Taking initiative to approach healthcare staff and/or instructor for unscheduled clinical activities. .	⇒	⇒	⇒
	Demonstrate consistent growth of skill level used in performing nursing care.	⇒	⇒	**Demonstrate consistent growth of skill level used in performing, delegating, and supervising nursing care.**
	Use teamwork and collaboration by assisting peers and healthcare staff in patient care areas.	⇒	⇒	⇒
2. Commitment to Caring	Demonstrate interest in nursing by spending time with patient when possible.	⇒	⇒	⇒

Bolded and Underlined Text indicates a critical element, which **must** be met at a satisfactory level.

Competency Area:	First Level	Second Level	Third Level	Fourth Level
	Identify and use resources (e.g. Hospital Formulary, electronic resources, procedure or standards manual, facility protocols, patient records) and other disciplines (e.g. pharmacy, social services, dietary) to increase knowledge and improve patient care.	⇨	**Identify and use resources (e.g. Hospital Formulary, electronic resources, procedure or standards manual, facility protocols, patient records) and other disciplines (e.g. pharmacy, social services, dietary) to increase knowledge and improve patient care.**	⇨
	Seek needed information when confronted with unfamiliar health problems, medications, and/or situations.	⇨	⇨	⇨
	Interact with patients to provide patient-centered care and respect for patient dignity, culture, values, beliefs and personal preferences.	⇨	**Interact with patients to provide patient-centered care and respect for patient dignity, culture, values, beliefs and personal preferences.**	⇨
	Maintain confidentiality of patients, as reviewed in the Health Insurance Portability and Accountability Act (HIPAA)	⇨	⇨	⇨
			Recognize and discuss situations in which the needs of the patient may conflict with those of individuals or the unit/institution.	⇨
3. Individual Accountability				
	Participate in all scheduled activities and conferences of clinical rotation.	⇨	⇨	⇨
	Follow protocol established by instructor for reporting an absence or tardy.	⇨	⇨	⇨
	Demonstrate accountability by accepting responsibility for own actions.	⇨	⇨	⇨
	Maintain meticulous personal hygiene and a neat appearance following Nursing Student Uniform policy and guidelines, as outlined in the Nursing Student Handbook.	⇨	⇨	⇨

Bolded and Underlined Text indicates a critical element, which **must** be met at a satisfactory level.

GLENDALE COMMUNITY COLLEGE – DEPARTMENT OF NURSING
Leveled Course Content for Medical-Surgical Nursing

Fundamentals (NS 210) Prerequisite Knowledge: Sciences/Psychology	Med-Surg (NS 211) Prerequisite Knowledge: Sciences/Fundamentals	Med-Surg II (NS 212) Prerequisite Knowledge: Med-Surg I	Med-Surg III (NS 213) Prerequisite Knowledge: Med-Surg II	Med-Surg IV (NS 214) Prerequisite Knowledge: Med-Surg III
Foundations of Nursing Practice	*Human Needs and the Application of the Nursing Process to M/S Nursing*	*Human Needs and the Application of the Nursing Process to M/S Nursing*	*Human Needs and the Application of the Nursing Process to M/S Nursing*	*Human Needs and the Application of the Nursing Process to M/S Nursing*
Introduction to nursing and nursing roles	Assessment, need hierarchy and the aging medical-surgical patient	Assessment, need hierarchy and the medical-surgical patient	Assessment, need hierarchy and the more acutely ill aging medical-surgical patient	Assessment, need hierarchy and the high acuity medical-surgical patient
Hierarchy of human needs Nursing Process and its Phases Writing a nursing care plan Documentation	Nursing Diagnosis Planning Interventions Evaluation	⇨ ⇨ ⇨ ⇨	⇨ ⇨ ⇨ ⇨	⇨ ⇨ ⇨ ⇨
Developmental, sociocultural and family influences on health and human needs			*Nursing responsiveness to health management which includes complementary alternative medicine:*	
Family Infant and young child School-age child			Use of CAM by patients/clients Frequently encountered CAM Energy balancing in Chinese medicine	
Adolescent Adult Aging adult				
Nursing management of safety and hygiene Physical and biologic safety Helping the patient dress/ADL Assessing/bathing the skin Hygiene of mouth, eyes, hair, nails				

Fundamentals (NS 210)	Med-Surg (NS 211)	Med-Surg II (NS 212)	Med-Surg III (NS 213)	Med-Surg IV (NS 214)
Promoting rest and comfort needs Assessment of comfort Physiology/functions of sleep Factors affecting sleep Assessing acute/chronic pain Physiology of pain Nursing management of pain				
Management of the needs of the dying person Supporting the dying Supporting the bereaved Providing post-mortem care			**Nursing care and management in the disaster setting** Rapid assessment Triage	
Basic Techniques used in assessment of human need Vital signs/weight/height Specimens Assisting with examinations and procedures Admissions/transfer/discharge				
Nursing Skills related to: Medication Administration Wound Management Surgical Patient				
Nursing management of health problems r/t body integrity needs I: Trauma Pressure ulcers Infection/inflammation Aging and the integument	**Nursing management of health problems r/t body integrity needs II:** Dermatology Infection Allergies Plastic/cosmetic surgeries Skin graft Benign tumors			

Fundamentals (NS 210)	Med-Surg (NS 211)	Med-Surg II (NS 212)	Med-Surg III (NS 213)	Med-Surg IV (NS 214)
Nursing management of oxygenation/perfusion needs		***Nursing management of cardiac health problems related to perfusion needs – Part I***	***Nursing management of health problems related to cardiac perfusion needs: Part II***	***Nursing management of health problems related to acute cardiac and tissue perfusion needs: Part III***

Assessing respiratory function
Pulmonary physiotherapy
 	
Maintaining an airway
Assessing cardiovascular function
		1. *Assessment of c/v health*
		• Cardiovascular changes associated with aging
		• Psychosocial factors
		2. *Cardiac health problems*
		• CHF/Pulmonary edema
		• Valvular heart problems
			1. *Coronary artery disease*
			• Angina pectoris
			• Myocardial infarction
			2. *Introduc. to cardiac rhythms*
			• Conduction system
			• Common rhythms/dysrhythmias
				1. *Advanced assessment skills*
				• Physical Assessment
				• EKG monitoring
				  Major dysrhythmias
				  Conduction disorders
				• Hemodynamic monitoring
				2. *Meeting the needs of the critically ill patient*

		• Inflammation and infection
		  Infective BE
		  Pericarditis
		  RHD
		3. *Vascular health problems*
		• Arteriosclerosis
		• Hypertension
		• Peripheral arterial problems
		  Arterial occlusion
		  Vasospastic disorders
		  Aneurisms
		• Venous problems
		  Venous insufficiency
		  Venous thrombosis/phlebitis
		  Varicose veins
		  Pulmonary emboli
			Sinus rhythm
			Atrial/ventric dysrhythmias
			• Electrical and medical interventions
			3. *Chronic cardiac problems*
			• Review CHF
			• Cardiomyopathies
			4. *Cardiac surgeries*
			5. *Transfusion therapy*	

		Nursing management of health problems related to tissue perfusion needs: hematologic concerns Anemias Polycythemia White cell disorders • Leukemia/lymphoma • ITP • Platelet disorders		

Fundamentals (NS 210)	Med-Surg (NS 211)	Med-Surg II (NS 212)	Med-Surg III (NS 213)	Med-Surg IV (NS 214)
		Nursing management of health problems r/t oxygen needs: Respiratory concerns: Part I 1. *Upper airway problems* • Epistaxis • Rhinitis/sinusitis • Fractures 2. *Oropharynx/tonsil problems* • Pharyngitis • Tonsillitis/abscesses 3. *Upper airway obstruction*	***Nursing management of health problems r/t oxygen needs: Respiratory concerns: Part II*** 1. *Chest tubes and chest surgery* 2. *ABG interpretation* 3. *Lower airway problems* • Bronchitis • Pneumonia • Tuberculosis • Fungal infections • Bronchiectasis	***Nursing management of health problems r/t oxygen needs: Respiratory concerns: Part III*** 1. *Critical respiratory problems* • Acute respiratory failure • ARDS • COPD • Ventilator support • Artificial airways
			• Occupational lung problems • Lung cancer 4. *Restrictive respiratory disord.* • Pulmonary edema • Pulmonary embolism • Pulmonary HTN • Cor pulmonale 5. *Obstructive pulmonary disorders* • Asthma • Chronic bronchitis • Emphysema 6. *Chest trauma* • Pulmonary contusion • Fractured ribs • Phneumothorax/hemothorax • Flail chest	

Fundamentals (NS 210)	Med-Surg (NS 211)	Med-Surg II (NS 212)	Med-Surg III (NS 213)	Med-Surg IV (NS 214)
Nursing management of nutrition and fluid needs Assessment of fluid balance and nutritional status Assisting with eating Gastrointestinal tubes Parenteral fluids Enteral feeding	***Health problems r/t nutrition and elimination needs: nursing management of GI concerns – Part I*** 1. *Changes associated with aging* 2. *Problems of ingestion* • Dental factors inflammation/infection • Fractures • Esophageal disorders • Hiatal hernia 3. *Problems of digestion* • Nausea and vomiting • Gastritis • Upper GI bleeding • Hepatobiliary problems • Gallbladder dysfunction 4. *Problems of absorption and elimination* • Diarrhea/constipation	***Health problems r/t nutrition and elimination needs: nursing management of GI concerns – Part II*** 1. *Neoplasms of the GI tract* • Mouth • Esophagus • Stomach/small bowel • Hepatobiliary • Colorectal 2. *Intestinal obstructions and failure of peristalsis* 3. *Diverticular disorders* 4. *Inflammatory bowel disorders* 5. *Ostomy procedure and care* • Psychosocial assessment/care 6. *Intravenous supplemental nutrition*		
	• Bowel incontinence • Polyps • Hernias • Anorectal problems • Acute abdominal pain • Abdominal trauma • Appendicitis • Peritonitis • Gastroenteritis • Lactose intolerance			

Fundamentals (NS 210)	Med-Surg (NS 211)	Med-Surg II (NS 212)	Med-Surg III (NS 213)	Med-Surg IV (NS 214)
Nursing management of elimination needs Assessing GU/GI function Toileting Urinary catheters			***Nursing management of GU health problems r/t elimination needs: Part I*** Infectious disorders Trauma Urinary incontinence Immunologic disorders Renal disease and HIV Obstructive uropathies Congenital/hereditary disorders Nephrotic syndrome Renal vascular problems Neoplastic disorders	***Nursing management of GU health problems r/t elimination needs: Part II*** Chronic and acute renal failure
		Nursing management of health problems related to sexual needs and reproductive concerns: *1. Female* • Menstruation/dysmenorrhea • Menopause • Abortion • Ectopic pregnancy • Rape • Inflammation/infection • Endometriosis • Benign tumors • Neoplasms and treatment • Uterine structural abnormalities • Fistulas • Breast		

Fundamentals (NS 210)	Med-Surg (NS 211)	Med-Surg II (NS 212)	Med-Surg III (NS 213)	Med-Surg IV (NS 214)
		2. *Male* • Sexual functioning • Inflammation/infection • Benign prostate problems • Scrotal problems • Neoplasms and treatment 3. *Sexually transmitted diseases*		
		Nursing management of health problems related to regulation and metabolism – endocrine disorders: Adrenal Thyroid/parathyroid Pituitary Pancreas and diabetes mellitus -diabetic emergencies		
Nursing management activity and exercise needs: Assessing musculoskeletal function Positioning, moving and transferring the patient Exercise and ambulation Protecting the immobile patient	***Nursing management of health problems r/t mobility (exercise and activity) needs:*** Changes related to aging Sports related injuries Sprains and strains Dislocations/subluxations Fractures Occupation/recreation/overuse Amputation Osteomyelitis Metabolic bone disorders -Gout/Paget's Bone tumors Osteosarcoma Rehabilitation Autoimmune disorders -R.A./osteoarthritis -Systemic lupus erythematosus		***Nursing management of health problems r/t mobility (exercise and activity) needs:***	

Fundamentals (NS 210)	Med-Surg (NS 211)	Med-Surg II (NS 212)	Med-Surg III (NS 213)	Med-Surg IV (NS 214)
Nursing management of cognitive-perceptual needs:	*Nursing management of health problems related to cognitive-perceptual needs*			
Sensory alteration Confusion Dementia	1. *Ear and hearing* • External, middle, inner ear • Hearing loss 2. *Visual disorders* • Refraction and age-related changes • External ocular problems • Cataracts/aphakia • Glaucoma • Retinal tears and other disorders 3. *Challenges related to cognitive-perceptual needs in the elderly*			

			Nursing management of health problems r/t exercise, cognitive-perceptual needs – neurologic concerns: Part I
			1. *Assessment techniques*
			2. *CNS disorders*
			• Headaches
			• Seizure disorders and status epilepticus
			• Head injuries
			• Dementia (Alzheimer's and other)
			• Parkinson's
			• Myasthenia gravis
			• Multiple sclerosis
			• Amyotrophic LS
			3. *Peripheral/cranial nerve disorders*
			• Trigeminal neuralgia
			• Guillain-Barre
			4. *Spinal cord disorders*
				Nursing management of health problems r/t exercise, cognitive-perceptual needs – neurologic concerns: Part II
				1. *Critically ill neurologic patient-skills and assessment*
				• Status epilepticus
				• Increased intracranial pressure
				  ○ CVA
				  ○ Head injury
				  ○ Brain tumors
				• Infections
				  ○ Meningitis
				  ○ Encephalitis
				• Spinal cord injury II (cont.)

Fundamentals (NS 210)	Med-Surg (NS 211)	Med-Surg II (NS 212)	Med-Surg III (NS 213)	Med-Surg IV (NS 214)
			• Injury I • Tumor	
				Nursing management of patients experiencing massive threats to physiological integrity – multi-system organ failure/involvement Shock Massive trauma Burns Cirrhosis Drug overdose and poisoning Immune system compromise
Nursing Management: Introduction Provide direct care for 1-2 patients with guidance	*Nursing Management: Beyond the Basics* Responsible for prompted management and direct care of two patients	*Nursing Management: Intermediate Concepts* Independent management of patient care assignment Prioritizing accurately Scheduling patient care Awareness of delegation	*Nursing Management: Beginning Leadership Concepts* Time management with patient assignments of increasing complexity Patient care delivery models Elements of supervision and delegation	*Nursing Management: making a successful transition to the workplace* 1. *Leadership concepts for the novice nurse:* • Responsible (with preceptor) for prompted management of novice nurse patient assignment • Rose transition and challenges • Leadership styles • Supervision and evaluation • Accountability • Assignment/delegation • Concepts of change • Changes in health care administration/organization 2. *Legal considerations in supervision and management*

4/27/2015

Student Learning Outcomes Per Semester Level

Core Competencies	1st Semester SLO	2nd Semester SLO	3rd Semester SLO	4th Semester SLO	EPSLOs
Teamwork and Collaboration Functioning effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect, shared decision, team learning and development (QSEN, 2007; NOFNCC, 2016).	Identify communication techniques used by the interprofessional team, patients, family and the community.	Apply communication skills with the interprofessional team, patients, family, and the community.	Integrate collaborative communication as a member of the interprofessional team in the delivery of care to patients, family and the community	Evaluate communication and collaboration skills used with the interprofessional team in the delivery of care to patients, family and the community	**Teamwork and Collaboration**: • **Role of Provider and Manager of Care: #6** Exercise sound clinical judgment in decision-making**,** task organization, and team coordination. • **Role of Provider and Manager of Care: #9** Delegate appropriately to other members of the health care team to provide safe and effective patient centered nursing care. • **Role of Provider and Manager of Care**: **#11** Collaborate and coordinate teamwork with other members of the acute care and community health system to promote an optimal degree of health and quality of life for the client. • **Role of Provider and Manager of Care: #12** Communicate effectively with colleagues, the client, and family. **Role of Provider and Manager of Care**: **#13** Assume responsibility for care of assigned clients, including supervision of care given by other members of the health care team. • **Role as a Member of the Discipline of Nursing: #22** Demonstrate an awareness of the role of the A.D.N. graduate, trends within nursing, and the role of the involvement and collaboration in determining the future direction of nursing.
Evidence- based practice: The ability to identify, evaluate, and use the best current evidence coupled with clinical expertise and consideration of patients' preferences, experience and values to make practice decisions (QSEN, 2007; NOFNCC, 2016)	Identify an evidence-based approach in the development of professional nursing practice.	Implement evidence-based approach in the development of professional nursing practice.	Differentiate evidence-based practice approaches in the delivery of nursing care.	Integrate an evidence-based approach in the delivery and evaluation of nursing care.	**Evidence-Based Practice**: • **Role of Provider and Manager of Care: #1** Utilize evidence-based knowledge derived from nursing, behavioral, and natural sciences to guide clinical practice

Core Competencies	1st Semester SLO	2nd Semester SLO	3rd Semester SLO	4th Semester SLO	EPSLOs
Safety: Minimize risk of harm to patients and providers through both system effectiveness and individual performance (QSEN, 2007; NOFNCC, 2016).	Recognize patient safety risks in the work.	Outline safety interventions when providing patient care.	Apply safety protocols when caring for patients.	Demonstrate safe patient care.	**Safety:** • **Role of Provider and Manager of Care: #6** Exercise sound clinical judgment in decision-making, task organization, and team coordination. • **Role of Provider and Manager of Care: #7** Provide direct care to the client, demonstrating safe and quality nursing practice**.** • **Role of Provider and Manager of Care: #16** Continuously reassess and modify the plan of care to achieve desired client outcomes.
Quality Improvement: Use of data to monitor the outcomes of care processes and uses improvement methods to design and test changes to continuously improve the quality and safety of health care systems (QSEN, 2007; NOFNCC, 2016).	Identify patient safety and risks in the work unit for the improvement of care.	Summarize safety protocols within the hospital work environment.	Apply safety protocols for system improvement in the work unit.	Analyze factors that affect safety in patient care.	**Quality Improvement:** • **Role of Provider and Manager of Care: #7** Provide direct care to the client, demonstrating safe and quality nursing practice**.** • **Role of Provider and Manager of Care: #15** Judge the effectiveness of nursing interventions by determining client's response and the extent to which the expected patient outcomes have been met. • **Role of Provider and Manager of Care: #16** Continuously reassess and modify the plan of care to achieve desired client outcomes. • **Role of Provider and Manager of Care: #18** Utilize data to monitor nursing care outcomes and use improvement methods to ensure quality improvement.
Informatics and Technology: The use of advanced technology and to analyze as well as synthesize information and collaborate in order to make critical decisions that optimize patient outcomes (National Academies of Sciences, Engineering, and Medicine 2015; NOFNCC, 2016).	Retrieve information using technology essential to the delivery of patient care.	Utilize information technology in the delivery of nursing care.	Integrate information technology in the delivery of nursing care.	Evaluate the use of information technology in the delivery of nursing care.	**Information Technology:** • **Role of Provider and Manager of Care: # 2** Perform an assessment appropriate in level to the client's status and developmental level. Gather clinical data pertinent to the client, differentiating normal from abnormal assessment information. • **Role of Provider and Manager of Care: #6** Exercise sound clinical judgment in decision-making, task organization, and team coordination • **Role of Provider and Manager of Care: #12** Communicate effectively with colleagues, the client, and family. • **Role of Provider and Manager of Care: #14** Document relevant information according to standards of practice.

Core Competencies	1st Semester SLO	2nd Semester SLO	3rd Semester SLO	4th Semester SLO	EPSLOs
					• **Role of Provider and Manager of Care: # 17** Utilize information and technology to communicate and ensure safe and quality nursing care. • **Role of Provider and Manager of Care: #18**. Utilize data to monitor nursing care outcomes and use improvement methods to ensure quality improvement. • **Role as a Member of the Discipline of Nursing**: **#23** Identify and utilize a variety of resources, including electronic media, to increase knowledge and improve care of the patient/client and family.
Patient Centered Care: Provide holistic care that recognizes an individual's preferences, values, and needs and respects the patient or designee as a full partner in providing compassionate, coordinated, age and culturally appropriate, safe, and effective care (NOFNCC, 2016)	Recognize own values, beliefs, and attitudes related to health and its impacts on delivery of care.	Explain how the patient's diversity, values, beliefs, and attitudes relate to health and its impact on delivery of care.	Integrate diverse patient values, beliefs, and attitudes into an individualized plan of care.	Design an individualized plan of care for patients with diverse values, beliefs and attitudes.	**Patient-Centered Care:** • **Role of Provider and Manager of Care: # 2** Perform an assessment appropriate in level to the client's status and developmental level. Gather clinical data pertinent to the client, differentiating normal from abnormal assessment information. • **Role of Provider and Manager of Care: #3** Organize and classify assessment information based on unmet human needs. • **Role of Provider and Manager of Care: #4** Formulate individualized care plans that are supported by subjective and objective data**.** • **Role of Provider and Manager of Care**: **#5** Set realistic outcomes by emphasizing Patient-Centered Care in practice. • **Role of Provider and Manager of Care: #8** Utilize teaching/learning principles to educate the client and to provide continuity of care. • **Role of Provider and Manager of Care: #10** Adapt nursing care to the client's stage in the life cycle and individual psycho-socio-cultural requirements. • **Role of Provider and Manager of Care**: **#13** Assume responsibility for care of assigned clients, including supervision of care given by other members of the health care team. • **Role of Provider and Manager of Care: #16**. Continuously reassess and modify the plan of care to achieve desired client outcomes.

Core Competencies	1st Semester SLO	2nd Semester SLO	3rd Semester SLO	4th Semester SLO	EPSLOs
					• **Role as a Member of the Discipline of Nursing:** **#20** Recognize and deal appropriately with ethical/legal problems and questions. • **Role as a Member of the Discipline of Nursing**: **#21** Participate as a patient/client advocate in providing and managing care.
Leadership: The ability to influence behavior of individuals or groups of individuals within their environment in a way that will facilitate the establishment and acquisition/achievement of shared goals (NOFNCC, 2016). **Professionalism:** Demonstrate accountability for the delivery of standard-based nursing care that is consistent with moral, altruistic, legal, ethical, regulatory, and humanistic principles (NOFNCC, 2016).	Identify legal, ethical and leadership principles in the application of nursing practice.	Implement legal, ethical principles and leadership behaviors in the delivery of nursing care.	Integrate legal and ethical principles and collaborative leadership behaviors in the delivery of nursing care.	Evaluate legal and ethical standards in the application of leadership behaviors in the delivery of nursing care.	**Leadership/Professionalism:** • **Role of Provider and Manager of Care**: **#13** Assume responsibility for care of assigned clients, including supervision of care given by other members of the health care team. • **Role as a Member of the Discipline of Nursing: #19** Demonstrate accountability for individual decisions and actions in nursing practice. • **Role as a Member of the Discipline of Nursing: #20** Recognize and deal appropriately with ethical/legal problems and questions • **Role as a Member of the Discipline of Nursing**: **#21** Participate as a patient/client advocate in providing and managing care • **Role as a Member of the Discipline of Nursing: #22** Demonstrate an awareness of the role of the A.D.N. graduate, trends within nursing, and the role of the involvement and collaboration in determining the future direction of nursing. • **Role as a Member of the Discipline of Nursing**: **#24** Establish goals for personal growth within the discipline which are oriented toward achievement of potential. • **Role as a Member of the Discipline of Nursing: # 25** Accept responsibility for learning as a lifelong process. • **Role as a Member of the Discipline of Nursing: #26** Fulfill nursing's scope of practice without being task based.

SECTION II

OVERVIEW OF PROGRAMS

DESCRIPTION OF PROGRAMS OFFERED

Registered Nursing (Generic ADN): The generic (basic) program prepares the student for an entry-level position as a registered nurse and leads to an Associate in Science degree. The generic option is for students who have never been enrolled in a nursing program. Students who have been in, or completed a nursing program must refer to the other options in this section. This program is currently impacted and space in the generic program is prioritized for students new to nursing education. Registered nursing practice is a licensed occupation and is regulated by the California Department of Consumer Affairs through the Board of Registered Nursing (BRN). This is a full-time program requiring four semesters and two intersessions of study for completion. Graduates are qualified to apply for the California licensure examination (NCLEX-RN). The program is approved by the BRN and licensed graduates are able to apply for licensure by endorsement in other states. Program space is dependent on funding.

Standard Schedule: Students are accepted into this schedule twice a year. Classroom experiences will include both morning and late afternoon sections. The majority of clinical experiences will occur during the day, but some will be scheduled in the evening as necessitated by available clinical sites, and although rare, at times there may be the need for some weekend days. Preceptorships in the 4th semester may require night shift rotations based on hospital unit and preceptor availability. Students accepted into this option are expected to be able to accommodate both daytime and evening hours, and in 4th semester may need to do night shift preceptorships. There may be occasional evening requirements.

Weekend/Evening Schedule: Students are accepted into this schedule twice a year. Classroom activities are held in the late afternoon weekdays and clinical during weekday evenings and weekends. The majority of clinical experiences will occur during the late afternoon/evening hours but some may be scheduled in the day as necessitated by available clinical sites.   Clinical schedules may begin as early as 3 PM. Students in 4th semester may need to do night shift preceptorships. Preceptorships in the 4th semester may require night shift rotations based on hospital availability.

Note: There may be times when students need to be moved from one schedule to another (standard to weekend/evening or vice versa) to meet clinical rotation availability. Students will be notified once the department is aware of this need. Students who are interested in moving may submit their names to fill the space. If there are students who do not express interest in moving, the faculty and director will perform a random selection and move students as necessary to clinical rotation availability. The student(s) who will be moved will be notified as soon as possible.

Registered Nursing (Career Ladder LVN-RN): This program provides advanced placement for the licensed vocational nurse (LVN) into the generic program described above. It is a full-time program requiring two semesters and one intersession of study for completion. The student joins the generic class as those students begin their third semester of study.

Registered Nursing (30-Unit Option): This pathway is designed for the LVN who wishes to build on his or her experience in healthcare and obtain access to registered nurse licensure. Prerequisites and coursework are more limited than in any of the other RN programs. Students completing the program are not considered graduates of the Department of Nursing. Students completing this option are eligible to apply for licensure in California and may also be eligible in other states.

Transfer and Challenge Programs: Transfer and challenge opportunities exist. Students enrolled in a nursing program at another institution may seek enrollment in the corresponding program at GCC. The student seeking entry must apply as a transfer student and be in good standing at the program they are leaving. Placement is governed by the Priority for Enrollment Policy and space availability. Previous coursework will be evaluated for equivalence. Students must be in good standing and eligible to continue in the program they are transferring from.

Challenge opportunities exist for all students who meet the criteria provided in the College Catalog and the Nursing Student Handbook.

Foreign Nurse Graduates (FNG): Foreign Nurse Graduates must have their coursework evaluated by the California Board of Registered Nursing (BRN) for equivalency to the curriculum requirements in California. Once this is done they may be enrolled in one or more courses to remove deficits identified by the BRN for eligibility to complete the licensure examination. Enrollment in the needed courses is based on space availability. Students are required to take NS 217 (Bridge to RN Practice) and meet all health and program requirements prior to being eligible to take additional nursing courses. Students are not eligible to apply to repeat the entire generic nursing program as an option to avoid having their course work evaluated. In the event the BRN finds no course work equivalent to California standards, it is only at that time that the FNG would be eligible to pursue as a generic applicant following the same requirements as other generic students.

CURRICULUM OVERVIEW
Curriculum Sequence Overview for Generic Nursing Students

SESSION	COURSE	UNITS	HOURS/WK
Intersession	(Winter or Summer)		
	NS 200 – Nursing Perspectives	1.5	4.5 lecture (6 wks)
	NS 205 – Pharmacology Essentials	0.5	1.5 lecture (6 wks)
	Total	2.0	6 hours
First Semester	(Fall or Spring)		
	NS 208 – Pharmacology for Nursing	2.5	2.5 lecture
	NS 210 – Nursing Fundamentals	3.5	3.0 lecture (1st 7.5 wks) 12 clinical (1st 7.5 wks)
	NS 211 – Medical-Surgical Nursing I	3.5	3.0 lecture (2nd 7.5 wks) 12 clinical (2nd 7.5 wks)
	NS 201 – Nursing Seminar I	1.0	3.0 laboratory
	Total *	10.5	20.5
Intersession	(Winter or Summer)		
	General Education Classes as needed	--	--
Second Semester	(Fall or Spring)		
	NS 212 – Medical-Surgical Nursing II	4.5	2 lecture (16 wks) 15 clinical (7.5 wks)
	NS 222 – Psychiatric Nursing	3.5	2 lecture (16 wks) 9 clinical (7.5 wks)
	NS 202 – Nursing Care Seminar II**	1.5**	1.0 lecture 1.5 lab
	Total *	8.0	13.0 – 19.0 hrs/wk
Intersession	(Winter or Summer)		
	General Education Classes as needed	--	--
Third Semester	(Fall or Spring)		
	NS 213 – Medical-Surgical Nursing III	4.5	2 lecture (16 wks) 15 clinical (7.5 wks)
	NS 223 – Maternal-Child Health Nursing	6	3.5 lecture (16 weeks) 15 clinical (7.5 wks)
	NS 203 – Nursing Care Seminar III **	1.5**	1.0 lecture

			1.5 lab
	Total *	10.5	17.5 – 20.5 hours/week
SESSION	**COURSE**	**UNITS**	**HOURS/WK**
Intersession	(Winter or Summer)		
	NS 216 – Intermediate Clinical Experience	2.0	24 clinical (4 wks)
	Total *	2.0	24 hours/week
Fourth Semester	(Fall or Spring)		
	NS 214 – Medical-Surgical Nursing IV	6.0	2.5 lecture (16 weeks) 21+ clinical (preceptorship)
	NS 215 - Practice in Contemporary Settings	2.5	1.5 lecture (16 weeks) 6 clinical (7 weeks)
	NS 204 – Nursing Care Seminar IV ******	1.0 ******	0.5 lecture 1.5 laboratory
	Total *	8.5	13-40 hours/wk (highly variable due to nature of preceptorship rotation)
	Total Nursing Units Generic Program	41.5	

(**) Nursing Care Seminars (II-IV) are not required. However, these classes are strongly recommended since they enrich the content of that semester. The units and hours are not calculated into the semester totals because of their optional status.

SESSION	COURSE	UNITS	HOURS/WK
Intersession	(Winter or Summer)		
	NS 217 – Bridge to RN Practice	1	1.5 lecture (6 wks) 4 lab (6 wks)
	NS 218 – Pharmacology Review/Update	1.5	4.5 lecture (6 wks)
	Total	2.5	6 lecture / 4 laboratory
First Semester	(Fall or Spring)		
	NS 213 – Medical-Surgical Nursing III	4.5	2 lecture (16 wks) 15 clinical (7.5 wks)
	NS 222 – Psychiatric Nursing	3.5	2 lecture (16 wks) 9 clinical (7.5 wks)
	NS 203 – Nursing Care Seminar III **	1.5**	1.0 lecture 1.5 lab
	Total *	8.0	13.0-19.0 hours/week
Intersession	(Winter or Summer)		
	NS 216 – Intermediate Clinical Experience	2.0	24 clinical (4 wks)
	Total *	2.0	24 hours/week
Second Semester	(Fall or Spring)		
	NS 214 – Medical-Surgical Nursing IV	6.0	2.5 lecture (16 wks) 21+ hours clinical (preceptorship)
	NS 215 - Practice in Contemporary Settings	2.5	1.5 lecture (16 wks) 6 clinical (7 wks)
	NS 204 – Nursing Care Seminar IV **	1.0 **	0.5 lecture/1.5 laboratory
	Total *	8.5	13-40 hours/wk (highly variable due to nature of preceptorship rotation)
	Total Nursing Units LVN-RN Program	30.0	

Curriculum Sequence Overview for Career Ladder LVN-RN Students

(**) Nursing Care Seminars (II-IV) are not required. However, these classes are strongly recommended since they enrich the content of that semester. The units and hours are not calculated into the semester totals because of their optional status.

APPLICATION TO NURSING PROGRAMS

All students who are interested in applying to the program must have supporting documents as required by the Board of Registered Nursing (BRN). These include but are not limited to: a government-issued photo ID, Social Security Number (SSN) or Individual Taxpayer's Identification Number (ITIN), proof of completion of high school (unless a college degree is reflected on the transcript). Applicants must also complete prerequisite courses with a grade of "C" or better. The Generic RN program is available only to students who have never been in an RN Program. After the application period, the department reviews all files for completeness. Files are reviewed for course equivalency and minimum GPA requirements. Those who meet these requirements are considered for the Chancellor's Formula Cut Score which considers overall GPA, core science or prerequisite GPA, College English GPA, and any repetitions of the core sciences. These factors are entered into a statistical formula derived from a statewide study involving more than 5,000 nursing students. All students whose score falls above an established level move forward to the final step of eligibility, taking the Test of Essential Academic Skills (TEAS). Those who meet the minimum score requirements for the TEAS are entered into a pool and selected at random.

Applicants who do not meet any of the above requirements will be referred to meet with a Nursing Counselor who will establish educational/remediation plans which will provide the applicants with an opportunity to be eligible once completed.

It is expected that applicants will comply with guidelines and requirements for eligibility/entry. Any student/applicant who supplies inaccurate, misleading, incomplete, or false information will be permanently ineligible for enrollment or reinstatement. The nature of nursing requires that its practitioners value integrity and honesty above expediency and self-interest.

Any student who accepts a seat in a nursing program, and later decides not to begin classes as scheduled, and fails to notify the Department of this fact at least two weeks prior to the start of classes, will be ineligible for future consideration. The student's application will be discarded.

APPLICATION TO THE CAREER LADDER PROGRAM

Possession of a California Vocational Nurse License in good standing (a license not disciplined or on probation) is required before the student can be considered.

ADVANCED PLACEMENT CLASS POLICIES

Students who enroll in the Bridge Class (Transfer, VN-RN, foreign nurse graduates) need to be aware of several policies relating to completion of that class. First, since most bridge classes are usually curriculum specific, bridge classes from other colleges are not acceptable substitutes for NS 217. Any student enrolled in NS 217 and who is unsuccessful with the course, is ineligible to remain in the program and must petition for reinstatement. Enrollment in, or completion of NS 217 is a requirement for enrollment in any clinical nursing class for any student given advanced placement in the curriculum.

REGULATORY BODY

The RN Program is approved by the California Board of Registered Nursing. Contact information is:

> Board of Registered Nursing
> PO Box 944210
> Sacramento, CA 94244-2100
> Phone (916) 322-3350 · Fax (916) 574-8637
> www.rn.ca.gov

CLINICAL FACILITIES

The following clinical facilities have contractual relationships with the College and are used in its nursing programs as clinical practice sites:

- Adventist Health Glendale Medical Center
- Barlow Respiratory Hospital
- Children's Hospital of Los Angeles
- Glendale Memorial Hospital
- Huntington Memorial Hospital
- Kaiser Permanente Medical Center, Panorama City
- Kaiser Permanente Los Angeles Medical Center
- Keck Hospital of USC
- Kei-Ai Los Angeles Healthcare Center
- Los Angeles County + USC (LAC+USC) Medical Center
- Providence St. Joseph Medical Center
- USC Verdugo Hills Hospital,
- Varied community settings.

5/2006, 4/2007, 5/2008, 5/2009, 5/2010, 12/2010, 6/2011, 8/2015 , 3/2019, 12/2020

SECTION III

EXPECTATIONS AND STANDARDS FOR ALL NURSING STUDENTS

<p style="text-align: center;">**GENERAL INFORMATION**</p>

FIRST CLASS MEETING ATTENDANCE
Students who do not attend the first class meeting and do not call to notify the appropriate instructor may be dropped from the class. All students must be registered for the course before the clinical rotation to ensure malpractice and liability insurance coverage. If the student fails to register on time, the student will not be allowed in clinical and may be dropped from the course if an orientation is missed or there are excessive absences. If a student is absent on a day in class or clinical when a very important activity is to be performed to meet the course objectives, that student may receive a grade of fail or must improve.

CHANGES IN STUDENT DATA
It is essential that the student notify the department staff promptly of any changes in name, address, telephone number, or person(s) to notify in case of emergency. Please make use of the department Address Change Form that can be obtained from the front desk or downloaded under "Important Documents" at the www.glendale.edu/nursing website. In addition, the department and campus, Admissions and Records Office must be informed of all official name changes. A GCC student college e-mail address(@student.glendale.edu) will be assigned to each student. All students are required to use this college e-mail address.

DOSAGE EXAMS / MEDICATION MATH
Policy: Students must achieve a score of 90% or higher to meet the medication calculation requirements of each clinical course. Two attempts to achieve this 90% are permitted at all levels. If the student fails to achieve 90% on the first test, they are required to practice, use their resources and are given one week to prepare before making a second attempt on the test (different version). If the student fails to achieve the 90% on the second test, the student must withdraw from all clinical nursing courses for that semester. If the student is eligible and wishes to continue in the nursing program, the student may petition for reinstatement for consideration for the following semester and there is no guarantee of readmission.

Rationale: Any student's participation in the clinical experience requires that she/he meet the academic and professional standards of behavior that ensures patient comfort and safety.

Procedure:
1. Medication mathematics is introduced in NS 205. The concepts of conversion between the metric system, the household system and the apothecary system are reviewed. Techniques using algebra, ratios and proportion, and dimensional analysis are practiced. Percentages, fractions, drops per minute and dilutions are also reviewed.
2. Any student who does not pass NS 205 may only repeat the class one time.
3. Additional medication math concepts will be presented in subsequent semesters.
4. There will be seven days (including weekends) given between each attempt at a dosage exam to allow for remediation.
5. To enable success on the dosage exams for each semester in the nursing program the following pedagogy will be in place:
    a. Samples of the dosage exams for each semester will be distributed to students.
    b. Simple calculators will be allowed for use during the exam. No other electronic devices with memory may be used. Students have the responsibility of bringing their own calculators. Faculty and staff are not required to provide calculators.
    c. Each semester teaching faculty will gauge the amount time needed given the acuity of the test questions.
    d. The instructor has the right to remove a calculator if the criteria do not appear to be met.
6. No bathroom privileges will be allowed.

7. It is the student's responsibility to ensure that the calculator must properly function and not make any noise. Calculator failure or malfunction <u>will not</u> excuse a student from taking or completing a test.

SEMESTER OBJECTIVES

<u>Intersession:</u> Introduction to Pharmacology NS 205
In order to move forward in the nursing program, the student must pass the dosage exams with a 90%
1. Be able to convert military time and AM-PM time
2. Recognize approved abbreviations for recommended times for administration of medications
3. Be able to read a drug label and interpret a medication order.
4. Be able to convert between apothecary, metric and household systems
5. When given a statement of a physician order will be able to determine how much medication the nurse would administer to the patient with oral drugs and parenteral drugs
6. Be able to calculate the flow rates (i.e. drops per minute and milliliters per hour) for an intravenous (IV) infusion

<u>First Semester:</u> Fundamentals and Pharmacology: NS 208, 210 & 211
1. Be able to convert military time and AM-PM time
2. Be able to convert between apothecary, metric and household systems
3. Recognize approved abbreviations for recommended times for administration of medications
4. Be able to calculate reconstitution problems for oral and parenteral administration
5. Be able to read a drug label
6. Be able to select the correct syringe, needle size and needle gauge for a patient situation
7. Be able to convert % to metric
8. When given a statement of a physician's order, will be able to determine how much medication the nurse would administer to the patient (oral drugs, parenteral drugs, and dosages in units)

<u>Second Semester:</u> Medical Surgical and Psychiatric Nursing: NS 212 & 222
1. Be able to convert military time and AM-PM time
2. Be able to convert between apothecary, metric and household systems
3. Recognize approved abbreviations for recommended times for administration of medications
4. Be able to calculate reconstitution problems for oral and parenteral administration
5. Be able to read a drug label
6. Be able to select the correct syringe, needle size and needle gauge for a patient situation
7. Be able to convert to metric
8. When given a statement of a physician order will be able to determine how much medication the nurse would administer to the patient (oral drugs, parenteral drugs, and dosages in units)
9. Be able to read a sliding scale for insulin dosing
10. Be able to read a drug level and adjust the dose accordingly

<u>Third Semester:</u> Medical Surgical, OB and Peds: NS 213 & 223
1. Be able to convert military time and AM-PM time
2. Be able to convert between apothecary, metric and household systems
3. Recognize approved abbreviations for recommended times for administration of medications
4. Be able to calculate reconstitution problems for oral and parenteral administration
5. Be able to read a drug label
6. Be able to convert to metric
7. Be able to select the correct syringe, needle size and needle gauge for a patient situation
8. When given a percentage solution or ratio be able to convert to grams per milliliters and to calculate answers to problems

9. When given a statement of a physician order will be able to determine how much medication the nurse would administer to the patient (oral drugs, parenteral drugs, and dosages in units)
10. Be able to read a sliding scale for insulin dosing
11. Accurately calculate, ml/hr; ml/min; drops per minute; and mcg/kg/min
12. Be able to read a drug level and adjust the dose accordingly
13. Given the patient's weight, amount of medication, amount of intravenous fluids and physician's order, calculate the following infusions:
    a. mcg/kg/min
    b. mcg/min
    c. mg/kg/hour
    d. ml/hr
14. When given a child's weight, calculate low and high dose range for each dose and for the day
15. When given an infant's weight, calculate IV fluids requirements for the day and for the hour

Intersession Courses NS 216, NS 220 – these are transition courses from 3rd semester to 4th. They immediately follow 3rd semester and do not have a required dosage exam.

Fourth Semester: Acute Care and Contemporary Settings: NS 214 and 215
1. Be able to convert military time and AM-PM time
2. Be able to convert between apothecary, metric and household systems
3. Recognize approved abbreviations for recommended times for administration of medications
4. Be able to calculate reconstitution problems for oral and parenteral administration
5. Be able to read a drug label
6. Be able to convert to metric
7. Be able to select the correct syringe, needle size and needle gauge for a patient situation
8. When given a percentage solution or ratio be able to convert to grams per milliliters and to calculate answers to problems
9. When given a statement of a physician order will be able to determine how much medication the nurse would administer to the patient (oral drugs, parenteral drugs, and dosages in units)
10. Be able to read a sliding scale for insulin dosing
11. Accurately calculate, ml/hr; ml/min; drops per minute; and mcg/kg/min
12. Be able to read a drug level and adjust the dose accordingly
13. Given the patient's weight, amount of medication, amount of intravenous fluids and physician's order, calculate the following infusions:
    a. mcg/kg/min
    b. mcg/min
    c. mg/kg/hour
    d. ml/hr
14. When given a child's weight, calculate low and high dose range for each dose and for the day
15. When given an infant's weight, calculate IV fluids requirements for the day and for the hour
16. Accurately titrate an IV drip up or down according to clinical parameters
17. Correctly administer a bolus of fluid/medication then start and IV drip at the correct ml/hr
18. Be able to program a PCA pump and calculate the hour doses, and bolus doses.

EXAMINATION ISSUES

Examinations are not reviewed during class time. This is a Department Policy. Faculty are not required to review exams. Faculty may choose to highlight problematic areas of an examination during class. Students may briefly review their tests during faculty office hours. Review of exams is possible any time after test scores are posted, all students have taken the examination, and before the next examination is given. No note-taking or audio/video taping is allowed during any review of examination content. An infraction of this policy will be treated as an infraction of the academic honesty policy resulting in a 0% or other significant reduction in the grade earned on the examination being reviewed.

LEARNING DISABILITY

GCC has an excellent Center for Students with Disabilities (CSD) which provides services through the Accommodations Resource Center (ARC). Students requiring accommodations must contact the ARC and provide documentation and/or undergo evaluation so the proper paperwork can be given to instructor for signature and approval. Students with disabilities reserve the right to disclose this information to the faculty in order for accommodations to be granted. Faculty must be notified as soon as possible and the student must provide relevant and recent written documentation from a learning specialist that a disability does exist, as well as the recommendations made by that specialist for helping the student. If a student chooses not to disclose this information, the department will not be held responsible for granting accommodations for coursework already completed. The department is willing to meet any reasonable request for assistance and accommodation. However, the maximum accommodation for extra time allowed in any testing situation is time and a half. As students approach completion of the program, they need to work with the Nursing Program Director and the Center for Students with Disabilities to complete paperwork on testing accommodations for licensure.

TUTORING

The Nursing Department may provide tutoring as a resource for student success. Tutoring may consist of content review, simulation practice or another type of activity to help students. Simulation practice/tutoring may be offered each semester. It is mandatory for students to wear nursing uniforms or the required attire per faculty instruction (i.e. professional attire for 4th semester seminar) for any type of practice/tutoring session involving simulation. A student who does not meet this requirement will be dismissed from the simulation class or tutoring session. Students attending tutoring sessions are required to sign-in using the circulating sheet and in the compuer in the NRL using their GCC Student ID # to help with tracking and grant reporting; generous grants from the Los Angeles County Department of Health Services (DHS) fund the tutoring sessions and NRL resources available for student success.

ELECTRONIC DEVICES

Students must keep their cell phones on silent mode the clinical setting, in the classroom, and in the Nursing Resource Lab. Text messaging and phone calls **may not** be done in the classroom areas or in the Nursing Resource Lab. Electronic devices (i.e. smart phones, tablets, Google glasses, advanced graphing calculators) may not be used as calculators. The faculty reserves the right to not allow students to use their laptops or similar electronic devices if conduct is inappropriate or disruptive to the learning environment. Students must check with their clinical instructors for facility specific policies and specific instructions on electronic devices in the hospitals and other clinical locations.

PICTURES/VIDEO/AUDIO

Taking pictures or recording audio or video in patient care areas is never allowed. Pictures may not be taken even if the student feels the picture is of something unidentifiable to a specific patient (e.g. a patient's leg or arm, or items in the room). Pictures may be taken only in public areas of the hospital such as the lobby, cafeteria, or on the grounds at the hospital sign, and may not violate the rights of others.

INDEPENDENT USE OF CHARTS AND MEDICAL RECORDS FOR STUDY

Students must be dressed in their nursing uniform and wear their GCC student ID at all times. Students must wear appropriate identification, even if nursing uniform is not worn (e.g. psychiatric clinical rotation or volunteer event). Students must follow the instructions given by the instructor when visiting Medical Records at each facility. Each agency has their own process and rules governing access to medical records. Documents that have patient identifiers cannot be removed from the area. It is an absolute violation of patient rights to access any patient records other than those to whom you have provided care (i.e. no access to celebrities, friends, etc.).

STUDENT SUPERVISION

Except for patient research (as noted under the previous heading), or during special community and preceptor experiences, no student is allowed in any patient care area without instructor supervision. The clinical rotations represent a contractual relationship with our community health care providers and instructor supervision is required.

PATIENT/CLIENT CONFIDENTIALITY

Nurses must maintain the patient/client's right to privacy. The right of the patient to privacy is governed by law. Ethical practice prohibits divulging confidential information to anyone not involved in the plan of care. Computer printouts and photocopies containing patient information may not be removed from the nursing units and must be discarded in a confidential manner as identified in that setting. Never discard confidential information in regular trash, or in the trash of public areas. In addition, individual hospitals and agencies have their own policies which must be followed. Indiscriminate browsing in charts (printed or electronic) outside an assigned clinical area constitutes a breach of patient rights and is unacceptable.

OUTSIDE STUDENT EMPLOYMENT

It is desirable that students devote their time to being a full-time student and limit outside employment. We realize that many students have to work. Students are encouraged to build up finances during schools breaks to help ease the workload during academic sessions. Research indicates students who work more than 20 hours per week are more likely to be unsuccessful. Work experience in nursing during schools breaks is encouraged, not only as income, but because it significantly strengthens newly acquired nursing skills.

FACULTY OMBUDSPERSON

As a demonstration of its commitment to student equity, the nursing department will maintain a faculty member in the role of ombudsperson. This individuals will serve in this capacity voluntarily and will be available to discuss concerns and problems in a confidential environment with students. The contact information of the faculty member serving in this capacity will be announced at the beginning of each semester and office hours will be posted on the NRL bulletin board. This role represents an optional avenue for students to discuss concerns. Other campus resources are present on campus for students who may not be comfortable discussing problems within the department.

NURSING ADVISOR

The Nursing Advisor receives referrals from instructors when a student has earned a score below 76% to allow for early identification and intervention so a student success plan may be developed. The Nursing Advisor is also available to students who have academic, personal, or financial needs while in the nursing program. This individual sees students on an ongoing basis and facilitates access to services both within the department and on campus. The Nursing Advisor also coordinates tutoring and workshops, arranges and coordinates student tutors, and provides multiple resources and referrals.

ASSISTANT DIRECTORS

Nursing Program Assistant Directors provide program support by covering in the absence of the director, facilitating communications with hospitals and other health care facilities, assisting faculty and staff as needed, assisting and working with students and class officers, and assisting with program evaluation.

CLASS OFFICERS

Class officers can be nominated by faculty or students. The majority vote of the class will decide which nominated students will serve as officers. Officers must be in good standing, which means that they are not at risk of failing academically, are performing at a satisfactory level in clinical, and behave in a professional manner that is in strict accordance with the expected student code of conduct as outlined in the GCC nursing student handbook. Faculty reserve the right to remove officers based on violation of any of the outlined criteria above. Each semester, re-elections will occur to ensure that students are given opportunities to serve as officers or step down as needed. The class officers are to attend faculty meetings at least once per semester and maintain contact with their current semester instructor regarding concerns. Class officers that attend faculty meetings will receive one hour towards their service learning for that semester. Also, students who become members of SNA and attend GCC SNA meetings will be given one hour of service learning for attendance during that semester.

RECORDING OF CLASS OR TUTORING SESSIONS

Faculty and tutors are not required to allow students to record class sessions (lecture, clinical, seminar, etc.). Faculty and staff have the right to choose whether or not they are willing to have class or tutoring sessions recorded. Students wishing to record classes or tutoring sessions must obtain permission prior to any recording. If permission is granted, then the recording may only be used for personal use and review and may not be shared or used in any public manner.

STUDENT GRIEVANCE AND DUE PROCESS

Any student at GCC who feels that his or her rights have been infringed upon has access to due process. The student is expected to attempt in good faith to resolve differences with the individual concerned before resorting to grievance proceedings. If these attempts are unsuccessful, the student may elect to use either the Departmental (discussed below) or College process (see College Catalog).

The Departmental process is identical to the process of the College with the exception of a time line and the office of the administrator.

1. Within 10 school days of the time the student is aware of a problem or conflict he or she must deliver in writing to the Director of the Nursing Program a request for an informal hearing. The purposes of the hearing are described in the College Catalog.
2. Within three school days of receiving the request, the Director (or designee) will convene a conference with those persons involved in the grievance.
3. The result of the conference will be a written recommendation/solution.
4. The Director (Associate Dean, Health Sciences) may elect not to hear the grievance and direct the student to the College Grievance Process.

The student is allowed to attend all scheduled lectures until a decision is reached. However, if it is felt that patient safety is jeopardized, the student will be excluded from the clinical setting. If the student is not satisfied with the department decision, he or she may pursue GCC's procedure. If the student elects to initially pursue the higher campus procedure, the student may not resort to the Departmental procedure if dissatisfied with the college-level decision.

HEALTH REQUIREMENTS AND HEALTH COVERAGE

Students are encouraged to carry their own health insurance to help meet requirements. The campus Student Health Center, which is located on the ground floor of the San Rafael Building may provide resources to students, such as low-cost or free clincs and/or services. Students must be free from any condition (e.g. communicable diseases, infections, or physical or psychological disorders) that would prevent the safe and successful performance of responsibilities and tasks required in the classroom and clinical components of the program. Any condition described above which is developed by the student after admission to the Program may be considered sufficient cause for dismissal or suspension from the Program, if it hinders the student from safely meeting classroom or clinical objectives. The Director of the Nursing Program, in collaboration with the nursing faculty, reserves the right to request that a nursing student be examined by a health care provider if there is any evidence that the student is not able to perform as described above. The provider completing the examination must be acceptable to the Director and faculty.

If at any time during the semester a student is injured, becomes seriously ill, is hospitalized, has surgery, becomes pregnant, or experiences any significant change in their health status, then a physician's note must be provided before returning to class or clinical identifying that the student may attend without any restrictions. This release note must specifically state that the student may participate in both clinical and classroom sessions **with no restrictions**. The note must be submitted to the instructor and to the NRL for health clearance. Any student injured in the clinical setting must follow the instructions found in the section titled, Student Accident/Injury.

PHYSICAL REQUIREMENTS

The curriculum of the Department of Nursing must be approved by the appropriate state licensing agency (as identified elsewhere in this Handbook). Instruction must be given by the faculty and competency demonstrated by the student in both clinical and theoretical nursing practice in order for the student to be eligible for the licensure examination. Therefore the student must be able to demonstrate that he or she can independently perform the basic physical and cognitive job requirements of the entry level staff nurse. These include, but are not limited to:

1. Stooping, standing, and walking;
2. Lifting, pushing, pulling at least 50 pounds;
3. Bathing, turning, and ambulating patients in all age groups;
4. Listening, understanding, and appropriately responding to verbal information;
5. Using the telephone to communicate critical and essential information;
6. Hearing operator overhead pages, disaster/fire codes, patient alarms;
7. Measuring vital signs (hearing stethoscope sounds and seeing sphygmomanometer increments);
8. Read and act on/implement written and verbal orders, equipment instructions, and patient care documents quickly and correctly;
9. Preparing medications safely by reading small print on medication vials, medication record, patient arm bands, and small increments on medication containers;
10. Calculating correct medication dosages within a safe and realistic time frame;
11. Manipulating small equipment;
12. Documenting nursing care and actions via the computer and/or in writing; and,
13. Prioritizing activities/actions in an environment of multiple important and sometimes conflicting demands.

Upon acceptance and entry into the nursing program, the student is required to obtain a physical examination that clears them of any limitations at the classroom and clinical setting. If there are any changes in the student's current condition from the time of admission into the program (such as a new limitation, injury or deterioration in abilities, etc.), it is the student's sole responsibility to notify the NRL staff and the instructor of the changes in his/her health status. Changes in a student's condition may require that a new physical examination be obtained to clear the student from any restrictions in the classroom and clinical setting. If a student is found to have a limitation that

negatively impacts the student's ability to perform safe patient care, then the student may be denied continuation in the nursing program due to safety and liability concerns.

VERIFICATION OF HEALTH AND OTHER REQUIREMENTS
These requirements must be validated by NRL staff each semester. It is the student's responsibility to contact and review their health requirements on file with NRL staff as necessary. The student must comply with the following:

a. **Physical Exam:** Upon acceptance to the program, the student must provide a physical examination clearance within three (3) months of starting their first clinical rotation. This physical examination must include a urinalysis (UA) and Complete Blood Count (CBC) laboratory test and health care provider's medical clearance should be provided if there are changes in the student's health condition.

b. **Tuberculin status:** Verification of ongoing assessment is required on an annual basis; therefore, students who are PPD negative must have an annual 2-step TB skin test or Interferon-Gamma Release Assays (IGRAs) blood test and present documentation of results. Students who are PPD positive will have to obtain a chest x-ray and fill out an annual TB symptom screening form to meet the expectation of annual assessment. The form for symptoms screen may be obtained from the NRL.

c. **MMR:** Documentation of two (2) vaccines at least 28 days apart. If you have not had the MMR vaccine, or if you don't have a blood test that shows you are immune to measles or mumps (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later). Students may provide a titer as long as it is at least 28 days after receiving the vaccine.

d. **Varicella:** Documentation of two (2) vaccines at least 28 days apart. If you have not had the VZV vaccine, or if you don't have a blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of VZV (1 dose now and the 2nd dose at least 28 days later). Students may provide a titer as long as it is at least 28 days after receiving the vaccine.

e. **Hepatitis B:** If you do not have documented evidence of a complete HepB vaccine series, or if you do not have a blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should get a 3-dose series of Recombivax HB or Engerix-B (dose #1 now, dose #2 in 1 month, and dose #3 approximately 5 months after #2) or a 2-dose series of Heplisav-B, with each of the doses separated by at least 4 weeks.
he student will be required to provide a titer; specifically, the Hepatitis B Surface Antibody, (Hep Bs Ab) Titer, Quantitative (documented anti-HBS serological immunity at least one month AFTER receiving last vaccine).

f. **Tetanus, Diptheria & Pertussis (TdaP):** Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received). Get either a Td or Tdap booster shot every 10 years thereafter. Students may provide a titer as long as it is at least 28 days after receiving the vaccine.

g. **CPR card:** It must be valid for the <u>entire</u> semester and must be verified before the student can begin clinical assignments. In addition, the card must be through a provider from the American Heart Association (AHA) for Healthcare Providers (effective 2016, for BLS Providers).

h. **L.A. County Fire Safety Card:** this must be valid for the entire semester; the card is typically valid for 4 years.

i. **Influenza (Flu) Vaccine:** Must provide documentation for current flu season. If the student does not comply, the student may be declined from rotating on certain units or clinical sites.

j. **N95/Respirator Mask FIT Testing:** This may be required depending on facility policy. Students are required to get FIT tested if assigned to a facilty that requires this.

k. **Face Shields/Goggles:** This may be required depending on facility policy.

l. **Color Vision Testing:** This may be required depending on facility policy. Students are required to provide proper documentation (not acceptable on physician prescription pad) to reflect the appropriate measurements as required by agency policy.

m. **Counseling Appointments:** Each semester, each student is required to meet with the Nursing Counselor to work on their Student Educational Plan (SEP) in preparation for graduation and completion of the Registered Nursing Program.

n. **Professional Student Portfolio:** Students are required to maintain an electronic and/or hard copy of their assignments within each course. This is to encourage professional development and preparation for further education.

Students are required to contact the NRL to update their health requirements prior to the end of each semester. These are requirements established by our affiliated hospitals and community agencies. Students who do not/are not able to comply with the above requirements will not be allowed to participate in clinical experiences. Any clinical time missed for this reason will count in the overall absences for the course (see Attendance Policy) and may be cause for exclusion from the course(s).

Note: It is the student's responsibility to complete all health and other requirements by the specified deadlines set forth by the department and/or clinical instructor. Proof of completion of these hours must be submitted to the appropriate instructor(s) by deadlines set by the department. If students do not complete these additional hours, they may be excluded from participation in clinical, may not progress to the next course or may receive a failing grade in the e course they are currently enrolled in. Students who are noncompliant and fail the course will not have priority for reinstatement in future semesters.

STUDENT BACKGROUND CHECKS / FINGERPRINTING / DRUG SCREENING
Contract requirements imposed by our clinical facilities include completion of a background check and drug screening. Students entering the Nursing Program must be fingerprinted for the purpose of background checks, and must be drug screened prior to any clinical experience. Students must confidentially disclose to the Nursing Program Director any concerns about their backgrounds that may impact eligibility for clinical placement. Failure to disclose will be interpreted as an act of dishonesty. The background check must be clear within a time frame acceptable to the clinical facility prior to clinical placement. The process required is specific to GCC and is explained at the beginning of the Program. Clinical facilities have the right to decline a student who does not have
a clear background check. In the event a facility refuses to have a student, attempts will be made to relocate the student, but ultimately there may be times when the student must withdraw since clinical arrangements might not be possible (i.e. no facility will allow someone who has been convicted as a sex offender or of crimes such as murder).

Drug screening is done as a one-time clearance at entry into the program. Faculty and the director reserve the right to require additional drug testing if there is reason to indicate such. A confirming signature page underscoring the ramifications of the background check and drug screening can be found at the end of the Handbook.

STUDENT ACCIDENT/INJURY

An accident or injury involving the student that occurs in connection with the College's regular curriculum or in the clinical/nursing setting **must be reported immediately to the instructor.** Reportable incidents may include, but are not limited to exposure to body fluids, needle sticks, and musculoskeletal strains. Report of these injuries will initiate the process used by GCC for any Workman's Compensation incident. The student must be sent to the GCC Human Resources office for paperwork clearance to seek medical assessment/treatment.

After the paperwork is completed, the student may choose to go to either:

Verdugo Hills Urgent Care		Glendale Adventist Occupational Medicine
544 N. Glendale Ave.	or	600 S. Glendale Avenue
Glendale (818-241-4331)		Glendale (818-502-2050)

If the student is unable to go to Human Resources because of the severity or nature of the injury, the instructor must call Human Resources (818-240-1000, ext. 5164) immediately. The student may be seen in the Emergency Room of the clinical facility and must identify the visit as Workman's Compensation. This process will also be used if the incident occurs outside of business hours and the GCC Human Resources office is not open. In this instance, however, paperwork must be initiated the next business day with Human Resources.

PATIENT ACCIDENT/ERROR

In the event of any error, accident, or injury to a patient involving the student, the instructor must be notified immediately. The instructor will review the situation with the student and staff. In all cases the student will be asked to complete the GCC Nursing Department Incident Form, which will then be placed in the student's file. A sample form can be found in the Procedures, Regulations, and Guidelines section of this Handbook. Failure to notify the instructor immediately of any such incident is grounds for clinical probation, suspension, or exclusion from the Program.

NURSING PROGRAM COMPLETION CEREMONIES

To commemorate completion of nursing coursework, students from both Fall and Spring classes are encouraged to participate in campus commencement activities in June. These are the only Department or College sponsored commencement events. Nursing has become an academic discipline and achievement should be marked in the traditional academic manner. In addition, individual classes usually plan a "Nursing Program Completion Ceremony" to honor the graduates and celebrate successful program completion. In the planning of the latter, the Department reserves the right to arrange for any special presentation or awards deemed appropriate. The Department also reserves the right to review and approve ceremony activities and any publication of material relating to the students and departmental activities.

NURSING STUDENT AWARDS AND FINANCIAL RESOURCES

Outstanding Graduate Award

> At the Nursing Program Completion Ceremony, the faculty may select one member from the class who represents excellence in achievement and potential. The selection is based on clinical ability, scholarship, leadership, involvement in student activities, management of challenges, and commitment to the discipline of nursing. The student is given a certificate in recognition of the honor.

Leadership Award

> The Leadership Award may be given to a nursing graduate who has selflessly given of his/her time to promote the interests of peers, their class, and the Department.

Service Award

The Service Award is given to a student who shows dedication and service to his/her classmates as well as to the community.

Sojourner Truth Award

The Sojourner Truth Award is given to a student who has overcome obstacles in his/her life through the course of his/her Nursing education.

Campus Academic Honors (mixed levels)

All students enrolled in 12 units or more who maintain a 3.5 GPA are eligible for the Dean's Honors List published each semester. This distinction will be noted on the student's transcript.

Scholarships

Glendale Community College has over 500 scholarships. Applications can be submitted online www.glendale.edu/scholarships. Students must have completed 12 units at GCC and have a GPA of 2.5 or higher. Some scholarships that are made available throughout the year will be announced by instructors in class.

J. Walter Smith Discretionary Funds

J. Walter Smith initiated a discretionary fund in 2004 so that funds could be available for emergency use for nursing students who could not make purchases necessary to successfully participate, complete, and gain licensure. Students needing emergent assistance can see the Nursing Program Director for assistance. Students must have completed NS 200 and 205 and be actively enrolled in NS 210 or beyond to be eligible to request funds. At a state level students can access information about other additional funds through Flo's Cookie Jar at www.floscookiejar.org.

CAMPUS RESOURCES

The following campus resources can assist students in many ways. All extensions listed can be reached by dialing the main campus number at (818) 240-1000.

Academic Counseling	5918	Financial Aid	5916
Admissions and Records	5901	Health Center	5909
Assessment Center	5329	Learning Center	5328
Bookstore	818-242-1561	Library	5586
Computer Center (SR 318)	5634	Scholarship Office	5591
	5401	Student Affairs	5913
Child Development Center	5665	Tutorial Services	5333
Counseling	5918	Writing Lab	5335
Disabled Student Services	5905		

Nursing Department Numbers & Emails

The direct number to the front desk is 818-551-5270. **Do not use these extensions to report clinical absences**.
All emails listed are followed by @glendale.edu

Director	**Email**	**Extension**		**Faculty**	**Email**	**Extension**
Judge, Emelyn	ejudge	5270		Dudley Linares, Catherine	cdudley	5892
				Esmail, Karima	kesmail	5833
Staff				Getz, Marilyn	mgetz	5831
Gabagat, Ethel	egabagat	5270		Johnson, Jing	jingxuj	5837
Gille, Frezoli	fgille	5270		Kesian, Kohar	kkesian	5728
				Mykhaylov, Vadym	vmykhayl	5836
Nursing Counselor				Ngo, Thye Peng	tngo	5839
Brook, Dafna	dbrook	----		Onyekwe, Rose	ronyekwe	5834
Tran, Heather	htran	----		Ramirez Saelak, Michelle	mramirez	5724
				Vale, Tim	tvale	5729
Nursing Resource Lab				Virani Hajaliloo, Fiona	fvirani	6637
Alas, Brian	balas	5878				
Tolentino, Angelo	atolenti	5878				

Mobile Uniforms
Venegas, Rena

venegasrena@yahoo.com
818-726-0611

GOOD STANDING

Good standing is defined as a student who has met all program requirements and is eligible at each transition to continue to move forward in the curriculum. Criteria for "good standing" include:
- Maintaining a 2.0 GPA in all nursing coursework.
- Maintaining a "Satisfactory" status on all clinical evaluations.
- Maintaining compliance Program policy related to absence and timeliness.
- Compliance with Program Standards and Expectations.

Students will lose their "good standing" status for the following reasons:
- Academically fail a nursing course
- Receiving a "Must Improve" or clinically fail a nursing course.
- Violations of program standards, policy, and expectations.
- Violations of course expectations, standards, or policy.
- The student is on written warning or probation.
- Failure to demonstrate attitudes necessary within the profession of nursing.

As defined in another section of this handbook, students have the opportunity to be reinstated once and to regain the status of good standing. Regaining good standing is based on the reason for which the good standing was lost. Examples of actions taken to regain good standing include:
- Successfully repeating a course they had failed.
- Successfully meeting clinical criteria established in a written warning or probation.
- Demonstrating compliance with program or course specific expectations, policy, and standards.

Once a student regains the status of good standing they will be allowed to progress through the program. In the case of "Must Improve" clinical evaluations students have 2 clinical rotation opportunities to demonstrate clinical improvement to "Satisfactory", otherwise they will become permanently ineligible to continue in the program. Consistent with program policy nursing students in all other categories of losing their standing are allotted only one opportunity to repeat and re-establish good standing.

STANDARDS OF STUDENT CONDUCT

I. Expectations held by the College
The Glendale College Catalog contains the following regarding Standards of Student Conduct:

"In order to provide a positive educational environment and maintain the health and safety of the campus community, the Board of Trustees of Glendale Community College has established the Standards of Student Conduct. Consistent with the California Education code and all applicable laws, the Standards of Student Conduct prohibits students from engaging in unethical, disruptive, threatening, or physically abusive behavior on college premises.

It is further stated in the Catalog that, "Students who violate college policies and behavioral regulations shall be subject to the disciplinary procedures outlined in the Standards of Student Conduct." Violations of such policy for which students are subject to disciplinary action are discussed in the College Catalog as are the possible disciplinary actions. Complete copies of the Standards are available in the Student Activities Office located in the Campus Center.

II. Expectations held by Nursing Faculty
The following expectations focus on the role of student as nurse and are intended to supplement the Standards of Student Conduct outlined above. It is expected that the Glendale College Nursing Student will:

1. perform only those nursing procedures that have been previously taught and practiced;
2. demonstrate consistent growth and improvement in both nursing knowledge and skill throughout the Program;
3. establish and maintain relationships which maintain professional boundaries with faculty, patients, staff, and visitors;
4. build interpersonal relationships that communicate respect and promote human dignity;
5. speak only English in patient care areas unless conversing with patient/family or translating;
6. use English in peer communications in the classroom and Division Office areas, simply out of courtesy and to strengthen interpersonal trust;
7. not discuss own personal or health problems with patients/families;
8. not suggest treatments or remedies outside the scope of nursing interventions;
9. listen to and demonstrate sincere interest in the patient and/or their significant others or family;
10. respect patient confidentiality;
11. follow directions diligently, assume responsibility for assigned patients, and be accountable for the quality of the care provided the patient;
12. abide by the dress code of the Department at all times when in the clinical area and dress appropriately when representing the Department and College in community health activities;
13. provide care which demonstrates respect for human dignity and the uniqueness of each individual, regardless of social or economic status, ethnicity, lifestyle, personal attributes, or illness;
14. recognize that actions and words spoken in the clinical area are a direct reflection on the entire faculty and student body of the Department of Nursing. Make it a positive reflection!
15. follow the chain of command in resolving problems and issues;safely and effectively communicate verbally and in writing.

III. Responsibilities of Students and Faculty in Teaching and Learning

The faculty believes that teaching and learning are responsibilities shared by both students and faculty. In recognition of this belief the responsibilities of each are defined below.

Acquisition of Nursing Knowledge and Skills:

The faculty will endeavor to:
1. clearly and consistently communicate requirements for course success;
2. provide due process and advise any student who is not progressing satisfactorily;
3. present information in a manner which encourages the student to actively participate in the learning process;
4. evaluate and measure student achievement as objectively as possible, consistently striving for methods which evaluate fairly and consistently.

The student will endeavor to:
1. communicate clearly in verbal and written form;
2. demonstrate comprehension by applying nursing science/information in the clinical setting;
3. perform procedures with instructor supervision;
4. demonstrate readiness for and attend all scheduled class/clinical activities;
5. evaluate new information and integrate with previous learning, building upon prior knowledge;
6. seek out opportunities for new learning;
7. recognize deficits in skill and/or knowledge and participate in remediation; and
8. use appropriate or recommended resources to enhance learning.

Acquisition of Attitudes including professionalism, valuing others, and caring:

The faculty will endeavor to:
1. ensure patient safety as their highest priority;
2. serve as positive role models and to provide the student with other equally positive role models;
3. maintain high standards within their own practice;
4. remain current and knowledgeable in area of clinical expertise;
5. promote opportunities for the student to learn and grow

The student will endeavor to:
1. provide care which demonstrates a principal concern for patient safety and comfort.
2. reflect on his or her own values and beliefs, recognizing the way they influence care;
3. demonstrate integrity and honesty;
4. strive to be self-directed;
5. responsibly participate in class and community activities to create successful learning opportunities;
6. work cooperatively with others
7. follow recommendations made by instructor;
8. realistically evaluate individual performance and growth;
9. identify ethical dilemmas and seek appropriate resolution;
10. use appropriate channels of communication (i.e. emails, text, etc.) when expressing concerns, beliefs, or ideas in a constructive, respectful and professional manner.
11. Evaluate his or her own professional behavior in relation to the effect it has on self and others and changing that behavior when necessary for self and others' well-being.
12. Demonsrate accountability for own actions
13. be responsible for own learning experiences
14. communicate need for supervision/assistance to the instructor and demonstrate willingness to accept guidance in learning.

6/2003, 5/2006, 4/2007, 5/2008, 5/2009, 5/2010, 6/2011, 8/2015, 12/2020

STANDARDS OF STUDENT APPEARANCE

Personal Appearance of Nursing Students in the Classroom Setting and On Campus
Nursing is a service profession. It is essential for nursing students to develop awareness on how image impacts their opportunities, their impressions on others, and ultimately their attitude about themselves. As such, it is important that nursing students dress in a manner congruent with the image of a professional. Business casual appearance for the academic setting is required for attendance in class settings and is defined below. Congruent with the GCC policy regarding disruption in the classroom, nursing faculty reserve the right to dismiss the student for one class session if the student is not dressed professionally and their attire is a disruption to the educational setting. Time missed will be counted as an absence and all class policies will apply (i.e. If quizzes cannot be made up, the student will receive a zero on that quiz).

When students are involved in campus or community activities which require them to be in uniform, they must be in full uniform. The Nursing uniform may not be worn with other articles of clothing. (i.e. sandals with uniform pants, uniform pants with a t-shirt, or slippers, etc.). On campus and in the communities, students need to strive to look professional. Students will be notified of appearance requirements for community events if they differ from this policy (i.e. a community event provides a theme t-shirt or specific attire for the event).

Business Casual in the Nursing Department
Because all casual clothing is not suitable, these guidelines will help students determine what is appropriate to wear to school. Wear clothing that is comfortable and practical, but not distracting or offensive to others. Any clothing that has words, terms, or pictures that may be offensive to others should not be worn.

Casual Business Attire Recommendations
1. Slacks, Pants and Shorts
    a. Jeans are acceptable; however no ripped, slashed or destroyed jeans are acceptable.
    b. Bermuda shorts (Shorts must extend a minimum covering half the thigh length.)
2. Skirts, Dresses
    a. Sun dresses, but must be of appropriate length (Must reach half of the thigh)
3. Shirts, Tops, Blouses
    a. Shirts must be free from offensive words, terms, logos, pictures, cartoons, or slogans.
4. Hats, Baseball Caps and Winter hats
    a. Must be removed once in the classroom, lab, or clinical setting
5. Footwear (shoes, sandals, boots, etc.) should be worn at all times and should be safe, comfortable, and allow for ease of completing class and seminar activities.

Unacceptable attire includes the following, but is not limited to:
1. Cleavage, bare back, bare shoulders or bare midriff
2. Torn, dirty, or frayed clothing
3. Short shorts, mini-skirts, skirts that do not reach at least half the length of the thigh or skirts with revealing slits

06/2010, 8/2015, 6/2019

<center>**STANDARDS OF STUDENT APPEARANCE**</center>

Personal Appearance of Nursing Students in the Clinical Area

FACULTY EXPECTATIONS:
1. The clinical area is considered any healthcare setting in which a Glendale Community College Nursing Student is present in an educational capacity. This includes all areas of the facility, not just those in which direct nursing care is provided
2. Uniform (or other dress specified by faculty) is clean and laundered. Shoes and laces are clean and white. Overall appearance is neat, pressed, and well-kept.
3. Plain white, long-sleeve undergarments may be worn under the uniform for additional warmth.
4. When students are in a rotation or event that does not require the official school uniform, business attire is the appropriate level of dress and school identification should be worn.
5. Hair should be kept off the collar and off of the face. No extremes in style or color are allowed and hair must be of a natural shade; flowers, bows/ribbons/ties, beads, ornate combs, clips, or barrettes are not acceptable.
6. Makeup, if used, is applied lightly. The use of scent is not accepted because of patient allergies and sensitivities.
7. Hospital safety standards dictate fingernail requirements. Nails are short and well-groomed and should be no longer than can be seen when looking at the palms of the hand. If nail polish is used it should be neutral or light in color. <u>Absolutely NO acrylic, gel, or any other nail enhancement is permitted during clinical rotations</u>.
8. Jewelry is limited to wedding or engagement rings, name pin and badge, and watch. **ONLY** one small stud-size earring in each earlobe is allowed. Bracelets, necklaces, chains and chokers are not to be worn. No pins or jewelry are to be worn on the uniform.
9. No visible body piercing is allowed, other than identified in # 8.
10. Any visible tattoos must be completely covered.
11. Gum is not allowed in the clinical area. Food and beverages are consumed only in designated areas.
12. Components of the school uniform that identify the student in a nursing student role are not to be worn in non-student roles.
13. Uniforms must be worn in their entirety. If a student removes the clinical top, then the pants should also be removed and the student must change into a different outfit. The uniform should only be worn with clinical shoes (i.e. no sandals or flip-flops)
14. Undergarments should not be visible through the uniform.
15. Badges must be clipped directly to the uniform top above the waist. Lanyards may not be used.

The instructor reserves the right to refuse to allow a student to remain in the clinical area if he or she does not meet uniform and/or personal appearance expectations. Hospital policy and that of the area to which the student is assigned is to be followed as presented by the instructor. Any student dismissed from the clinical area because of appearance will receive a verbal and/or written warning and shall be deemed absent for the entire day.

STUDENT UNIFORM REQUIREMENTS

Uniforms must be purchased and ready to wear by the 3rd week of school for first level students. Career Ladder students will need their uniforms the first week of classes. The uniform vendor is Mobile Uniforms. Measurements and orders are taken upon admission, during the orientation. If replacement uniforms are needed, the vendor should be contacted directly.

The following is required of all students:

a. GCC Student Photo ID
b. Name badge holder
c. Students must wear picture identification badges when in the clinical setting.
d. Must purchase either the required GCC uniform dress or top, both of which have the embroidered GCC RN program patch in the front upper right portion of the uniform. Uniform pants are also provided by the uniform vendor. However, students may purchase pants from other sources since there is no required logo. If uniform pants are purchased from other sources they must be white (not off-white, cream or ivory), unadorned, and made of a woven non-denim fabric.
e. Clean, white shoes are required. The heels and toes of the shoes must be closed (i.e. no clogs or sandals).
f. White or beige tone non-textured nylons must be worn with uniform dress.
g. White socks must be worn with pants.
h. Watch with second hand (digital watches are acceptable as long as the student can count seconds for obtaining vital signs)
i. Stethoscope
j. Bandage scissors
k. Kelly clamps
l. Penlight
m. Black and/or blue pens and notepad (large devices such as laptops and tablets should not be taken to the clinical sites).
n. Hair must be clean, worn professionally and up off the collar.
o. Facial hair must be clean, short, neat and trimmed.
p. Students should check with each clinical instructor regarding acceptable garments to wear for warmth in the clinical setting (white sweaters, etc.) as uniform codes may vary based on the unit the student is on. No sweaters may be worn on the clinical units.

Any hospital or unit specific uniform requirements will be communicated by the instructor prior to the clinical rotation.

6/2003, 5/2006, 4/2007, 5/2008, 5/2009, 6/2011, 8/2015, 10/2019, 12/2020

SECTION IV

NURSING DEPARTMENT POLICIES

STUDENT CHAIN OF COMMAND

Score on Test or Assignment (Paper, Quiz, Etc.) is Below 76%	⇨	Contact your instructor	⇨	Email the Nursing Advisor	
Questions About Class or Clinical	⇨	Contact your instructor	⇨	Make an appointment with the Director through the front desk	
Confidential Issues	⇨	Email the Program Ombudsperson	⇨	Make an appointment with the Director through Nursing Program Specialist	
Clinical Help or Remediation	⇨	Contact your instructor	⇨	See NRL Staff or follow-up with the Nursing Advisor	⇨	Make an appointment with the Director through Nursing Program Specialist
Class Fundraisers or Activities	⇨	Contact other officers in other semesters or attend SNA meetings to ask officers for advice.	⇨	Email the SNA Advisor	⇨	See your Semester Representative 1st semester: 2nd semester: 3rd semester: 4th Semester:
Health Requirements	⇨	See NRL Staff			

ATTENDANCE POLICY

The college policy regarding absences as stated in the Catalog will be followed:

> "Students are expected to attend all class meetings. There are no authorized absences from class and irregular attendance may result in exclusion from classes."

> "It is the student's responsibility to register properly for classes. A student who fails to enroll officially in a class [includes payment of fees] will not be given credit for that class."

> "Students also have the responsibility of officially withdrawing from college or dropping from class when they stop attending, and of observing established deadlines. A student who is failing and does not withdraw will receive an F when grades will be assigned."

> "It is the responsibility of each student to know the attendance and absence policy of each class in which he or she is enrolled."

The policy is further defined by the Catalog statement that the student may be dropped for continuous or cumulative absences for the number of hours a semester-length class is scheduled to meet in a two-week period. Additionally, the student may be dropped for failure to attend all class meetings during the first week of instruction without prior arrangement with the faculty.

The Nursing Faculty specifies that any student who does not attend the first class meeting and does not to notify the Department may be dropped from the class. The faculty stresses that being tardy three times is considered equivalent to one absence. Tardiness is defined as either late arrival or early departure.

Any student who incurs the status of excessive absences in laboratory or theory will be dropped from the course. The student may petition the Nursing Department for reinstatement (being allowed to continue in the course). The student is to initiate the petition process, obtaining the form from, and submitting it to the Department Office. Additionally, depending on the circumstances or history of the student, he or she may be asked to appear before the faculty to explain why the petition should be granted. The Department faculty may choose to discuss mitigating circumstances. It is the privilege of the faculty member(s) to request a physician's note to verify the illness and/or student fitness to return to class/clinical. The faculty will make recommendations to the individual instructor presenting the problem who will then make the final decision regarding action(s) he or she deems necessary.

CLASSROOM: Excessive absences occur when a student misses more hours of didactic than the number determined by the definition above. The accompanying Addendum shows the calculated hours for each course beyond which absences are considered "excessive."

CLINICAL: Excessive absences are incurred in a manner similar to those for lecture classes. It is the responsibility of the student to notify the instructor whenever absent or tardy. The student will follow the notification procedure specified by the individual instructor. When a student has been absent for an assignment to a special area, the faculty member may reassign the days. It is up to the faculty member to identify alternative assignments and activities in lieu of any missed clinical time.

MAKE-UP TIME: There is NO provision for making up absent time. A faculty member who is absent may require an assignment in lieu of the students' clinical experience. Faculty members are not required to provide make up assignments.

RESCHEDULING: There may be circumstances where the Division Dean and/or Nursing Faculty will have to cancel or reschedule a clinical day or lecture. If the rescheduling occurs on a day other than that utilized for the class and the student is unable to attend, the student will not be penalized.

Attendance at extended laboratory experiences (field trips, workshops, meetings) is mandatory if scheduled during regular clinical hours. Any student who is unable to meet overall course objectives, even if absences were not excessive, will not receive a satisfactory clinical evaluation.

If an instructor feels that a student in attendance in class, or at a clinical facility is ill, the instructor will determine whether the student should remain or not with regard to limiting the risk of spread of communicable illnesses. The instructor has the authority to request an ill student go home. If a student is sent home for any clinical behavior (e.g. inappropriate dress, poor preparation, unsafe care), hours missed are computed as absent.

IT IS THE RESPONSIBILITY OF THE STUDENT TO CONSULT WITH HIS OR HER INSTRUCTOR REGARDING THEIR ATTENDANCE STATUS.

ADDENDUM

Hours of Didactic and Clinical Hours in 2 Weeks (converted to semester length schedule per college policy):

Course	Didactic Hours	Clinical/Lab Hours	Course	Didactic Hours	Clinical/Lab Hours
NS 200	3 (short session)	N/A	NS 214	5	21
NS 201	N/A	6	NS 215	3	6
NS 202	2	3	NS 216	N/A (short session)	12
NS 203	2	3	NS 217	2 (short session)	N/A
NS 204	1	3	NS 218	3 (short session)	N/A
NS 205	1 (short session)	N/A	NS 219	0 (short session)	12
NS 208	5	N/A	NS 220	N/A	12
NS 210	6	12	NS 222	4	9
NS 211	6	12	NS 223	7	12
NS 212	4	15	NS 232	1	3
NS 213	4	15	NS 233	1	3

*Important note: The defined hours listed above do not entitle the student to miss classroom or clinical time. The above hours merely define the amount of time per college policy before the student is in excessive hours of absence. Once a student receives excessive absences, the faculty member reserves the right to fail the student based on the failure to meet the required amount of hours. Classroom and clinical makeup assignments and activities relative to any hours missed are at the discretion of the faculty member.

6/2005, 5/2006, 4/2007, 5/2008, 5/2009, 5/2010, 6/2011, 8/2015

POLICY REGARDING GRADING AND WRITTEN COURSE REQUIREMENTS

General Grading and Enrollment Information
1. Student achievement may be measured in various ways including, but are not limited to, examinations, projects, reports, or research papers. The final grade is a composite of the evaluative measures used and weighted as explained in the course outline.
2. Students must earn a grade of "C" or better in all courses required by the nursing major for the degree or certificate. The grading scale for the Department of Nursing:

> A   91 – 100%
>
> B   82 – 90%
>
> C   75 – 81%
>
> F   < 74.5%   (**No** score below 74.5% will be rounded to a passing grade)
>
> Please Note: There is no "D" grade given in the Department of Nursing.

3. The student name on all attendance sheets, forms, tests or quizzes, written work, and clinical papers or charting must be legible. Any signature that is unreadable will not be given credit for the work. In the clinical setting, if such an incident poses a threat to the safety or well-being of a patient, the student may be warned with progression to probation.
4. The syllabi for courses with a clinical component provide the student with grading criteria, the objective or competencies the student is expected to demonstrate, and the indicators which identify satisfactory performance. Students who receive a failing evaluation in the clinical area will be excluded from the course at that time and need to withdraw from the course. A student who is not doing satisfactory work in the classroom will be allowed to continue to the end of the semester if he or she chooses. It is the student's responsibility to be aware of drop and withdraw deadlines, their own progress, and the impact of a failing grade on their GPA. The faculty and Director cannot overturn mandatory dates established by Admissions and Records in compliance with state law.
5. Students must purchase required textbooks as outlined in their course syllabus. Unless the instructor specifies otherwise, an electronic book (e-book) is allowed in place of a physical textbook.
6. Students who are enrolled in any nursing course which integrates theory and clinical experiences within the unit structure, must be successful in both components. A student who fails an integrated course must repeat the entire course, both clinical and didactic.
7. The student who fails any two nursing courses or the same course twice will be dismissed and ineligible to return. A student may reenroll in a course only once after a previous withdrawal. Enrollment is defined as attending at least one class meeting.
8. The student who earns a grade of "Must Improve" on the Clinical Evaluation Tool in three clinical rotations will be dismissed and ineligible to return, regardless of theory course grade.
9. Any student who withdraws while performing unsatisfactory work (clinically or academically) is considered for Department reentry criteria to have failed the course.

Examinations, Quizzes, and Final Examinations Testing Policies
1. The student is responsible for notifying the instructor or Department **prior to** examination time if unable to take an examination.
2. The instructor is not required by college policy to offer a make-up examination. Any faculty member may, after so advising the student, refuse to offer a make-up examination in an attempt to curtail abuse of the policy. Make-up examinations must be completed before the next lecture, or before the next test, whichever is

earlier. Other specific arrangements may be made at the discretion of the instructor. The faculty member may elect to construct a different test for the make-up examination.

3. Students are not permitted to use the restrooms during examinations. All belongings, except those necessary for test-taking must be kept at the front of the classroom. When a student completes the exam, s/he must exit the classroom quietly and return when class resumes. The instructor reserves the right to alter these guidelines as necessary.

4. The instructor reserves the right to review or not to review course quizzes and examinations. The final exams in all nursing courses are not reviewed with the students.

5. Final examinations will not be given prior to the scheduled examination time.

6. Final examinations will be given according to the posted departmental schedule. If the posted time conflicts with another final exam, it is the responsibility of the student to notify the nursing instructor prior to the scheduled time for the exam.

7. The Kaplan Integrated Testing Program is a required component within the nursing curriculum. It is the student's responsibility to have their username and password available to access the system for scheduled exams. In addition, it is the student's responsibility to obtain a functioning device (i.e. laptop and/or tablet with internet access capability) to take the scheduled exams in class as assigned.

8. Exams are proctored using proctoring software, which must run on students' computers. Students must verify that their computers can run the software. The proctoring software also requires a webcam and microphone. If students do not have access to a device with a webcam and microphone, the students may make a request to check-out a device from the college library (while supplies last). It is ultimately the student's responsibility to ensure that requirements are met prior to exams.

Other Required Assignments
1. It is expected that all assignments will be complete and submitted on time. All submitted assignments will be legible. Typed papers are always preferred and, in some instances may be required.

2. The instructor reserves the right to refuse any assignments that are late, incomplete, illegible, and/or poorly or improperly completed and these would then result in an "F" grade for that assignment.

3. Grading will be determined by the criteria of the individual faculty member as published in the course overview/syllabus. No late work will be accepted without prior instructor approval. An instructor may choose to approve a request for late submission of work, and also subject the work to a 10% (or larger) grade penalty for each day of the school week it is late.

4. Any required work/assignment not completed by the end of the course will result in a final grade of "F" in the class unless the student has experienced an unforeseen but verifiable emergency **and** has received prior permission from the instructor. It is not the student's prerogative to choose to not complete assignments since all learning activities have a purpose associated with them. This statement is in compliance with College Policy (see Catalog). If an "Incomplete" grade is assigned and the student is allowed to progress in the course sequence, all work must be made up within the first six weeks of the next possible term. Failure to complete the incomplete work within the six-week time frame will result in the student being excluded from any nursing course in which he or she is enrolled at the time.

5. Written work may be required in APA format.

Clinical Evaluation:
1. The student will be counseled and advised when the instructor perceives that stated objectives are not being met. Continued problems may result in failure or dismissal. (See Probation Policy).

2. At the end of each rotation the instructor will meet with each student for discussion of the written student evaluation. The student may request a copy of the final clinical evaluation.

6/2005, 5/2006, 4/2007, 5/2008, 5/2009, 05/2010, 6/2011, 8/2015, 4/2019, 10/2019, 12/2020

POLICY REGARDING HONESTY AND DISCIPLINARY MEASURES

Faculty Expectations Regarding Honesty
1. It is expected that GCC nursing students will exhibit the highest standards of ethical behavior in their clinical and scholastic endeavors. Nurses provide care and advocacy for vulnerable populations and must conduct themselves with integrity.
2. In the event that any student in the Department of Nursing would be guilty of cheating, he or she may be subject to the following:
    a. 0% on the test/assignment;
    b. Mandatory meeting with the entire faculty;
    c. Ineligibility of an applicant for enrollment in a nursing program, and/or
    d. Resultant probation, suspension, or dismissal.
    3. The Nursing Department adheres to the GCC Academic Honesty Policy. (See College Catalog/GCC Student Handbook/Nursing Student Handbook - Section V.)
4. In addition, students who allow others to copy their work or exams, or who participate in supplying answers during testing/evaluation situations will also be considered as committing acts of academic dishonesty.
5. Students will make a commitment not to share information about items or content on exams with other students as a means of providing them with test information. Violation of this will be considered an act of academic dishonesty.

Disciplinary Measures
1. Again, while it is not likely that improper or incompetent conduct will occur, rules to govern such conduct are necessary to protect the integrity of the program and the discipline of nursing. The following is a summary of some major criteria that would be sufficient cause for faculty review and referral to the Vice President of Instruction with possible resultant failure, suspension, or dismissal.
    a. Absences/tardiness which exceed course limitations
    b. Irresponsible or careless attitude.
    c. Untrustworthy or improper behavior.
    d. Breaching patient/client confidentiality.
    e. Physical or mental illness deemed sufficient to interfere with meeting objectives and progressing in the Nursing Program.
    f. Dishonesty in classroom and/or clinical areas.
    g. Falsification of records.
    h. Behavioral evidence or actual impairment of substance abuse.
    i. Unsafe clinical practice that seriously jeopardizes patient/client health or safety.
    j. Exceeding limits of reinstatement or failure guidelines.

2. For more information, please refer to Faculty Expectations of Student Behavior and Grading Policy in this Handbook and sections on General Conduct and Academic Honesty in the College Catalog and GCC Student Handbook.
3. Any student dismissed from the Program because of violation of this policy is **ineligible** for reentry/reinstatement.

6/2003, 5/2006, 4/2007, 5/2008, 5/2009, 5/2010, 6/2011, 8/2015

STUDENT PROBATION POLICY

A student who is doing unsatisfactory work in the clinical and/or academic setting will be placed on progressive notice and ultimately on probation if improvement is not demonstrated. It must be noted, however, that because of the seriousness of the activities in which nursing students are engaged, it is possible that an exceptional situation could occur which would jeopardize patient safety and result in immediate probation or the immediate dismissal of the student.

Conditions of Academic Probation: The student is expected to maintain a minimum average of 75% in all course work and meet attendance requirements. At midterm, or when the student's success in a course is in jeopardy, the student will be made aware of his or her academic status. If for any reason this communication fails to reach the student, it is ultimately the responsibility of the student to be aware of individual academic standing in any class. Students are referred to departmental and campus resources and it is their responsibility to follow through in utilizing the resources offered.

Conditions of Clinical Warnings and Probation: Students who are not meeting clinical objectives will be given feedback and guidance. If performance does not improve they will be given progressive warnings in the following sequence:

1. Verbal warning – in the event the student has not demonstrated the ability to meet the competencies for their level, the student will be verbally warned and further guidance, referrals, and possible remediation assignments will be provided.
2. Written warning – if the student demonstrates they are unable to improve after a verbal warning they will be progressed to written warning. The written warning will include areas they need to improve in, guidance in actions to take to improve, and what the expected outcomes will be. Students who have been on written warning will receive at best a "Needs Improvement" evaluation.
3. Probation – in the event the student continues to demonstrate an inability to meet the competencies, the student will be placed on probation using the Clinical Evaluation Tool for their level. The student is placed on probation when the instructor identifies behaviors which indicate the student is not meeting minimal competency requirements of the course or is deemed unsafe. In the event of a major safety violation or failure to meet the bolded and underlined competencies within the clinical evaluation tool, the student can be placed on probation without having received verbal and/or written warnings. Competencies which require improvement will be identified, actions to be taken outlined, and expectations clarified. When probation is implemented the student is given a written unsatisfactory interim evaluation which will include the following components:

    a. Identification of specific unmet objectives and clinical behaviors which resulted in probation; and,
    b. Behaviors that must be demonstrated within a specified time period in order to be removed from probation and continue in the Nursing Program.

There are 2 possible outcomes from being on probation; the student can complete the activities outlined by the instructor and meet the expectations and complete the rotation, or the student may continue to not meet expectations and be dismissed from the rotation. Students who have been on probation will receive at best a "Needs Improvement" evaluation.

A conference may be held by the Program Director (or representative), the student, and the instructor(s) concerned. If the Director is not present or represented, he or she will be advised of the situation as soon as practical. The student is required to sign the evaluation; the signature indicates only that the statement has been read and does not imply agreement with the document itself. The student may respond in writing to the evaluation.

<u>Probationary Outcomes</u>: At the end of time specified in the individual probation the student may be:

    a. Successfully removed from probation and given an overall "Must Improve" final evaluation;

    b. Continued on probation for an additional specified time period; or

    c. Given a failing final course evaluation.

There are times when actions taken, or the failure to take action may be deemed serious enough to generate safety risks, and at these times steps may be accelerated to probation or removal from the clinical setting. Examples of this would include violations of bolded competencies (i.e. medication administration) which may generate unsafe situations for the student and patient.

If a clinical failure occurs in a course that integrates classroom and clinical experiences, the student may **not** remain in the classroom. A student on probation may advance to the next clinical rotation while on probation **only** if both rotations provide clinical practice for the same course.

Any student who withdraws while on probation is considered to have failed the course from a departmental level. Therefore, a student who voluntarily drops or withdraws while on probation will be considered "not in good standing" for purposes of accepting/prioritizing petitions for reinstatement (see Reinstatement Policy). Any student placed on clinical probation twice within one semester or twice within the program is ineligible to remain in the Program. A student who receives three "Must Improve" clinical evaluations for courses during his or her enrollment is also ineligible to remain in the Program. In both of these instances the overall clinical evaluation will automatically be an "Unsatisfactory" (Fail).

Academic probation once invoked continues to the end of the course. Completion of the course with a satisfactory average and successful removal of probationary status will result in successful completion of the course. Inability to achieve at least a 75% in course theory will result in course failure and ineligibility for advancement.

<u>Conditions of Administrative Probation</u>: Circumstances may arise in which the student is felt by the faculty to have demonstrated behaviors inconsistent with expectations stated in the <u>Nursing Student Handbook</u> and which go beyond the concerns of a single course or clinical rotation. In such instances the Nursing Program Director may place the student on administrative probation for a specified period of time. The probationary period may extend beyond the confines of a single enrollment period and the Director and nursing faculty will jointly monitor the student's performance. Should this occur, the probationary process described above will be followed. If the student fails to meet the contract/expectations outlined, he or she may be dismissed from the Program. This is a very serious consequence that is not implemented lightly since it will remain part of the student's permanent record.

4/2004, 5/2006, 4/2007, 5/2008, 5/2009, 5/2010, 6/2011, 8/2015

REINSTATEMENT POLICY

The student who withdraws or is excluded from the Glendale Community College Nursing Program must petition the Nursing Department for reinstatement if they have:

1. withdrawn for personal reasons;
2. withdrawn from a course while on probation (clinical or academic);
3. been excluded for academic or clinical failure; **or**
4. been excluded for ineligibility to progress in course sequence.

The student seeking reinstatement will have:

1. filed a petition for readmission/ reinstatement (petitions are available at the department office)
2. participated in an exit interview with the Director or a designee at the time of withdrawal/exclusion from the program;
3. fulfilled all recommendations made at the time of the exit interview; **and**
4. been enrolled in the Nursing Program within one year (or repeat coursework may be required); and,
5. demonstrated dosage calculation and skills readiness for the course requested.
6. students seeking reinstatement after being unsuccessful in NS 208 must retake NS 208 and successfully pass before being eligible to return to the program.

The student will **not** be eligible for enrollment (reinstatement) if they:

1. fail two nursing courses or fail the same course twice;
2. withdraw failing from two nursing courses, or withdraw failing from the same course twice with an unsatisfactory theory average or clinical performance evaluation;
3. experience any combination of (1 and 2) above;
4. incur clinical probation twice, at any time during their enrollment;
5. receive three overall "Must Improve" clinical evaluations; **or**
6. receive a combination of two "Must Improve" clinical evaluation grades and a failing course theory grade during their enrollment,
7. withdraw enrollment from the same course more than once (enrollment is defined as attending at least one class meeting);
8. were already reinstated once before;
9. have not been enrolled in the Nursing Program within the last year.

The student who leaves the program through "W" (withdrawal) or dismissal and is documented as clinically unsafe at that time may be denied readmission.

The Reinstatement Petition is available from the Department of Nursing Office and downloadable online at www.glendale.edu/nursing under "Important Documents." The form should be completed with careful attention to detail and expression of ideas. When completed it should be returned to the Nursing Office within 2 weeks of withdrawal, but no later than A DAY PRIOR TO THE LAST FACULTY MEETING OF THE SEMESTER. The form must be accurately and thoroughly completed. Petitions will be reviewed by the Director who will submit eligible petitions and recommendations to the faculty at the final meeting of the semester. If there are more petitions than spaces at the same priority level, a random selection will be made for the available seats. The department will notify the student in writing regarding the outcome of the petition.

Priority List for Enrollment/Reinstatement

Students will be reinstated based on **available seats** and student **priority status**. The priority guidelines used by the faculty in assigning a priority status are: (from highest priority to lowest):

1. New students meeting admission criteria;
2. GCC students who dropped a class due to personal reasons and were in good standing at the time of the withdrawal;
3. GCC students attempting to return after 1 withdraw failing, or failure who actively participated in meeting with the Faculty Advisor and tutoring and mentoring to maximize their success;
4. GCC students attempting to return after 1 withdraw failing, or failure who did not participate in tutoring and mentoring;
5. Foreign nurse graduates who met conditions of acceptance to make up deficiencies identified by the BRN.
6. Transfer students who were in good standing in their previous program (this category includes foreign graduate nurses).

6/2004, 5/2006, 4/2007, 5/2008, 5/2009, 5/2010, 6/2011, 8/2015, 4/2019, 6/2019

Transfer and Challenge Policy/Procedure

Nursing classes may be challenged by students with equivalent coursework or appropriate and recent (within the past seven years) prior experience in healthcare. Students attempting to transfer form other accredited nursing programs must be in good standing from the program they are leaving.

Transfer:
1. Transfer credit is given for equivalent courses required by this program which have been taken at a regionally accredited American community college, university, or nursing school. Courses for which credit is requested must be verified by official transcript and have been completed with a grade of "C" or better.

2. Establishment of "equivalent" status will be determined by an academic counselor, the Division Chairperson of the course area in question, and/or the Nursing Department Director/Faculty.

3. Courses from foreign institutions must be evaluated for equivalence through a college approved agency. Agencies approved to evaluate course equivalencies are identified by Admissions and Records.

Credit by Examination:
1. Students wishing to challenge a nursing course(s) must follow the procedure and guidelines outlined in the College Catalog (Credit by Examination).

2. Challenge examinations for nursing courses with integrated theory and clinical have both a written and performance (nursing skill practicum competency) exam. The written test must be completed with a "C" or better (using the Department of Nursing grading scale) before the student is eligible to complete the performance test.

3. In order to request credit by examination the student must have been approved for enrollment in the Department as a nursing student.

Foreign Education
1. Students from other countries must have their transcripts evaluated at their own expense by an accredited foreign evaluation service and have the official (sealed) evaluation sent to Glendale Community College.
2. If a course of study was completed, the degree or diploma must be formally evaluated to determine equivalence to an American program or degree.

6/2002, 5/2006, 4/2007, 5/2008, 5/2009, 5/2010, 8/2015

GLENDALE COMMUNITY COLLEGE	
DEPARTMENT OF NURSING	
CHALLENGE/ADVANCED PLACEMENT INTO THE	
NURSING EDUCATION PROGRAM FOR MILITARY PERSONNEL	
Effective:	1/1/2017
Reviewed:	April 2016
Revised:	October 2021
Written by:	Associate Dean of Health Sciences and Nursing Faculty of Glendale Community College

CHALLENGE/ADVANCED PLACEMENT FOR MILITARY – TRAINED HEALTHCARE PERSONNEL POLICY:

In alignment with CCR Sections 1423.1, 1423.2 and amended CCR Sections 1418, 1424, 1426, and 1430 that implement Senate Bill 466, the Glendale Community College Nursing Program is committed to granting credit to students for relevant military education and experience toward the requirements for licensure as a Registered Nurse.

Individuals who present with relevant military education and experience equal to, but not limited to Basic Medical Technician Corpsman (Navy HM or Air Force BMTCP), Army Health Care Specialist (68W Army Medic) or Air Force Independent Duty Medical Technician (IDMT 4N0X1C) are eligible for advanced placement in a prelicensure nursing program. All nursing courses may be challenged; however, individuals must have proof of prior relevant education and experience that meet the specific requirements of each course.

PROCEDURE:

Interested candidates who meet the criteria must request an appointment with the Program Director or designated advisor at least eight weeks prior to the application deadline to discuss eligibility requirements for the Associate Degree Nursing Program. Evaluation of the experience(s) or courses will be performed by the nursing director, content expert(s), lead instructor(s), and Board of Registered Nursing, if necessary. Prior education, military education, and military experience will all be evaluated on an individual basis in order to grant the individual full or partial course credit. Challenge procedures may include one, or a combination of the following evaluation methods: 1) cumulative course challenge examinations, 2) essentials of medication administration exam(s), 3) and skills competency exam(s).

PREREQUISITES

Applicants seeking challenge/advanced placement must meet all general entrance requirements of the Associate Degree Nursing Program, which include:

1. Submission of a copy of their DD-214 (Certificate of Release or Discharge from Active Duty)
2. Completion of Generic RN Program prerequisites
3. Meeting the Chancellor's Formula cut score with a minimum of 75%
4. Successful completion of the Testing of Essential Academic Skills (TEAS) pre-admission examination with a Total Score of 62% or higher
5. Submission of official transcripts from each institution attended
6. Documentation verifying appropriate education program(s), demonstrating satisfactory completion of coursework and clinical experience.
7. Submission of syllabi or information of all courses
8. Documentation of work experience

It is recommended that recency of education and experience be within the last five years of application. Military

Challenge students will not be considered for advanced placement if they have previously failed a nursing course at another nursing school.

ADVANCED PLACEMENT PROCESS

Acceptance of Military Challenge students into the Associate Degree Nursing Program is contingent upon successful level of achievement on challenge examinations or other evaluative methods to validate achievement of course objectives such as;

1. Achievement of 75% or above on the Challenge Exam(s) for nursing courses,
2. 75% or higher in designated advanced placement prerequisites,
3. "Satisfactory" performance on the skills competency evaluation, and
4. 90% or higher on the medication dosage calculation examination

The Director of the Nursing Program and Faculty committee will determine placement based on the results of the challenge exams and other evaluative methods. Once the candidate is deemed eligible for this process, the following materials will be made available to the applicant prior to the examinations and skills testing:
1. Course Outlines, Syllabus, Textbook lists, and a link to the college library's resources on Nursing
2. List of critical elements for all nursing skills
3. Nursing Student Handbook to review policies related to medication administration.

Advanced Placement will be granted if the applicant meets minimum requirements equivalent to those required of students enrolled in the actual course. Advanced Placement students are admitted based on spaces available; however, military personnel and veterans are given preference.

SECTION V

PROCEDURES, REGULATIONS, GUIDELINES

MEDICATION ADMINISTRATION POLICY AND PROCEDURE

This policy and procedure is intended to insure that the critical competency of medication administration is managed in a manner that fits best practice and ensures patient safety. It is essential that the Five Rights involved in medication administration are observed.

The Core 5 Rights followed by all facilities are:

<u>Right </u>Patient
<u>Right </u>Medication
<u>Right </u>Time
<u>Right </u>Dose
<u>Right </u>Route

Additional Rights followed by many facilities include:

<u>Right </u>Reason
<u>Right </u>Documentation
<u>Right </u>Developmental Approach
Patient's <u>Right</u> to Refuse

Developing good habits when administering medications is essential in order to become a safe practitioner. The following principles and procedure must be followed when administering medications to maximize safety, and minimize the possibility of patient harm. It is recognized that faculty will need to make adaptations to make this procedure consistent with policy and procedure in individual facilities, but the inherent principals of this procedure must remain intact. In all facilities the following principles must be applied to safe medication administration:

- Students must be **actively supervised** by a licensed RN (either their instructor or a staff RN who has accepted the responsibility to oversee them). This means that an RN has verified the 5 rights and overseen the patient receiving the medications.
- Administration of medication is to **one patient at a time** to reduce the risk of patient medications becoming mixed up in the process.
- **No medications** are to be kept **in student pockets.**
- The electronic or paper **MAR must always be** with the student up to the point of actual administration of the medications in order to verify the 5 Rights.
- **Common Sense** must be used. Pharmaceutical companies prepare medications packaged in a manner which reflects appropriate dosing recommendations. Nurses and students must always keep this in mind and seriously question what they are giving if it seems like tiny fractions, or large quantities of the available drug. If the dose does not seem right it probably isn't; as examples, no one should be giving 1/20th of a tablet, or 20 tablets of anything, or opening 10 ampules/vials to mix a drug. If this is what one is doing, then the order or the dosage calculation needs to be rechecked and questioned with the doctor and pharmacist.
- Students need to **critically think** about what they are doing and seriously question if something does not seem right. The nurse administering medications is the final step at which a serious error can be stopped from occurring to the patient; as examples, the patient is going for surgery and the anticoagulants have not been stopped (the nurse must call the doctor to clarify this), the medication is contraindicated for the patient, or the patient has allergies which were not known to the person ordering the medication.
- Know your patient's **history, allergies, health status** (e.g., pregnant?), and **contraindications**.
- **Avoid distractions** during medication administration. Evidence demonstrates that reducing distractions during medication administration directly relates to fewer medication errors.
- Use **evidenced-based practices,** and be alert to and follow The Joint Commission **National Patient Safety Goals** (NPSG) as they relate to safe medication administration.

Procedure for medication administration:

1. Obtain the patient/client's paper or electronic medication administration record (MAR).
2. Compare or verify comparison of the medication record with the doctor's order.
3. Wash hands.
4. Select the medication(s) from the appropriate storage area or Pyxis using the MAR.
5. Assemble any additional equipment.
6. Check medication with medication record.
7. Assess for parameters needed before medications can be administered (required lab work, vital signs, allergies, any patient contraindications, etc.).
8. Calculate correct dosage of drug to be given.
9. Prepare medication for administration for 1 patient at a time
10. Verify the medication again with the medication record.
11. Take the medication and the MAR (paper or electronic depending on facility) to the patient/client.
12. Identify the patient by comparing the patient's identification wrist band with the MAR and using two patient identifiers (most commonly this includes the patient's name and medical record number).
13. Check medication(s) again with medication record for all of the "rights".
14. Educate and inform the patient about all the medications he/she is to receive. If the patient states he/she should not be receiving something, stop and follow up.
15. Administer medication to the patient/client.
16. Document medication given or document reason medication is held.
17. Discard used equipment safely per facility policy.
18. Follow up on effectiveness of medication.
19. Document effectiveness of medication.

In the event that a near miss or an actual medication error does occur, the student must complete a Student Incident Form. A **"near miss"** occurs when the principles and steps of the procedure break down and patient injury could have occurred, but did not because for fortunate reasons the potential error came to light before the patient was given the medication. Reasons may include the instructor or another RN stopping the student who has not followed the principles and procedures, the student realizing on the final check they have one of the "rights" wrong, the patient identifying he/she should not be receiving something that is about to be administered. In the event that the student realizes and is the one who catches the near miss they are to be commended for diligently following the policy and procedure and they will not be counseled as a "medication error". In the event that the near miss was a result of the student not following principles and procedure and an instructor or RN had to intervene to stop what would have become a medication error then the student will be counseled as if a medication error has occurred. Medication administration is a critical competency and as such at a minimum the student will be on verbal warning and receive a "Must Improve" clinical evaluation for that rotation.

An actual **medication error** occurs when the patient receives a medication that does not match the "rights," or fails to receive ordered medication in accordance to the "rights." Examples include, but are not limited to, receiving the wrong medication, the wrong route, the wrong dose, the wrong time, or medication being given to the wrong patient. In the event of an actual medication error the first priority is to assess the patient for any immediate needs and interventions, then to notify the RN and nursing instructor so that the policy and steps to take to follow up can occur. Medication administration is a critical competency and as such at a minimum the student will be on verbal warning and receive a "Must Improve" clinical evaluation for that rotation.

5/2006, 4/2007, 5/2008, 6/2009, 5/2010, 6/2011, 8/2015, 10/2019

Glendale Community College・Department of Nursing
Nursing Student Incident Form

This form is to be filled out by the student or instructor following any incident or error involving a Glendale Community College nursing student. The instructor will make a copy for the student and will retain the original in the student's file.

Student: _____   Date of Incident: _____

Description of incident: _____

_____

_____

_____

_____

_____

If this was a medication error indicate the medication name, dosage, route, frequency of administration, action, side effects, and reason that it is ordered for this particular patient. If the incident was an omission of care (other than a medication) please describe the benefits of timely completion of the task. If the incident involved commission of an act (other than a medication), describe the possible consequences of the incident.

_____

_____

_____

_____

_____

Please indicate how the incident could have been avoided. If this was a medication error, also indicate which of the "5 Rights" was violated. How will this incident affect your future practice?

_____

_____

_____

_____

_____

_____

_____

Signatures:

_____   _____   _____
              Student   Date   Instructor and Course

8/1997, 4/2007, 5/2008, 5/2010, 8/2015

<center>**INFECTION CONTROL**</center>

I.   Introduction

Microorganisms such as bacteria, viruses, and fungi are part of our daily lives. They exist everywhere, primarily in peaceful coexistence with us. Microorganisms, which cause illness, infections, and disease, are called pathogens. Health care settings, which you will enter as a student, are places where there are higher risks of coming into contact with pathogens. There are important steps and practices to take to maximize your safety, and the safety of other patients in these settings. You will learn about these steps and practices in your classes. It is your responsibility to practice good habits early and take measures to practice in safe ways.

There are two major concerns related to infection control in health care settings. First, there is the risk of you as the healthcare worker being exposed to potential pathogens. You are very important person in this setting and there are many actions taken to help protect you by those who establish policies and procedures in these settings. There are also many habits and work practices which you have complete control over which are essential to reduce this risk. Second, there is the risk of microorganisms being transmitted from one patient to another by healthcare workers who are practicing poor habits such as not washing their hands. With very few exceptions organisms can not get from place to place on their own. They must be carried on dirty hands or equipment. Not practicing good infection control places you, and other patients at risk because poor work habits contribute to the spread of organisms in hospital. Patients are susceptible to infections due to their health problems and they need to be protected. Infections acquired in the hospital are considered complications and are called nosocomial infections. They carry many costs to our patients including the physical toll to the person's health, a possible increased length of stay, and other financial costs.

II.   Agencies, Standards, & Recommendations

There are 2 federal agencies that review research and findings related to infection control. These agencies set standards and make recommendations to reduce the risk of transmission, or spread, of microorganisms. The Occupational Health and Safety Administration (OSHA) establishes rules and regulations intended to promote safety in the workplace. Their goal is to promote safety for employees. Hospitals and healthcare settings must comply with the rules set forth by this agency or they can be fined. The second agency is the Centers for Disease Control (CDC). This federal agency establishes guidelines and recommendations for the prevention and treatment of diseases. This agency does not have enforcement powers, but rather sets standards for reducing the risks related to the spread of infections and communicable diseases.

III.   OSHA Regulations

You will learn more about OSHA in your courses, but following is a summary of important information for you to know.
1. Healthcare settings must notify health care workers of hazardous conditions. This includes signs about hazardous waste, radiation, and special precautions (isolation).
2. It is your responsibility to look for and follow these signs.
3. Preventing illness by vaccination and immunity is very important. This is why your health screening upon entry into the program is so comprehensive. Immunity to diseases provides protection to you in the workplace. The Hepatitis B vaccine is highly recommended and if you chose to refuse it you must sign a written declination which will be kept in your health file.
4. Hospitals and healthcare settings use engineering controls to create a workplace that is as safe as possible. These controls are things done to the environment to maximize safety. Examples of engineering controls include putting sharps containers in patient rooms so they will be easily assessable, and using needleless intravenous devices to reduce the risk of sharps injuries. You must

follow the policies and use the controls, which the facility has put, in place to protect you.

5. Next are recommendations about work place practices. These are practices which you have complete control over. They are the good work habits that are essential to prevent the spread of microorganisms. Hand washing is the first of these and forms the foundation for infection control. There are many important tips to hand washing which you will learn about as you prepare to enter the clinical setting. Another safe work place practice is to never recap, bend, break, or remove needles. These activities frequently result in injuries to health care workers and you must get into the habit of never doing them. If you must recap a needle it should be done with a one handed scooping method so there will not be any risk of injuring yourself.

6. Always activate the safety devices on sharps and immediately discard all of them directly into sharps containers. If a patient is handing you a sharps (such as a used lancet or insulin syringe) have them place it on a neutral surface for you to pick up so that there will be no risk of them puncturing you in the process.

7. Never eat, drink, apply cosmetics, or handle contact lenses in the work setting. Do not store food or drinks where there is blood or potentially infectious materials.

8. You will learn in class about PPE's (personal protection equipment like gloves, masks, goggles, and gowns). You must always wear these when there is any risk of contact with blood, body fluids, non-intact skin, or mucous membranes.

IV.   Exposures & Sharps Injuries

While your focus should always be to prevent an exposure, it is important for you to know what to do should an exposure occur. A blood or body fluid exposure is defined as a splashing or spraying of another's blood or body fluids into your mucous membranes. An example of this is if a body fluid splashed in your face and got in your eyes. If an exposure occurs wash the area well and then contact your instructor immediately. If you are unsure of whether or not it is an exposure then wash well and contact your instructor immediately so they can assist you in determining if you need any follow-up.

Sharps injuries are defined as punctures of the skin from a contaminated object. Examples of sharps injuries include needlesticks with contaminated needles, piercing the skin with a contaminated finger lancet, or piercing the skin with broken bloody glass from a vial.   If you experience a sharps injury wash the area well and contact your clinical instructor immediately. If you are unsure of whether or not you have an injury then wash well and contact your instructor immediately so they can assist you in determining if you need any follow-up.

V.   Respiratory Protection

There are specific rules and regulations related to respiratory protection in the workplace. Current regulations state that health care workers caring for patients with suspect or confirmed TB must wear a special mask, and they must be fit tested to the mask. The fit testing process is intended to evaluate if the mask fits the individual well enough to provide the intended protection. Because students have not been fit tested they will not provide care for these patients.

VI.   CDC Guidelines

The Centers for Disease Control (CDC) guidelines define practices and activities that will reduce the risk of spreading infections. These guidelines include recommendations regarding the use of personal protective equipment for all patients all the time, and recommendations to be used with certain patients based on their health problem.

Standard precautions include procedures and steps to take to protect yourself. They must be used with ALL patients ALL the time. If you have been in a health care setting before this program you may have heard the term universal precautions. The term universal precautions was used in a prior set of CDC recommendations, but is still commonly used by many health care workers. The basis for both universal and standard precautions is that you must take measures to protect yourself ALL the time, with ALL patients, irregardless of how healthy or ill someone appears to be. This is based on the fact that carriers of bloodborne pathogens may not display any signs or symptoms and may appear to be healthy. The healthiest looking patient may be a carrier of HIV, Hepatitis B, or Hepatitis C making them a great risk to health care workers. Likewise, the sickest looking patient may not have any bloodborne pathogens making them less of a risk. You can not look at a patient and decide how to protect yourself -- you must protect yourself all the time. Within standard precautions personnel protective equipment (PPE's) must be worn any time you may come into contact with blood, body fluids, non-intact skin, or mucous membranes.   You will learn about how, when, and where to use these PPE's in your courses.

Transmission based precautions are additional protective measures to be taken with certain patients. These recommendations are based on how microorganisms are spread. The 3 sets of transmission based precautions are airborne precautions, contact precautions and droplet precautions. You will learn more about these in your courses and readings. Additional measures and PPE's will be required when taking care of patients in transmission based precautions.

VII.   Summary

Most hospitals use the CDC guidelines or some modifications of them based on their patient populations. During your clinical orientations you will be educated to the specifics of that facility's policies and procedures. Each hospital has an individual or department in charge of their infection control program who can address questions or concerns. As a student your instructor is the best resource for you to go to in the clinical setting, but once you graduate remember that there are resources and people who are available to help if you have questions. It is your responsibility to learn and follow the policies of the facility you are in, and to take precautions to protect yourself and the other patients.

Board of Registered Nursing Statement
"The Board of Registered Nursing considers the student use of controlled substances, dangerous drugs or devices or alcoholic beverages to an extent or in a manner injurious to self or others to constitute unprofessional conduct. The conviction of a criminal offense involving the prescription, consumption or self-administration of the above substances is conclusive evidence thereof." (B&P 2762).

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

General College Policy
The Faculty has a professional and ethical responsibility to the student, clinical facilities, and patients under our care to provide a safe teaching/learning environment. The College Catalog states, "The College is committed to achieving and maintaining a campus community that fosters personal and institutional excellence and strives to provide condition under which the work of the College can proceed freely, with the highest standards of quality and institutional integrity. The harmful effects of substance abuse diminish the quality of our campus life."

To assist in achieving a campus free from the problems of substance abuse, the college has adopted policies prohibiting the unlawful manufacture, sale, distribution, possession, or use of controlled substances and alcohol on all college properties or at official functions, both on or off-campus. Any member or group of the campus community violating these policies and regulations will be subject to disciplinary action" (Also see GCCD Board Policy, Section 5420.1 and College Catalog).

Department of Nursing Policy
The nursing faculty view chemical dependency and mental illness as illnesses that are treatable.

- Chemical dependency is characterized by physical and/psychological dependence on drugs and/or alcohol. Left untreated, however, alcohol or drug use: interferes with the person's ability to function safely; affects physical, emotional and social health; and may lead to death.
- The nursing faculty defines the chemically impaired student to be one who is under the influence of, or has abused, either separately or in combination: alcohol, over-the-counter medication, illegal drugs, prescribed medications, inhalants, or synthetic designer drugs. Either episodic misuse or chronic use which produces psychological and/or any physical manifestations is included in this definition of chemical impairment.
- Mental health includes a person's emotional, psychological, and social well-being. It affects how we think, feel, act, handle stress, relate to others, and make decisions. Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD) and borderline personality disorder. Mental illnesses can affect persons of any age, race, religion, or income. Mental illnesses are not the result of personal weakness, lack of character or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan. (National Alliance on Mental Illness, 2016)

The central reason for constructing a policy to address chemical impairment and/or mental illness in nursing students is to protect the patient, other nursing students, staff and the public from unnecessary exposure to dangerous situations that may arise from an impaired nursing student.

The goal of providing safe, effective, and supportive care is a central focus at all student levels in the Nursing Program. Therefore, the nursing student must be free of impairment from chemical dependency and/or mental illness at all times in the classroom, laboratory, and clinical settings. The nursing faculty members will assess any student who they suspect of chemical abuse and/or mental illness and direct them for referral. Students with untreated chemical dependency/mental illness may not be allowed to continue with their nursing education. This depends on the chemical abuse/mental illness, compliance with referral/treatment, and the contract initiated with the Director/faculty at the time of intervention.

Procedure
1. When a student exhibits bizarre or impaired behaviors in the clinical or classroom setting, the nursing instructor has the authority and responsibility to take immediate corrective action by removing the impaired student from the classroom or clinical area.
2. The nursing instructor will send the nursing student home with a family member and/or friend as the situation deems appropriate.
3. The nursing instructor must notify the director (or appropriate designee) immediately of the incident via phone, text or email as soon as possible.
4. The nursing instructor observing the inappropriate behaviors will provide legible and concise documentation for submission to the director (or appropriate designee) immediately after the incident has taken place.
5. The student will be informed of temporary suspension from the clinical and/or classroom until he/she meets with the Nursing Program Director (or appropriate designee, i.e., Assistant Director, faculty, or college administrators). At the first available opportunity, the student must meet with the appropriate person(s).
6. The documentation supporting the impaired performance (e.g., clinical evaluation tool, incident report, etc.) will be reviewed with the student, and he/she will be given an opportunity to explain.
7. If necessary, the director may consult with appropriate resources on campus (e.g., Administration, Campus Police, Health Center, Alcohol & Drug Studies Program staff, and nursing faculty) to determine options to assist the student.
8. Before returning to the clinical setting, the student will be required to provide "evidence of treatment & fitness for practice" documentation. This clearance needs to be obtained by the student from a healthcare provider at the student's expense. The student has the right to refuse this requirement, with the understanding that he/she will not be permitted to return to the Nursing Program.
9. Students who voluntarily seek treatment for chemical abuse/dependence should maintain records of their rehabilitation for submission to the Board of Registered Nursing when applying for licensure after successful completion of the Nursing Program. It is the student's sole responsibility to share this information with the Board, as the Nursing Program confidentially stores this information and only shares this with those who have direct need to know.
10. Any subsequent behaviors that are indicative of unsafe clinical performance and/or impaired behaviors may be cause for dismissal from the Nursing Program. If such behaviors result in violations, the student may be dismissed from the college.

8/2015

Contract

I, _____, will receive a comprehensive substance abuse evaluation conducted by a health care professional selected from the approved list of providers. I understand that the payment for the evaluation and related costs, treatment, and follow-up care is my responsibility. If no regular treatment is recommended, evidence of such will be provided to the Nursing Department before I attempt to return to classes. If treatment is recommended, I must complete the program determined by the evaluator. Written evidence of my treatment program completion/ability to return safely without impairment to the nursing program, and my after care plan will be submitted to the nursing faculty through the Division Dean.

It has been explained to me that the grade of _____ will be awarded for nursing courses interrupted by my treatment. I have also been informed that I must submit a written reinstatement request for the semester that I desire to return to the nursing program. I understand that reentry is on a space available basis only as determined by the Reinstatement Policy and priority list in the Nursing Student Handbook. Priority list status for reentry following any chemical impairment episode will by Level 4 (GCC students who were failing or not in good standing at departure from program). Lastly, I understand that further incidents of chemical impairment in the classroom, laboratory, or clinical setting will result in exclusion from the nursing program and a recommendation to the Dean of Student Activities for College dismissal.

Signature: _____   Date: _____

Witness: _____   Witness: _____

Portions of the Contract and definitions have been adapted from:
Asteriadis, M., Davis, V., Masoodi, J., and Miller, M. (1995, March/April). Chemical impairment of nursing students. Nurse Educator, 20, 19-22.

Policy on Academic Honesty

http://www.glendale.edu/index.aspx?page=2596

College study is the process of acquainting students with values and procedures central to scholarship. All students are expected to do their own work. All forms of cheating and plagiarism are absolutely forbidden. This is the official policy of Glendale Community College.

The following behaviors serve as an operational description of student violations of academic honesty:

1. The student takes or copies answers from another student or source or uses unauthorized materials during a test.
2. The student turns in an assignment (labs, art projects, homework, prewritten or purchased papers, or work downloaded from the Internet) which is not his/her own.
3. The student uses words or ideas which are not his/her own without acknowledgment of the source (plagiarism).
4. The student knowingly deceives an instructor with the intent to improve his/her standing in class.
5. The student submits the same paper or project previously submitted in another class without the permission of the current instructor.
6. The student depends upon tools or assistance prohibited by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments.
7. The student acquires, without permission, tests or other academic materials belonging to a member of the GCC faculty or staff.

When a student engages in academic dishonesty, faculty have the option of requiring the student to see a college counselor, assigning a lower or failing (F) final grade in the course (or denying promotion from a non-credit course).

Violations of this policy will be reported to the Vice President of Instruction and will become part of the Glendale College Cheating Incident file, unless the instructor finds compelling reasons not to report a violation. The Executive Vice President of Instruction may then impose sanctions authorized by Administrative Regulation 5420. The sanctions include, but are not limited to, issuing a reprimand, suspending the student for up to ten days of instruction, and/or requesting a hearing by the Campus Judicial Board to see if the student should be suspended, or permanently expelled from the college.

The student has the right of due process for all the above sanctions.

06/2010

<u>**NURSING RESOURCE LAB GUIDELINES**</u>
(818) 409-5878 (direct number) | www.glendale.edu/nursing

HOURS OF OPERATION

- The Nursing Resource Lab (NRL) has both day and evening hours of operation based on student-identified need. Weekend and evening hours are funded by the LA County Department of Health Services (DHS) grant.
- NRL hours vary, so check the hours each week at www.glendale.edu/nursing. Select "Nursing Resource Lab" and select "Hours of Operation." The hours are also posted on the NRL door.
- The NRL staff members are the personnel assigned to sign off the entry and renewable requirements each semester. Check the Entry Requirement and Renewable Requirement forms for further information.

STANDARDS OF STUDENT CONDUCT WITHIN THE NRL

- Students must log in using the GCC Student ID # upon entering and log out upon leaving the NRL, attending tutoring sessions and using the Sommerville Room (HS 340). Signing in verifies student attendance.
- Leave all work areas clean and neat. Clear away all used materials and supplies. Mannequins should be left properly positioned and covered.
- Food is permitted in the NRL at the center table only. Eating is allowed in the Sommerville Room (HS 340) at all other times. Please leave the area clean. No eating or drinking is permitted in the computer or manikin area.
- The door to the Sommerville room (HS 340) is to be locked at all times. It is unavailable to students from otherwise reserved for other campus activities (i.e. ADST Group Meetings, faculty meetings, etc.)
- Cell phones are not to be used in the NRL; please have conversations outside of the NRL.
- There is no printing allowed in the NRL. Printing is available in the Library or English Lab.
- Computer programs/DVDs/videos etc. are to be completed 5 minutes before the NRL closes each day to allow for sign-off and shut down of equipment.
- Students are expected to adhere to the dress code as outlined in the handbook.

NRL FEATURES

- Our staff is here to assist you with practicing skills, analyzing concepts, and clarifying nursing content.
- NRL holdings include:
  - Over 200 videos and DVDs
  - Computer software programs for assignments and remediation
  - Required textbooks and references (NRL use only)
  - Manikin and hospital/patient supplies and equipment
  - Internet access to online databases (e.g. ProQuest)
  - Current copies of select nursing journals, such as: Nurse Week, Working Nurse, Advance for Nurses

COMPUTER USE GUIDELINES

- Students are to bring their own headphones.
- Headphones are needed for all educational viewing.
- In order to prevent viruses, disks/flash drives brought from home should be used with caution.
- E-mail attachments should only be opened if they are from safe, known, trusted and reliable sources.

The NRL is full of numerous educational opportunities. You are invited to use them to maximize your learning. Please help us maintain and care for it.

SECTION VI

SIGNATURE PAGES

GLENDALE COMMUNITY COLLEGE
Health Sciences Division・Department of Nursing

All nursing students enrolled in the Registered Nursing Program at Glendale Community College must participate in clinical experiences as part of their coursework. Glendale Community College and the Health Sciences Division maintain affiliation agreements with numerous clinical facilities in our area. These contracts now require background checks and drug screening of nursing students prior to allowing them to participate in patient care activities.

Authorization for Background Checks, Drug Screening and Dissemination of Results

I understand that I am required to undergo a background clearance, drug screening, and health screening and renewable requirements (CPR and fire safety) and to bear the cost of these tests. If I have any record of a **misdemeanor and/or felony,** I must make an appointment with the Nursing Program Director **prior to the results of the fingerprinting** to discuss this as soon as possible. This is important because I might not be eligible to be in the program based on these external requirements. Failure to immediately complete this step will result in disqualification from the program.

I also understand that in compliance to the requirements set forth by clinical affiliates of the College, I must submit to a drug screening. The results will be sent to the Director of the Nursing Program. A one on one appointment with the Director is required should the result of the test be positive to discuss eligibility for clinical practice. During such meeting, I am required to disclose any or all prescription drugs that I am currently taking. I understand that if my drug screen is positive and cannot be explained that I may be required to withdraw since the clinical locations may deny my attendance. The drug screening is one time at entry to the program, but the faculty can request additional screening at any time during the program if there is cause for concern.

I understand that my health clearance and the requirement for CPR and fire safety are contractual requirements with the hospitals. I understand that results of my clearances may be made available on a confidential basis to the facilities I am completing my clinical rotations in.

I authorize a background check, drug screening and dissemination of my self-disclosure information, background check results, drug screening results and conviction records to clinical sites as deemed necessary by the Nursing Program during the completion of my academic program. I understand that Glendale Community College will provide the records listed above only with the condition that the receiving party or parties are otherwise eligible under federal or state law records commenting on contested background information will be released among with the records to which they relate.

_____   _____
Signature   Date

_____   _____
Printed Name   ID Number

GLENDALE COMMUNITY COLLEGE
Health Sciences Division・Department of Nursing

CERTIFICATION REGARDING CRIMES OF ABUSE

I, _____, am a student enrolled in the Department of Nursing at Glendale Community College. Program requirements include clinical placement at various health care facilities in the Los Angeles area of Southern California. I understand that my placement is contingent upon this certification.

I certify that I have not been convicted of "Crimes against children or other persons." For purposes of this certification, "Crimes against children or other persons" means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; unlawful imprisonment; simple assault sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure, criminal abandonment; or any of these crimes as they may be renamed in the future.

I certify under penalty of perjury under the laws of the state of California that the foregoing is true and correct and that this Certification is executed in (city)_____, California, on (date)_____, 202_____.

_____   _____
Signature   Date

_____   _____
Printed Name   ID Number

GLENDALE COMMUNITY COLLEGE

Health Sciences Division • Department of Nursing

I have read and understand the contents of the <u>Nursing Student Handbook.</u> I am aware that my enrollment in the Nursing Department is governed by the terms set forth in the Handbook. It is my responsibility to keep and refer to my handbook and to ask for clarification of any areas of the handbook that I do not understand during my enrollment in the program.

It is expected that any change to current policy or enactment of new policies will be communicated to students in writing, to be added to their copy of the Handbook.

I also understand that if, for any reason, I do not maintain continuous enrollment in the Department of Nursing, this edition of the Handbook will no longer be in effect. Upon my re-entry, the Handbook in use by the class I join will be the one I use.

(Academic Year 2022-2023)

_____   _____

Signature   Date

_____   _____

Printed Name   ID Number

GLENDALE COMMUNITY COLLEGE
Health Sciences Division・Department of Nursing

<u>Consent to be Photographed and/or Videotaped</u>

Students may be photographed or videotaped during learning activities. These images might be used for learning purposes such as debriefing after a simulation scenario or practicing a required skill. Images might also be used to represent the GCC Department of Nursing during presentation at campus events (i.e. GCC Board of Trustees Meeting, Scholarship Foundation Events, community events) to showcase the nursing program.

By providing my signature below, I hereby authorize Glendale Community College's Department of Nursing to allow the instructors and/or staff to take photographs of or videotape me as necessary for the above explained purposes during my enrollment in the Registered Nursing (RN) Program.

_____   _____
Signature   Date

_____   _____
Printed Name   ID Number

APPENDIX

REGULATORY GUIDELINES

Johns Hopkins University
School of Nursing

Utilizing your Skills and Abilities:

Nursing core performance standards and capabilities and emotional intelligence

Nursing is a challenging profession because it requires expertise in a broad range of skills and abilities. In addition to the emotional qualities necessary to care for sick individuals and their families, nurses need to operate sophisticated medical equipment, work as part of a multidisciplinary team, and adapt to constantly changing environments. They have to remain calm during times of intense stress and be able to make critical decisions with short notice. The clinical experience and your coursework will provide a strong foundation for your success.

The following core performance standards and capabilities for nursing students provide descriptions of analytical, psycho-social-behavioral, physical, and sensory abilities. Mastering these qualities will help ensure your success as a nurse.

Analytical abilities
Students must be able to examine, understand, interpret and synthesize material present in English, using verbal, written and experiential formats. Students must use critical thinking for problem-solving, diagnosis and evaluation of patient situations and own performance.

Examples: Identify cause-effect relationships in clinical situations, develop nursing care plans, make sound judgment in clinical situations.

Psycho-Social-Behavioral Abilities

Students must possess the emotional health necessary for full utilization of their abilities, exercise good judgment, complete promptly all responsibilities relevant to patient care, and develop mature, sensitive and therapeutic relationships. Students must be able to function effectively within rapidly changing and potentially stressful environments in the various classroom and clinical settings. Students must be able to interact sensitively with others, including patients, families, faculty, other students and health care providers, from diverse social, emotional, cultural and intellectual backgrounds. Students must communicate effectively in English with others using verbal, nonverbal, written, electronic and visual forms of communication.

Example: Educate patients and families, interact appropriately with other members of the health care team, delegate tasks appropriately and document assessments and care provided

Physical Abilities

Students must be able to perform demands of physically taxing workloads. Students must possess gross and fine motor abilities sufficient to provide safe and effective general and emergency nursing care.

Examples: Perform palpation, administer cardio pulmonary resuscitation procedures, calibrate and use equipment, maneuver safely in the work environment

Section 3

Sensory Abilities

Students must possess adequate sensory abilities or demonstrate appropriate compensation for sensory deficits. Abilities must permit acquisition and demonstration of knowledge through a variety of methods. Students must be able to use abilities to assess, plan, provide and evaluate nursing care.

Examples: Promptly recognize and respond to calls for help, accurately draw up and administer intramuscular injections, smell smoke, perform percussion, auscultation, inspection and other aspects of physical assessment

(The above behaviors must be accomplished in a timely manner appropriate to the situation.
Examples are illustrative, but not all-inclusive.)

Emotional Intelligence

In addition to the standards and abilities described above, emotional intelligence is often included in the discussion of skills necessary for career and personal success. Emotional intelligence is defined as: a type of social intelligence that involves the ability to monitor one's own and others' emotions, to discriminate among them, and to use the information to guide one's thinking and actions" (Mayer and Salovey, 1993:433).

It is suggested that one's level of emotional intelligence is a better predictor of job performance than IQ. Hunter and Hunter estimated that, at best, IQ accounts for about 25% of the variance while EI accounts for the rest. What are the qualities of emotional intelligence? Daniel Goleman proposes the following in this best-selling book, Emotional Intelligence (1995):

Coupled with the core performance standards described above, these emotional competencies will help you effectively respond to the circumstances you'll face in the nursing profession. Take a look at the list below and ask yourself, "how successful am I in each of these areas?" See if you can come up with examples of each. If not, look for ways to develop in those areas.

Personal Competence

SELF – AWARENESS

Emotional awareness: Recognizing one's emotions and their effects. People with this competence:
· Know which emotions they are feeling and why
· Realize the links between their feelings and what they think, do, and say
· Recognize how their feelings affect their performance
· Have a guiding awareness of their values and goals

Accurate self-assessment: Knowing one's strengths and limits. People with this competence are:
· Aware of their strengths and weaknesses
· Reflective, learning from experience
· Open to candid feedback, new perspectives, continuous learning, and self-development
· Able to show a sense of humor and perspective about themselves

Self-confidence: Sureness about one's self-worth and capabilities. People with this competence:
· Present themselves with self-assurance; have "presence"
· Can voice views that are unpopular and go out on a limb for what is right
· Are decisive, able to make sound decisions despite uncertainties and pressures

Section 3

SELF - REGULATION

Self-control: Managing disruptive emotions and impulses. People with this competence:
   · Manage their impulsive feelings and distressing emotions well
   · Stay composed, positive, and unflappable even in trying moments
   · Think clearly and stay focused under pressure

Trustworthiness: Maintaining standards of honesty and integrity. People with this competence:
   · Act ethically and are above reproach
   · Build trust through their reliability and authenticity
   · Admit their own mistakes and confront unethical actions in others
   · Take tough, principled stands even if they are unpopular

Conscientiousness: Taking responsibility for personal performance. People with this competence:
   · Meet commitments and keep promises
   · Hold themselves accountable for meeting their objectives
   · Are organized and careful in their work

Adaptability: Flexibility in handling change. People with this competence:
   · Smoothly handle multiple demands, shifting priorities, and rapid change
   · Adapt their responses and tactics to fit fluid circumstances
   · Are flexible in how they see events

Innovativeness: Being comfortable with and open to novel ideas and new information. People with this competence:
   · Seek out fresh ideas from a wide variety of sources
   · Entertain original solutions to problems
   · Generate new ideas
   · Take fresh perspectives and risks in their thinking

SELF - MOTIVATION

*Achievement drive***:** Striving to improve or meet a standard of excellence. People with this competence:
   · Are results-oriented, with a high drive to meet their objectives and standards
   · Set challenging goals and take calculated risks
   · Pursue information to reduce uncertainty and find ways to do better
   · Learn how to improve their performance

Commitment: Aligning with the goals of the group or organization. People with this competence:
   · Readily make personal or group sacrifices to meet a larger organizational goal
   · Find a sense of purpose in the larger mission
   · Use the group's core values in making decisions and clarifying choices
   · Actively seek out opportunities to fulfill the group's mission

*Initiative***:** Readiness to act on opportunities. People with this competence:
   · Are ready to seize opportunities
   · Pursue goals beyond what's required or expected of them
   · Cut through red tape and bend the rules when necessary to get the job done
   · Mobilize others through unusual, enterprising efforts

Section 3

Optimism: Persistence in pursuing goals despite obstacles and setbacks. People with this competence:
· Persist in seeking goals despite obstacles and setbacks
· Operate from hope of success rather than fear of failure
· See setbacks as due to manageable circumstance rather than a personal flaw

Social Competence

SOCIAL AWARENESS

Empathy: Sensing others' feelings and perspective, and taking an active interest in their concerns. People with this competence:
· Are attentive to emotional cues and listen well
· Show sensitivity and understand others' perspectives
· Help out based on understanding other people's needs and feelings

Service orientation: Anticipating, recognizing, and meeting customers' needs. People with this competence:
· Understand customers' needs and match them to services or products
· Seek ways to increase customers' satisfaction and loyalty
· Gladly offer appropriate assistance
· Grasp a customer's perspective, acting as a trusted advisor

Developing others: Sensing what others need in order to develop, and bolster their abilities. People with this competence:
· Acknowledge and reward people's strengths, accomplishments, and development
· Offer useful feedback and identify people's needs for development
· Mentor, give timely coaching, and offer assignments that challenge and grow a person's skills.

Leveraging diversity: Cultivating opportunities through diverse people. People with this competence:
· Respect and relate well to people from varied backgrounds
· Understand diverse worldviews and are sensitive to group differences
· See diversity as opportunity, creating an environment where diverse people can thrive
· Challenge bias and intolerance

Political awareness: Reading a group's emotional currents and power relationships. People with this competence:
· Accurately read key power relationships
· Detect crucial social networks
· Understand the forces that shape views and actions of clients, customers, or competitors
· Accurately read situations and organizational and external realities

SOCIAL SKILLS

Influence: Wielding effective tactics for persuasion. People with this competence:
· Are skilled at persuasion
· Fine-tune presentations to appeal to the listener
· Use complex strategies like indirect influence to build consensus and support
· Orchestrate dramatic events to effectively make a point

Section 3

Communication: Sending clear and convincing messages. People with this competence:
- · Are effective in give-and-take, registering emotional cues in attuning their message
- · Deal with difficult issues straightforwardly
- · Listen well, seek mutual understanding, and welcome sharing of information fully
- · Foster open communication and stay receptive to bad news as well as good

Leadership: Inspiring and guiding groups and people. People with this competence:
- · Articulate and arouse enthusiasm for a shared vision and mission
- · Step forward to lead as needed, regardless of position
- · Guide the performance of others while holding them accountable
- · Lead by example

Change catalyst: Initiating or managing change. People with this competence:
- · Recognize the need for change and remove barriers
- · Challenge the status quo to acknowledge the need for change
- · Champion the change and enlist others in its pursuit
- · Model the change expected of others

Conflict management: Negotiating and resolving disagreements. People with this competence:
- · Handle difficult people and tense situations with diplomacy and tact
- · Spot potential conflict, bring disagreements into the open, and help deescalate
- · Encourage debate and open discussion
- · Orchestrate win-win solutions

Building bonds: Nurturing instrumental relationships. People with this competence:
- · Cultivate and maintain extensive informal networks
- · Seek out relationships that are mutually beneficial
- · Build rapport and keep others in the loop
- · Make and maintain personal friendships among work associates

Collaboration and cooperation: Working with others toward shared goals. People with this competence:
- · Balance a focus on task with attention to relationships
- · Collaborate, sharing plans, information, and resources
- · Promote a friendly, cooperative climate
- · Spot and nurture opportunities for collaboration

Team capabilities: Creating group synergy in pursuing collective goals. People with this competence:
- · Model team qualities like respect, helpfulness, and cooperation
- · Draw all members into active and enthusiastic participation
- · Build team identity, esprit de corps, and commitment
- · Protect the group and its reputation; share credit

Section 3

SOURCES: This generic competence framework distills findings from*: MOSAIC competencies for professional and administrative occupations* (U.S. Office of Personnel Management);
Spencer and Spencer, *Competence at Work*; and top performance and leadership competence studies published in Richard H. Rosier (ed.), *The Competency Model Handbook, Volumes One and Two* (Boston : Linkage, 1994 and 1995), especially those from Cigna, Sprint, American Express, Sandoz Pharmaceuticals; Wisconsin Power and Light; and Blue Cross and Blue Shield of Maryland. Much of the material comes from *Working with Emotional Intelligence* by Daniel Goleman (Bantam, 1998).

This framework as well as other resources on emotional intelligence is available on-line at www.eiconsortium.org.

BOARD OF REGISTERED NURSING POLICIES

AN EXPLANATION OF THE SCOPE OF RN PRACTICE INCLUDING STANDARDIZED PROCEDURES.
http://www.rn.ca.gov/pdfs/regulations/npr-b-03.pdf

THE RN AS SUPERVISOR
http://www.rn.ca.gov/pdfs/regulations/npr-i-12.pdf

STANDARDS OF COMPETENT PERFORMANCE
http://www.rn.ca.gov/pdfs/regulations/npr-i-20.pdf

NURSING STUDENT WORKERS
http://www.rn.ca.gov/pdfs/regulations/npr-b-15.pdf

STATEMENT ON DELIVERY OF HEALTH CARE
http://www.rn.ca.gov/pdfs/regulations/npr-b-17.pdf

ABANDONMENT OF PATIENTS
http://www.rn.ca.gov/pdfs/regulations/npr-b-01.pdf

PAIN ASSESSMENT: THE FIFTH VITAL SIGN
http://www.rn.ca.gov/pdfs/regulations/npr-b-27.pdf

ABUSE REPORTING REQUIREMENTS
http://www.rn.ca.gov/pdfs/regulations/npr-i-23.pdf

POLICY STATEMENT ON DENIAL OF LICENSURE (PAGES 34 – 37)
http://www.rn.ca.gov/pdfs/enforcement/discguide.pdf

STATE OF CALIFORNIA

dca

DEPARTMENT OF CONSUMER AFFAIRS

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

IMPAIRED NURSING STUDENTS

GUIDELINES FOR SCHOOLS OF NURSING IN HANDLING NURSING STUDENTS IMPAIRED BY CHEMICAL DEPENDENCY OR MENTAL ILLNESS

BOARD STATEMENT:

The Board of Registered Nursing considers the student use of controlled substances, dangerous drugs or devices or alcoholic beverages to an extent or in a manner injurious to self or others to constitute unprofessional conduct. The conviction of a criminal offense involving the prescription, consumption or self-administration of the above substances is conclusive evidence thereof. (B&P 2762).

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

NURSING PROGRAMS ARE EXPECTED TO:

- Have a policy for students who are impaired by or demonstrate characteristics of chemical dependency or mental illness which directs the student to seek appropriate assistance through a health care provider and provide the nursing program with proof of treatment.
- Provide instructors with the authority and responsibility to take immediate corrective action with regard to the impaired student's conduct and performance in the clinical setting. This includes removing the impaired student from the patient care area until the student is deemed medically safe to return to patient care activities.
- Provide this information to incoming students in their nursing program handbooks along with factual material related to chemical dependency and mental illness among nursing students.
- Handle the matter confidentially.

STUDENTS ARE EXPECTED TO:
- Voluntarily seek diagnosis and treatment for chemical dependency or mental illness and provide evidence of treatment and fitness for practice to the nursing program.
- Show evidence of rehabilitation when submitting their application for licensure.

BOARD APPROVED 11/84; REVISED 08/10
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