REGISTERED NURSING PROGRAM

Student Handbook 2022-2023

Revised August 2022

COLLEGE OF
MARIN

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SECTION I

STUDENT HANDBOOK AND STUDENT CONTRACT

Introduction to the Registered Nursing Program Student Handbook

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

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

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

ACCREDITATION

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

Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100

Main Phone: (916) 322-3350

http://www.rn.ca.gov

NOTICE FROM THE DIRECTOR OF REGISTERED NURSING ON

NON-DISCRIMINATION

Diversity, equity, and inclusion are high priorities at the College of Marin. Students have a right to an education and a supportive learning environment free from unlawful discrimination and harassment. I am personally committed to working in collaboration with students, colleagues, staff, and anyone else to foster that environment. I believe that it is sometimes necessary to hold safe and brave space for difficult conversations to take place that will further this goal and I am willing to participate in those conversations. I encourage anyone to discuss concerns with me in order to find opportunities to further that work.

The District is committed to providing an academic environment that respects the dignity of individuals and groups and is free from unlawful harassment and discrimination. Please refer to the following copy of Marin Community College District Board Policy 3410 and Administrative Procedure 3410 regarding Non-Discrimination. If you have any questions, please do not hesitate to contact me, Sadika Sulaiman Hara (Director of Student Services, Activities & Advocacy), or Nekoda Harris (Director of Human Resources).

Respectfully,

Alicia Bright
Dr. Alicia L Bright, EdD, CNS, RN AHN-BC
Director of Nursing
College of Marin

The Marin Community College District prohibits all forms of discrimination based on any of the following statuses: race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, or sexual orientation of any person, or because he or she is perceived to have one or more of the foregoing characteristics. Furthermore, the District prohibits retaliation against anyone who files a complaint of discrimination or harassment, reports discrimination or harassment, participates in an investigation, or represents an alleged victim or alleged offender. The District's policies and procedures regarding discrimination and harassment apply to all of the District's education programs and activities, including those held off-campus such as at a clinical site.

Students should feel free to voice concerns to College Administration, Staff, Faculty and Human Resources and to expect that their concerns will be addressed. The District encourages any individual who believes he or she has been the victim of harassment, discrimination, or retaliation based on race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, or sexual orientation, in connection with District facilities, programs, or activities, or who believes that another individual accessing District facilities, programs, or activities, has been the victim of harassment, discrimination, or retaliation, to file a written complaint using the Unlawful Discrimination Complaint Form that is available from Human Resources or online. Complaints must be submitted to the Director of Human Resources or the State Chancellor unless the party submitting the complaint alleges discrimination, harassment, or retaliation by the Director of Human Resources, in which case it should be submitted directly to the Superintendent/President. For more information on how to file an informal or formal complaint of unlawful discrimination or harassment, please review Administrative Procedure 3435, available online at http://policies.marin.edu/sites/policies/files/AP3435-DiscriminationandHarassmentInvestigations.pdf. Complaints regarding employment matters must be filed within 180 days and non-employment matters within one year.

BP 3410   NONDISCRIMINATION

References:
> Education Code Sections 66250 et seq., 72010 et seq., and 87100 et seq.;
> Title 5 Sections 53000 et seq. and 59300 et seq.;
> Penal Code Sections 422.55 et seq;
> Government Code Sections 12926, 12926.1, and 12940 et seq.;
> Title 2 Sections 10500 et seq.;
> ACCJC Accreditation Eligibility Requirement 20 and ACCJC Accreditation Standard
> Catalog Requirements (formerly Accreditation Standard II.B.2.c)

The District is committed to equal opportunity in educational programs, employment, and all access to institutional programs and activities.

The District, and each individual who represents the District, shall provide access to its services, classes, and programs without regard to national origin, religion, age, family and medical care leave, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, sex (which includes pregnancy, childbirth, breastfeeding and medical conditions related to pregnancy, childbirth), military and veteran status or because he/she is perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics.

The Superintendent/President shall establish administrative procedures that ensure all members of the college community can present complaints regarding alleged violations of this policy and have their complaints heard in accordance with the Title 5 regulations and those of other agencies that administer state and federal laws regarding nondiscrimination.

No District funds shall ever be used for membership, or for any participation involving financial payment or contribution on behalf of the District or any individual employed by or associated with it, to any private organization whose membership practices are discriminatory on the basis of national origin, religion, age, family and medical care leave, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, sex (which includes pregnancy, childbirth, breastfeeding and medical conditions related to pregnancy, childbirth), military and veteran status or because he or she is perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics.

Also see: AP 3410 Nondiscrimination

Date Adopted: July 27, 2010
Date(s) Revised: February 26, 2013; October 20, 2015; **December 11, 2018**
BP 3410 Nondiscrimination

COLLEGE OF MARIN
Registered Nursing Program

ACCOUNTABILITY CONTRACT WITH STUDENT

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

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

Name - Print _____

Name -Signature _____

Date _____

*Please print this page, sign and date it and upload it to your Complio account

Finding Information about College of Marin Registered Nursing Program

Information about the nursing program can be found in the College of Marin Catalog, Schedule of Classes, The College of Marin Homepage www.marin.edu, the Nursing Program Regulation Manual, the Registered Nursing Program Student Handbook, recruitment flyers, enrollment materials, and the NE 95 Introduction to Nursing Education and Practice syllabus.

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

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

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

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

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

Advanced Degrees in Nursing

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

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

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

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

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

Nursing students planning to transfer to a four-year institution should complete the lower division major requirements and general education courses for the appropriate transfer institution and major. Exact major requirements for UC and CSU institutions can be found on www.assist.org. Graduates of the Registered Nursing Education Program may transfer to a number of colleges and universities to study for a Bachelors or Masters of Science degree in Nursing. Please see a counselor for more information as curriculum requirements may vary among the following schools:

- Sonoma State University (www.sonoma.edu/adnmsn)
- San Francisco State University (www.nursing.sfsu.edu)
- Dominican University of California (www.dominican.edu/academics/hns/nursing/)
- University of Phoenix (www.phoenix.edu/)
- Touro University (MSN only) (https://cehs.tu.edu/nursing/)

SECTION II

FACULTY AND STAFF DIRECTORY
AND EMERGENCY CONTACT INFORMATION

Faculty and Staff Directory – Emergency Contact Information

	Position	Office	Extension	COM email
Administration				
Dr. Alicia Bright	Director of Nursing	SMN 301A	415.485.9326	**abright@marin.edu**
Noreen Kimelman	Administrative Assistant	SMN 301	415-485-9319	**nkimelman@marin.edu**
TBA	Nursing Skills Lab Technician	SMN 214	415-485-9753	**@marin.edu**
Faculty				
Dr. Tami Davis	Dept Chair, Faculty	SMN 327	415.485.9477	**tsdavis@marin.edu**
Julie Mazzotta Mark	Simulation	SMN 210	415.485.9748	**jmazzottamark@marin.edu**
Dr. Lori Michelangelo	Faculty	SMN 301E	415.485.9337	**lmichelangelo@marin.edu**
Joyce Passer	Faculty	SMN 326	415.485.9392	**jpasser@marin.edu**
Joanna Ruddle	Faculty	SMN 324	415.485.9338	**jruddle@marin.edu**
Dr. Elena Todorova	Assistant Director, Faculty	SMN 301B	415.485.9534	**etodorova@marin.edu**

SECTION III

INTRODUCTION TO THE COLLEGE OF MARIN REGISTERED NURSING PROGRAM HISTORY, GOALS AND PHILOSOPHY, CURRICULUM FRAMEWORK

Mission and Goals of the College of Marin

College of Marin's commitment to educational excellence is rooted in providing equitable opportunities and fostering success for all members of our diverse community by
offering:

- preparation for transfer to four-year colleges and universities
- associate degrees and certificates
- career technical education
- basic skills improvement
- English as a second language
- lifelong learning
- community and cultural enrichment

College of Marin responds to community needs by offering student-centered programs and services in a supportive, innovative learning environment that promotes social and environmental responsibility.

Student and Community Centered Education

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

Academic Excellence and Innovation

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

Collaboration and Open Communication

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

Diversity

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

Sustainability

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

Accountability

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

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

The program admitted 30 students in the Fall of 1965.

The College is in Marin County, which is in the northern region of the greater San Francisco Bay Area. Marin County is a multi-faceted community whose population reflects a diversity of age, cultural and ethnic backgrounds, economic and occupational status, and lifestyles. The cost of living is high, and families often rely on two incomes. Many residents are older adults. The majority of the residents (70%) are White, non-Hispanic. There are also a fair number of Hispanic, Black, and Asian citizens, as well as recent immigrants from throughout the world for instance the Philippines, Brazil, the Middle East, and Africa.

A large number of residents commute to San Francisco and beyond for their employment. Others reside and work in Marin in various service industries including health care, education, restaurants, and retail stores. In West Marin, a rural area, work is available in local dairies and in agriculture. Many workers in Marin cannot afford to live here but commute in from surrounding counties.

The major health problems currently in Marin County, as in the nation, are cardiovascular diseases, cancer, injuries, and chemical dependency. Covid continues to circulate in the area. In the future, health care problems in the following areas are expected to increase:

1. Chronic illness as the population ages;
2. Mental illness and stress-related illness in all ages;
3. Substance abuse and chemical dependency;
4. Communicable diseases, including sexually transmitted diseases and respiratory disorders.

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

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

Registered Nursing Program Pin

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

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

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

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

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

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

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

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

Philosophy of the Registered Nursing Program

The faculty believe that Nursing is based on a professional body of knowledge that integrates core concepts from the liberal arts and the biological, physical, psychological and social sciences. Nursing practice involves an understanding of the relationship between individuals across the lifespan, families, and communities and their environment, and focuses on health promotion, quality of life, and the treatment of human responses to illness. We believe that nursing science utilizes the nursing process to formulate **clinical judgments** substantiated with **evidence**. The nurse embodies **professionalism** and collaborates in a team environment incorporating **information and technology** to provide **patient centered**, **safe, effective, quality care**. (www.qsen.org). We prepare our graduates for entry level professional nursing practice and for entry into advanced nursing education programs.

We view nursing education as an individualized and collaborative endeavor that assists the student to acquire the **knowledge**, **skills**, and **attitudes** necessary for entry level practice. Teaching learning strategies include principles of adult learning, learning styles, goals and support systems and acknowledge the importance of the learner's prior knowledge, experience, and cultural and ethnic background. The nurse educator serves as an advisor, mentor, and resource who facilitates learning by identifying learning outcomes, structuring content, creating learning experiences, and evaluating student achievement.

Program Student Learning Outcomes

Curriculum

Our curriculum is based on the NCLEX-RN Test Plan and the Quality and Safety for Nursing Education (QSEN) Competencies. The curriculum is concept based.

Beginning in April 2023, The NCLEX-RN Test Plan will be updated to reflect more of an emphasis on clinical judgement. https://www.ncsbn.org/nclex.htm

More helpful information can be located here: **https://nursejournal.org/articles/what-you-need-to-know-about-nclex-changes/**

The Next Generation NCLEX measures the clinical judgment model. The NCSBN discovered that clinical knowledge is essential but not enough to support clinical judgment. They define clinical judgment as "the observable outcome of decision-making and critical thinking."

The steps of the Clinical Judgement Model are:

- Recognize Cues

- Analyze Cues

- Prioritize Hypotheses

- Generate Solutions

- Take Action

- Evaluate Outcomes

As 2023 is a transitional year, more information and resources will be made available to students as they are made available to faculty.

There are four (4) major client needs categories that the RN is expected to be able to demonstrate competency in during the NCLEX-RN exam and in practice.

- Safe Effective Care Environment
    - Management of Care
    - Safety and Infection Control
- Health Promotion and Maintenance
- Psychosocial Integrity
- Physiological Integrity
    - Basic Comfort and Care
    - Pharmacological and Parenteral Therapies
    - Reduction of Risk Potential
    - Physiological Adaptation

The Quality and Safety in Nursing Education (QSEN) competencies are divided into categories that capture the competencies that RNs are expected to demonstrate in practice.

- Patient Centered Care
- Teamwork and Collaboration
- Evidence Based Practice
- Quality Improvement
- Safety
- Informatics

Conceptual Framework

The conceptual framework for our revised curriculum is the Quality and Safety Education for Nursing (QSEN) model. Our QSEN-based model consists of eight major concepts that are threaded through all levels of the curriculum.

Our Core Concepts:

- **Person Centered Care**: Recognize the patient or designee as the source of control and full partner in providing compassionate, coordinated, and equitable care based on respect for patient's preferences, and needs. (https://qsen.org/competencies/pre-licensure-ksas/)

- **Teamwork and Collaboration**: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. (https://qsen.org/competencies/pre-licensure-ksas/)

- **Evidence-Based Practice**: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. (https://qsen.org/competencies/pre-licensure-ksas/)

- **Clinical Judgment:** Use the nursing process to make judgments in practice substantiated with evidence, that integrate nursing science and core concepts from the liberal arts and the biological, physical, psychological, and social sciences, in the provision of safe, quality care. (NLN.org/competencies)

- **Quality Improvement:** Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems. (QSEN.org/competencies/pre-licensure KSAS)

- **Safety:** Minimize risk of harm to patients and providers through both system effectiveness and individual performance. (https://qsen.org/competencies/pre-licensure-ksas/).

- **Information Competency**: Use information and technology to communicate, manage, mitigate error, and support decision making. (https://qsen.org/competencies/pre-licensure-ksas/)

- **Professionalism:** Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context. (NLN.org/competencies)

Our Integrated Processes:

- **Nursing Process:** Defined as a decision-making tool that consists of five, non-linear steps: assessment, analysis, planning, implementation, and evaluation. This process allows the nurse to establish client goals and outcomes that are mutually developed to achieve the individual's optimal level of wellbeing. The nurse considers the individual's growth and development needs, as well as cultural influences, to plan nursing care throughout the nursing process. (COM RN Student Handbook)

- **Health Promotion:** Defined as providing and directing nursing care that incorporates knowledge of expected growth and development principles, prevention and/or early detection of health problems and strategies to achieve optimal health. (NCLEX-RN Test Plan 2013)

- **Caring:** Defined as nurse-client interaction that incorporates mutual respect and trust and promotes achievement of optimal patient outcomes. (NCLEX-RN Test Plan 2013)

- **Client teaching:** Defined as a cooperative, collaborative venture with the client for the purpose of promoting change in behavior and competence. (COM RN Student Handbook)

- **Pharmacological and Parenteral Therapies:** Defined as providing care related to the safe and effective administration of medications and parenteral therapies. (NCLEX-RN Test Plan 2013).

- **Cultural Diversity:** Defined as the provision of nursing care that values diversity and respects individual differences regardless of race, religion, ethnicity, age, sex/gender, or sexual orientation. (Purnell, L. (2014). *Culturally Competent Care*. FA Davis. Philadelphia.).

- **Nutrition:** Defined as considering client choices regarding meeting nutritional requirements and/or maintaining dietary restrictions. (NCLEX-RN Test Plan 2013).

- **Leadership:** Defined as the activities involved in coordinating people, time, and supplies to achieve desired client and organizational outcomes. (COM RN Student Handbook 2015).

Organizing Framework of the College of Marin Registered Nursing Curriculum

Registered Nursing Program Student Learning Outcomes

The College of Marin *Program* **Student Learning Outcomes** are the competencies, including knowledge, skills, and attitudes, that students are expected to demonstrate as professional nurses after completion of the College of Marin Registered Nursing Program Student Learning Outcomes are listed below.

At the end of the program, the student will be able to:

- Integrate patient preferences, values, and cultural differences when providing care, acknowledging the worth and dignity of patients and families. **Person-Centered Care**

- Demonstrate sound clinical judgment substantiated by evidence, reflecting the science of nursing. **Clinical Judgment/Evidence-Based Practice**

- Function effectively within nursing and intra-professional teams fostering open communication, mutual respect, and shared decision making to achieve safe, quality patient care. **Teamwork/Collaboration**

- Use information and technology to communicate, document care, minimize error, and support decision making. **Information Competency**

- Minimize risk potential by demonstrating advocacy and providing safe patient care across a variety of health care settings. **Quality Improvement/Safety**

- Exhibit the knowledge, skills, and attitudes of an entry-level RN **Professionalism**

The College of Marin *Course Student Learning Outcomes* are derived from the Program Student Learning Outcomes. The Course Student Learning Outcomes describe the knowledge, skills, and attitudes students are expected to demonstrate at the end of a course of study. Just as the material covered in an entire course is divided into units of study presented in individual classes and assignments, course student learning outcomes are divided into unit or *class objectives*, which are the learning building blocks designed to move the student toward achievement of the learning outcome and competency.

Refer to each syllabus for specific *course* student learning outcomes.

Program Outcomes

The Registered Nursing Program at the College of Marin has program outcomes to help us evaluate our success in educating students prepared for entry-level practice. The RN program of COM will achieve:

- 85% or greater graduation rate of graduating class. Program's attrition rate at/or below the national mean for an Associate Degree program.
- Graduate performance on NCLEX-RN will be at or above national mean for an Associate Degree program.
- 85% of the graduating class seeking employment are employed as a Registered Nurse, within 8 months of graduation, comparable to employment rates for the new graduate in the Bay area.
- 85% of the graduating class enrolled in baccalaureate or master's program at graduation and at 9 months or above.
- 85% of all graduates will rate satisfaction with all criteria on theory seminar, clinical and clinical application course evaluations as "agree or strongly agree".
- 85% of all graduates returning the Graduate Survey within 8 months of graduation will express overall satisfaction.

Progression/Sequence of Courses

FALL 1st yr 1st sem 1st 8 wks	FALL 1st yr 1st sem 2nd 8wks	SPRING 1st yr 2nd sem 1st 8 wks	SPRING 1st yr 2nd sem 2nd 8 wks	SUMMER BREAK	FALL 2nd yr 1st sem 1st 8 wks	FALL 2nd yr 1st sem 2nd 8wks	SPRING 2nd yr 2nd sem 1st 8 wks	SPRING 2n yr 2nd sem 2nd 8wks
95 *Required during FLEX week (1st years only)*					103 *Refresher Skills during FLEX week (2nd years only)*			
Cohort A 180 180L	185 185L	280 280L	284 284L		283B 283BL	283A 283AL	285 285L	286 286L
Cohort B 180 180L	185 185L	283A 283AL	280 280L		284 284L	283B 283BL	285 285L	286 286L
Cohort C 180 180L	185 185L	283B 283BL	283A 283L		280 280L	284 284L	285 285L	286 286L
Cohort D 180 180L	185 185L	284 284L	283B 283BL		283A 283AL	280 280L	285 285L	286 286L
ALL 4 GROUPS		**ALL 4 GROUPS**			**ALL 4 GROUPS**			
188 181 103*	188 181 103*	288A 182 103*	288A 182 103*		281 205*	288B 281 205*	205*	205*

Learning Experiences and Methods of Instruction in Nursing Courses

Each nursing course is structured with a course description and objectives, which reflect the philosophy, curriculum framework, and student learning outcomes of the College of Marin Nursing Program.

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

Simulation Laboratory

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

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

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

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

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

Auditing Nursing Courses

According to the College of Marin District Academic Affairs Procedure – AP 4070 -Auditing - Academic Affairs, auditing of nursing courses will be determined and approved by the Director and Faculty.

Suggestions for Learning and Being Successful in Nursing Courses

- Complete the Learning Activities before class. Read all materials and view all audiovisual materials and CAI, using the objectives as a guide. This preparation is essential for you to utilize the class time most effectively. Students who don't prepare for class deprive themselves of essential learning. They also deprive others of the opportunity to learn from questions, answers, and discussions. *Bring your course syllabus to class.* It contains learning objectives, case studies, content, and charts/tables, which may be used in the class.
- Arrive prepared for skills laboratory. Read the assigned readings and syllabus prior to class and *bring your skills lab syllabus to class*. Practice skills either individually or in a small group prior to a skill check-off.
- Arrive prepared for the simulation laboratory which provides the opportunity to experience clinical scenarios and participate in clinical decision making to a degree that is not possible in a fast-paced acute care hospital situation with real patients. The student is expected to prepare for the scenario and to actively participate. Be on time and be accountable for attendance.
- Arrive prepared to the hospital or community agency with appropriate client data, information from readings of resource materials, your nursing care plan, and your review of skills and procedures to be done.
- Be actively involved in both your learning experiences and in the evaluation of your learning.
  - Participate in class activities and seminars by asking questions, posing issues, and offering insights and suggestions. Form a study group with a few of your classmates. Discussing the material, clarifying concepts, and applying the content to clinical situations will help you learn.
  - Ask for conferences with the instructor to discuss your clinical or class performance.
  - Dialogue with peers and the instructor regarding client care during clinical conferences and consider their verbal critiques.
  - Consider and respond to questions/written feedback from the instructor on your nursing care plans, journals, interviews, and other written assignments.
  - Assess your own achievement of clinical objectives in the evaluation conferences.
- Refer to the course schedule and syllabi for class topics and examination dates for first semester courses. Don't get behind in your reading and class work.
- Build on what you know. Each one of you brings insights/knowledge/skills from each and varied backgrounds in education, work, and life in general. These are to be valued and used in learning the practice of nursing.

BP 5500   STANDARDS OF STUDENT CONDUCT

References:
> Education Code Sections 66300 and 66301
> ACCJC Accreditation Standards I.C.8 and 10 (*formerly* II.A.7.b;

The Superintendent/President shall establish procedures for the imposition of discipline on students in accordance with the requirements for due process of the federal and state law and regulations. (See AP 5520 Student Discipline and Due Process)

This procedure defines the conduct that is subject to discipline, and identifies potential disciplinary actions, including but not limited to the removal, suspension, or expulsion of a student.

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

The procedures shall be made widely available to students through the college catalog, the college website, and other means.

When a student is suspended or expelled for disrupting the orderly operations of a District campus or facility, or both, the student may be denied access to the campus or facility, or both, for a period of one year or the term of the suspension. Sanctions imposed as a result of violations of the standards of student conduct are intended to maintain order within the District. If the sanction includes removal, suspension, or expulsion, the Senior Vice President of Student Learning and Student Services or designee who authorized the sanctions shall give written notice to the student's instructor(s) of the sanctions within 15 days of imposing the sanctions.

The following conduct shall constitute good cause for discipline, including but not limited to removal, suspension, or expulsion of a student.

1. Causing, attempting to cause assault, battery, or attempted assault or battery, or any threat of force or violence upon student or District personnel.

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

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

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

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

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

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

8. Sexual assault or sexual exploitation regardless of the victim's affiliation with the District.

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

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

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

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

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

14. Cheating, plagiarism (including plagiarism in a student publication), or knowingly engaging in other forms of academic dishonesty, including, but not limited to:
    a. Copying, in part or whole, from someone else's quiz, examination, or work. For purpose of this item, "examination" includes quizzes, tests, and other graded or evaluated exercise.
    b. Submitting work presented previously in another course, if contrary to the rules of either course.

    c. Altering or interfering with grading.

    d. Using or consulting any sources or materials, including electronic devices, not authorized by the professor during an examination.

    e. Committing other acts which defraud or misrepresent one's own academic work.

    f. Incorporating sentences, paragraphs, or parts of another person's writing, without giving appropriate credit, and representing the product as one's own work.

    g. Representing another's artistic/scholarly works (such as musical compositions, computer programs, photographs, paintings, drawings, or sculptures) as one's own.

    h. Submitting an academic assignment purchased from a research/term paper service, or written by another individual; or work obtained electronically (e.g. via the internet) and representing it as one's own work.

    i. Purposefully allowing another student to copy from your paper during an examination.

    j. Giving your homework, term paper, or other academic work to another student to plagiarize.

    k. Having another person fraudulently submit any work in your name.

    l. Lying to an instructor or District official to improve your grade.

    m. Allowing other persons to misrepresent themselves as the student for any purpose, including interacting with any District employees, submission of work, attendance, or taking examinations.

    n. Misrepresenting circumstances in an effort to improve a grade.

    o. Altering graded work after it has been returned and then submitting the work for re-grading without the instructor's permission.

    p. Removing tests or examinations from the classroom or other area without the approval of the instructor.

    q. Stealing or being an accomplice to stealing tests or examinations.

    r. Forging signatures on drop/add slips or altering other District documents.

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

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

17. Lewd, indecent, or obscene conduct on District-owned or controlled property or at District-sponsored or supervised functions.

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

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

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

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

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

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

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

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

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

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

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

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

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

    b. Falsification, distortion, or misrepresentation of information.

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

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

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

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

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

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

31. Stalking another student or District personnel, including engaging in a course of conduct or repeated conduct (in person or virtual) directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others, or to suffer substantial emotional distress.

32. Non-compliance with the direction of District personnel or designated persons acting in the performance of their duties to maintain the order of the District.

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

Also see AP 5520 Student Discipline and Due Process, BP/AP 3540 Sexual and Other Assaults on Campus, BP/AP 3530 titled Weapons on Campus, BP/AP 3720 Information Technology Use, BP/AP 6850 Bicycles, Skateboards, Roller Skates, Roller Blades, Scooters and Other Similar Devices on Campus, AP 6520 Security for District Property, BP/AP 3410 Nondiscrimination, BP/AP 3300 Public Records, BP/AP 4231 Grade Changes, BP/AP 5040 Student Records and Directory Information and BP/AP 3900 titled Speech: Time, Place, and Manner

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

Date Revised: June 18, 2013
Date Revised: April 18, 2017

Complaints About the Registered Nursing Program

Student Complaints

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

> *Student grievances fall into different categories. A complaint which involves a student, and a member of the faculty can be defined as an academic grievance. Such a complaint is limited to issues involved in grading assignments and may demonstrate mistreatment.*

> *A complaint may be lodged by a student against another student for actions on campus or at a college-sponsored function.*

> *In a case of sexual harassment, the student should report the incident immediately and directly to the executive Director of Human Resources. Guidelines on the filing of a complaint or grievance are available from the Vice President of Student Services - - College of Marin Catalog*

Student Complaints about the Registered Nursing Program

The RN faculty have defined a complaint as an expression of dissatisfaction about something or someone connected with the nursing program. Many informal complaints are reviewed and resolved during the academic year using the student complaint process for the College. A formal complaint is a written and signed statement with supporting evidence. All formal complaints will be tracked.

Complaints received by the Director of Nursing related to discrimination or harassment; academic complaints (student-faculty); or academic progress/dismissal, admission, attendance, financial aid, grades, graduation, fee payment/refund, residence determination and student records follow the College of Marin policy and procedures for the specific complaint.

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

Students should, "channel any criticism of an agency or individual ***first to the instructor*** and then to the Director of Nursing." Students are also expected to make every effort to resolve problems or differences with a fellow student, hospital staff person, or member of the faculty. The faculty can assist the student with conflict resolution. Tactful approaches toward conflict resolution should be rational, mature and honest. Students are referred to the College process for academic complaints/grievances.

The Board of Registered Nursing (BRN) has a role in hearing complaints about a program.

Methods and Tools for Measurement of Student Achievement in Nursing Courses

Student Evaluation in Theory Courses

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

Each student is expected to achieve at least 75% of the total points for graded written assignments and examinations in each course to pass the course and continue in the nursing program. Theory courses are graded on an A, B, C, D, and F basis according to the table (under Grading Procedure). The student must contact the instructor in advance if they will be absent or late for an exam. Students who have missed a quiz or test due to absence will be allowed to make up that test within **one week**. Any test that is not made up within 7 school days from the day of return to class constitutes a zero. It is the responsibility of the student to make arrangements for a make-up test-make an appointment with the COM Testing center. To make an appointment online, go to COM webpage, under Students, under Learning Resources/Lab, go to 'Make up Testing' and click on assessment.testing@marin.edu. You may call 415.485.9469 or better yet, stop by the Testing center at the Student Learning center.

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

Student Evaluation in Clinical Courses

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

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

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

The student and instructor will meet at the end of the clinical rotation for a final clinical performance evaluation conference to review the formal written clinical evaluation. After the final clinical evaluation is discussed with the student, the student signs it and it is placed in the student's official file.

If the student disagrees with the instructor's evaluation of performance on any given clinical objective, the student may comment on the evaluation form regarding the area(s) of disagreement.

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

Student Evaluation in Skills Laboratories

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

Student Evaluation in the Simulation Laboratory

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

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

Grading Regulation

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

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

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

I. Theory Courses

A. A grade of 75% or higher is required to pass theory courses. Final grades will be determined by the instructor using one of two methods:
1. 60% of the grade is calculated from tests, projects, and assignments; 40% of the grade is calculated from the final examination. The result of this calculation must be 75% or higher.

<div align="center">

OR

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

II. Clinical Courses

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

III. Nursing Skills Laboratory

A. All skills must be competently performed midway and at final of each course. During the performance evaluation, competence must be achieved by:
1. Successfully demonstrating the predetermined set of criteria of one of the skills/procedures, chosen at random from those listed in the course outline, and
2. If required, passing a written test with a score of 75% or higher.

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

I. Grading of Theory Courses

1. Grades are determined by written quizzes, final examinations, and other graded assignments as determined by the course instructor.
2. The final grade must be 75% or higher to pass the course (a theory letter grade of "C" or higher).
3. Grading Scale

A+	95-100
A	92-94
A-	90-91
B+	87-89
B	83-86
B-	80-82
C+	77-79
C	75-76
No grade of C minus	Per Title 5 CA Code of Education
D	60-74

II. Grading of Clinical Courses

A. Grades are determined by clinical performance evaluation, simulation evaluations and clinical papers.
B. If the clinical course grade is Pass, the student will receive Pass (P) for the clinical grade. If the clinical grade is Fail, the student will receive No Pass (NP) for the clinical grade.
C. Clinical objectives will be rated by the instructor using the following rating system:

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

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

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

N/R = Not Rated

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

III.   Grading of Nursing Skills Laboratory Courses

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

A. Skills Lab participation requirements must be met:
   1. Students must attend and participate in 75% of the skills laboratory course hours in order to learn the purpose and application of the skills being taught, observe the skill demonstrations, and practice the skills.
   2. Make-up work for any missed class must be completed through a Tutoring Session Record. A student missing a skills lab class must arrange with a classmate for a demonstration and practice session on the particular skill missed and complete a Tutoring Session Record. The completed Tutoring Session Record is to be submitted to the skills lab instructor before the Final skills demonstration/written examination.
B. All course skills must be successfully demonstrated and documented on the skills checklist.
C. The student must pass a final skills examination midway and at the end of each course. The skills exam consists of:
   1. Demonstrating competent performance of a randomly selected course skill, and may also consist of
   2. Passing a written examination with a score of 72% or higher.
D. Open Skills Lab requires 50% attendance to earn credit for the course

IV. Skill Passing Criteria

A. To "pass" a skill, the student must demonstrate competency. Competency in a skill/procedure is demonstrated by meeting the following criteria:
   1. Be able to state principles and rationales for each skill.
   2. Demonstrate therapeutic communication.
   3. Provide relevant patient teaching.
   4. Maintain patient safety.
   5. Perform the critical steps of the procedure correctly, which achieves desired outcome within allotted amount of time.
   6. Provide accurate and complete documentation.

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

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

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

E. Skills Lab Grading Rubric

V. Midterm grades

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

VI. Missed Examinations, Presentations, Assignments

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

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

6. Documents skill	6. Student correctly and completely documents the skill using PIE format to describe Patient assessment findings and/or Problem, Intervention (including technique and equipment used and problems encountered), and Evaluation of patient's response.	6. Student fails to document the skill, fails to document skill correctly or completely (including date, time, signature), and/or fails to use PIE format.

The Director of Nursing's Perspective Regarding Academic Integrity

Year after year, nurses have been chosen as the most trysted professionals in the United States through Gallup Polls (https://news.gallup.com/poll/274673/nurses-continue-rate-highest-honesty-ethics.aspx). There is good reason for this. Nurses must be trustworthy to be effective at work. We advocate for those who cannot advocate for themselves and support people in their most vulnerable times.

The practice of honesty and integrity is crucial in the process of becoming a nurse. Quizzes, exams and other activities are designed to evaluate your knowledge and skills. This is done to make sure that you have all the knowledge and skills you need to become the very best nurse you can be. If you are anxious about an exam, the best thing to do is to discuss this with your instructor or another trusted person and come up with a plan to study effectively.

While the vast majority of nursing students come to the profession with a strong ethical orientation, there may be individuals who do not understand the principals of academic integrity or who think that lack of integrity in school is somehow justified.

To be clear, the following activities are considered "cheating" and may result in disciplinary action:

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

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

If a student feels that a test question or other assignment is unfair, they are encouraged to discuss this with the instructor. If the student is not satisfied with the result of the conversation, they may raise the issue with the Chair of the department or with the Director. It is through dialog such as this that both student and faculty may learn and improve their practice. The faculty and I invite students to this dialog without fear of retribution. We expect that students will practice advocacy, integrity, honesty, and respect in their studies as well as in the clinical environment.

Respectfully
Alicia Bright
Dr. Alicia L Bright, EdD, CNS, RN AHN-BC
Director of Nursing
College of Marin

Attendance Regulation

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

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

The California Board of Registered Nursing has approved a curriculum for College of Marin which requires that students complete a prescribed number of hours in each clinical course. In addition, 75% of the prescribed clinical hours must be in direct patient care, with 25% allowed in indirect patient care. If the student is unable to complete the required clinical hours, or meet the clinical objectives because of excessive absences, a failing, or a W grade will be given for the course. **PLEASE BE ADVISED** that clinical placements do not allow for clinical make-up of direct patient care hours that are missed due to a student absence. **THEREFORE, AND IMPORTANTLY**, students may not have the opportunity to make up missed absences in clinical courses, and meet the BRN requirements or 75% direct patient care and 25% indirect patient care due to the constraints faced by the college in scheduling clinical hours. If a student is unable to make up missed clinical hours due to any constraints of scheduling make-up hours by the college, including but not limited to increased cost to the college, the student will not have completed the required curriculum and will be dismissed from the program.

Seminar Absence

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

Clinical, College Laboratory or Simulation Laboratory Absence

A student missing a clinical, college laboratory, or simulation laboratory day may not have the opportunity to make up missed absences in clinical, laboratory or simulation courses due to the constraints faced by the college in scheduling clinical hours. If a student is unable to make up missed hours due to any constraints of scheduling make-up hours by the college, including but not limited to increased cost to the college, the student will not have completed the required curriculum and will be dismissed from the program. If the Program Dean and the course instructor determine that missed hours can be made up, the clinical instructor determines the appropriate make-up assignment. The instructor will ultimately determine if student performance has met the clinical objectives for the course in order to assign a Pass Grade. Students who fail a clinical course will not be allowed readmission to the program.

Nursing Skills Laboratory Absence

It is expected that students will utilize the skills laboratory to practice and become competent in psychomotor skills. To earn credit for the nursing skills lab course, the following criteria must be met:

- Students must attend and participate in 75% of the skills laboratory course hours in order to learn the purpose and application of the skills being taught, observe the skill demonstrations, and practice the skills.
- Make-up work for any missed class must be completed through a Tutoring Session. A student missing a skills lab class must arrange with a classmate for a demonstration and practice session on the skill missed and complete a Tutoring Session Record. The completed Tutoring Session Record is to be submitted to the skills lab instructor before the Final skills demonstration/written examination.
- Students must demonstrate competency in the skills through skill demonstration and/or a written exam.

A student will receive a No Pass for the course if he or she:

- Fails to attend and participate in at least 75% of the skills lab sessions *in the semester* (not the *course*, which may only be 8 weeks), or
- Attends 75% of the skills lab class sessions but fails to make-up for the missed work through completion of a Tutoring Session or fails to submit the completed Tutoring Session Record to the instructor within the prescribed time frame.

Memo

To:_____

From:_____

CC: _____

Date:_____

Subject: Clinical Make-up

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

_____ ,

it is necessary for you to complete_____hours of make-up in the following manner:

_____

_____

_____

_____

_____

Students are expected to perform safely and competently in the clinical area, to attend all classes and clinical experiences, to behave in a professional and ethical manner, to pass each nursing course, and to follow all program and College conduct policies and procedures established by the Board of Trustees at the College of Marin.

Standards for Dismissal

A student may be dismissed or asked to withdraw from the Registered Nursing Program for:

1. Unsafe clinical performance
2. Excessive clinical absences
3. Unprofessional or unethical behavior
4. Violation of the Student Conduct Policy
5. Failure of any nursing education course.
6. Failure to provide required documentation for clinical onboarding (Health Screening information, CPR certification, background report, drug screening, clinical onboarding documentation and any other information requested from the Clinical Facility)

Standards for Dismissal

1. **Unsafe clinical performance**–Safe and Unsafe Nursing practice is defined in the College of Marin Registered Nursing Program Student Handbook under Procedures for Students in Danger of Failing AND IN THE CLINICAL EVALUATION TOOL.
2. **Excessive clinical absences**–EXCESSIVE CLINICAL ABSENCES IS OUTLINED IN THE College of Marin Registered Nursing Program Student Handbook under ABSENCES.
3. **Unprofessional or unethical behavior**–Student Conduct Standards are contained in the College of Marin Board Trustees Policy and Procedure. Failure to follow these Standards of Conduct Policies and Procedures are cause for discipline and include but are not limited to removal, suspension or expulsion of a student.
4. **Violation of the Student Conduct Policy**–Student Conduct Standards are contained in the College of Marin Board Trustees Policy and Procedure. Failure to follow these Standards of Conduct Policies and Procedures are cause for discipline and include but are not limited to removal, suspension or expulsion of a student.
5. **Failure of any nursing education course**–Students who fail a nursing education course will not be allowed to progress to the next level of courses in the Registered Nursing Program and will not be allowed to continue in the Registered Nursing Program. The student will be informed of the reason for the dismissal by the Instructor of record and the Director of Nursing. The Director of Nursing will also provide the student with information regarding College of Marin policies and procedures.
6. **Failure to provide requested information**-Students who fail to provide the requested onboarding information (not limited to vaccination history, CPR certification, background report, drug screening and clinical onboarding student materials), will be dismissed from the program. The Administrative Assistant in conjunction with the various clinical facilities, will communicate and provide due dates for documentation to the registered nursing students. It is the sole responsibility of the student to provide the requested information by the due date. Students who

fail to provide the information and are then dismissed from the program and are in good standing may reapply for admissions.

Readmission Policy

Readmission After FAILURE OR POOR STUDENT CONDUCT:

1. Students who **fail any course** in the nursing program required for passing the nursing program and/or attaining licensure as a Registered Nurse in California will *not* be considered for readmission.
2. Students who have been dismissed for **poor student conduct** in the Registered Nursing Program will **not** be eligible for readmission.

Readmission Policy After WITHDRAWL

1. The Director of Nursing and the Registered Nursing Faculty will determine whether a student will be accepted as a returning student if the student previously withdrew from the nursing program while in **good standing**.
2. Students must have withdrawn from the nursing program while in **good standing**. FOR EXAMPLE, PASSING THE PROGRAM BUT DEATH IN FAMILY, PREGNANCY ETC.
3. Readmission to the RN Program after withdrawal is not guaranteed. Each semester the Director of Nursing will determine if there is space available to readmit students who have withdrawn in **good standing** based on student to teacher ratio, safety considerations in the clinical setting, contract requirements, capacity for placement in clinical facilities, as well as other factors beyond the control of the program, such as fiscal and program resources.
4. Students will not be considered for readmission if their nursing major courses are more than one-year-old.
5. A student WHILE IN GOOD STANDING who withdraws from the Registered Nursing program a second time will not be considered for readmission to the program.
6. Accepted returning students may be asked by the Director or Faculty to Petition to Repeat or Audit previously taken nursing course(s). District policies AP 4225, 4227, 4228, and 4070 apply.

Readmission PROCEDURE

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

1. Students who are in good standing when they withdraw from the program and who wish to be considered for readmission must reapply for admission and re-enter the program within one year, if they are accepted for readmission.
   a. Application deadlines for Fall semester (3rd semesters) are outlined on the College of Marin Nursing program website. All required re-admission materials must be submitted by the application deadline.
   b. Students seeking re-admission in the spring semester (2nd and 4th semesters) must submit their application according to the guidelines provided on the College of Marin Nursing program website. All required re-admission materials must be submitted by the application deadline.

2. At the time of application for readmission the student should notify the Director of Nursing by email and request a meeting to discuss readmission to the program.
   a. The Director of Nursing will determine if an applicant will be readmitted.
   b. If a remediation plan has been given to the student, the Director of Nursing will determine if the remediation plan has been successfully completed. A completed remediation plan does not guarantee readmission.
   c. Accepted returning students may be asked by the Director of Nursing or RN Program Faculty to Petition to Repeat or Audit previously taken nursing course(s). District policies AP 4225, 4227, 4228, and 4070 apply

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

Guidelines for Clinical Evaluation

1. Students receive the clinical objectives and the clinical evaluation tool as part of each course syllabus. Students are to review this information to become familiar with the objectives to be achieved. These objectives must be met to pass the clinical course.
2. All nursing program clinical objectives completed in previous courses must be performed satisfactorily in each successive course. e.g., knowledge and competencies passed in NE135/135L will be expected to be retrieved and performed in later courses. The student is responsible to assess and remediate any skill deficiency in the nursing skills lab.
3. Completion of the course clinical objectives is determined as follows:

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

   Criteria for Grading:

   <u>Pass</u>   =   Satisfactory Performance

   <u>No Pass</u>   =   Any unsatisfactory rating requires explanation

   <u>NI (Needs Improvement</u>) = Requires description of areas to improve

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

4. Clinical evaluation:

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

5. Clinical performance may be evaluated by:
   a. Preparation for clinical assignment
   b. Attendance
   c. Professional Behavior
   d. Observation of clinical experience
   e. Performance of Therapeutic Nursing Interventions
   f. Contributions in pre and post conference
   g. Written assignments

h. Completion of external agency assignments
i. Feedback from clinical staff
j. Feedback from tutors
k. Clinical simulation experiences
l. Previous High-Risk Performance

6. A student who is not meeting the clinical objectives during clinical performance or has unsafe practice may receive a written summary listing the areas needed for improvement. A "Course Progress Notification Form" will be used to list the areas. See the Course ***Progress Notification and Clinical Course Failure Process Regulation*** for a full description of this process.
7. The student has an option to withdraw by the approved date.
8. A student who has performed satisfactorily during the clinical experience and then demonstrates unsatisfactory performance or unsafe practice during the last weeks will not pass the course. Note: Safe clinical performance is always mandatory. If at any time a student's clinical performance is potentially harmful to a patient, as determined by the nursing faculty, the student will be removed from the clinical setting.
    a. The Clinical Evaluation Tool is completed, and a Final evaluation conference is held at the end of the course to review the evaluation tool and inform the students of their progress in meeting the clinical objectives.
    b. All completed evaluation forms are turned into the Nursing Office and placed in the student's file.
    c. A student who has a "No Pass" (NP) evaluation as a final clinical grade will not be eligible to progress to the next semester. ***Students who receive a "No Pass" are not eligible for readmission to the program.***

Procedures for Students in Danger of Failing Course Progress Notification and Clinical Course Failure Process

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

Safe Nursing Practice: A student and faculty obligation

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

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

Components of Unsafe Practice

Unsafe nursing practice is behavior that places the patient, staff, or student in physical or emotional jeopardy and is an unacceptable risk. Some major areas of concern for safe practice are:

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

Clinical Course Progress Notification

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

the course objectives; the instructor will complete a Course Progress Notification Form. The most common reasons for writing a notification are:

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

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

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

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

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

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

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

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

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

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

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

- **Immediate Dismissal:** There may be situations where the immediate dismissal of a student is recommended. These include but are not limited to:
  - The student's performance is so unsafe that it jeopardizes patient safety.
  - The student requires continuous one-to-one supervision from the instructor.
  - The clinical agency does not accept the student for placement.
  - Drug/alcohol or emotional illness impairment or abuse to patients, staff or peers.

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

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

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

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

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

- **Exit Interview:** An exit interview will be held to discuss the reason for dismissal and the process for readmission (if possible) will be reviewed by the Director of Nursing

- **Student Right and Responsibilities: All members of the College community are subject to State and Federal laws, as well as policies and procedures established by the Board of Trustees.**

  The student should familiarize themselves with the following policies which are found in the College Catalogue and COM Registered Nursing Handbook:

  - Student Conduct Policy
  - Student Rights and Grievances Policy
  - Drug and Alcohol-Free Campus
  - Sexual Assault and other Assaults on Campus Policy

 Questions regarding these policies should be directed to the Vice President of Student Services, Mr. Jonathan Eldridge.

Revised: June 2010
Reviewed: June 2014
Reviewed: August 2016

Course Progress Notification

Student:	Date:
Course:	Instructor:

Student: Please Review "Guidelines for Clinical Evaluation" and "Procedures for Students in Danger of Failing Course Progress Notification and Clinical Course Failure Process" in your COM Nursing Student Handbook
Date:_____Description of the objectives, *area of concern* or nursing standard that needs improvement or is unsatisfactory.
Date:_____Description of the event(s) that are inconsistent with the course objectives, College of Marin Code of Conduct or COM RN Handbook.
The Learning Plan or behavior changes that are required:
The time limit for Remediation: Date for follow up:
Student Comments:

Instructor Signature	Date:
Student Signature	Date:

Regulation Regarding Nursing Students Impaired by Substance Abuse and/or Mental Illness

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

a. Education
b. Identification and Assessment
c. Support
d. Referral

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

Education

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

Identification

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

Assessment

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

- physical impairment
- impaired judgment
- mental or emotional impairment
- disruptive actions
- inconsistent behavior patterns

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

- The student will be removed from the classroom or clinical area immediately.
- The instructor will immediately report the incident to the Program Director and provide written documentation of the behaviors on the Student Referral Form.
- The instructor will give the Student Referral Form to the Program Director.
- Within 24 hours, the student will make an appointment to see the Program Director.

Support and Referral

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

Suspension

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

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

Readmission

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

The applicant must submit a written request to the Program Director.

- At the time of reapplication to the program, the burden of proof shall lie with the applicant to demonstrate sufficient evidence of having received professional treatment and rehabilitation to establish fitness to perform student nurse functions in a safe and competent manner.
- Submission of signed Health Clearance Form from chemical dependency/mental health counselor indicating that the student is safe to return to nursing.
- A second documented incident of impaired behavior will result in dismissal from the nursing program with no possibility for readmission.
- Re-entry is on a space available basis.
- Application procedures must comply with all program Readmission Policy criteria.

Referral Form

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

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

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

Referral Statement

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

_____ clinical setting due to the following impaired behaviors:

_____

_____

_____

_____

_____   _____   _____
Instructor   Date   Time

_____   _____   _____
Program Dean   Date   Time

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

_____   _____
Student Signature   Date

Health Clearance Statement

Results of examination and assessment:

_____

_____

_____

_____

Plan of treatment:

_____

_____

_____

_____

_____, is determined by me to be safe to:

1. Return to the classroom with no restrictions
☐ Yes   ☐ No

2. Practice direct patient care in the hospital setting with no restrictions
☐ Yes   ☐ No

_____

Signature of Licensed Chemical Dependency/Mental Health Counselor

_____

Printed name of Licensed Chemical Dependency/Mental Health Counselor

_____   _____

Telephone and Extension   Address and Zip Code

_____   _____

Date   License and Number

COLLEGE OF

MARIN

Fiscal Services

Kentfield Campus   Indian Valley Campus
835 College Avenue   1800 Ignacio Blvd.
Kentfield, CA 94904   Novato, CA 94949
415.457.8811   415.457.8811

TO: All Employees
FROM: Ron Owen, Senior Benefits Analyst
RE: Workers' Compensation Procedure

The following is a review of College of Marin's Workers' Compensation procedure. It is being provided to all employees to stress the importance of **reporting all job-related accidents/injuries or health problems to your Supervisor immediately**. Management and Supervisory employees are reminded of the importance of timely reporting of such incidents to the **Benefits Office**. Please read carefully. **All employees should be familiarized with this Program**.

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

REPORTING THE INJURY OR ILLNESS

1. When an employee sustains **any work-related injury or illness**, no matter how minor (bumps on the head, cuts, trip and falls, etc.) he/she must report it immediately to their **Manager/Supervisor**. If a Manager/Supervisor is unavailable, it is the responsibility of the employee to report the injury to the **Benefits Office**.

2. To ensure prompt reporting of all non-life-threatening injuries all employees must contact the **Company Nurse Injury Hotline** which provides district employees with 24/7 telephone access to Registered Nurses and medical professionals for prompt reporting of on-the-job injuries. The Company Nurse Injury Hotline is: (**877) 518-6702**. Company Nurse will refer the employee to an occupational medical facility to be evaluated.

3. Following knowledge of the injury/illness and **within a 24-hour period**, the employee must be provided a **Workers' Compensation Claim Form (DWC 1)** to be completed, signed and returned by employee to Fiscal Services. Completed claim forms must be received by Keenan within 5-days of the incident. It is essential that the Supervisor or employee advise the Benefits Office of any accident/injury as soon as he/she is aware. In case of death or serious injury, contact the Benefits Office immediately.

4. The employee must be provided with the document: **Important Information about Medical Care, if you have a Work-Related Injury or Illness** (Keenan Form).

5. The manager/supervisor completes and signs the **Supervisor's Report of Employee Incident or Injury**. Please indicate on the bottom of page 2, the date that the Workers' Compensation Claim Form (DWC 1) was provided to the employee. The injured employee signs it, after the supervisor completes it.

6. The manager/supervisor completes the **Supplemental Questionnaire** and the **Questionable Workers' Compensation Injury** form, if appropriate.

IN CASE OF WORKPLACE INJURY:

ACCION a seguir en caso de un accidente en el trabajo

COMPANY
NURSE®

Injury Hotline

1-877-518-6702

AVAILABLE 24 HOURS A DAY

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

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

Company Nurse gathers information over the phone and helps

injured worker access appropriate medical treatment.
Profesional Medico obtiene informaci6n por telefono y asiste al empleado lesionado en localizar el tratamiento medico adecuado.

EMPLOYER NAME (NOMBRE DE COMPANIA)	SEARCH CODE (C6DIGO DEL BUSQUEDA)
Marin Community College District	**NSI01**

Notice to Employer/Supervisor:

Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site when possible.

Visit us online: www.CompanyNurse.com

SECTION IV

INFORMATION AND REGULATIONS PERTAINING TO CLINICAL ASSIGNMENTS

Social Security Number / Background Clearance / Drug Screening / Conviction Information

A valid social security number or Individual Taxpayer Identification Number is required to participate in the College of Marin Registered Nursing Program due to the fact that Kaiser Permanente requires these numbers for on-boarding of students into the clinical experience, and all students are required to participate in a mandatory clinical experience at Kaiser.

Background checks are commonly completed on health care personnel, including students and volunteers. Every student offered space in the program will be required to submit to a background screening and drug clearances prior to beginning clinical rotations as part of their clinical requirements for admission. A background check that reflects a history of felony conviction(s) or any bar, exclusion or other ineligibility for federal program participation could render a student ineligible for clinical placement, as determined by the clinical agencies; however, this constitutes a limited set of examples that could determine a student is ineligible for clinical placement and subject to dismissal from the nursing program. Refusal or failure to participate in the background check by the date specified by the Registered Nursing Program administration office shall be interpreted as the student's unwillingness to complete the checklist of requirements and therefore that student will not be allowed to participate in clinical courses and will be subject to dismissal from the nursing program.

Clinical agencies require all students to successfully pass the drug screening to participate in mandatory clinical rotations. Any student with a positive or an inconclusive dilute (negative dilute) result will not be allowed to participate in clinical training and will not be allowed to continue in the program. A negative dilute result will require one allowable repeat of the test. Refusal or failure to participate in the drug-screen portion of the requirement by the date specified by the Registered Nursing Program administration office shall be interpreted as the student's unwillingness to complete the checklist of requirements and therefore that student will not be allowed to participate in clinical courses and will be subject to dismissal from the nursing program.

Importantly, any issue on a background check and any positive result on a drug screen can be grounds for a clinical agency to deny a student access to that facility for a clinical rotation. Students who are found to be ineligible for clinical placement by the clinical agency after admission to the nursing program, due to the result of the background check or drug screen, shall be subject to dismissal from the program, as they will be unable to complete mandatory clinical rotations.

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

- Work with American Databank on clearance of vaccination history, CPR certification, background and drug screening and required clinical onboarding documentation.

- Note: The Drug Screening **must** be done within 72 hrs. of initiating the background check. If you fail to complete your drug test within those 72hrs, you will need the permission of administration for an extension. With a valid documented reason, to be determined by administration, there will only be one 5- day extension. Should you need a second drug test, you will need to pay for the retesting. Failure to comply with either background or drug screening tests by the date specified by the Registered Nursing Program administration will be interpreted as the student's unwillingness to complete the requirements and therefore that student will not be allowed to participate in clinical courses and may result in dismissal.

American Databank completes the entire process of screening. Once the report is complete American Databank provides a complete report to student and notifies the Director of Nursing whether you are cleared or not as with the Background and Drug Screening. For any non-negative result, the Director of Nursing will consult with the student on next steps.

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

Notice Concerning Board of Registered Nursing Licensure

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

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

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

Legal and Ethical Responsibilities in the Clinical Setting

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

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

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

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

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

1. The nursing student is required to be covered by malpractice insurance before entering a hospital clinical area. (This is provided by the College)

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

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

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

Student Responsibilities in Clinical Settings

A nursing student is expected to:

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

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

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

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

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

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

Recognize that as in other professional fields ethics are essential.

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

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

The Nursing Department is expected to:

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

Uniform Dress Code

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

Hair: Hair should be clean and well-groomed. Long hair is to be pulled back and off the uniform collar. Beards and mustaches must be neat and well-trimmed.

Facial Hair: Facial hair will need to be removed for your Pediatric rotation due to the requirement of being fitted for a N95 mask. Due to COVID-19 our students are having to be fitted for N95's for all rotations and therefore facial hair has needed to be removed for the Fall 2020-Spring 2021 year.

Jewelry: No rings other than wedding bands should be worn in the clinical setting. No long decorative chains or necklaces. No bracelets. Earrings should be limited to one small stud if you have pierced ears. A watch with second hand or digital second reading is required.

Cosmetics: Refrain from using perfume, cologne, or scented lotion in the clinical setting. Please use deodorant or anti-perspirant daily. Nails should be clean and trimmed short. Subdued colored nail polish may be worn, but <u>artificial nails are not permitted in the clinical setting</u> for infection control reasons.

Uniform: Uniforms with COM Nursing patches, name pins, and other required student identification are to be worn in the clinical setting when providing patient care. (Students are to wear professional clothes and a lab coat with COM Nursing Patches, name badge, and other required student identification when in the clinical setting doing data collection or other non-direct patient care activities.) Uniforms are to be laundered and ironed after <u>each</u> wearing. COM Nursing Patches must be sewn on the <u>left upper sleeve of the lab coat and uniform tops</u>.

> **Uniforms:** Specific color and brand information for uniforms will be provided to students for purchase.

> **Shoes:** Neutral color (black, beige, brown, grey, white) uniform shoes with closed toes/heels that have no obvious logo are acceptable. Whatever shoes are selected are to be worn exclusively as nursing shoes. Shoes must always be clean.

> **Jacket:** Either a lab coat or jacket with College of Marin RN Program badge may be worn while working on the nursing units, although this is not recommended unless it is also laundered as frequently as the uniform and should not be worn during direct care if soiling is likely. A clean, white, long-sleeved shirt may be worn under the uniform top for warmth; it must also be laundered as frequently as the uniform.

Professional Attire: Hospitals request that students wear professional attire and dress <u>neatly</u> and <u>conservatively</u> when in hospitals gathering data for nursing care planning or other assignments. Professional attire means no bare feet or flip-flops, hose for women wearing dresses/skirts, no exposed underwear, no exposed midriffs, conservative cleavage, no jeans. Please cover tattoos and remove tongue studs. Lab coats with the COM RN Program patch on the left shoulder, name pin, and other required

student identification are to be worn over street clothes when students are not in uniform on nursing units. If unprofessional wear during pre-clinical is reported, you will have violated the Student Conduct policy.

Failure to adhere to the Dress Code:

Failure to adhere to the dress code – uniform unkempt, incomplete, or not meeting the regulations (e.g., unlaundered, wrong color, lacking name pin or school patch, open-toe footwear or with logo), wearing jewelry other than that outlined in the RN Student Handbook – will result in Faculty action.

The instructor will give the student a verbal warning identifying the student's failure to meet standards set in the RN Program dress code or clinical agency dress policy and request the student correct the problem, i.e., remove jewelry, put on name pin, sew patch on shirt, wear appropriate footwear. The instructor may request that the student go home, change to appropriate clothes, and return to the clinical agency to provide nursing care. Time missed from the clinical will be counted as a clinical absence and will need to be made up.

Student Nurse Professionalism

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

Student Nurse Accountability

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

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

Students are responsible for demonstrating professionalism in every learning environment. For example, when assigned to a community setting the student is responsible for coming on time and in appropriate attire, maintaining client confidentiality, exercising therapeutic communication, and fulfilling the objectives of the assignment.

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

The Student Nurse:

1. Must provide the same level of care as a graduate nurse for those tasks completed satisfactorily in a lab setting or performed in the clinical setting.
2. Will be both safe and competent.
3. Does not have to be proficient *(fast and smooth in task)*.
4. Must be removed from clinical setting if found unprepared to perform specific tasks or clinical course objectives safely and competently. *The individual situation will dictate whether the student will do work in the library or be sent home for the day.*
5. May be sued for negligence or malpractice. The RN Program provides student malpractice coverage.

If a student *lacks* any of the following, the student must notify the instructor:

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

Students must be:

- Prepared
- Competent

Please note: Each student is accountable for their own actions. The idea that a student practices "under" the license of a nurse that is supervising is a misconception.

Student Blanket Coverage – Malpractice Insurance:

Policy Administrator: Keenan & Associates
Policy coverage is $1,000,000 per occurrence and $3,000,000 annual aggregate for students.

Faculty and RN Staff Questions Regarding Supervision of RN Students in Clinical Settings

"Is the student working under my license?"

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

California Nursing Practice Act Section 2729. Students

> Nursing services may be rendered by a student when these services are incidental to the course of study of one of the following:
>
> a. a student enrolled in a board approved pre-licensure program or school of nursing.
> b. a nurse licensed in another state or country taking a board approved continuing education course or post licensure course.

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

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

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

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

- Initial Nursing Assessment

    Comprehensive Admission Assessment
    Readmission after Invasive Procedure
    Validation of Abnormal Data

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

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

What are the student's responsibilities?

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

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

- If an RN directed the student to perform a skill/task without the appropriate supervision the RN would be responsible. The nurse has the responsibility to delegate according to the subordinate's abilities and to supply adequate supervision.
- The student must be prepared for the assignment with; 1) nursing care plan; 2) medication information; 3) teaching plans; 4) knowledge of policies and procedures.
- A student must be removed from the clinical setting if: he/she 1) is unprepared to perform safe and competent care; 2) lacks knowledge; 3) lacks skill; 4) lacks resource; or 5) reports for assignment under the influence of mood-altering drugs.
- A student must immediately report to the instructor or primary nurse if he/she is unable to perform a task or provide care safely and competently. When the student does not possess the skills needed to carry out an assigned function, acting with reasonable care requires the student to refuse to perform the function.
- Students may be sued for malpractice. The RN Program provides basic malpractice coverage.

NE 286L - Preceptorship

The following information is to help you understand the preceptorship process. NE286L is the capstone clinical course in the COM Nursing Program in which students demonstrate role acquisition by working one on one with an experienced RN. Once the course is completed, the student will have the clinical knowledge, skills, and abilities to begin their nursing career as an entry-level Registered Nurse. As with other clinical courses, you will be in a group of students assigned to a clinical instructor, in addition to your theory instructor. The role of your clinical instructor is to orient, supervise, and support you as well as to provide formative and summative evaluation. They do not choose your placement. The preceptorship is specifically regulated by BRN California Code of Regulations § 1426.1. on Preceptorship. Detailed information regarding Preceptorship will be covered in your 286L course syllabus and your clinical faculty liaison will clarify the steps in more detail when the first week of the course.

The phases of Preceptorship

I.   **Identifying student interests** - Students will be asked via survey to provide their professional interests, specifically, indicate two areas in nursing where they see themselves practicing in the next 5 years. Of note, once preceptorship placements are determined, available placements will be prioritized based on student interests. Just because a student works at a specific facility does not create a priority on getting a preceptorship at this location. In case of lack of desired specialty areas, students may be assigned to another area that closely relates to the preferred one. For example, Med-surg is admittedly the backbone of every specialty.

II. **Finding preceptorship opportunities** - During this phase, coordinators will work on identifying a preceptorship opportunity for the students. Finding preceptorship requires considerable time and effort. We ask the students to be patient and wait to be approached by the clinical coordinator(s) and the time may vary from student to student, depending on a variety of factors. It would be inappropriate for students' relatives or friends to be calling COM's nursing office or reaching out directly or indirectly to facility supervisors and administrators or coordinators, inquiring about preceptorship opportunities, as this is against the currently established collaborative practice preceptorship agreements. Furthermore, this may jeopardize COM's future relationship with these sites and a decision may be taken to consider a different placement for this student.

In case of a potential preceptorship opportunity/willing preceptor, please communicate this to the clinical coordinators and they will determine how to best approach this opportunity, as this still needs to go through the official channels of communication. Currently, these coordinators are Noreen Kimmelman and Dr. Todorova.

III. **Onboarding** - Prior to attending clinical, students will be required to complete onboarding documentation including but not limited to assigned readings, acknowledgements, quizzes, specific for each facility you will attend College of Marin. Each student is required to upload a health physical exam, immunization records, current TB test annually, CPR certification, health insurance, annual background check and annual drug screening, and to maintain currency of their records or this will result in clinical placement delays. Please be sure to check your email regularly and follow the emailed instructions from the RN Program Administrative Assistant by the indicated deadlines.

IV. **Establishing a Relationship** is one of the most crucial steps in the preceptor-student relationship and provides the foundation upon which the learning experience will develop. The students frequently experience anxiety in this new learning situation and can benefit from structure provided by the faculty who will be supervising the experience and the preceptor.

During this phase, the student will be given instructions to reach out to the preceptor to schedule an initial visit with the preceptor and the clinical faculty liaison at a location that is preferred by the preceptor. This visit, therefore, may or may not happen at the clinical practice site. This is per BRN California Code of Regulations § 1426.1. on Preceptorship. There is a required information that the clinical faculty will provide the preceptor with. The students will be expected to have carefully read the course syllabus and to turn in a skills checklist and their contact information to the preceptor. A lot of questions get answered at this initial appointment and the roles of the student, preceptor and faculty are clarified. The preceptor will receive a preceptor handbook and a copy of all signed forms. The students may not begin clinical before this appointment has been completed. The students may not begin clinical before this appointment has been completed.

The preceptor's availability at the beginning of the student's placement is crucial in planning the student's experience. In the first few weeks of the semester, the focus of the relationship is to clarify roles, discuss mutual experiences, review the student's background, career goals and learning objectives and to discuss agency policies. Orienting the student to the clinical setting, especially if the student has not been there before, promotes entry into the system and communicates respect and acceptance. The preceptor and student negotiate and determine the frequency of scheduled conferences that best meets the needs of the student and the schedule of the preceptor.

V. **The Working Phase** - The implementation of the educational plan is the focus of the working phase. Reviewing the student's experience, discussing patients, exploring feelings regarding the experience, and identifying how to meet learning objectives are all appropriate areas that can be discussed. Feedback from the preceptor on a regular basis will assist the students in maximizing their strengths and address problems that may interfere with the achievement of the professional role. During this phase, the preceptor serves as a role model and resource person. Through clinical logs and competency check lists, students will track their professional progress. Formally, an end-of-preceptorship clinical evaluation procedure will occur, using the preceptorship evaluation tool as a guide. The clinical instructor will be responsible for the semester grade with the invaluable input from the preceptor.

VI. **The Evaluation Phase**
Formative evaluation is ongoing throughout the preceptorship to provide guidance for the student's development. Additionally, formal midterm and final clinical evaluations are conducted using theNE286L Preceptorship Evaluation Tool. The clinical instructor will solicit the important input of the preceptor and then is responsible for the submitting the final grade. The student will be given an opportunity to reflect via a written response to the evaluation and all parties involved will sign the evaluation form. If the student does not agree with the evaluation received, the written response should reflect that and describe the disagreement.

*Detailed information regarding Preceptorship will be covered in your 286L course syllabus and your clinical faculty liaison will clarify the steps in more detail when the time comes.

National Student Nurses' Association, Inc. Code of Academic and Clinical Conduct

Adopted by the NSNA House of Delegates, Nashville, TN, on April 6, 2001

Preamble

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

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

A Code for Nursing Students

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

CODE OF ETHICS

National Student Nurses' Association, Inc.
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National Student Nurses' Association encourages nursing programs to adopt the Code of Ethics.

SECTION 1

CORE VALUES

LEADERSHIP and AUTONOMY

- Definition: A process of social influence which promotes innovative problem solving to move an autonomous, independent organization forward by providing a clear vision, maximizing the efforts of others, by respecting each individual and in collaboration with other appropriate resources.

- Interpretive Statement: NSNA promotes each member to build their democratic leadership skills with conflict resolution through shared governance and community, with respect for others. Student

nurses in leadership positions of NSNA make their own decisions based on fiduciary research, and historical and current evidence along with membership input when appropriate. NSNA chapter leaders establish and acknowledge their autonomy and independence in bylaws, policies, and procedures.

QUALITY EDUCATION

- Definition: An act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgment, and generally of preparing oneself or others intellectually for a profession

- Interpretive Statement: NSNA informs, prepares, and inspires members to develop continuous, life- long learning and ethics of the profession. Nursing students are encouraged to take full advantage of their education and develop their professional leadership skills as members of NSNA.

ADVOCACY

- Definition: An activity or process to work on behalf of self-and/or others to raise awareness of a concern and to promote solutions to the issue

- Interpretive statement: The nursing profession is based on advocating for patients and families to help facilitate the healing process; NSNA serves as an advocate for nursing students by representing them as one united voice.

PROFESSIONALISM

- Definition: Characteristics that describe an individual striving to maintain the highest standards for one's chosen path – honesty, integrity, responsibility and conducting oneself with responsibility, integrity, accountability, and excellence.

- Interpretive Statement: As NSNA members, it is important to create a culture of professionalism in our organization and to uphold the values of professionalism in order to conduct ourselves and our organization in the most respectful, honest way. This value translates into respecting our patients and maintaining the ethics of our profession.

CARE

- Definition: A feeling and exhibiting concern and empathy for others while showing or having compassion for others.

- Interpretive Statement: Caring is a fundamental value of registered nurses and the nursing profession. The NSNA cultivates a climate of caring in its publications, programs, relationships, and leadership development. NSNA members care for their patients, peers and the future of the profession.

<u>DIVERSITY</u>

- <u>Definition</u>: Differences that can be along the dimensions of race, ethnicity, gender, sexual orientation, socioeconomic status, age, physical abilities, religious beliefs, political beliefs, nationality or other ideologies.

- <u>Interpretive Statement</u>: Each individual is unique, and we recognize our individual differences through acceptance and respect. We explore these differences in a safe, positive and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

Adopted in March 2015 by the 2014-15 NSNA Board of Directors.

<u>SECTION 2</u>

CODE OF PROFESSIONAL CONDUCT

As a member of the National Student Nurses' Association, I pledge myself to:

1. Maintain the highest standard of personal and professional conduct.

<u>Interpretive Statement</u>: The National Student Nurses' Association recognizes that membership carries unique responsibilities. Members of this pre-professional organization are driven by a profound understanding of the worth and dignity upheld by the nursing profession. They recognize and value the need to maintain the integrity of the nursing profession and advance a positive image of nursing.

2. Actively promote and encourage the highest level of ethics within nursing education, the profession of nursing, and the student nurses' association.

<u>Interpretive Statement</u>: NSNA members are knowledgeable of the ethical principles and values that govern individual activities and decisions. Upholding these ethical principles will guide the organization, academic programs, policies, and decisions. The ethical philosophy an organization uses to conduct business can influence its reputation, productivity, and outcomes.

3. Uphold and respect all Bylaws, policies, and responsibilities relating to, the student nurses' association at all levels of membership, reserving the right to propose changes and to critique rules and laws.

<u>Interpretive Statement</u>: Bylaws are the framework used to govern and regulate the operations of an organization. It is understood that Bylaws are legally mandated by law if an organization is incorporated. The responsibility of the organization's leaders is to ensure that the internal and public policies and Bylaws that guide the organization are appropriately carried out and honored.

4. Strive for excellence in all aspects of collaboration, decision making, leadership, and management at all levels of the student nurses' association.

<u>Interpretive Statement</u>: The success of an organization depends on the collaboration of all NSNA members who commit to learning shared governance and serving as stewards of the association. NSNA members make a tremendous impact on the organization and the future of the nursing profession by promoting excellence and advocacy at all levels.

5. Strive for excellence in all aspects of collaboration, decision making, leadership, and management at all levels of the student nurses' association.

Interpretive Statement: The success of an organization depends on the collaboration of all NSNA members who commit to learning shared governance and serving as stewards of the association. NSNA members make a tremendous impact on the organization and the future of the nursing profession by promoting excellence and advocacy at all levels.

6. Use only legal, ethical, and human rights standards in all association decisions and activities in accordance with NSNA's Core Values.

Interpretive Statement: NSNA Members believe and uphold the fundamental rights, freedoms, and standards of respect to which all people are entitled.

7. Ensure the proper use of all association funds and resources in accordance with the fiduciary responsibilities set forth in NSNA Bylaws, policies and state/federal law.

Interpretive Statement: The association's officers and directors recognize their duty to act in the best financial and ethical interest of the association. They understand and practice their fiduciary responsibilities and conduct the organization's business within the legal requirements and guidelines of local, state and federal laws and regulations.

8. Ensure impartiality and prevent conflicts of interest, neither provide nor accept personal compensation to or from another individual while serving as members of student nurses' associations.

Interpretive Statement: All NSNA members understand that they function from a place of trust of the membership. Members will avoid any situations that promote self-interest and conflicts with the best interest of the association.

9. Maintain the confidentiality of privileged information entrusted or known to me by virtue of an elected or official position in the student nurses' association.

Interpretive Statement: All NSNA members must uphold confidentially and privacy in all matters. Information of private or personal nature cannot be communicated in any undesignated setting or venue, including social media.

10. Affirm and support diversity and inclusion by refusing to engage in or condone unjust discrimination based on race, sex, sexual orientation, gender identity, age, citizenship, religion, national origin, disability, illness, legal status, or personal attributes.

Interpretive Statement: NSNA members understand the principle that all nursing practice supports respect for the inherent dignity, worth, unique attributes, cultural diversity, and human rights of all individuals. The need for and right to health care is universal, transcending all individual differences. Nurses consider the needs of and respect for the values of each person in every professional relationship and setting; they provide leadership in the development and implementation of changes in public and health policies that support this responsibility.

11. Uphold integrity in personal, professional, and academic life by refraining from and reporting any form of dishonesty, using proper established channels of communication and reporting as set by the policies of the organization in question.

Interpretive Statement: NSNA members are responsible for conveying the highest standards of excellence, honesty, and character not only through patient care but also by reflecting a positive image of the nursing profession and personal integrity, embodying the core values of the NSNA.

12. Always communicate internal and external association statements in a truthful and accurate manner by ensuring that there is accuracy in the data and information used by the student nurses' association.

Interpretive Statement: When communicating with others, NSNA members support and maintain the overall association integrity and always promote and represent the organization truthfully and honestly

13. Cooperate in every reasonable and proper way with association volunteers and staff by working with them to advocate for student rights and responsibilities and the advancement of the profession of nursing.

Interpretive Statement: Through the integration of core values and beliefs NSNA's shared governance provides a framework for active participation in decision making and advocates for lifelong learning and increased professional representation. Every volunteer, staff, and advocate is treated with professionalism and respect.

14. Use every opportunity to improve faculty and student understanding of the role of the student nurses' association.

Interpretive Statement: NSNA members continually strive to create a culture of understanding of the benefits of NSNA membership with faculty and other students, to maintain relationships and promote environments that support student nurse involvement in NSNA.

15. Use every opportunity to raise awareness of the student nurses' association mission, values, purpose, and goals at the school, state and national chapter level as defined in bylaws and policies.

Interpretive Statement: Members continually support NSNA's core values, mission, purpose, and bylaws. Members support educating faculty, students, and interested parties of the importance of preparing future nurse leaders in their communities and beyond.

First adopted by the 1999 House of Delegates, Pittsburgh, PA.
Amended by the House of Delegates at the NSNA Annual Convention on April 7, 2017, in Dallas, TX.
Interpretative statements added November 2017.

SECTION 3

CODE OF ACADEMIC AND CLINICAL CONDUCT AND INTERPRETIVE STATEMENTS

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

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

Part II: Code of Academic and Clinical Conduct

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

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

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

   1.1   **Advocacy:** A responsibility of nursing students is to advocate for the rights of all clients. This requires the nursing student to understand the client's rights and responsibilities, the scope and applicable standards of nursing practice to meet the client needs, and the relevant federal (e.g. Health Insurance Portability and Accountability Act (HIPAA), Patient Self-Determination Act, etc), state (e.g. Nurse Practice Act, etc.), and local laws in accordance with the health care institution's policies and procedures. This knowledge enables the nursing student to function as an advocate for the rights of all clients in collaboration with nursing faculty and members of the health care team.

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

** 2. Maintain client confidentiality.

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

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

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

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

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

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

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

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

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

    4.2 **Compassionate care:** Providing care with compassion creates a better nursing student-client relationship. It reflects the nursing student's desire to respect the client as an individual, to help the client maintain their safety and dignity, to provide support and comfort, to assist the client to achieve optimal independence and meet their health goals.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

    11.2   **Encourage staff:** Clinical staff and clinical preceptors are important sources of information about safe quality nursing practice and evidence-based Policies and Procedures in the clinical practice environment. By encouraging staff to mentor nursing students and to role model professional behaviors, health care institutions can create welcoming and effective learning environments.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 4

NURSING STUDENT BILL OF RIGHTS AND RESPONSIBILITIES

1. Under no circumstances should a student be barred from admission to a particular institution on the basis of race, sex, sexual orientation, gender identity, age, citizenship, religion, national origin, disability, illness, legal status, personal attributes, or economic status.

Interpretative Statement: NSNA upholds every student's right to be treated equally and to not have their admission to an institution be denied based on race, sex, sexual orientation, gender identity or expression, age, citizenship, religion, nation of origin, disability, illness, legal status, personal attributes, economic status, veteran status, and/or political affiliation/ideation.

2. The freedom to teach and the freedom to learn are inseparable facets of academic freedom and quality education; students should exercise their freedom in a responsible manner.

Interpretative Statement: NSNA recognizes all students' and faculty's rights to academic freedom and students should pursue their desire to receive a quality education based on standards set by the state boards of nursing and nursing education accrediting agencies with respectability and professionalism to uphold the standards that have been put in place. Academic freedom should be approached through evidence-based practice.

3. Each institution has a duty to develop policies and procedures which provide for and safeguard the students' freedom to learn.

Interpretative Statement: It is the responsibility of each institution to ensure that proper guidelines are in place that allow for a safe environment in which a student can learn. Institutional policies and procedures must demonstrate cultural competence with regards to all individuals. Institutions must have policies and procedures in place to prevent acts of lateral and vertical violence, harassment, or bullying in any form that would inhibit a student's ability to learn or function within the institution. It is the institution's responsibility to make these policies and procedures readily available and public for all students, in addition to educating and informing the students that such policies and procedures exist.

4. Students should be encouraged to develop the capacity for critical judgment and engage in an autonomous, sustained, and independent search for truth.

Interpretative Statement: Each student has the right to come to their own conclusion and engage in activities of higher learning to enhance their knowledge based upon independent, evidence-based research.

5. Students should be free to take reasoned exception in an informed, professional manner to the data or views offered in any course of study. However, students are accountable for learning the content of any course of study for which they are enrolled.

Interpretative Statement: It is well within a student's right to agree or disagree with the views offered in a course, although the student is still responsible for learning the contents of the course material in order to become a well-rounded and versed nurse.

6. Students should have protection, through orderly approved standard procedures, against prejudicial or capricious academic evaluation. However, students are responsible for maintaining standards of academic performance established for each course in which they are enrolled.

Interpretative Statement: NSNA recognizes that all students should be protected against academic evaluation that may be biased. NSNA also recognizes that all students are still responsible for adhering to the policies that were outlined prior to the start of the course. The institution's standards should be based on standards set by the state boards of nursing and nursing education accrediting agencies.

7. Information about student views, beliefs, political ideation, legal status, United States citizenship status, sexual orientation or other personal information which instructors acquire in the course of their work or otherwise, should be considered confidential and not released without the knowledge or consent of the student, and should not be used as an element of evaluation.

Interpretative Statement: Information that is obtained by an instructor on a student that might include the student's views, beliefs, political affiliation/ideation, legal status, citizenship status, sex, sexual orientation, gender identity or expression, economic status, veteran status, religion or other personal information should be held in the strictest confidence and only disseminated with the written consent from the student.

8. The student should have the right to advocate for themselves and other students in the construction, delivery, and evaluation of the curriculum.

Interpretative Statement: It is within the right of a student to speak for themselves and other students in a course on the overall evaluation of the course and course materials. Proper grievance procedures shall be set in place by each institution to ensure due process is followed. NSNA members should review the standards set by the state boards of nursing and nursing education accrediting agencies with respectability and professionalism to uphold the standards that have been put in place.

9. Institutions should have a clearly written published policy as to the disclosure of private and confidential information which should be a part of a student's permanent academic record in compliance with state and federal laws.

Interpretative Statement: NSNA recognizes that each institution should have proper written guidelines in place that are compliant with state and federal laws regarding any private information that is a part of a student's permanent academic record that may be publicly disclosed with student approval.

10. Students and student organizations should be free to examine and discuss all questions of interest to them, and to express opinions in an informed, professional manner, both publicly and privately.

Interpretative Statement: It is the right of students and student organizations to respectfully express opinions, discuss, and conduct new research on matters of interest to them.

11. Students should be allowed to invite and hear any individual of their own choosing within the institution's guidelines, thereby advocating for and encouraging the advancement of their education.

Interpretative Statement: NSNA upholds each student's rights to advance their education. It is within a student's rights to invite any individual to speak or attend an event as a means of advancing their education as long as the invitation is adherence with the institution's policies and does not invoke hatred or crimes against other groups.

12. The student body should have clearly defined means to participate in the formulation and application of institutional policy affecting academic and student affairs, thereby encouraging leadership, e.g., through a faculty-student council, student membership, or representation on relevant faculty committees.

Interpretative Statement: NSNA encourages a student body's ease of participation and collaboration on institutional policy that may affect academic and student affairs through a proper and professional student and faculty deliberation. Proper grievance procedures and faculty-student committees shall be set in place by each institution to ensure due process is followed. The academic institution standards should be based on standards set by the state boards of nursing and nursing education accrediting agencies with respectability and professionalism to uphold the standards that have been put in place.

13. The institution has an obligation to clarify those standards of conduct which it considers essential to its educational mission, community life, and its objectives and philosophy. These may include, but are not limited to, policies on academic dishonesty, plagiarism, punctuality, attendance, and absenteeism.

Interpretative Statement: It is the responsibility of the institution to ensure that all established policies incorporate their educational mission and values and that those policies are easily understood and properly disseminated to the student body. The institution standards should be based on standards set by their respective state boards of nursing and nursing education accrediting agencies with respectability and professionalism to uphold the standards that have been put in place.

14. Disciplinary proceedings should be instituted only for violations of standards of conduct. Standards of conduct should be formulated with student participation, clearly written, and published in advance through an available set of institutional regulations. It is the responsibility of the student to know these regulations.

Interpretative Statement: Only when an institution's standards of conduct have been violated may a disciplinary proceeding take place. It is the student's responsibility to be aware of these policies. Students should adhere to state regulations and accrediting body standards.

15. The nursing program should have readily available a set of clear, defined grievance procedures.

Interpretative Statement: NSNA recognizes that nursing programs need to have proper grievance policies in place. Students should have due process as it relates to any formal grievances. Grievance procedures should protect students from lateral and vertical violence, harassment, bullying, or bias.

16. As citizens and members of an academic community, students are exposed to many opportunities and they should be mindful of their corresponding obligations.

Interpretative Statement: It is the student's responsibility to have a balance between their academic studies and other duties that come up outside of course work and clinical practice. Students must have respectability and professionalism with regards to their role as a student of the nursing profession.

17. Students have the right to belong to or refuse membership in any organization.

Interpretative Statement: NSNA recognizes each student's right to partake in or refuse membership in any organization. Students have the right to create organizations in accordance with the policies of their respective colleges of universities.

18. Students have the right to personal privacy in their individual/personal space to the extent that their wellbeing and property are respected.

Interpretative Statement: NSNA recognizes each student's right to privacy, including upholding a certain level of respect in consideration of a student's body and property. Students expect the institution's policies to protect each student's health, safety, and well-being.

19. Adequate safety precautions should be provided by nursing programs, for example, adequate street and building lighting, locks, patrols, emergency notifications, and other security measures deemed necessary to ensure a safe and protected environment.

Interpretative Statement: Proper safety measures should be undertaken by nursing programs to provide an environment that is secure and safe and allows students to feel comfortable reporting unsafe conditions to the proper authorities without repercussions.

20. Dress code, if present in school, should be established with student input in conjunction with the school administration and faculty. This policy ensures that the highest professional standards are maintained, but also takes into consideration points of comfort and practicality for the student.

Interpretative Statement: If an institution has a dress code it should be formed with equal feedback from student, school administration, and faculty. The dress code should incorporate proper professional standards while also taking into consideration practical and accessible means for a student. Established dress codes should be sensitive to the culture and ethnic diversity of the student population. Dress codes must be practical and uphold standards for the environment they take place in, whether in the academic or clinical setting.

21. Grading systems should be carefully reviewed initially and periodically with students and faculty for clarification and better student-faculty understanding.

Interpretative Statement: NSNA recognizes that to facilitate an appropriate environment of professional and academic courtesy there is a need for grading systems to be regularly reviewed between students and faculty to ensure each party is in equal understanding. Grading policies should be implemented to prevent instructor bias from influencing a student's grade. Students should adhere to standards set by accrediting agencies.

22. Students should have a clear mechanism for input into the evaluation of their nursing education and nursing faculty.

Interpretative Statement: Institutions should have clearly defined and published procedures that allow students to respectfully evaluate and provide proper input on the quality of the nursing education that they are receiving and on the nursing faculty that are instrumental in their education.

23. The nursing program should track their graduates' success in finding entry-level employment as registered nurses and make this information available to all who apply and enroll.

Interpretative Statement: It is imperative for nursing programs to conduct the proper research and evaluation on the level of success that graduates of their programs obtain and their success in finding entry-level employment as registered nurses. This information must be readily available to all those who apply, all those who enroll, and all those who are considering applying.

24. The nursing program should provide comprehensive, clear, and concise information related to student loans, scholarships and any other student financial aid.

Interpretative Statement: It is the nursing program's obligation to ensure that student information concerning loans, scholarships, and financial aid be structured in an understandable manner and be made

25. The grievance committee should be composed of an equal representation of students and faculty, with a minimum ratio of four to four.
 Rationale: Equal representation with at least eight on the committee provides for broader range, more objective opinions.

    a. Student members on the committee should be composed of at least one representative from each class. These members should be elected by the student body.
    Rationale: Students from different classes often have differing outlooks and viewpoints on a situation. Election insures that student members have the support of and are representative of the student body.

    b. Faculty members on the committee should be chosen by the faculty, except in the situation as described in item 12.
    Rationale: Committee members should be representative of their group.

26. There should be a written statement, drawn up by student and faculty representatives, which indicates the actions that may be taken by the grievance committee, and the types of situations that fall under the committee's jurisdiction.
    Rationale: Defining this will help to support the decisions made by the committee.

Some suggestions:

- Enforcement of the Student Bill of Rights and Responsibilities can be encouraged by including the following statement: "The Student Bill of Rights and Responsibilities shall be recognized by administration, faculty and students, and any violations of such bill shall be brought to the attention of the Grievance Committee for action."
- Review student evaluations of courses and faculty, and make recommendations to the appropriate people.
- Review curriculum and grading system on a yearly basis, and initiate change as necessary.
- Review dress code, if any, every 5 years.
- Review other grievances not necessarily included in Student Bill of Rights.

27.   The grievance committee should be composed of an equal representation of students and faculty, with a minimum ratio of four to four.
Rationale: Equal representation with at least eight on the committee provides for broader range, more objective opinions.

> • Student members on the committee should be composed of at least one representative from each class. These members should be elected by the student body.
> *Rationale:* Students from different classes often have differing outlooks and viewpoints on a situation. Election insures that student members have the support of and are representative of the student body.

> • Faculty members on the committee should be chosen by the faculty, except in the situation as described in item 12.
> *Rationale:* Committee members should be representative of their group.

28.   There should be a written statement, drawn up by student and faculty representatives, which indicates the actions that may be taken by the grievance committee, and the types of situations that fall under the committee's jurisdiction.
Rationale: Defining this will help to support the decisions made by the committee.

Some suggestions:

- Enforcement of the Student Bill of Rights and Responsibilities can be encouraged by including the following statement: "The Student Bill of Rights and Responsibilities shall be recognized by administration, faculty and students, and any violations of such bill shall be brought to the attention of the Grievance Committee for action."
- Review student evaluations of courses and faculty, and make recommendations to the appropriate people.
- Review curriculum and grading system on a yearly basis, and initiate change as necessary.
- Review dress code, if any, every 5 years.
- Review other grievances not necessarily included in Student Bill of Rights.

29. The committee should meet regularly—at least every other month, and all students should be informed as to the date, time, and place of these meetings.
Rationale: To give students an opportunity to voice comments and suggestions on a continuing basis.

30. Accurate records, including complete minutes, and in individual cases, a verbatim record, shall be kept on file for all meetings of the committee. Even when tape recordings are used, written minutes to officially document proceedings must he prepared. These minutes should be signed by the two recording secretaries, who shall be one faculty member and one student on the committee.
Rationale: To serve as evidence of the committee's action, and as a precedent for future committee action.

31. Any student shall have the right to ask for an "emergency meeting" of the grievance committee on matters that are crucial and cannot wait until the regularly scheduled meeting. The grievance committee shall define whether a matter is crucial and may postpone consideration of the matter if a majority of the members considers the matter appropriate for a regularly scheduled meeting.
Rationale: To provide a means of handling grievances in a "crisis" situation.

32. State and local constituents of the National Student Nurses' Association may request their board members be available for advice and support for any student initiating a grievance.
 Rationale: Students filing complaints need positive reinforcement in their efforts. Also, nursing students need to know that their Student Nurses' Association is truly interested in and representing them and their concerns.

33. As a preliminary step, the student's case will be heard by a subcommittee of the regular grievance committee. This subcommittee will consist of two faculty members and two students. If the subcommittee cannot satisfactorily solve the grievance, they will report to the main grievance committee, which will then hear the case and take action as necessary.
 Rationale: Often grievance cases can be adequately handled by persons who are impartial. A subcommittee can conserve the workload of the entire committee and narrow the issues in the cases that are presented to them.

34. The student appearing before the grievance committee should have the right to have a representative or advisor of his/her choice with him/her at the meeting.
 Rationale: To allow the student to have the necessary resources he/she needs in order to adequately present his/her case. Also, sometimes students who are emotionally involved with a case are not able to present it in the way they would like.

35. If the grievance is against a member of the committee, the student should have a right to ask the member to abstain from participation in the committee while his/her grievance is being considered. The committee should then appoint someone to take that member's place.
 Rationale: To protect the student from a biased decision by the committee, and to allow the student more freedom to express his/her opinion.

36. A mediator should be allowed to sit on the committee. This should be someone who is neither a faculty member nor a student but is closely associated with nursing. The mediator should be without vote. The purpose of the mediator is to make sure that each member on the committee has an equal opportunity to speak and that full and fair review of the facts takes place.
 Rationale: To prevent an individual or group on the committee from becoming too powerful and domineering.

37. Reasonable evidence, names of prospective witnesses, and background material concerning the case should be submitted to the committee at least three days prior to the date when the case is to be discussed. The evidence should be relevant to the issues and not discussed by committee members prior to the formal meeting.
 Rationale: To allow the committee adequate time to examine documentary evidence.

38. Any charges against the student or faculty member should be in writing and be made available to both the committee and the student or faculty member at least seven days before his/her scheduled appearance.
 Rationale: To give the student or faculty member adequate time to prepare a defense against charges.

39. The student should be given full opportunity to present evidence and witnesses that are relevant to the issue at hand. He/she should also be given the opportunity to question any witnesses against him/her and also be informed of any evidence against him/her and its source.
 Rationale: To make sure that the facts are being presented fully and fairly.

40. The student should be allowed to continue class as usual until the committee has reached a decision. However, if the student is considered to present immediate danger to patient welfare, he/she should be removed from clinical practice areas.
 Rationale: To avoid the possibility of falling behind in school while the case is being considered and avoid any delaying tactics that may be employed to prevent the student from returning to class.

41. Group grievances should be presented to the committee by one representative of that group. That representative may then appoint a consultant to appear with him.
 Rationale: To provide an organized systematic way of dealing with group grievances.

42. The decision of the committee should be made in writing to the student within two weeks of hearing the case.
 Rationale: To assure a fair and timely review and conclusion of the student's case.

43. Decisions made by the committee are final, that is, immediately enforced by both faculty and students, except in cases with legal implications (example, discrimination, in which the student plans to take the case to court).
 Rationale: To avoid delay in enforcing the decision.

44. Provision should be made for a "right of appeal," in which the student can take his case to the Dean or a governing board of the school. However, until the "appeals board" reaches a decision, the student is still bound by the "grievance committee's" decision.
 Rationale: To allow the student a solution to take if he feels that his case has been unfairly handled by the committee.

The Grievance Procedure Guidelines were developed by the NSNA Board of Directors in January 1975 and updated by the Board of Directors in April 1991.

NOTES ON REVISIONS/AMENDMENTS

Starting with the National Student Nurses' Association (NSNA) Bill of Rights and Responsibilities in the 1970s until the release of the NSNA Core Values by the Board of Directors in 2015, NSNA members have been in the forefront of inspiring moral courage and demonstrating exemplary ethical conduct for almost five decades. The NSNA Student Bill of Rights and Responsibilities was initially adopted in 1975. The document was updated by the NSNA House of Delegates in San Antonio, Texas (1991); and item #4 was revised by the NSNA House of Delegates in Baltimore, Maryland (2006).

The 2015-16 NSNA Board of Directors took on the challenge of reviewing NSNA's primary documents related to ethics and found that they all need a general review by the membership to ensure continued relevance today and in the future.

The NSNA Code of Ethics will combine the current 3 documents into one NSNA Code of Ethics with three distinct parts. The three documents include: The Code of Professional Conduct; the Code of Clinical and Academic Conduct; and the Nursing Student Bill of Rights and Responsibilities.

NSNA members discussed the Code at the MidYear Conference in Kansas City, Missouri on November 10, 2016. Over 100 members and faculty participated. At the 65th Annual NSNA Convention, delegates discussed the Code at the Forum on the Code of Ethics and voted on revisions and amendments to the Code of Ethics on April 7, 2017. The anti-discrimination description received the most comments and was amended on the floor of the House of Delegates. Many thanks to the 2016-17 NSNA Board of Directors and to the members and 2017 delegates who were engaged in this work.

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HIPAA Privacy Requirements for Healthcare Professionals

Overview of HIPAA requirements

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

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

Duty to maintain information in a confidential manner

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

There are many ways to protect patient privacy. Some of these include the following:

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

Hospital Policies Regarding Use of Electronic Devices

Since the passage and implementation of HIPAA, health care agencies have been developing new privacy and security policies designed to protect the confidentiality and integrity of protected health information, including policies regarding the use of electronic devices. Students are expected to be familiar with the policies regarding use of electronic devices wherever they go for clinicals.

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

Students should also be aware that the admission procedure to many inpatient units now includes the identification of a code word that family members can use for obtaining information about their loved one. When family members call the unit, they can be given information by the RN if they have the correct code word.

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

Security Awareness Training:

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

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

Rules for Safety and Prevention of Accidents

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

    A. Prevention of exposure

    B. Use of personal protective equipment

    C. Exposure follow-up

    D. Hepatitis B vaccination

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

II. Student requirements to comply with health and safety guidelines include:

    A. Vaccinations (MMR, Polio, Hepatitis, Quantiferon TB test or 2-step PPD, DT) and positive titer for Varicella, Hepatitis B

    B. Completion of a Health Clearance with a Release of Information clause to inform clinical facilities about the health of the student

    C. FIT testing

    D. Blood borne Pathogen Workshop attendance and annual review. An OSHA Guidelines & Blood borne Pathogen Workshop is scheduled for early Fall. Attendance is mandatory in order to orient you to (OSHA) safety guidelines. Hospitals require that students attend this workshop prior to clinical experience in their facilities.

    E. Graduation requirement course study in anatomy, physiology, and microbiology

    F. Nursing course study in asepsis, hygiene, immunology, and pathophysiology

III. Guidelines in the Classroom and Nursing Skills Laboratory

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

Methods of exposure prevention include but are not limited to:

    A. Engineering Controls: proper means for disposal of contaminated equipment and maintenance of contamination prevention facilities.

    B. Hand-washing facilities shall be readily available.

    C. Contaminated needles and other sharps shall be disposed of in a puncture-resistant container designed for this purpose.

D. Skills practice areas shall be kept separate from personal care areas e.g., eating, drinking.
E. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering of this substance.
F. Warning labels shall be affixed to containers of regulated waste.
G. Protective equipment such as gloves, masks, eyewear, and gowns will be utilized appropriately as necessary.

IV. Procedure for Injury of Student in the Clinical Area
A. The student should report to the Emergency Room. The College District's Workers' Comprehensive Coverage for Employee's (Keenan Insurance Services) should be designated as the paying party.
B. Call Company Nurse (1-877-518-6702) immediately to report the incident and follow-up instructions. If life-threatening, call 911.
C. As soon as possible the student must file for Worker's Compensation Coverage for Employees (Keenan) with Human Resources. A Workers' Compensation Form should be completed, and a copy of this report must be sent to the Student Health Center.
D. The instructor and student must comply with the Clinical Facility's protocol for the reporting of an injury.

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

What are the Student Responsibilities?

A. Exposure Notification: Reports the exposure immediately to the nursing instructor. The nursing instructor will direct the student to the emergency department or hospital department for employee health to determine the need for post-exposure prophylaxis.
B. Immediate Wound Care:
   1. Needle stick, Laceration, or Skin Exposure: The student is encouraged to cleanse the wound immediately with soap and water. If a puncture wound is sustained, encourage bleeding.
   2. Ocular or Mucous Membrane Exposure: The student is encouraged to immediately irrigate the eye or mouth with water for 5 minutes.
C. If injury: Report to Emergency Department or hospital department for employee health to determine treatment. Call Company Nurse (1-877-518-6702)
D. Worker Compensation claim: The student must file a Workers' Compensation claim by contacting Connie Lehua (415.485.9361) in Human Resources, College of Marin.

What are the Instructor Responsibilities?

A. Sends the student to the Emergency Department for treatment.
B. Call Company Nurse (1-877-518-6702)
C. Notifies the Program Dean and Connie Lehua (415.485.9361) in Human Resources, College of Marin, of the injury in order to initiate the Workers' Compensation (Keenan) claim.
D. Follows the Clinical Facility protocol for reporting an injury.

What are the College of Marin Personnel Department Responsibilities?

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

What does the College of Marin Workers' Compensation Cover?

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

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

VI. Procedure for Injury of Student in the College Setting

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

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

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

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

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

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

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

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

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

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

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

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

H. Handle all specimens as though infectious.

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

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

Please note:

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

BOARD OF REGISTERED NURSING
PO BOX 944210, Sacramento, CA 94244-2100
P (916) 322-3350 | TTY (800) 326-2297 | www.rn.ca.gov

STATEMENT ON DELIVERY OF HEALTH CARE

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

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

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

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

SOURCE LIST ON REVERSE SIDE

NPR-B-17.DOCX 11/1993

SOURCES OF CURRENT INFORMATION ON AIDS

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

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

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

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

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

    Contact: (916) 445-0553

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

    Contact: (213) 974-8139

STUDENT RESOURCES, SERVICES, AND ACTIVITIES AT COLLEGE OF MARIN

Student Services at College of Marin

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

Counseling and Advising Services

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

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

Students who do not already possess a degree must meet with a counselor to determine what co-requisites are required and devise a plan for completion of co-requisites prior to completion of nursing courses in order to complete and graduate on time.

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

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

Student Accessibility Services (SAS)

The Student Accessibility Services (SAS) was formerly known as the Disabled Student Programs and Services. Their philosophy and mission are to ensure an accessible and welcoming environment for individuals with documented disabilities while ensuring compliance with federal and state regulations. SAS at College of Marin provides equal access to education to students with a wide range of permanent and temporary disabilities including learning disabilities, chronic health conditions, psychological disabilities, acquired brain injuries as well as mobility, vision, and hearing impairments. The College offers educational and mobility aids; note-takers, readers, and interpreters, and liaison with instructors, other campus services, and referrals to community agencies. **"All continuing SAS students** must **request accommodations in advance of each semester."** *COM website.* The SAS liaison communicates with the instructor when special considerations need to be given to a student, such as additional time for testing. Students should present a letter from SAS for each course in which they want accommodations.

Additional Information on Disabled Students and a Student Guide to Testing Services appears elsewhere in this handbook.

Financial Aid

The College of Marin offers a variety of federal and state programs in the form of tuition fee waivers, grants, loans, and part-time jobs to qualified students. Financial Aid provides money for books, fees, transportation, and some living expenses for students who qualify. The Financial Aid Office on the Kentfield Campus is in the Student Services Center. For information, call 415.485.9409. Applications are available in January for the following Fall and Spring semesters.

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

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

Health Center

The Student Health Center provides first aid, care and treatment for short-term medical concerns, over-the-counter and some prescription medications, immunizations, TB testing, anonymous HIV testing, flu shots, health education, physical exams for College programs, voluntary insurance plans, and physician appointments. The College Health Center is located in a portable building in the parking lot between the MSN building and the sports field. For information or appointments, call 415.485.9458.

Library

If you would like help with your research, the librarian at the Reference Desk will be happy to assist you. Stop by or call: 415.485.9475. The College Library, located in the Learning Resource Center, is open Monday through Thursday, 8:00 a.m. – 9:00 p.m. and Fridays, 8:00 a.m. – 4:00 p.m.; there are no weekend hours. (Check online or telephone to confirm current hours.) Library orientations are offered each semester. There is a computer-based catalog, and the library subscribes to the Cumulative Index to Nursing and Allied Health Literature which indexes more than 525 medical journals. Reference librarians assist students with finding appropriate materials. The library has an on-line full-text periodical database, INFOTRAC-Expanded Academic ASAP, which includes abstracts and/or full-text articles from many periodicals specific to nursing and the health sciences. The library currently subscribes to hundreds of periodicals, (both print and electronic) related to nursing and health care.

These include *American Journal of Nursing, Geriatric Nursing, Health, Nursing 2004, New England Journal of Medicine,* and *Journal of the American Medical Association (JAMA).* Computer workstations with Internet access are available in the library. Students can schedule workstation user times and print or e-mail copies of online articles. See *College of Marin Library Guidelines for Internet Workstation* in this manual. Articles from nursing journals may be assigned in nursing courses. These articles contain current nursing information, discussion of important issues in nursing, and examples of client application of theoretical concepts.

Computer Learning Resources

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

Nursing Clinical Application Laboratory (Skills Lab)

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

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

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

RN Student Resource Room (SMN 216)

The resource room has computers, texts, journals, and other resources available for RN students. Access and use of this room can be attained by connecting with Student Nurse Association officers, as they have a key available for students to use. There is no printer available in the room. It is the student's responsibility to sign the Log Sheet in the room, and please be sure the room is left the way it is found, in good order, and *LOCK the Door* when you leave. The college computer use policy applies.

Tutoring is offered to College of Marin students by the California Chancellor's Enrollment Grant. Tutoring is performed by both faculty and sometimes peer/graduate tutors. A list of approved tutors will be provided to students from the administrative team at the start of each Fall semester. Additionally, you are welcome and encouraged to meet with your faculty during their office hours for additional support.

Student Academic Clubs

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

How to Schedule Make-Up Tests

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

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

Reference Letters for Students

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

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

Providing Reasonable Accommodations for Students with Disabilities

Background:

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

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

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

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

Terms

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

A *qualified individual with a disability* is defined as an individual with a disability who meets the essential eligibility requirements to receive services or to participate in programs or activities provided by the college, *with or without* one of the following accommodations:

- Reasonable modifications to rules, policies or practices
- The removal of architectural, communication or transportation barriers
- The provision or auxiliary aids and services

Obligations of Students with Disabilities

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

Obligations of Institution under Section 504 and the ADA

The institution must provide *reasonable accommodations to the student's known disability in order to afford him/her an equal opportunity* to participate in the institution's programs, activities (including extracurricular activities). A college or university may not discriminate against an individual solely on the basis of disability.

The Role of the Student Accessibility Services (SAS) as known as Students Accessibility Services (SAS)

College of Marin's Students Accessibility Services (SAS) is the place you should contact for all your needs regarding disabled students in your class(es). It is the role of the SAS staff to provide *all* accommodations and maintain liaison with the instructor regarding the implementation of the accommodations. As a result, there should be no burden put on the instructor to deal directly with student(s)' requests except to refer them to the SAS office so that the staff can assess the request and set up the appropriate support. You should also know that just because a student requests a *certain* accommodation, it does not necessarily mean that the District must provide it. In addition, the college is not required to provide accommodations if such provision would fundamentally alter the nature of the program or when the academic requirements are *essential* to a program of study or to meet licensing requirements.

The Students Accessibility Services staff are available to you for all your needs regarding students with disabilities. . . be it help with accommodations, referrals, general information, or answering specific questions. Contacting the program immediately if there is a "perceived" or "anticipated" problem with a student or students can often be the best method to offset any complications that could arise in the future. The office is located at the Kentfield campus – please visit https://ss.marin.edu/sas for the most current information about hours and services. In addition, the program offers special classes throughout the county and provides classes and services to approximately 1500-2000 disabled students per year.

Call 415.485.9406 for more information!

Student Guide to Testing Services

Please feel free to talk to your counselor or to the Support Services Technician if you have any questions about these policies or about testing. Additional information can be found in your SAS Student Handbook.

Where do I take my tests?

Tests are given in one of three places: the classroom, the Testing Center, or the SAS offices. The location of your test depends on the accommodation you discussed with your counselor. If you get additional time on your tests, you will take them in the classroom or in the Testing Center. If you get a laptop computer or enlarged print, you will take your tests in the Testing Center. If you get a reader, a scribe, or a distraction- reduced environment, you will take your tests in the SAS offices.

How do I take tests in the classroom?

Talk to your instructor at the beginning of the semester to find out how he/she will give you additional time on tests.

How do I take tests in the Testing Center?

Make an appointment at the Testing Center at 415.457.8811, ext. 7469, at least one week before the test. If you need a laptop computer or enlarged print, you should make your appointment at the Testing Center one week before the test, and then call the Support Services Technician at (415) 457-8811, ext. 7706, to let him/her know what day you are taking the test and that you need a computer or enlarged print. If you are using a computer, your disk may need to be sent to the DSPS offices so you test can be printed and mailed to your instructor.

Be aware that the Testing Center often fills up during finals week, so make your appointments as early as possible to be sure you will have a slot.

How do I take tests at the SAS offices?

If you need a reader, a scribe, or a distraction-reduced environment for your test, contact the Support Services Technician at least one week before the test and let him/her know which accommodations you need and which class the test is for. The Technician will then schedule an appointment for you to come in and take your test. Tell him/her to specify what you can use for the test, such as scratch paper, notes, or a calculator. You will not be allowed to use any of these materials unless the instructor specifies to the Technician what is permitted.

What if I'm late to my test at SAS?

If you are less than twenty minutes late you will lose that time on your test. If you are more than twenty minutes late your test may need to be rescheduled with the approval of your instructor.

What if I miss my test?

If you miss an appointment, it is your instructor's decision whether or not you can make up your test.

For all tests, come prepared with any materials you will need, such as pencils, Scantron forms, essay books, scratch paper, and calculators.

SAS reserves the right to discontinue services if any of the above policies or any combination of the above policies is violated or abuse.

Library Guidelines for Internet Workstations

Purpose

The primary purpose of library Internet workstations is to provide the tools to conduct course-related research. Internet workstations may be used to search the Internet for classroom assignments and research tasks, search library catalogs, access online databases, and conduct course related e-mail, but not personal e-mail. **Use of e-mail on Internet workstations is limited to course related work. Personal e-mail may be accessed only at the Media Center.** The College of Marin does not provide e-mail accounts.

Assistance

Workstations users should have basic Internet navigation skills, knowledge of the Windows format, and be able to use a mouse. Library staff do not provide basic computer assistance, or offer one-on-one instruction on the use of personal computers or e-mail assistance. Staff will assist users by providing search tips and strategies as well as recommending appropriate Internet sites.

Access

Sign-up is required for all Internet workstations. Sign-up sheets are located near the Loan Desk counter. College of Marin students may sign-up by entering their library card barcode number in the appropriate space on the sign-up sheet. Visitors to the library may inquire at the Loan Desk to arrange for the use of an Internet workstation.

Internet research sessions are limited to two 30-minute sessions per day.

No more than two users may occupy an Internet workstation except for library instruction, class orientations, or to accommodate those with special needs.

The library Internet workstations do not have word processing and spreadsheet capability. Personal computers are available in the Media Center for word processing, opening e-mail attachments, etc.

The following activities **are not permitted** at library Internet workstations

- **Exhibiting noisy or disruptive behavior**
- **Accessing newsgroups or chat rooms**
- **Viewing or transmitting harassing, obscene or threatening material**
- **Receiving or sending illegal material or conducting illegal activity**
- **Conducting commercial or business activities**
- **Playing computer games**
- **Downloading or uploading programs**
- **Installing or reconfiguring software**
- **Attaching peripherals of any kind**
- **Vandalizing library property or violating library network security**
- **Harming or destroying other users or network data connected to the Internet**

Student Representatives on Committees

The nursing faculty feel it is essential for students to participate in the decision-making process regarding curriculum, regulations, and procedures of the Department Nursing. We support this participation by requesting student volunteers to serve on faculty and curriculum committees. Faculty welcome the opportunity to formally share information and learn the students' perspective on specific issues.

What are the benefits of serving as a student representative?

You will have the opportunity to develop leadership skills and management functions in working with faculty and your peers. You will learn how to give and receive feedback about your education and have the opportunity to initiate change. The title of Student Representative can be added to your resume. Faculty letters of recommendation may note your contribution as a representative. The program is exploring other incentives for your valuable participation and input at program meetings.

In the Fall, two-three students will be selected by their peers to serve on both the Faculty and Curriculum Committees. Faculty and curriculum meetings are held once a month. Students alternate attendance so that at least one representative from the first year and second year class is present at every meeting. These representatives are responsible for gathering information from their peers regarding student concerns and requests, and for bringing this information to the appropriate committee. The student representatives then report back to their classmates on the outcome of the meeting.

The representative should function to bring group concerns to the attention of the faculty member(s). If a student has individual concerns, it is expected that the student will approach the faculty member concerned.

After student representatives are selected in the Fall, an orientation meeting will be held to clarify any questions. At this time student will receive a schedule of all meetings in order to sign-up for available dates.

Meeting minutes will be made available electronically and posted on Moodle or in a shared drive.

Student Nurses' Association

The Student Nurses' Association at the College plays an active role and continues to provide leadership for the nursing student body. In the past, the SNA has raised funds for their Pinning ceremony, donated a scholarship to a 1st year student, and was involved in community projects and services.

National Student Nurses' Association

Purpose and Objectives (Article III of Bylaws)

- To provide programs representative of current professional interests and concerns
- To represent nursing students to the consumer, institutions, and other organizations
- To promote and encourage participation in community affairs and activities, toward improved health care and the resolution of related social issues
- To participate as a constituent of CNSA and NSNA through duly elected representatives

Executive Board Member Roles (Article VII of Bylaws) President

- Preside at all meetings
- Submit annual applications for NSNA and CNSA constituency
- Represent COM SNA in matters related to the association
- Serve on the Inner Club Council at College of Marin or delegate another member to attend the meetings
- Oversee/assist other board members in their responsibilities
- Review and reply to club correspondence
- Inform club advisor of current issues
- Fill out and file necessary paperwork for club activities
- Appoint SNA board members in case of a vacancy

Vice President

- Assume President's duties in case of absence
- Responsible for review and recommendations for changes in bylaws
- Perform duties as assigned by the President

Secretary

- Prepare the minutes of all meetings
- Other duties as assigned by the President

Treasurer

- Act as custodian of club funds
- Follow guidelines concerning fund raising events
- Other duties as assigned by the President

Editor/Publicity Director

- Responsible for publicity for the chapter
- Create, edit and distribute posters, newsletters, announcements, and flyers concerning upcoming events, important dates, editorial, and award information
- Responsible for display case in Harlan Center

Committee Chair Director

- Oversee all committees and forward reports to the board
- Assist with appointment of committee chairs
- Committees may include fund raising, resolutions, community health, Pinning, etc.

College of Marin Faculty Advisor to SNA

- Advisors are not required to attend club meetings when the club meets on campus during regular college hours.
- Advisors must attend off-campus, club sponsored activities or weekend on-campus activities.
- Advisors must sign all club "purchase orders" for club expenditures.
- Advisors are welcome to consult with the Director of Student Affairs regarding any questions, concerns or problems regarding club activities or events.
- Advisors may initiate the formation of a student club by finding two students who meet the "club officer" requirements and by completing the necessary club forms.

Excerpt from College of Marin *Student Affairs Activities Guide*

SECTION V

RN LICENSURE

Summary of Roles and Functions of the California Board of Registered Nursing (BRN)

The California Board of Registered Nursing
(a division of the Department of Consumer Affairs)
1625 North Market Boulevard, Suite N-217 Sacramento, CA 95834-1924
Phone: 916.322.3350 http://www.rn.ca.gov/

Composition of the Board

(4) Public Members
(2) Registered Nurses (Direct Patient Care)
(1) Registered Nurse (Advanced Practice)
(1) Registered Nurse (Educator or Administrator of RN Program)
(1) Registered Nurse (Administrator - Nursing Service)

General Function

Protection of the public is the highest priority for the Board of Registered Nursing in exercising its licensing, regulating, and disciplinary functions. The Board sets standards, holds meetings, passes upon applicants, conducts investigations of violations of laws under its jurisdiction, and holds hearings for the revocation of licenses, and imposes penalties following such hearings, in so far as these powers are given by statute.

Special Functions

Consumers

1. Receive complaints from consumers (including RN students) about RN practitioners; investigate and if appropriate file accusations, hearing notice, statements of defense, and set hearing date and time.

   (Complaint procedure is posted on bulletin board in nursing laboratory.)

Licensure – Sections 1409 – 1445.4; 1442 – 1445.1 of California Nursing Practice Act, 2004 Ed.

1. Deny application for licensure.
2. Accept application for licensure.
3. Grant license.
4. Suspend and/or revoke licensure.

5. Establish rehabilitation programs.
6. Reinstate licensure.

Education–Section 2786; 1420 – 1430; and 1451 of California Nursing Practice Act, 2004 Ed.

1. Establishes minimum standards for Schools of Nursing.
2. Accredits Schools of Nursing.
3. Approves courses for continuing education and monitors same.

Nursing Practice

1. Research nursing practice issues.
2. Establish policies relating to/clarifying Nursing Practice Act.

General Grounds for Discipline, Disciplinary Proceedings and Rehabilitation

1. Gross Negligence

   "Gross negligence" includes an extreme departure from the standard of care which, under similar circumstances, would have ordinarily been exercised by a competent registered nurse. Such an extreme departure means the repeated failure to provide nursing care as required or failure to provide care or to exercise ordinary precaution n a single situation which the nurse knew, or should have known, could have jeopardized the client's health or life. (Section 1442)

2. Incompetence

   "Incompetence" means the lack of possession of or the failure to exercise that degree of learning, skill, care and experience ordinarily possessed and exercised by a competent registered nurse as described in Section 1443.5 (Section 1443)

3. Substantial Relationship Criteria

   A conviction or act shall be considered to be substantially related to the qualifications, functions or duties of a registered nurse if to a substantial degree it evidences the present or potential unfitness of a registered nurse to practice in a manner consistent with the public health, safety, or welfare. Such convictions or acts shall include but not be limited to the following: (a) Assaultive or abusive conduct including, but not limited to, those violations listed in subdivision (d) of Penal Code Section 11160. (b) Failure to comply with any mandatory reporting requirements. (c) Theft, dishonesty, fraud, or deceit. (d) Any conviction or act subject to an order of registration pursuant to Section 290 of the Penal Code. (Section 1444)

4. Disciplinary guidelines (See Nursing Practice Act, Section 1444.5) Amended 2003.
5. Criteria for Rehabilitation and Petition for Reinstatement (See Nursing Practice Act, Section (1445 and 1445.1)

NOTE: The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation. See the Board of Registered Nursing Policy, Appendix V, Policy Statement on Denial of Licensure.

Additional information on the California Nursing Practice Act, including information on how to order a bound copy of the most recent edition, as well as PDF files for the California Business and Professions Code, and Title XVI of the California Code of Regulations, is available from the California Board of Registered Nursing website at: http://www.rn.ca.gov/regulations/npa.shtml

1. What convictions or license discipline must be reported on the application?

All convictions must be reported, except for minor traffic violations. Both misdemeanor and felony convictions must be reported, and "driving under the influence" must be reported. Convictions must be reported even if they have been expunged under Penal Code Section 1203.4. Also, offenses must be reported even if the applicant has successfully completed a diversion program under the Penal or Article 5 of the Vehicle Code. All prior or current disciplinary action against a healthcare related license must be reported, whether it occurred in California or in another state or territory.

2. What type of documentation do I need to submit in support of my application if I have a prior conviction or license discipline?

- Certified official court document(s) and arrest report(s) relative to your conviction(s), showing the date(s) and circumstance(s) surrounding your arrest/conviction(s), sections of the law violated, and disposition of the case.
- Copy of documents relative to any disciplinary action taken against any license as an RN or any healthcare related license or certificate, if applicable.
- A detailed description of the circumstances surrounding your conviction(s) or disciplinary action and a thorough description of the rehabilitative changes in your lifestyle since the time of your conviction(s) or disciplinary action which would enable you to avoid future occurrences. It would be helpful to include factors in your life which you feel may have contributed to your conviction(s) or disciplinary action, what you have learned about yourself since that time, and the changes you have made that support your rehabilitation.
- The burden of proof lies with the applicant to demonstrate evidence of rehabilitation. Examples of rehabilitation evidence include, but are not limited to:
  - If applicable to your conviction(s) or license discipline(s), documented evidence of professional treatment and counseling you may have completed. Please provide discharge summary, if applicable.
  - Letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
  - Proof of community work, schooling, and/or self-improvement efforts.
  - Court-issued certificate of rehabilitation or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.

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

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

LIC-B-01 (12/95 Adopted by Board, retyped 1/99, 9/00, Revised 10/02-Effective 5/03)   2.5.142

Notice Concerning the California Board of Registered Nursing Licensure Requirements

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

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

BOARD OF REGISTERED NURSING
P.O Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 | www.rn.ca.gov

Policy Statement on Denial of Licensure

The California Board of Registered Nursing protects the public by screening applicants for licensure in order to identify potentially unsafe practitioners. Statutory authority for denial of licensure is set out in Business and Professions Code Sections 480-487, 492, 493, 496, 810, 820-828, 2750-2765, and 2795-2797.

The law provides for denial of licensure for crimes or acts which are substantially related to nursing qualifications, functions, or duties. A crime or act meets this criterion if, to a substantial degree, it evidences present or potential unfitness to perform nursing functions in a manner consistent with the public health, safety, or welfare (California Code of Regulations, Section 1444).

The Board may deny licensure on the basis of:

- Conviction of crime substantially related to the practice of nursing.
- Any act involving dishonesty, fraud, or deceit with intent to substantially benefit self or another or to substantially injure another.
- Any act which is grounds for revocation of a license.
- Making a false statement on the application for license.
- Breach of examination security.

Convictions

The Board considers most convictions involving sex crimes, drug crimes, and crimes of violence to be substantially related to nursing practice. Board regulations list examples of such crimes or acts to include, but not be limited to:

- Conviction of child abuse.
- Violation of Nursing Practice Act.
- Conviction as a mentally disordered sex offender.
- Crime or act involving narcotics, dangerous drugs, or dangerous devices.
- Conviction of assault and/or battery.

Rehabilitation

If the Board determines that an act or crime is substantially related to the practice of nursing, then it is the responsibility of the applicant to present sufficient evidence of rehabilitation.

When considering denial of license, the Board takes into account the following criteria to evaluate the rehabilitation of the applicant. (California Code of Regulations, Section 1445.)

- Nature and severity of the acts or crimes.
- Additional subsequent acts.
- Recency of acts or crimes.
- Compliance with terms of parole, probation, restitution, or other sanctions.
- Evidence of rehabilitation submitted by applicant.

The Board has developed the following list of suggested evidence of rehabilitation for applicants whose licensure is in question.

It should be noted that the board applies the same denial criteria for applications for interim permits and temporary license as it uses for permanent licensure.

In summary, the Board of Registered Nursing screens applications fairly but cautiously, applying the above criteria. Schools of nursing are encouraged when counseling prospective nursing students to make them aware that there could be potential licensure problems due to serious acts or convictions as described above. In this manner, students have the opportunity to explore other career options prior to investing substantial time in a nursing program if it appears that a prior serious act or conviction may jeopardize licensure due to its substantial relationship to the practice of nursing.

Evidence of Rehabilitation

At the time of application for licensure, the burden of proof lies with the applicant to demonstrate sufficient competent evidence of rehabilitation to establish fitness to perform nursing functions in a manner consistent with public health, safety, and welfare. The following list itemizes types of evidence which the applicant should consider providing to the Board. All items should be mailed <u>directly</u> to the Board by the individual or agency who is providing information about the applicant.

1. Copies of court documents pertinent to conviction, including documents specifying conviction and sanctions, and proof of completion of sanction.
2. Letter from applicant describing underlying circumstances of arrest and conviction record as well as any rehabilitation efforts or changes in life since that time to prevent future problems.
3. Letters of reference from nursing program instructors concerning attendance, participation, and performance in nursing program.
4. Letters of reference from past and/or current employers.
5. Letters from recognized recovery programs attesting to current sobriety and length of time of sobriety if there has been a history of alcohol or drug abuse.
6. A current mental status examination by a clinical psychologist or psychiatrist. The evaluation should address the likelihood of similar acts or convictions in the future and should speak to the suitability of the registered nursing profession for the applicant.
7. Letters of reference from other knowledgeable professionals, such as probation or parole officers.
8. Copy of Certificate of Rehabilitation or evidence of expungement proceedings.
9. Evidence of compliance with and completion of terms of probation, parole, restitution, or any other sanctions.
10. For endorsement applicants, copies of:
    a. Formal accusation and determination of other state.
    b. Copies of evidence presented to other state in order to obtain reinstatement of license or reduction or penalty; and
    c. Terms of probation and evidence of current compliance if currently on probation in another state.

(Summarized Version of Business & Professions Code)

Grounds for Denial

480   (a) Board may deny a license on the basis of:

      1. Conviction of a crime, after time for appeal, irrespective of a subsequent order under Section 1203.4 of the Penal Code.
      2. Any act involving dishonesty, fraud or deceit with intent to substantially benefit self or another, or substantially injure another.
      3. Any act which is grounds for suspension or revocation of registered nurse's license.

(b) May not deny license solely on basis of felony conviction if there is certificate of rehabilitation (Penal Code 4852.01)

(c) May deny license if applicant knowingly made false statement of fact required in application.

Criteria for Related Crimes Required

481   Board must have criteria to assist in considering denial, revocation, suspension of license in order to determine whether a crime or act is substantially related to nursing qualifications, functions, or duties. (BRN criteria specified in Section 1444 of California Code of Regulations.)

Criteria for Rehabilitation Required

482   Board must have criteria to evaluate rehabilitation when considering (a) denial or (b) suspension or revocation of license. Board must consider all competent evidence of rehabilitation furnished by applicant or licensee. (Section 1445, California Code of Regulations.)

Attestations of Good Moral Character Not Required

484   No applicant can be required to submit attestations of good moral character.

Procedure for Board Upon Denial

485   Upon denial the Board must (a) serve a statement of issues or (b) notify the applicant of the denial stating the reasons and the right to a hearing. The right to a hearing is waived if a written request is not received within 60 days.

Reapplication after Denial

486   Upon denial the Board must inform the applicant of the earliest date for reapplication, state that all competent evidence of rehabilitation will be considered upon reapplication and send a copy of the criteria for rehabilitation.

487   If a hearing is requested it must be conducted within 90 days of request, except for OAH extensions or at applicant's request.

492   Successful completions of any diversion program under the Penal Code or successful completion of an alcohol and drug problem assessment program under the Vehicle Code does not prohibit the Board from denying or disciplining a license based upon the underlying misconduct.

493   The record of the conviction of a crime shall be conclusive evidence of the fact that the conviction occurred, and the Board may inquire into the circumstances surrounding the crime in order to fix the degree of discipline or to determine if the conviction is substantially related.

Violations of Exam Security

496   Board may deny, suspend, revoke, or restrict license on grounds that applicant for licensure subverted or attempted to subvert administration of examination.

(Summarized Version of California Code of Regulations) 1444. <u>Substantial Relationship Criteria</u>

A crime or act is considered substantially related to the practice of nursing if, to a substantial degree, it evidences present or potential unfitness of a registered nurse to perform nursing functions in a manner consistent with the public health, safety, or welfare.

Such acts or crimes include, but are not limited to:

    a. Conviction of child abuse.
    b. Violation of Nursing Practice Act.
    c. Conviction as a mentally disordered sex offender.
    d. Crime or act involving sale, gift, administration, or furnishing of narcotics, dangerous drugs, or dangerous devices.
    e. Conviction for assault and/or battery.

1445. <u>Criteria for Rehabilitation</u>

    a. When considering denial of license, the Board is to consider the following criteria in evaluating the rehabilitation of the applicant and his/her present eligibility for a license.
        1. Nature and severity of acts or crimes.
        2. Evidence of any additional, subsequent acts which also could be considered grounds for denial.
        3. Time that has elapsed since commission of acts or crimes.
        4. Extent to which applicant has complied with terms of parole, probation, restitution, or other sanctions.
        5. Evidence of rehabilitation submitted by applicant.

STANDARDS OF COMPETENT PERFORMANCE

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

1443.5. STANDARDS OF COMPETENT PERFORMANCE

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

(1) Formulates a nursing diagnosis through observation of the client's physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.

(2) Formulates a care plan, in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.

(3) Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the client and family and teaches the client and family how to care for the client's health needs.

(4) Delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.

(5) Evaluates the effectiveness of the care plan through observation of the client's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the client and the health team members, and modifies the plan as needed.

(6) Acts as the client's advocate, as circumstances require by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided.

BOARD OF REGISTERED NURSING

CALIFORNIA NURSING PRACTICE ACT

Website: http://www.leginfo.ca.gov/cgi-bin/displaycode?section=bpc&group=02001-03000&file=2725-2742

Scope of Regulation
Excerpt from Business and Professions Code
Division 2, Chapter 6. Article 2

Section 2725. Legislative intent: Practice of Nursing Defined

2725. (a) In amending this section at the 1973-74 session, the Legislature recognizes that nursing is a dynamic field, the practice of which is continually evolving to include more sophisticated patient care activities. It is the intent of the Legislature in amending this section at the 1973-74 session to provide clear legal authority for functions and procedures that have common acceptance and usage. It is the legislative intent also to recognize the existence of overlapping functions between physicians and registered nurses and to permit additional sharing of functions within organized health care systems that provide for collaboration between physicians and registered nurses. These organized health care systems include, but are not limited to, health facilities licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, clinics, home health agencies, physicians' offices, and public or community health services.

   (b) The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following:

   (1) Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures.

   (2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.

   (3) The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.

   (4) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (A) determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.

   (c) "Standardized procedures," as used in this section, means either of the following:

   (1) Policies and protocols developed by a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code through collaboration among administrators and health professionals including physicians and nurses.

(2) Policies and protocols developed through collaboration among administrators and health professionals, including physicians and nurses, by an organized health care system which is not a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code.

The policies and protocols shall be subject to any guidelines for standardized procedures that the Division of Licensing of the Medical Board of California and the Board of Registered Nursing may jointly promulgate. If promulgated, the guidelines shall be administered by the Board of Registered Nursing.

(d) Nothing in this section shall be construed to require approval of standardized procedures by the Division of Licensing of the Medical Board of California, or by the Board of Registered Nursing.

(e) No state agency other than the board may define or interpret the practice of nursing for those licensed pursuant to the provisions of this chapter, or develop standardized procedures or protocols pursuant to this chapter, unless so authorized by this chapter, or specifically required under state or federal statute. "State agency" includes every state office, officer, department, division, bureau, board, authority, and commission.

2725.1. (a) Notwithstanding any other provision of law, a registered nurse may dispense drugs or devices upon an order by a licensed physician and surgeon or an order by a certified nurse-midwife, nurse practitioner, or physician assistant issued pursuant to Section 2746.51, 2836.1, or 3502.1, respectively, if the registered nurse is functioning within a licensed primary care clinic as defined in subdivision (a) of Section 1204 of, or within a clinic as defined in subdivision (b), (c), (h), or (j) of Section 1206 of, the Health and Safety Code.

(b) No clinic shall employ a registered nurse to perform dispensing duties exclusively. No registered nurse shall dispense drugs in a pharmacy, keep a pharmacy, open shop, or drugstore for the retailing of drugs or poisons. No registered nurse shall compound drugs. Dispensing of drugs by a registered nurse, except a certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51 or a nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, shall not include substances included in the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code). Nothing in this section shall exempt a clinic from the provisions of Article 13 (commencing with Section 4180) of Chapter 9.

(c) Nothing in this section shall be construed to limit any other authority granted to a certified nurse-midwife pursuant to Article 2.5 (commencing with Section 2746), to a nurse practitioner pursuant to Article 8 (commencing with Section 2834), or to a physician assistant pursuant to Chapter 7.7 (commencing with Section 3500).

(d) Nothing in this section shall be construed to affect the sites or types of health care facilities at which drugs or devices are authorized to be dispensed pursuant to Chapter 9 (commencing with Section 4000).

2725.2. (a) Notwithstanding any other provision of law, a registered nurse may dispense self-administered hormonal contraceptives approved by the federal Food and Drug Administration (FDA) and may administer injections of hormonal contraceptives approved by the FDA in strict adherence to standardized procedures developed in compliance with subdivision (c) of Section 2725.

(b) The standardized procedure described in subdivision (a) shall include all of the following:

(1) Which nurse, based on successful completion of training and competency assessment, may dispense or administer the hormonal contraceptives.

(2) Minimum training requirements regarding educating patients on medical standards for ongoing women's preventive health, contraception options education and counseling, properly eliciting, documenting, and assessing patient and family health history, and utilization of the United States Medical Eligibility Criteria for Contraceptive Use.

(3) Demonstration of competency in providing the appropriate prior examination comprised of checking blood pressure, weight, and patient and family health history, including medications taken by the patient.

(4) Which hormonal contraceptives may be dispensed or administered under specified circumstances, utilizing the most recent version of the United States Medical Eligibility Criteria for Contraceptive Use.

(5) Criteria and procedure for identification, documentation, and referral of patients with contraindications for hormonal contraceptives and patients in need of a follow-up visit to a physician and surgeon, nurse practitioner, certified nurse-midwife, or physician assistant.

(6) The extent of physician and surgeon supervision required.

(7) The method of periodic review of the nurse's competence.

(8) The method of periodic review of the standardized procedure, including, but not limited to, the required frequency of review and the person conducting that review.

(9) Adherence to subdivision (a) of Section 2242 in a manner developed through collaboration with health care providers, including physicians and surgeons, certified nurse-midwives, nurse practitioners, physician assistants, and registered nurses. The appropriate prior examination shall be consistent with the evidence-based practice guidelines adopted by the federal Centers for Disease Control and Prevention in conjunction with the United States Medical Eligibility Criteria for Contraceptive Use.

(10) If a patient has been seen exclusively by a registered nurse for three consecutive years, the patient shall be evaluated by a physician and surgeon, nurse practitioner, certified nurse-midwife, or physician assistant prior to continuing the dispensation or administration of hormonal contraceptives.

(c) Nothing in this section shall be construed to affect the sites or types of health care facilities at which drugs or devices are authorized to be dispensed pursuant to Chapter 9 (commencing with Section 4000).

2725.3. (a) A health facility licensed pursuant to subdivision (a), (b), or (f), of Section 1250 of the Health and Safety Code shall not assign unlicensed personnel to perform nursing functions in lieu of a registered nurse and may not allow unlicensed personnel to perform functions under the direct clinical supervision of a registered nurse that require a substantial amount of scientific knowledge and technical skills, including, but not limited to, any of the following:

(1) Administration of medication.

(2) Venipuncture or intravenous therapy.

(3) Parenteral or tube feedings.

(4) Invasive procedures including inserting nasogastric tubes, inserting catheters, or tracheal suctioning.

(5) Assessment of patient condition.

(6) Educating patients and their families concerning the patient's health care problems, including post-discharge care.

(7) Moderate complexity laboratory tests.

(b) This section shall not preclude any person from performing any act or function that he or she is authorized to perform pursuant to Division 2 (commencing with Section 500) or pursuant to existing statute or regulation as of July 1, 1999.

2725.4 Abortion by aspiration techniques; Requirements

Notwithstanding any other provision of this chapter, the following shall apply:

(a) In order to perform an abortion by aspiration techniques pursuant to Section 2253, a person with a license or certificate to practice as a nurse practitioner or a certified nurse-midwife shall complete training recognized by the Board of registered Nursing. Beginning January 1, 2014, and until January 1, 2016, the competency-based training protocols established by Health Workforce Pilot Project (HWPP) No. 171 through the Office of Statewide Health Planning and Development shall be used.

(b) In order to perform an abortion by aspiration techniques pursuant to Section 2253, a person with a license or certificate to practice as a nurse practitioner or a certified nurse-midwife shall adhere to standardized procedures developed in compliance with subdivision (c) of Section 2725 that specify all of the following:

1. The extent of supervision by a physician and surgeon with relevant training and expertise.

2. Procedures for transferring patients to the care of the physician and surgeon or a hospital

3. Procedures for obtaining assistance and consultation from a physician and surgeon.

4. Procedures for providing emergency care until physician assistance and consultation are available.

5. The method of periodic review of the provisions of the standardized procedures

(c) A nurse practitioner or certified nurse-midwife who has completed training and achieved clinical competency through HWPP No. 171 shall be authorized to perform abortions by aspiration techniques pursuant to Section 2253 without prior completion of training and validation of clinical competency.

2725.5. "Advanced practice registered nurse" means those licensed registered nurses who have met the requirements of Article 2.5 (commencing with Section 2746), Article 7 (commencing with Section 2825), Article 8 (commencing with Section 2834), or Article 9 (commencing with Section 2838).

2726. Except as otherwise provided herein, this chapter confers no authority to practice medicine or surgery.

2727. This chapter does not prohibit:

(a) Gratuitous nursing of the sick by friends or members of the family.

(b) Incidental care of the sick by domestic servants or by persons primarily employed as housekeepers as long as they do not practice nursing within the meaning of this chapter.

(c) Domestic administration of family remedies by any person.

(d) Nursing services in case of an emergency. "Emergency," as used in this subdivision includes an epidemic or public disaster.

(e) The performance by any person of such duties as required in the physical care of a patient and/or carrying out medical orders prescribed by a licensed physician; provided, such person shall not in any way assume to practice as a professional, registered, graduate or trained nurse.

2727.5. A person licensed under this chapter who in good faith renders emergency care at the scene of an emergency which occurs outside both the place and the course of that person's employment shall not be liable for any civil damages as the result of acts or omissions by that person in rendering the emergency care.

This section shall not grant immunity from civil damages when the person is grossly negligent.

2728. If adequate medical and nursing supervision by a professional nurse or nurses is provided, nursing service may be given by attendants, psychiatric technicians, or psychiatric technician interim permittees in institutions under the jurisdiction of the State Department of State Hospitals or the State Department of Developmental Services or subject to visitation by the State Department of Public Health or the Department of Corrections and Rehabilitation. Services so given by a psychiatric technician shall be limited to services which he or she is authorized to perform by his or her license as a psychiatric technician. Services so given by a psychiatric technician interim permittee shall be limited to skills included in his or her basic course of study and performed under the supervision of a licensed psychiatric technician or registered nurse.

The Director of State Hospitals, the Director of Developmental Services, and the State Public Health Officer shall determine what shall constitute adequate medical and nursing supervision in any institution under the jurisdiction of the State Department of State Hospitals or the State Department of Developmental Services or subject to visitation by the State Department of Public Health.

Notwithstanding any other provision of law, institutions under the jurisdiction of the State Department of State Hospitals or the State Department of Developmental Services may utilize graduates of accredited psychiatric technician training programs who are not licensed psychiatric technicians or psychiatric technician interim permittees to perform skills included in their basic course of study when supervised by a licensed psychiatric technician or registered nurse, for a period not to exceed nine months.

2728.5. Except for those provisions of law relating to directors of nursing services, nothing in this chapter or any other provision of law shall prevent the utilization of a licensed psychiatric technician or psychiatric technician interim permittee in performing services used in the care, treatment, and rehabilitation of mentally ill, emotionally disturbed, or developmentally disabled persons within the scope of practice for which he or she is licensed or authorized in facilities under the jurisdiction of the State Department of State Hospitals or the State Department of Developmental Services or licensed by the State Department of Public Health, that he or she is licensed to perform as a psychiatric technician, or authorized to perform as a psychiatric technician interim permittee including any nursing services under Section 2728, in facilities under the jurisdiction of the State Department of State Hospitals or the State Department of Developmental Services or subject to visitation by the State Department of Public Health.

2729. Nursing services may be rendered by a student when these services are incidental to the course of study of one of the following:

(a) A student enrolled in a board-approved prelicensure program or school of nursing.

(b) A nurse licensed in another state or country taking a board-approved continuing education course or a post licensure course.

2730. If he does not represent or hold himself out as a professional nurse licensed to practice in this State and if he has an engagement, made in another State or country, requiring him to accompany and care for a patient temporarily residing in this State during the period of such engagement, a nurse legally qualified by another State or country may give nursing care to such patient in this State.

2731. This chapter does not prohibit nursing or the care of the sick, with or without compensation or personal profit, when done by the adherents of and in connection with the practice of the religious tenets of any well recognized church or denomination, so long as they do not otherwise engage in the practice of nursing.

2732. No person shall engage in the practice of nursing, as defined in Section 2725, without holding a license which is in an active status issued under this chapter except as otherwise provided in this act.

Every licensee may be known as a registered nurse and may place the letter "R. N." after his name.

2732.05. (a) Every employer of a registered nurse, every employer of a registered nurse required to hold any board-issued certification, and every person acting as an agent for such a nurse in obtaining employment, shall ascertain that the nurse is currently authorized to practice as a registered nurse or as a registered nurse pursuant to a board-issued certification within the provisions of this chapter. As used in this section, "board-issued certification" includes, but is not limited to, certification as a nurse practitioner, nurse practitioner with a furnishing number, nurse anesthetist, nurse midwife, nurse midwife with a furnishing number, public health nurse, clinical nurse specialist, or board listed psychiatric mental health nurse.

(b) Every employer of a temporary licensee or interim permittee and every person acting as an agent for a temporary licensee or interim permittee in obtaining employment shall ascertain that the person is currently authorized to practice as a temporary licensee or interim permittee.

(c) As used in this section, the term "agent" includes, but is not limited to, a nurses' registry and a traveling nurse agency.

Examination by an employer or agent of evidence satisfactory to the board showing the nurse's, licensee's, or permittee's current authority to practice under this chapter, prior to employment, shall constitute a determination of authority to so practice.

Nothing in this section shall apply to a patient, or other person acting for a specific patient, who engages the services of a registered nurse or temporary licensee to provide nursing care to a single patient.

2732.1. (a) An applicant for license by examination shall submit a written application in the form prescribed by the board.

Upon approval of the application, the board may issue an interim permit authorizing the applicant to practice nursing pending the results of the first licensing examination following completion of his or her nursing course or for a maximum period of six months, whichever occurs first.

If the applicant passes the examination, the interim permit shall remain in effect until a regular renewable license is issued by the board. If the applicant fails the examination, the interim permit shall terminate upon notice thereof by first-class mail.

(b) The board upon written application may issue a license without examination to any applicant who is licensed or registered as a nurse in a state, district or territory of the United States or Canada having, in the opinion of the board, requirements for licensing or registration equal to or higher than those in California at the time the application is filed with the Board of Registered Nursing, if he or she has passed an examination for the license or registration that is, in the board's opinion, comparable to the board's examination, and if he or she meets all the other requirements set forth in Section 2736.

(c) Each application shall be accompanied by the fee prescribed by this chapter for the filing of an application for a regular renewable license.

The interim permit shall terminate upon notice thereof by first-class mail, if it is issued by mistake or if the application for permanent licensure is denied.

2733. (a) Upon approval of an application filed pursuant to subdivision (b) of Section 2732.1, and upon the payment of the fee prescribed by subdivision (k) of Section 2815, the board may issue a temporary license to practice professional nursing, and a temporary certificate to practice as a certified nurse midwife, certified nurse practitioner, certified public health nurse, certified clinical nurse specialist, or certified nurse anesthetist for a period of six months from the date of issuance.

A temporary license or temporary certificate shall terminate upon notice thereof by certified mail, return receipt requested, if it is issued by mistake or if the application for permanent licensure is denied.

(b) Upon written application, the board may reissue a temporary license or temporary certificate to any person who has applied for a regular renewable license pursuant to subdivision (b) of Section 2732.1 and who, in the judgment of the board has been excusably delayed in completing his or her application for or the minimum requirements for a regular renewable license, but the board may not reissue a temporary license or temporary certificate more than twice to any one person.

2734. Upon application in writing to the board and payment of the biennial renewal fee, a licensee may have his license placed in an inactive status for an indefinite period of time. A licensee whose license is in an inactive status may not practice nursing. However, such a licensee does not have to comply with the continuing education standards of Section 2811.5.

2736. (a) An applicant for licensure as a registered nurse shall comply with each of the following:

(1) Have completed such general preliminary education requirements as shall be determined by the board.

(2) Have successfully completed the courses of instruction prescribed by the board for licensure, in a program in this state accredited by the board for training registered nurses, or have

successfully completed courses of instruction in a school of nursing outside of this state which, in the opinion of the board at the time the application is filed with the Board of Registered Nursing, are equivalent to the minimum requirements of the board for licensure established for an accredited program in this state.

   (3) Not be subject to denial of licensure under Section 480.

   (b) An applicant who has received his or her training from a school of nursing in a country outside the United States and who has complied with the provisions of subdivision (a), or has completed training equivalent to that required by subdivision (a), shall qualify for licensure by successfully passing the examination prescribed by the board.

2736.1. (a) The course of instruction for an applicant who matriculates on or after September 1, 1985, shall include training in the detection and treatment of alcohol and chemical substance dependency.

   (b) The course of instruction for an applicant who matriculates on or after January 1, 1995, shall include training in the detection and treatment of client abuse, including, but not limited to, spousal or partner abuse. The requirement for coursework in spousal or partner abuse detection and treatment shall be satisfied by, and the board shall accept in satisfaction of the requirement, a certification from the chief academic officer of the educational institution from which the applicant graduated that the required coursework is included within the institution's required curriculum for graduation.

2736.5. (a) Any person who has served on active duty in the medical corps of any of the Armed Forces of the United States and who has successfully completed the course of instruction required to qualify him or her for rating as a medical service technician—independent duty, or other equivalent rating in his particular branch of the Armed Forces, and whose service in the Armed Forces has been under honorable conditions, may submit the record of such training to the board for evaluation.

(b) If such person meets the qualifications of paragraphs (1) and (3) of subdivision (a) of Section 2736, and if the board determines that his or her education would give reasonable assurance of competence to practice as a registered nurse in this state, he or she shall be granted a license upon passing the standard examination for such licensure.

   (c) The board shall, by regulation, establish criteria for evaluating the education of applicants under this section.

   (d) The board shall maintain records of the following categories of applicants under this section:

   (1) Applicants who are rejected for examination, and the areas of such applicants' preparation which are the causes of rejection.

   (2) Applicants who are qualified by their military education alone to take the examination, and the results of their examinations.

   (3) Applicants who are qualified to take the examination by their military education plus supplementary education, and the results of their examinations.

   (e) The board shall attempt to contact by mail or other means individuals meeting the requirements of subdivision (a) who have been or will be discharged or separated from the Armed Forces of the United States, in order to inform them of the application procedure provided by this section. The board may enter into an agreement with the federal government in order to secure the names and addresses of such individuals.

2736.6. The board shall determine by regulation the additional preparation in nursing, in a school approved by the board, which is required for a vocational nurse, licensed under Chapter 6.5 (commencing with Section 2840) of this division, to be eligible to take the examination for licensure under this chapter as a registered nurse. The board shall not require more than 30 units in nursing and related science subjects to satisfy such preparation.

2737. An applicant for a license authorizing him to practice nursing in this State under this chapter, upon the filing of his application shall pay the fee required by this chapter.

2738. The board shall hold not less than two examinations each year at such times and places as the board may determine.

2740. Examinations shall be written, but in the discretion of the board may be supplemented by an oral or practical examination in such subjects as the board determines. All examinations shall be conducted by such persons and in such manner and under such rules and regulations as the board may prescribe.
   The board shall finally pass or reject all applicants. Its actions shall be final and conclusive and not subject to review by any court or other authority.

2741. An application for reexamination shall be accompanied by the fees prescribed by this chapter.

2742. The board shall issue a license to each applicant who passes the examination and meets all other licensing requirements. The form of the license shall be determined in accordance with Section 164.

SECTION VI

CNA CERTIFICATION

California Nurse Assistant Certification

Student nurses may gain additional patient care experience by working as a Nurse Assistant or Home Health Aide. The following information explains the procedures.

All student nurse assistant candidates applying to take the National Nurse Aide Assessment Program (NNNAP) Examination in California must have successfully completed a Department of Public Health- approved nurse assistant training program. You are allowed two (2) years from your training program completion date to pass the nursing assistant examination. If you do not pass the NNAAP Examination within a two-year period, you will be required to re-train before you will be allowed to take the examination again.

If you have not completed a CNA training program but have had other training (e.g., completion of your first year of the ADN program) you should contact the California Department of Public Health at 1-916- 327-2445 to determine your eligibility.

California Department of Public Health (CDPH) Hours of Operation 8:00 a.m. – 5:00 p.m. P.S.T. 1-916-327-2445;

http://www.cdph.ca.gov Call CDPH to:

- Obtain information regarding requirements for initial licensing
- Change your current address or name after testing
- Obtain information regarding reciprocity
- Obtain additional information

For Nurse Assistant and/or Home Health Aide Initial Application (form HS 283B) and licensing requirements, go to:

http://www.cdph.ca.gov/pubsforms/Pages/CNAHHAProgram.aspx

For the California Nurse Assistant Candidate Handbook January, 2010 go to:
http://www.asisvcs.com/publications/pdf/070500.pdf

SECTION VII

EVIDENCE-BASED PRACTICE RESOURCES FOR NURSING STUDENTS

Evidence-Based Practice Resources for Nursing Students

Student Learning Outcomes

1. Define evidence-based practice as the integration of the best available evidence from scientific research with nursing expertise and patient/family values.
2. Identify reliable sources for obtaining research evidence and clinical practice guidelines.
3. Discriminate research findings based on level of evidence.
4. Formulate a clinical question based on the PICO guideline.
5. Synthesize clinical practice with the principles of evidence-based practice.

Evidence-Based Practice in Nursing

An understanding of the principles of evidence-based practice provides the foundation for delivery of expert, patient-centered nursing care. In nursing, evidence-based practice integrates the best available evidence from scientific research with nursing expertise and individual patient and family preferences. Implementation of best practice evidence increases nurses' ability to provide safe, cost-effective care (Reavy & Tavernier, 2008). Nursing practice based on evidence-based research and guidelines provides consistency, reduces errors, and improves outcomes (Meeker, Jones, & Flanagan, 2008).

Clinical Inquiry

Essential steps on the pathway to evidence-based nursing practice include clinical inquiry and information literacy. Clinical inquiry involves both background and foreground questions. Background questions seek general knowledge, the who, what, when, where or how about a disease or clinical frame of reference. Background inquires use secondary resources such as textbooks, reference books, and articles summarizing current knowledge. For example, the nurse may seek general information about infection control on a medical-surgical unit. More focused foreground questions ask for specific knowledge about diseases, patients, clinical procedures, or nursing interventions. Foreground inquiries use primary sources such as articles from scholarly and peer reviewed journals that report the results of studies or experiments. For example, the nurse may want specific information from studies about the effectiveness of hand washing with soap and water compared with hand washing with alcohol-based cleansers (WCSU, n.d.).

PICO

The PICO format provides a guide for developing foreground inquiries. The four-step process helps clarify the clinical research question and define main search concepts.

P: Population. What is the population or problem of concern? Example: Adult medical-surgical patients

I: Intervention. What interventions will be applied to the problem? Example: Hand washing with soap and water

C: Comparison. Are there alternative interventions? Example: Hand washing with alcohol-based cleanser **O: Outcome:** What will be improved or changed?

Example: Decrease in incidence of hospital acquired infections

Clinical Question

Once the population, intervention, comparison, and outcomes have been identified, a clinical question is formed.

Population	**I**ntervention	**C**omparison	**O**utcome
In adult medical-surgical patients	does and washing with soap and water by nurses	compared with hand washing with alcohol-based cleanser by nurses	decrease the incidence of hospital acquired infections?

Information Literacy

The clinical question suggests search terms. In the above example, useful search terms include hand washing, infection control, and techniques of nurses (WCSU, n.d.). Detailed information about conducting internet database searches is available through the WCSU evidence-based nursing practice tutorial at http://library.wcsu.edu/web/assistance/research/nursing/tutorial/

Levels of Evidence

The process of investigating a clinical question involves evaluating the study design and level of evidence. Upper division and graduate level research courses provide tools for evaluating research design and methods. Levels of evidence are rated on a hierarchical scale with evidence from meta- analysis of relevant randomized controlled trials occupying the highest level and evidence from expert opinion occupying the lowest level.

Level 1	Evidence from a systematic review or meta-analysis of relevant randomly controlled trials (RCT).
Level II	Evidence obtained from at least one well designed RCT.
Level III	Evidence obtained from one well designed controlled trial without randomization.

Level IV	Evidence from well-designed case control or cohort studies.
Level V	Evidence from systematic reviews of descriptive or qualitative studies.
Level VI	Evidence from single descriptive or qualitative study.
Level VII	Evidence from the opinion of authorities and/or reports of expert committees (SSU,2010).

Evidence-Based Practice Resources

The strength of evidence depends on the quality of the research. One way to ensure quality scholarship is to search for peer-reviewed articles. Peer reviewed articles are subjected to review by an impartial panel of experts prior to publication. Peer review publications are more likely to provide conclusions supported by well-founded research and statistics and are less likely to reflect bias. The most reliable sources for evidence-based information are filtered databases, published professional journals, and reference sources. Although general internet searches may yield promising data, results are highly varied and may include advertising and biased opinions (WCSU, n.d.). The following list provides links to some reliable public access resources and research tutorials.

Libraries

College of Marin Library. Infotrack database provides access to full text articles. Nursing LibGuide: http://libguides.marin.edu/nursing

Instructions for getting to Library databases in the MyCOM portal:

- Log in to the **MyCOM Portal**
- Click the "Services" tab
- Scroll down to "Library" section
- Click "Library Search" link
    - Super-Search (top center of page)
    - Databases A - Z (left side of page)

Sonoma State University Library Nursing research guide: http://libguides.sonoma.edu/nursing Click on the *Evidence-Based Practice* tab for links to research tutorials and resources.

WCSU Western Connecticut State University Libraries. Information literacy for evidence-based nursing practice. http://library.wcsu.edu/web/assistance/research/nursing/tutorial/

Provides an excellent online tutorial incorporating case studies.

Public Access Websites

Agency for Healthcare Research and Quality (AHRQ) http://www.ahrq.gov/clinic/
Provides links to evidence-based practice guidelines

Cochrane Reviews http://www2.cochrane.org/reviews/

National Guidelines Clearinghouse http://www.guideline.gov/
Provides evidence based practice guidelines

PubMed http://www.ncbi.nlm.nih.gov/PubMed/ Provides abstracts and some free full-text articles

TRIP (Turning Research in Practice) http://www.tripdatabase.co.uk/
Provides evidence-based healthcare resources

University of Massachusetts Public Health Clinical Guidelines: http://library.umassmed.edu/ebpph/
Provides free access to evidence-based public health resources

Health Organization Websites

Centers for Disease Control (CDC): http://www.cdc.gov/
Health finder (U.S. Dept. of Health and Human Services): http://www.healthfinder.gov/
National Library of Medicine: http://www.nlm.nih.gov/
Informine: Scholarly Internet Resource Collections: http://infomine.ucr.edu/
Mayo Clinic: http://www.mayoclinic.com/health/medical/HomePage
Merlot Health Sciences: http://healthsciences.merlot.org/
National Institutes of Health (NIH): http://www.nih.gov/
Lab Tests Online: http://www.labtestsonline.org/
MedlinePlus http://medlineplus.gov/

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