Associate Degree Nursing Program

2026 - 2027
Student Handbook

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This handbook is strictly for El Camino College Nursing Students who have been admitted to the El Camino College Nursing Program from hereforth to be known as "students".

1 HISTORY OF THE EL CAMINO COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

El Camino is Spanish for "The Road." The road refers to California's first road: "El Camino Real," which means "The King's Road," or "The Royal Road." After a strong recommendation by a consulting team to establish a two-year college in the Inglewood-South Bay area, the governing boards of the Centinela Valley, Redondo, Inglewood and El Segundo districts won 10-1 voter approval for the creation of a junior college. Torrance soon joined the newly chartered group, and the El Camino Community College District was officially established on July 1, 1947. The shop building was the first permanent building for classroom instruction, which opened in 1949. This was followed by the development of the women's gym, field house, another shop building, and the social science. Major construction occurred every year during the growth years of the college.

The El Camino College (ECC) Associate Degree Nursing (ADN) program was established in 1962 and since then has graduated over 3,100 RN students. The ADN program is four semesters in length after completion of program prerequisites approved by the California Board of Registered Nursing (BRN). Acceptance of qualified applicants to the program does not guarantee graduation from the program/college. Completion of the curriculum qualifies students to receive an ADN and to apply for the National Council Licensing Examination for Registered Nurses (NCLEX-RN®).

El Camino Community College is committed to providing our nursing students with a comprehensive quality education that promotes student success. Following completion of thenursing program, many of our graduates have been very successful in serving their communities as clinicians, leaders, and academics for over 60 years.

Many of the graduates have continued their education earning their Bachelor of Science in Nursing (BSN) degree, Master of Science in Nursing (MSN) and doctoral degrees from various universities. There have been several graduates to return to their Alma Mata campus and became professors in the nursing program.

Leading the nursing department in keeping with the highest educational standards and optimal learning opportunities for our students at El Camino College is Shiny Johnson, EdD, RN, Director of Nursing; Assistant Director Gerardo Flores, PhD, RN, MSK; and Assistant Director Michelle Guta, DNP, RN.

2 BOARD OF REGISTERED NURSING

2.1 WHAT IS THE BOARD OF REGISTERED NURSING?

The Boards of Nursing (BONs) are state governmental agencies responsible for the regulation of nursing practice. More than 100 years ago, state governments established BONs to protect the public's health and welfare by overseeing and ensuring the safe practice of nursing. BONs achieve this mission by outlining the standards for safe nursing care and issuing licenses to practice nursing. Once a license is issued, the Board's job continues by monitoring licensees' compliance to state laws and taking action against the licenses of those nurses who have exhibited unsafe nursing practice (https://www.ncsbn.org/about-boards-of-nursing.htm).

The Board of Registered Nursing (BRN) has "Uniform Licensure Requirements" (ULRs) that are essential conditions to seek initial licensure, endorsement, renewal, and reinstatement of a license across every National Council of State Boards of Nursing (NCSBN) jurisdiction. URLs are established to ensure the safe and competent practice of nursing, to protect the public by setting consistent standards and promoting a health care system that is fluid and accessible by removing barriers to care and maximizing portability for nurses.

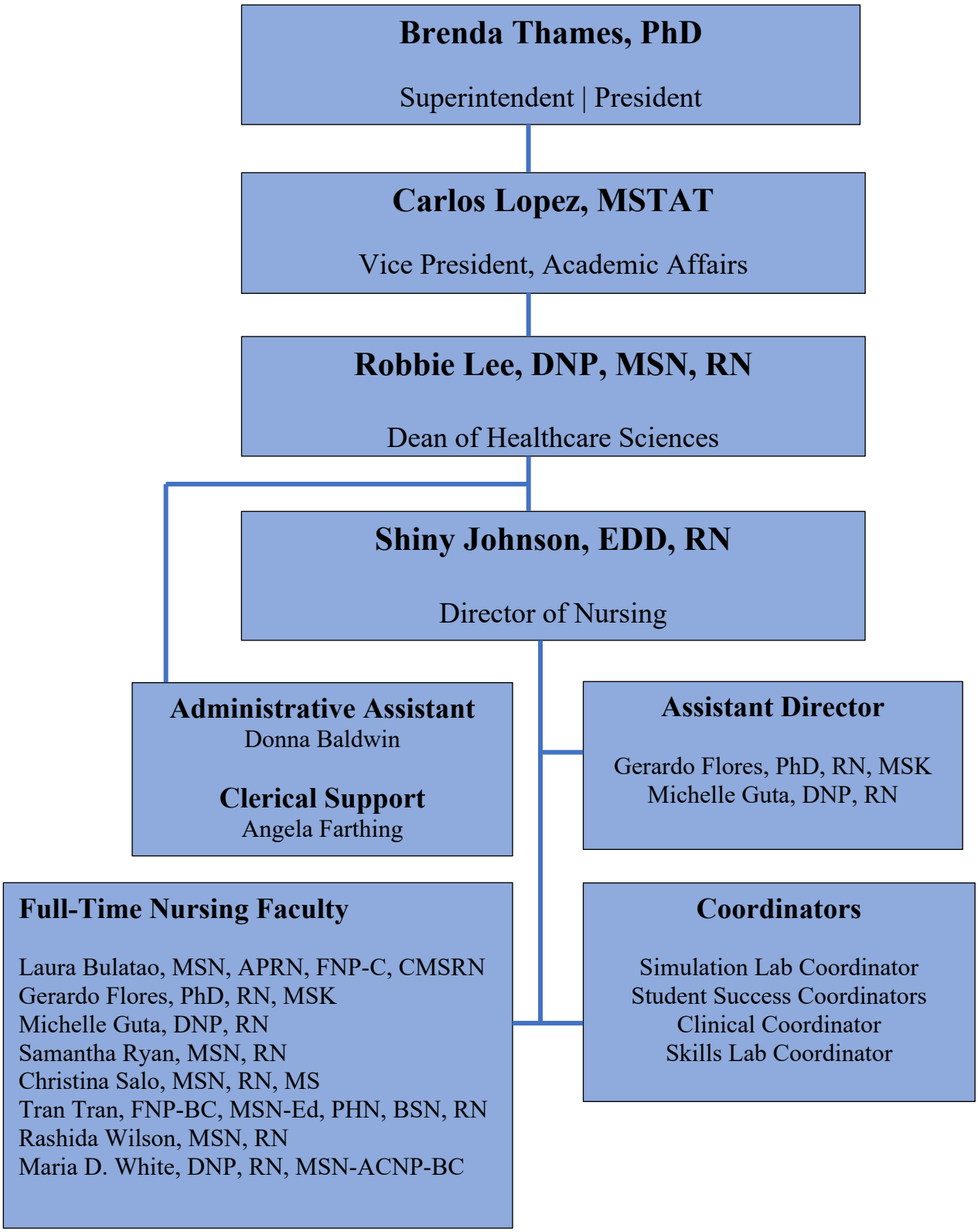
These guidelines assure the consumer that a nurse in one state has met the requirements of the nurses in every other state. Additionally, ULRs support the fact that are the expectations for the education of a nurse and the responsibilities of a nurse are the same throughout every NCSBN member board jurisdiction in the United States (https://www.ncsbn.org/107.htm). The 2011 Uniform Requirement are available at:
https://www.ncsbn.org/12_ULR_table_adopted.pdf.

2.2 THE NURSE PRACTICE ACT

Each state or territory has a law called the Nurse Practice Act (NPA), which is enforced by each nursing board. Nurses must comply with the law and related rules in order to maintain their licenses. The NPA is updated annually and is published by Lexis Nexis in conjunction with the Board. To purchase the latest edition of the NPA, please visit the ***Lexis/Nexis Store*** https://store.lexisnexis.com/.

The California Board of Registered Nursing is located at 1747 North Market Boulevard, Suite 150, Sacramento, CA 95834. Phone 916-322-3350.

3 EL CAMINO COLLEGE ORGANIZATIONAL CHART



4 NURSING DEPARTMENT INFORMATION

Division:
Healthcare Sciences

Location:
MBA Building Room 417

Hours of Operation During:
Fall/Spring Semester: Monday – Friday 7:45 am to 4:15 pm
Winter/Summer Semester: Monday – Thursday 7:45 am to 4:15 pm

Administrative Assistant:
Donna Baldwin 310-660-3593 ext. 5281 MBA 417

Clerical Support Staff:
Angela Farthing: 310-660-3593 ext. 3198 MBA 417

Main Office Number:
310-660-3281

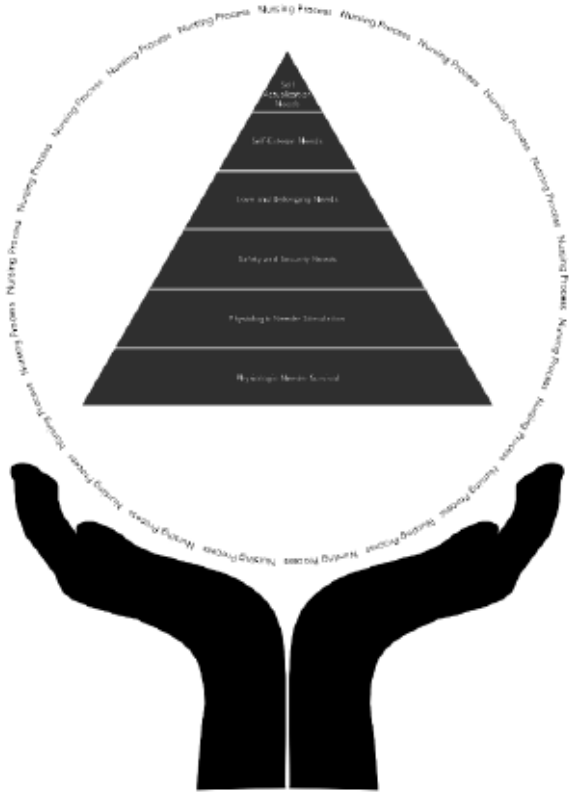
5 PHILOSOPHY & UNIFYING THEME

5.1 MISSION STATEMENT

The Associate Degree Nursing Program supports the mission of El Camino College. The program offers quality, comprehensive educational opportunities, and services to its diverse community, specifically those individuals aspiring to obtain the knowledge, skills, and attitudes required of a Registered Nurse.

5.2 PHILOSOPHY

The organizing structure of the El Camino College Associate Degree Nursing Program is Maslow's Hierarchy of Human Needs as amended by Kalish and supported by Watson's Theory of Caring. The curriculum defines this process as a systematic approach to identify problems arising from human needs, assisting the individual to recognize and cope with these problems throughout the life cycle. In the healthcare setting, the nurse assists the individual to meet human needs. The nursing process provides the framework, which integrates and utilizes knowledge and skills with the qualities of ethics and caring.



Integrated and supporting the Maslow and Kalish's Hierarchy of Needs is Jean Watson's Model of Caring which serves as a basis for providing nursing care while utilizing the nursing process.

Maslow/Kalish's Hierarchy of Human Needs

Maslow's Hierarchy of Human Needs Theory ranks human needs on a five-level ascending scale. In 1983, Richard Kalish adapted Maslow's Hierarchy of Human Needs into six levels instead of five. The El Camino Nursing Program has adopted the six levels in ascending order as follows:

- **Physiological Needs-Survival** are the basic physical needs which are crucial for survival. This level includes nutrition, hydration, elimination, mobility and rest, comfort, oxygenation and perfusion, andbody regulation.

- **Physiological Needs-Stimulation** are biologic needs which has significant impact on the quality of life but are not essential for sustained existence. This level includes sex, activity, and cognitive and perceptual requirements.

- **Safety and Security Needs** include the necessity to feel safe from physiological and psychological threats, and to maintain continuity and stability.

- **Love and Belonging Needs** include giving and receiving affection represents a social need for love and a sense of belonging or closeness which includes affiliation, affection, intimacy, and sexuality.

- **Self-Esteem Needs** reflect an individual's sense of self-worth and self-respect. There is also a need of respect from others such as recognition and appreciation. This level includes spirituality and one's belief system.

- **Self-Actualization Needs** characterizes the recognition and realization of one's potential. This level includes the degree to which the individual can achieve potential and grow and improve. Self- actualization includes the innate need to develop one's abilities and qualities.

Watson's Model of Caring

Watson's model makes seven assumptions about care and the caring environment:

1. Caring can be effectively demonstrated and practiced only interpersonally.
2. Caring consists of carative factors that result in satisfaction of certain human needs.
3. Effective caring promotes health and individual or family growth.
4. Caring responses accept the patient as he or she is now, as well as what he or she may become.
5. A caring environment is one that offers the development of potential while allowing the patient to choose the best action for him or herself at a given point in time.
6. A science of caring is complementary to the science of curing.
7. The practice of caring is central to nursing.

Nursing Process

Key to the Nursing Program's conceptual framework is the Nursing Process. The curriculum defines this process as a systematic method of identifying problems arising from changes in physiological and/or psychological needs which impact functional ability. The nurse's role is to assist the individual to recognize and cope with these problems throughout the life cycle. Fundamental to this process is the developing integration of knowledge, skills and attitudes that make up the whole of clinical nursing care.

Steps in the nursing process are:

- **Assessment:**
  To identify and document changes in the patient's health status which interfere with the ability to meet human needs.

- **Diagnosis:**
  To establish a standardized statement about the health of a patient for the purpose of providing nursing care. Nursing diagnoses are developed based on data obtained during the nursing assessment.

- **Plan:**
  To develop an individualized nursing care plan based on nursing diagnoses, attributes of the patient, and plan interventions that follow established nursing protocols by establishing priorities for care based on the patient's identified needs and identifying short and long-term patient goals.

- **Implementation:**
  To apply established nursing protocols to an individualized plan of care according to the prioritization of a patient's needs and structural variables. Implementation participates in the prescribed medical regimen by assessing, delegating, and providing follow-up care to patients in a safe manner.

- **Evaluation:**
  A systematic determination of the significance of nursing interventions delivered to patients in meeting short and long-term health care goals. Evaluation identifies the need to tailor interventions to meet the patient's needs and /or modify the plan of care as necessary.

5.3 CONCEPTUAL FRAMEWORK

The El Camino College curriculum emphasizes nursing care through the lens of the human life span and categorizes content into the four domains of patient, professional nursing, health and illness, and the healthcare environment the curriculum is concept-based and provides the foundation for sustainable learning, clinical practice, and continual research needed to build substantive nursing knowledge.

PATIENT as the individual is a complex integrated whole that is greater than the sum of its parts. The interplay of multiple elements within the physical, psychological, social and cognitive dimensions allow for purposeful interaction within the environment and with others. (Giddens, 2021)

HEALTH is seen as the level of functional ability for an individual's mind and body. It refers to the individual's ability to perform cognitive, social, physical, and emotional tasks to carry on the normal activities of life (Giddens, 2021)

ILLNESS is defined as a functional impairment or disability. This impairment or disability refers to varying degrees of an individual's inability to perform the tasks required to complete normal life activities without assistance. (Giddens, 2021)

NURSING incorporates principles from behavioral, biological, and physical sciences. Nursing is concerned with whole person and acts to assist the patient to maintain or regain functional ability as well as move towards optimal health. Nursing responsibilities include use of clinical judgment, health promotion, and leadership working within the legal and ethical boundaries.

CARING embraces altruistic values and kindness with self and others. Nursing care involves a commitment to caring and concern for the whole person as well as for the group. Caring is essential to the practice of nursing, and it is the unifying focus of practice. (Watson, 2008)

HEALTH CARE ENVIRONMENT is a structured social system providing health care services for health promotion, illness, and wellness care in a variety of settings to a diverse population. (Giddens, 2021)

STUDENTS differ in learning needs related to their attributes, resources, and personal preferences. These differences impact their learning needs and are influenced by their developmental level, cultural, spiritual, and family traditions. Students in the ADN program are expected to be adult learners, to be self-motivated and self-directed. In addition, students continue their self-development by assuming responsibility for learning and utilizing available resources to meet their individual learning needs. The nursing program is designed to prepare the student for future nursing practice by enhancing critical and evidence-based thinking and to the development of clinical and communication skills.

FACULTY structure content for student learning that promotes a free exchange of ideas. The faculty raise questions and issues for dialogue with students, while prescribing and providing learning experiences in a logical sequence. Faculty prepare students to use a variety of resources to meet their individual needs in their educational endeavors. We, the faculty, encourage the student to utilize the resources from within the college, the nursing community, as well as family, friends, and community services. In addition, the faculty facilitates the problem-solving process and the student's self-evaluation process leading to expertise in nursing practice.

The **GRADUATE** of the Associate Degree Nursing Program at El Camino College is prepared to practice at an entry level and provide direct nursing care in a health care environment. Each graduate has acquired the knowledge, skills, and attitudes inherent in the three integrated roles

basic to Associate Degree Nursing practice: provider of care, manager of care, and member within the discipline of nursing.

As a provider of care the graduate's professional practice is characterized by accountability and critical thinking as demonstrated by the use of evidence-based practice and patient-centered care. The graduate is clinically competent and aware of the safety needs of the patient. The graduate communicates and educates patients and their families regarding health care issues and practices within the ethical and legal framework of nursing.

As a manager of care the graduate works within the boundaries of professional practice in a collaborative manner, communicating effectively with patients and other health care team members. The graduate is accountable and able to manage human, physical, financial and technological resources to provide the highest quality care to diverse groups of patients with varying health care needs.

As a member of the discipline of nursing, the graduate is characterized by a commitment to professional growth, continuous learning, and self-development. The graduate practices within the ethical and legal framework of professional nursing and is responsible for assuring high standards of nursing practice.

5.4 MAJOR THREADS OF THE PROGRAM

The conceptual framework of the El Camino College Associate Degree Nursing Program can be visualized by the nursing process encompassing Maslow's Hierarchy of Human Needs, supported by hands representative of Watson's Theory of Human Caring. As adult learners, students bring with them life experiences, formal education, knowledge, and cultural beliefs. Learning is facilitated when the educator guides the student to develop critical thinking, problem solving, and communication skills. Learning in the nursing program is an active endeavor. These threads identify areas of learning within the curriculum that are ongoing and essential for the student to help patients meet their physiological and psychological needs.

Major threads integrated throughout the curriculum include recommendations from professional bodies such as the National Academy of Medicine and Quality and Safety Education for Nurses (QSEN) are incorporated into the curriculum. Listed below are the Major Threads.

1. Communication
2. Cultural Diversity
3. Community
4. Critical Thinking
5. Growth and Development
6. Pharmacology
7. Legal/Ethics
8. Social
9. Management and Leadership
10. QSEN Competencies

QSEN Competencies

a. Patient-Centered Care
b. Teamwork and Collaboration
c. Evidence-Based Practice
d. Quality Improvement
e. Safety
f. Informatics

5.5 DOMAINS

The curriculum is concept based which provides the foundation for sustainable learning, clinical practice, and continual research needed to build substantive nursing knowledge (Giddens, 2021). The El Camino College curriculum emphasizes nursing care through the lens of the human lifespan and categorizes content into four domains of the patient, professional nursing, health and illness, and the health care environment (Giddens, 2021).

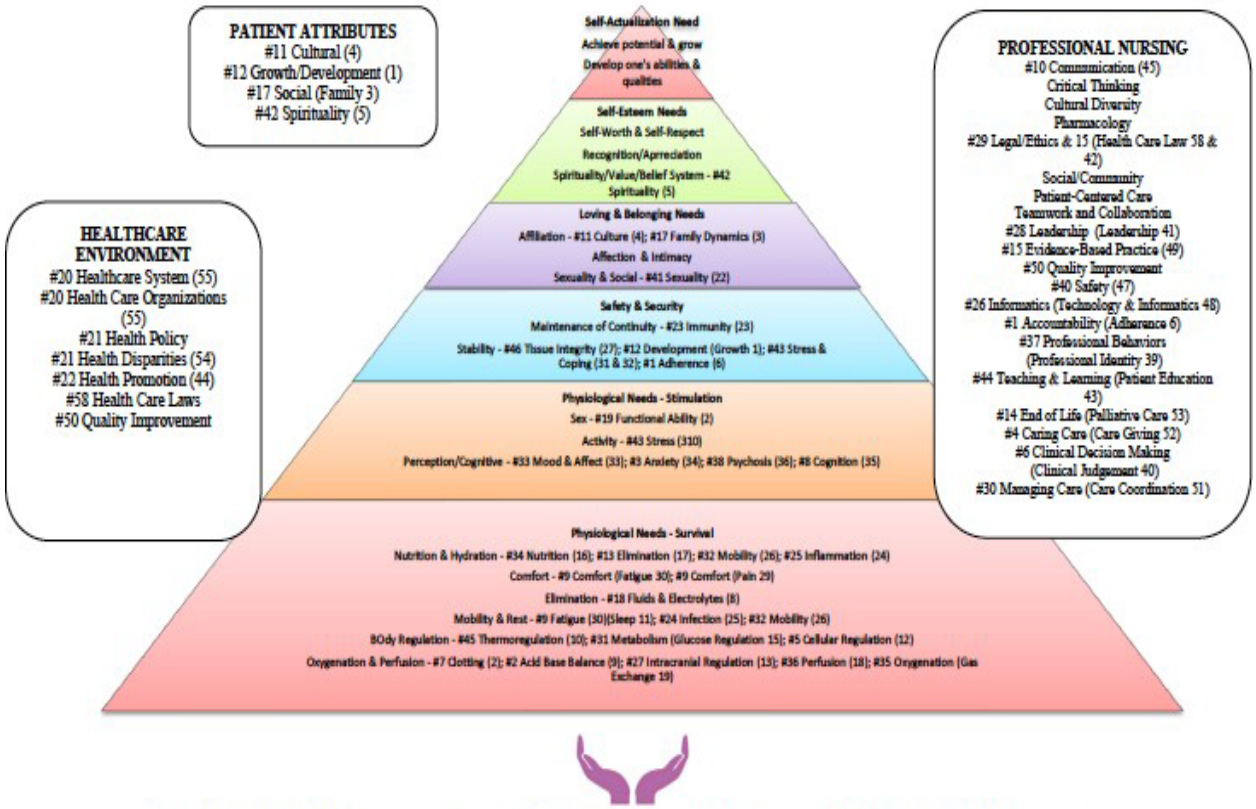
Domains:

1. Patient
2. Health and Illness
3. Professional Nursing
4. Health Care Environment

NEW UNIFYING THEME

Maslow/Kalish's Hierarchy of Needs with Gidden's Concepts

HEALTH & ILLNESS CONCEPTS



Watson's Caring Model: Interpersonal: Curative: Satisfaction of Human Needs; Promotes Patient/Family Growth; Accepting; Encourages Development of Patient Potential; The Sciences of Caring & Curing complement each other; & The Practice of Caring is Central to Nursing

5.6 CONCEPTS

A. HEALTH CARE RECIPIENT CONCEPTS

Theme 1: Attributes, Resources, and Preferences:

1. **Development –** A set, predictable sequence of physical, psychosocial, and cognitive changes that take place over the human lifespan (Giddens, 2025,p. 2).
2. **Functional Ability** – The cognitive, social, physical, and emotional, ability to carry on the everyday activities of life (Giddens, 2025, p.14)
3. **Family Dynamics –** Interrelationships between and among individual family members or the forces at work within a family that produce particular behaviors or symptoms (Giddens, 2025, p. 23).
4. **Culture –** A pattern of shared attitudes, beliefs, self-definitions, norms, roles, and values that can occur among those who speak a particular language, live in a defined geographical region, or share a common lived experience (Giddens 2025, p. 32).
5. **Self-Management –** The ability of individuals and/or their caregivers to engage in the daily tasks required to maintain health and well-being or to respond to the changing physical, psychological, behavioral, and emotional sequelae of a chronic disease based on their knowledge of the condition, its consequences, and the plan of care developed in cooperation with their healthcare team within the context of the daily demands of life (Giddens, 2025, p. 43).

B. HEALTH AND ILLNESS CONCEPTS

Theme 2: Homeostasis and Regulation

6. **Fluid and Electrolytes** – The process of regulating the extracellular fluid volume, body fluid osmolality, and plasma concentrations of electrolytes (Giddens, 2025, p. 54).
7. **Acid-Base Balance** – The process of regulating the pH, bicarbonate concentration, and partial pressure of carbon dioxide of body fluids (Giddens, 2025, p. 69).
8. **Thermoregulation** – The process of maintaining core body temperature at a near constant value (Giddens, 2025, p. 81).
9. **Sleep** – A natural and necessary shift in physiologic and neurologic activity that is intended to be restorative (Giddens, 2025, p. 91).
10. **Cellular Regulation** – All functions carried out within a cell to maintain homeostasis, including responses to extracellular signals and mechanisms by which intracellular signals are produced (Giddens, 2025, p. 103).
11. **Intracranial Regulation** – Mechanisms or conditions that impact intracranial processing and function (Giddens, 2025, p. 115).
12. **Hormonal Regulation** – Physiological mechanisms that regulate the secretion and action of hormones associated with the endocrine system (Giddens, 2025, p. 128).
13. **Glucose Regulation** – The process of maintaining optimal blood glucose levels (Giddens, 2025, p. 139).
14. **Nutrition** – The science of optimal cellular metabolism and its impact on health and disease (Giddens, 2025, p. 151).
15. **Elimination** – The excretion of waste products (Giddens, 2025. P. 164).

16. **Perfusion** – The flow of blood through arteries and capillaries delivering nutrients and oxygen to cells (Giddens, 2025, 176).
17. **Clotting** – A physiological process in which blood is converted from a liquid to a semisolid gel (Giddens, 2025, 201)
18. **Gas Exchange** – The process by which oxygen is transported to cells and carbon dioxide is transported from cells (Giddens, 2025, p. 201).

Theme 3: Sexuality and Reproduction

19. **Reproduction** – The total process by which organisms produce offspring (Giddens, 2025, p, 213).
20. **Sexuality** – A central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction (Giddens, 2025, p. 226).

Theme 4: Protection and Movement

21. **Immunity** – The normal physiologic response to disease-causing microorganisms and toxic substances as well as conditions associated with a suppressed or exaggerated immune response (Giddens, 2025, p. 237).
22. **Inflammation** – An immunologic defense against tissue injury, infection, or allergy (Giddens, 2025, p 247).
23. **Infection** – The invasion and multiplication of microorganisms in body tissues, which may be clinically unapparent or result in local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response (Giddens, 2025, p. 258).
24. **Mobility** – A state or quality of being mobile or movable (Giddens, 2025, p. 270).
25. **Tissue Integrity** – The state of structurally intact and physiologically functioning epithelial tissues, such as the integument (including the skin and subcutaneous tissue) and mucous membranes (Giddens, 2025, p. 281).
26. **Sensory Perception** – The ability to receive sensory input and, through various physiological processes in the body, translate the stimulus or data into meaningful information (Giddens, 2025, p. 292).
27. **Pain** – An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage (Giddens, 2025, p. 306).
28. **Fatigue** – A distressing, persistent, subjective sense of physical, emotional, and/or cognitive tiredness or exhaustion that is not proportional to recent activity and interferes with usual functioning (Giddens, 2025, p. 318).

Theme 5: Mood, Cognition, Behavior

29. **Stress and Coping** – A continual process that starts with an event that is experienced by the individual, perceived through intact information processing channels, appraised for scope and meaning, assessed as neutral, manageable, or threatening within current capacity of coping skills, resources, and abilities, ending ideally in a positive outcome of homeostasis and feeling of well-being (Giddens, 2025, p. 328).

30. **Mood and Affect** – The way a person feels, and the observable response a person has to his or her own feelings (Giddens, 2025, p. 340).
31. **Anxiety** – A subjectively distressful experience activated by the perception of threat, which has both a potential psychological and physiologic etiology and expression (Giddens, 2025, p. 351).
32. **Cognition** – The mental action or process of acquiring knowledge and understanding through thought, experience, and the senses (Giddens, 2025, p. 362).
33. **Psychosis** – A syndrome of neurocognitive symptoms that impairs cognitive capacity, leading to deficits of perception, functioning, and social relatedness (Giddens, 2025, p. 374).
34. **Substance Misuse and Addiction** – A compulsive, abnormal dependence on a substance (such as alcohol, cocaine, opiates, or tobacco) or on a behavior (such as gambling, internet, or pornography). The dependence typically has adverse psychological, physical, economic, social, or legal ramifications (Giddens, 2025, p. 385).
35. **Interpersonal Violence** – The intentional use of physical force or power by an individual or small group of individuals against other person or persons and encompasses physical, psychological, sexual violence as well as neglect and/or deprivation. (Giddens, 2025, p. 395).

C. PROFESSIONAL NURSING AND HEALTH CARE CONCEPTS

Theme 6: Personal Development

36. **Professional Identity** – A sense of oneself, and in relation to others, that is influenced by characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse (Giddens, 2025, p. 409).
37. **Well-Being and Resilience** – The intentional practice of health behaviors and the subsequent resilience associated with well-being (Giddens, 2025, p. 418).
38. **Leadership** – An influential relationship among leaders and followers who intend real changes and outcomes that reflect shared purpose and goals (Giddens, 2025, p. 426).
39. **Evidence** – A testimony of facts tending to confirm or disprove any conclusions, or something that furnishes verification (Giddens, 2025, p. 434).
40. **Clinical Judgment** – An interpretation or conclusion about a patient's needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient's response (Giddens, 2025, p. 445).

Theme 7: Holistic Care

41. **Person-Centered Care** – Empowering people to take charge or their own health rather than being passive recipients of services (Giddens, 2025, p. 455)
42. **Ethics** – The study or examination of morality through a variety of different approaches (Giddens, 2025, p. 464).
43. **Diversity, Equity, and Inclusion** – An intersection of three components, diversity, equity, and inclusion, resulting from an organizational and individual commitment to health equity and justice (Giddens, 2025, p. 474).

Theme 8: Care Competencies

44. **Communication** – A process of interaction between people in which symbols are used to create, exchange, and interpret messages about ideas, emotions, and states of mind (Giddens, 2025, p. 482).
45. **Collaboration** – The development of partnerships to achieve best possible outcomes that reflect the particular needs of the patient, family, or community, requiring an understanding of what others have to offer (Giddens, 2025, p. 488).
46. **Safety** – Freedom from accidental injury; ensuring patient safety involves the establishment of operational systems and processes that minimize the likelihood of errors and maximizes the likelihood of intercepting them when they occur (Giddens, 2025, p. 496).
47. **Health Care Quality** – The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (Giddens, 2025, p. 506).
48. **Technology and Informatics** – The application of information processing involving both computer hardware and computer software that deals with the storage, retrieval, sharing, and use of healthcare data, information, and knowledge for communication and decision making (Giddens, 2025, p. 515).
49. **Health Disparities and Health Equity**– Health disparity is defined as differences in access to or availability of facilities and services closely linked with social, economic, and/or environmental disadvantages. Health equity is defined as the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease disability, or mortality (Giddens, 2025, p. 525).
50. **Care Coordination** – The deliberate synchronization of activities and information to improve health outcomes by ensuring that the care recipients' and families' needs and preferences for healthcare and community services are met over time (Giddens, 2025, p. 534).
51. **Health Promotion** – The process of enabling people to increase control over, and to improve, their health (Giddens, 2025, p. 543).
52. **Patient Education** – A process of assisting consumers of health care to learn how to incorporate health-related behaviors (knowledge, skills, and/or attitudes) into everyday life with the purpose of achieving the goal of optimal health (Giddens, 2025, p. 553).
53. **Palliative Care** – Patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and an to facilitate patient autonomy, access to information, and choice (Giddens, 2025, p. 562).
54. **Population Health** – Health outcomes of a defined group of people along with the distribution of health outcomes within the group (Giddens, 2025, p. 572).
55. **Public Health Emergencies** – An occurrence or imminent threat of an illness or health condition caused by one of several factors, including bioterrorism or a novel or previously eradicated pathogen, that poses a high probability of the following harms: (1) a large number of deaths in the affected populations; (2) a large number of serious or long-term disabilities in the affected population; or (3) widespread exposure to an

infectious or toxic agent that poses a significant risk or substantial future harm to a large number of people in the affected population (Giddens, 2025, p. 581).

Theme 9: Health Care Infrastructure

56. **Spheres of Practice** – An area or practice that corresponds to and meets the healthcare needs of segments of the population (Giddens, 2025, p. 589).
57. **Health Systems** – An organization consisting of people, institutions, and resources working together to deliver health care (Giddens, 2025, p. 597).
58. **Health Care Economics** – The study of supply and demand of resources and their effect on the allocation of healthcare resources in an economic system (Giddens, 2025, p. 605).
59. **Health Policy** – Goal-directed decision-making about health that is the result of an authorized, public decision-making process. Those actions, nonactions, directions, and/or guidance related to health that are decided by governments or other authorized entities (Giddens, 2025, p. 611).
60. **Health Care Law** – The practice of law involving federal, state, or local law and rules or regulations regarding the delivery of healthcare services. (Giddens, 2025, p. 621).

5.7 PROGRAM OUTCOMES

Exam Pass Rate – 80% or greater of El Camino College Nursing Program graduates will pass the NCSBN NCLEX RN on the first attempt.

Program Completion Rate – 70% of the nursing students will complete the El Camino College Nursing Program in four semesters.

Job Placement Rate – 85% of graduates will obtain job placement within a year of graduation.

6 OVERVIEW

6.1 MEDICAL TERMINOLOGY

Nursing students benefit greatly when they know medical terminology. Therefore, completion of the Medical Terminology course is required prior to enrolling into the first nursing course.

Students must complete the nurse logic program before school begins. The purpose of the program is to help students think like a nurse and to become better at test taking. Students are expected to spend a minimum of one and a half hours on each of the following modules within the program:

1. Module: Knowledge and Clinical Judgment
2. Module: Nursing Concepts
3. Module: Priority Setting Frameworks
4. Module: Testing and Remediation

- Extensive use of illustrations and images help explain and clarify concepts.
- Videos walk students through the process of critically reading and answering test items.
- 10-item drills are at the conclusion of each module to reinforce content and enhance learning.
- NCLEX-style testing may be taken at the completion of each module. These tests:
    - Require students to apply the concepts/frameworks discussed in the module to client care situations.
    - Provide enhanced rationales with an overview that explains in detail which concepts/framework and what nursing knowledge was needed to answer each item correctly.
- Provide two levels of testing
    - 20-item test for beginning-level students
    - 20-item test for advanced-level students
- All students will learn how to:
    - Identify personal learning styles and use recommended study strategies related to that style.
    - Organize time and study materials, as well as use active, effective reading strategies to enhance knowledge acquisition.
    - Provides ATI's top 10 tips for NCLEX success.
    - Provides excellent review of nursing concepts, priority setting, frameworks, and how to make client care-related decisions

6.3 BENEFIT OF COMPLETETING THE NURSE LOGIC MODULES

- Beginning Students
    - Offers useful learning strategies and study tips
    - Introduces NCLEX-style testing, the nursing process, QSEN competencies, and other nursing concepts

  - Details priority setting frameworks that can be used for both testing and clinical practice

- Advanced Students
  - Reinforces how to make clinical judgments based on nursing knowledge and priority-setting frameworks
  - Deconstructs test items
  - Helps prepare for the NCLEX-RN exam

6.4 PROMOTES STUDENT SUCCESS ON THE NCLEX

- Provides test-taking strategies for traditional and alternate format items
- Reviews what NCLEX is, how it's structured, and what to expect for testing
- Provides ATI's top 10 tips for NCLEX success
- Provides excellent review of nursing concepts, priority setting frameworks, and how to make client care-related decisions

6.5 CRITICAL THINKING ASSESSMENT

Students must complete the Critical Thinking Assessment (also from ATI) before school begins. The objective of the Critical Thinking Assessment is to determine students' overall performance on unspecified critical thinking skills.

6.6 PREREQUISITES TO THE NURSING PROGRAM

- English 1A – Reading and Composition or English 1AH – Honors Reading and Composition with a grade of C or better
- Math 150 Statistics or equivalent with a minimum grade of C or better
- Anatomy 32 and Physiology 31
- or Anatomy and physiology 34A and 34B
- Microbiology 33
- MEDT 101 – Medical Terminology I
- Psychology 116 – Lifespan Development
- Nursing 143 Introduction to Nursing
- Nursing 144 Dosage Calculation
- Nursing 146 Health Assessment – taken once admitted to the program

6.7 COREQUISITES FROM THE GENERAL EDUCATION REQUIREMENTS

Effective Fall 2020, the general education requirements for the nursing program are as follows:

- English 1C, 1CH, (Note: students may substitute any of the following courses to meet the English 1C requirement – Philosophy 105, 105H, 106, Psychology 3, 3H, or Communication Studies 120)

- Communication Studies 100 will replace English 1B and English 1BH as a graduation requirement (Note: any 3-unit course from Communication Studies 120, 130, or 140 may be substituted for Communication Studies 100
- Psychology 5 or 5H
- Sociology 101, 101H or Anthropology 2
- Humanities: Any 3-unit course from area 3 of the A. S. Degree requirements

6.8 SEQUENCE OF NURSING COURSES FOR GENERIC PROGRAM

Semester 1: Nursing 220, 222, 224, 226

Semester 2: Nursing 230, 232, 234, 238

Semester 3: Nursing 240, 242, 244

Semester 4: Nursing 247, 248

6.9 SEQUENCE OF NURSING COURSES FOR UPWARD MOBILITY COHORT

Semester 1: Nursing 149, 224, 230, 238

Semester 2: Nursing 232, 234, 242, 244

Semester 3: Nursing 247, 248

6.10 SEQUENCE OF NURSING COURSES FOR 30-UNIT OPTION

Semester 1: Nursing 149, 224, 230

Semester 2: Nursing 242

Semester 3: Nursing 247, 248

6.11 QUALITY AND SAFETY EDUCATION FOR NURSES (QSEN) COMPETENCIES

A. QSEN COMPETENCIES: KNOWLEDGE, SKILLS AND ATTITUDES (KSAs)

The overall goal for the Quality and Safety Education for Nurses (QSEN) project is to meet the challenge of preparing future nurses who will have the knowledge, skills, and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems within which they work.

Using the Institute of Medicine's (2003) recommendations, QSEN faculty and aNational Advisory Board have defined quality and safety competencies for nursing andproposed targets for the knowledge, skills, and attitudes to be developed in nursing pre-licensure programs for each competency. These definitions are shared in the six tables below as a resource to serve as guides to curricular development for formal academic programs, transition to practice and continuing education programs (Cronenwett et al., 2007).

NOTE: This content is reprinted with the permission from the **"Quality and Safety Education for Nurses"** article originally printed in *Nursing Outlook Special Issue: Quality and Safety Education*.

References for QSEN Tables:

Croenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P., Sullivan, D., & Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook, 55*(3), 122-131.

Institute of Medicine. (2003). Health professions education: A bridge to quality. Washington DC: National Academies Press.

B. QSEN DEFINITIONS AND PRE-LICENSURE KSAs

1. Patient-Centered Care
2. Teamwork and Collaboration
3. Evidence-Based Practice (EBP)
4. Quality Improvement (QI)
5. Safety
6. Informatics

C. QUALITY AND SAFETY EDUCATION FOR NURSES (QSEN) COMPETENCIES TABLES

PATIENT-CENTERED CARE		
Definition: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.		
Knowledge	**Skills**	**Attitudes**
Integrate understanding of multiple dimensions of patient centered care: • patient/family/community preferences, values • coordination and integration of care • information, communication, and education • physical comfort and emotional support • involvement of family and friends • transition and continuity Describe how diverse cultural, ethnic and social backgrounds function as sources of patient, family, and community values	Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care Communicate patient values, preferences and expressed needs to other members of health care team Provide patient-centered care with sensitivity and respect for the diversity of human experience	Value seeing health care situations "through patients' eyes" Respect and encourage individual expression of patient values, preferences and expressed needs Value the patient's expertise with own health and symptoms Seek learning opportunities with patients who represent all aspects of human diversity Recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds Willingly support patient-centered care for individuals and groups whose values differ from own
Demonstrate comprehensive understanding of the concepts of pain and suffering, including physiologic models of pain and comfort.	Assess presence and extent of pain and suffering Assess levels of physical and emotional comfort Elicit expectations of patient & family for relief of pain, discomfort, or suffering Initiate effective treatments to relieve pain and suffering in light of patient values, preferences and expressed needs	Recognize personally held values and beliefs about the management of pain or suffering Appreciate the role of the nurse in relief of all types and sources of pain or suffering Recognize that patient expectations influence outcomes in management of pain or suffering
Examine how the safety, quality and cost effectiveness of health care can be improved through the active involvement of patients and families	Remove barriers to presence of families and other designated surrogates based on patient preferences	Value active partnership with patients or designated surrogates in planning, implementation, and evaluation of care Respect patient preferences for degree of active engagement in care process

Examine common barriers to active involvement of patients in their own health care processes Describe strategies to empower patients or families in all aspects of the health care process	Assess level of patient's decisional conflict and provide access to resources Engage patients or designated surrogates in active partnerships that promote health, safety and well-being, and self-care management	Respect patient's right to access to personal health records
Explore ethical and legal implications of patient-centered care Describe the limits and boundaries of therapeutic patient-centered care	Recognize the boundaries of therapeutic relationships Facilitate informed patient consent for care	Acknowledge the tension that may exist between patient rights and the organizational responsibility for professional, ethical care Appreciate shared decision-making with empowered patients and families, even when conflicts occur
Discuss principles of effective communication Describe basic principles of consensus building and conflict resolution Examine nursing roles in assuring coordination, integration, and continuity of care	Assess own level of communication skill in encounters with patients and families Participate in building consensus or resolving conflict in the context of patient care Communicate care provided and needed at each transition in care	Value continuous improvement of own communication and conflict resolution skills

TEAMWORK AND COLLABORATION		
Definition: Function effectively within nursing and inter-professional teams fostering open communication, mutual respect, and shared decision making to achieve quality patient care.		
Knowledge	**Skills**	**Attitudes**
Describe own strengths, limitations, and values in functioning as a member of a team	Demonstrate awareness of own strengths and limitations as a team member Initiate plan for self-development as a team member Act with integrity, consistency and respect for differing views	Acknowledge own potential to contribute to effective team functioning Appreciate importance of intra- and inter-professional collaboration
Describe scopes of practice and roles of health care team members Describe strategies for identifying and managing overlaps in team member roles and accountabilities Recognize contributions of other individuals and groups in helping patient/family achieve health goals	Function competently within own scope of practice as a member of the health care team Assume role of team member or leader based on the situation Initiate requests for help when appropriate to situation Clarify roles and accountabilities under conditions of potential overlap in team member functioning Integrate the contributions of others who play a role in helping patient/family achieve health goals	Value the perspectives and expertise of all health team members Respect the centrality of the patient/family as core members of any health care team Respect the unique attributes that members bring to a team, including variations in professional orientations and accountabilities
Analyze differences in communication style preferences among patients and families, nurses and other members of the health team Describe impact of own communication style on others Discuss effective strategies for communicating and resolving conflict	Communicate with team members, adapting own style of communicating to needs of the team and situation Demonstrate commitment to team goals Solicit input from other team members to improve individual, as well as team, performance Initiate actions to resolve conflict	Value teamwork and the relationships upon which it is based Value different styles of communication used by patients, families and health care providers Contribute to resolution of conflict and disagreement
Describe examples of the impact of team functioning on safety and quality of care Explain how authority gradients influence teamwork and patient safety	Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care Assert own position/perspective in discussions about patient care Choose communication styles that diminish the risks associated with authority gradients among team members	Appreciate the risks associated with handoffs among providers and across transitions in care

Identify system barriers and facilitators of effective team functioning Examine strategies for improving systems to support team functioning	Participate in designing systems that support effective teamwork	Value the influence of system solutions in achieving effective team functioning

EVIDENCE-BASED PRACTICE (EBP)		
Definition: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health.		
Knowledge	**Skills**	**Attitudes**
Demonstrate knowledge of basic scientific methods and processes Describe EBP to include the components of research evidence, clinical expertise and patient/family values.	Participate effectively in appropriate data collection and other research activities Adhere to Institutional Review Board (IRB) guidelines Base individualized care plan on patient values, clinical expertise and evidence	Appreciate strengths and weaknesses of scientific bases for practice Value the need for ethical conduct of research and quality improvement Value the concept of EBP as integral to determining best clinical practice
Differentiate clinical opinion from research and evidence summaries Describe reliable sources for locating evidence reports and clinical practice guidelines	Read original research and evidence reports related to area of practice Locate evidence reports related to clinical practice topics and guidelines	Appreciate the importance of regularly reading relevant professional journals
Explain the role of evidence in determining best clinical practice Describe how the strength and relevance of available evidence influences the choice of interventions in provision of patient-centered care	Participate in structuring the work environment to facilitate integration of new evidence into standards of practice Question rationale for routine approaches to care that result in less-than-desired outcomes or adverse events	Value the need for continuous improvement in clinical practice based on new knowledge
Discriminate between valid and invalid reasons for modifying evidence-based clinical practice based on clinical expertise or patient/family preferences	Consult with clinical experts before deciding to deviate from evidence-based protocols	Acknowledge own limitations in knowledge and clinical expertise before determining when to deviate from evidence-based best practices

QUALITY IMPROVEMENT (QI)		
Definition: 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.		
Knowledge	**Skills**	**Attitudes**
Describe strategies for learning about the outcomes of care in the setting in which one is engaged in clinical practice	Seek information about outcomes of care for populations served in care setting Seek information about quality improvement projects in the care setting	Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals
Recognize that nursing and other health professions students are parts of systems of care and care processes that affect outcomes for patients and families Give examples of the tension between professional autonomy and system functioning	Use tools (such as flow charts, cause-effect diagrams) to make processes of care explicit Participate in a root cause analysis of a sentinel event	Value own and others' contributions to outcomes of care in local care settings
Explain the importance of variation and measurement in assessing quality of care	Use quality measures to understand performance Use tools (such as control charts and run charts) that are helpful for understanding variation Identify gaps between local and best practice	Appreciate how unwanted variation affects care Value measurement and its role in good patient care
Describe approaches for changing processes of care	Design a small test of change in daily work (using an experiential learning method such as Plan-Do-Study-Act) Practice aligning the aims, measures and changes involved in improving care Use measures to evaluate the effect of change	Value local change (in individual practice or team practice on a unit) and its role in creating joy in work Appreciate the value of what individuals and teams can to do to improve care

SAFETY		
Definition: Minimize risk of harm to patients and providers through both system effectiveness and individual performance.		
Knowledge	**Skills**	**Attitudes**
Examine human factors and other basic safety design principles as well as commonly used unsafe practices (such as, work-arounds and dangerous abbreviations) Describe the benefits and limitations of selected safety-enhancing technologies (such as, barcodes, Computer Provider Order Entry, medication pumps, and automatic alerts/alarms) Discuss effective strategies to reduce reliance on memory	Demonstrate effective use of technology and standardized practices that support safety and quality Demonstrate effective use of strategies to reduce risk of harm to self or others Use appropriate strategies to reduce reliance on memory (such as, forcing functions, checklists)	Value the contributions of standardization/reliability to safety Appreciate the cognitive and physical limits of human performance
Delineate general categories of errors and hazards in care Describe factors that create a culture of safety (such as, open communication strategies and organizational error reporting systems)	Communicate observations or concerns related to hazards and errors to patients, families and the health care team Use organizational error reporting systems for near miss and error reporting	Value own role in preventing errors
Describe processes used in understanding causes of error and allocation of responsibility and accountability (such as, root cause analysis and failure mode effects analysis)	Participate appropriately in analyzing errors and designing system improvements Engage in root cause analysis rather than blaming when errors or near misses occur	Value vigilance and monitoring (even of own performance of care activities) by patients, families, and other members of the health care team
Discuss potential and actual impact of national patient safety resources, initiatives and regulations	Use national patient safety resources for own professional development and to focus attention on safety in care settings	Value relationship between national safety campaigns and implementation in local practices and practice settings

INFORMATICS		
Definition: Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.		
Knowledge	**Skills**	**Attitudes**
Explain why information and technology skills are essential for safe patient care	Seek education about how information is managed in care settings before providing care Apply technology and information management tools to support safe processes of care	Appreciate the necessity for all health professionals to seek lifelong, continuous learning of information technology skills
Identify essential information that must be available in a common database to support patient care Contrast benefits and limitations of different communication technologies and their impact on safety and quality	Navigate the electronic health record Document and plan patient care in an electronic health record Employ communication technologies to coordinate care for patients	Value technologies that support clinical decision-making, error prevention, and care coordination Protect confidentiality of protected health information in electronic health records
Describe examples of how technology and information management are related to the quality and safety of patient care Recognize the time, effort, and skill required for computers, databases and other technologies to become reliable and effective tools for patient care	Respond appropriately to clinical decision-making supports and alerts Use information management tools to monitor outcomes of care processes Use high quality electronic sources of healthcare information	Value nurses' involvement in design, selection, implementation, and evaluation of information technologies to support patient care

7 POLICIES AND PROCEDURES

7.1 ACADEMIC DISHONESTY

The ECC faculty, staff and administrators are dedicated to maintaining an optimal learning environment, therefore academic dishonesty will not be tolerated. To uphold the academic integrity of the institution, all members of the academic community, faculty and students alike, must assume responsibility for providing an educational environment of the highest standards characterized by a spirit of academic honesty. Dishonesty (cheating, plagiarism) violates Section I. A of ECC's Board Policy 5500, Academic Honesty and Standards of Conduct. As defined in the policy academic dishonesty includes cheating and plagiarism, forgery of academic records, as well as unauthorized selling or transfer classroom/clinical academic materials. The policy is available on the college website:
https://www.elcamino.edu/accreditation/evidence/Standard-IC-Institutional-Integrity/I.C.8.2%20AP%205500%20Standards%20of%20Student%20Conduct.pdf

7.2 CONSEQUENCES FOR DISHONESTY

When an instructor has determined that there is evidence of dishonesty in any academic work, the student may receive a failing grade for that piece of work and disciplinary action may be pursued. Any or all of the following actions may be imposed.

A. The instructor may assign a failing grade (no credit) to an examination or assignment in which academic dishonesty occurred.

B. The instructor may remove the student from the class or activity for the day of the incident and one additional class day as stipulated in C.5 of this procedure.

C. The instructor may complete the appropriate reporting forms (Disciplinary Form C – Academic Dishonesty Report Form and/or Disciplinary Form B – Notice of Suspension from Class/Lab/Library) and submit them along with a copy of the evidence to the Director of Student Development or his or her designee. This information will be placed in the student file.

D. If there is evidence of serious or repeated violations of academic honesty, the college may pursue additional disciplinary action in accordance with the disciplinary measures outlined in this procedure.

Refer to Administrative Procedure 5520 Student Discipline & Due Process Procedure for additional information:

https://www.elcamino.edu/administration/board/AP5520StudentDisciplineDueProcessProceduresDecember212009%20docx.pdf

7.3 APPEALS PROCESS

The student must apply for readmission within one (1) year from the semester that she/he withdrew. The Appeals sub-committee meets at least once every eight (8) weeks during the schoolyear. The purpose of the Appeals Sub-Committee is to evaluate students whose progress through the nursing sequence has been stopped after two (2) drops/failures. Students, who meet the criteria as described in the ECC Catalog Administrative Procedure 4225, may appeal to the committee when they have corrected/remediated the extenuating circumstances that precluded their successful progression. The sub- committee will require verification and/or validation of these extenuating circumstances and/or remediation and may request the student to appear before the sub-committee if necessary. The Appeals sub-committee makes recommendations to the Director of the Nursing Department regarding students who appeal. Samples of the Appeals forms, and instructions are included in Appendices A, B, & C.

If a student had to withdraw due to unsatisfactory theory or clinical performance, the remediation prescribed will be based on the identified needs of the student. The faculty involved will propose a plan for clinical remediation of the student. Before seeking reentry to the nursing program, the student must complete the prescribed individual activities. Proof of successful completion of the remediation will be required prior to readmission to the program. Reentry will be on a space-available basis.

Specific information about the transfer policy can be found in the Upward Mobility Program document posted at http://www.elcamino.edu/academics/healthsciences/nursing/docs/Upward-Mobility-Nursing-Admit-Requirements-Finalized.pdf

Transfer Credit: the director of nursing or the director's designee will evaluate credit for nursing courses completed at another college on an individual basis. Credit can be achieved through the petition process. Students interested in transferring to the El Camino College Associate Degree Nursing program **will not** be accepted for admission consideration beyond the second semester.

A. Transfer applicants from a BRN-accredited nursing program must submit proof that he/she was a student in good standing and is eligible to return to the institution from which the transfer is taking place.
B. An appeals process is available to students who are in good standing at their previous enrolled BRN-accredited nursing program; however, are ineligible to return to the program. The appeals process must be resolved before further consideration of the application is possible.
C. All students transferring to ECC must submit a Transfer Recommendation Form from their prior nursing director. Information about the student's academic and clinical status is obtained on these forms. Transfer Recommendation Forms are available in the ECC nursing department office.
D. A student accepted into the program, as a transfer student must enroll in Nursing 149, which is a lecture and skills lab course. Students learn about the ECC nursing program philosophy, the basic needs theory, review skills with laboratory practice and perform a final skills check-off evaluation list.
E. Transfer students are usually admitted into a course when vacancies occur due to attrition.

7.4 ASSESSMENT TECHNOLOGIES INSTITUTE (ATI)

The integration of Assessment Technologies Institutes (ATI) into the nursing program curriculum provides students with supplemental instructional materials/resources. The ATI program provides multiple remediation tools, including traditional and online reading materials, videos, practice assessments and Internet as a means of addressing the diverse learning styles.

7.5 ATI POLICY

ATI will account for 10% of the total grade and consists of an assigned practice test during the first week of class, remediation based on the practice test results, which will be due in week six, and a proctored exam, scheduled for week six in 8-week courses. For 4-week specialty courses, the practice test will be given during the first week of class. Remediation will be due at the beginning of week three, with the proctored exam following in the same week.

The Nursing Department's ATI policy is as follows: Students must complete the entire ATI assignment, which includes the practice exam, remediation, and proctored exam, to receive credit. Partial credit will NOT be given. Late assignments will not be accepted. All work submitted must be thorough and include the required number of assignments, as well as a copy of one's ATI transcripts.

Online Practice Assessment	Total Items	Testing Time	Students who required 50% accommodation test time (1.5 hours)	Student who required 100% accommodation testing time (2 hours)
Adult Medical Surgical	100	120 minutes (2 hours)	180 minutes (3 hours)	240 minutes (4 hours)
Fundamentals	70	90 minutes (1.5 hours)	135 minutes (2.25 hours)	180 minutes (3 hours)
Pharmacology	70	90 minutes (1.5 hours)	135 minutes (2.25 hours)	180 minutes (3 hours)
Maternal Newborn	70	90 minutes (1.5 hours)	135 minutes (2.25 hours)	180 minutes (3 hours)
Pediatric Nursing	70	90 minutes (1.5 hours)	135 minutes (2.25 hours)	180 minutes (3 hours)
Mental Health	70	90 minutes (1.5 hours)	135 minutes (2.25 hours)	180 minutes (3 hours)
Nutrition	70	90 minutes (1.5 hours)	135 minutes (2.25 hours)	180 minutes (3 hours)

After completing the online practice assessment, students are required to complete a Focused Review as their individualized remediation and complete ATI Dynamic Quizzes, as required by the lead course faculty.

Proficiency Levels Expectations - Expectations for students meeting the following Proficiency Levels at the recommended cut scores.

All proctored assessments will be designated by their name and retake number as shown inthe example below.

RN Fundamentals 2023

Table 1 *ATI Recommended Cut Scores*

RN CMS 2023 Proctored Assessments	Below Level 1 Cut Score	Level 1 Cut Score	Level 2 Cut Score	Level 3 Cut Score
Adult Medical Surgical (90 items)	0.0% to 60.4%	60.5% to 71.0%	71.1% to 83.6%	83.7% to 100.0%
Community Health (50 items)	0.0% to 59.5%	59.6% to 74.7%	74.8% to 85.2%	85.3% to 100.0%
Fundamentals (60 items)	0.0% to 49.8%	49.9% to 65.4%	65.5% to 79.3%	79.4% to 100.0%
Leadership (60 items)	0.0% to 60.2%	60.3% to 76.4%	76.5% to 87.7%	87.8% to 100.0%
Maternal Newborn (60 items)	0.0% to 56.0%	56.1% to 68.2%	68.3% to 81.9%	82.0% to 100.0%
Mental Health (60 items)	0.0% to 54.4%	54.5% to 68.4%	68.5% to 85.1%	85.2% to 100.0%
Pediatric Nursing (60 items)	0.0% to 50.8%	50.9% to 63.7%	63.8% to 78.3%	78.4% to 100.0%
Nutrition (60 items)	0.0% to 50.5%	50.6% to 66.8%	66.9% to 82.7%	82.8% to 100.0%
Pharmacology (60 items)	0.0% to 52.6%	52.7% to 71.0%	71.1% to 86.2%	86.3% to 100.0%

Calculation of ATI points for N220, N222, N230, N240, N242: Calculation of ATI points will be based on the following formula:

A. An assigned practice test will be worth 1%. The score for this test will be calculated based on the number of questions correctly answered compared to the total number of questions on the practice test. A transcript of your ATI practice results is due in week 2. Regardless of the score achieved, 1 point will be given for this portion of the ATI assignment.
B. Remediation will be 1%. The amount of required remediation is based on the practice test results and indicated on the ATI transcript and faculty-assigned ATI Dynamic Quizzes. All remediation must be submitted by the assigned deadlines to receive the one-point credit, as this is an “all or nothing” score.
C. The proctored ATI exam will account for 8% of the final grade. An ATI Level 3 will be equivalent to 8 points, Level 2 will be worth 7 points, Level 1 will be worth 5.5 points,

and Below Level 1 will be worth 5 points. Point distribution is described in the table below.

Points Earned: Practice Test **/1**	Points Earned: Remediation **/1**	ATI Proficiency Level	Points Earned: Proctored Exam **/8**	Total Points and Percentage Earned for Assignment **/10**
1	1	Level 3	8	10/10 = 100%
1	1	Level 2	7	9/10 = 90%
1	1	Level 1	5.5	7.5/10 = 75%
1	1	Below Level 1	0	2/10 = 20%
For those who scored below Level 1, five dynamic quizzes must be completed with a Level 2 or above score from the ATI Recommended cut scores to earn 5 points.				

Continued ATI preparation during the course is required for the students to be successful with the proctored exam. The exam assesses basic comprehension of nursing principles that relate to the care of patients who have respiratory, cardiovascular, hematologic, fluid and electrolyte, renal and urinary, endocrine, gastrointestinal, integumentary, neurosensory, musculoskeletal, lymph, immune, infectious, and integumentary disorders. This test also assesses students' use of the nursing process, communication skills, patient education principles, cultural competence, pharmacology, nutrition, holistic health care, health promotion, and disease prevention. Course time does not permit discussion of all the above subjects. Therefore, it is the student's responsibility to study and practice NCLEX style questions from all nursing areas.

ATI CAPSTONE CONTENT REVIEW

Students enrolled in the fourth semester of the nursing program are enrolled into the ATI Capstone Content Review program. The ATI Capstone Content Review offers a comprehensive content review program for students to prepare for the RN Comprehensive Predictor and increase graduation readiness. An ATI Capstone nurse educator will assist students in facilitating comprehensive review of content as well as provide each student individualized remediation based on identified weaknesses as evidenced by weekly ATI Capstone Content Review assessments.

The RN ATI Capstone Content Review consist of a 9-week review of course material. The program requires students on average to spend 4 to 6 hours per week or about 30 to 60 minutes per day reviewing, depending on their knowledge level. Students take a weekly-proctored assessment in a monitored environment on campus.

The RN ATI Capstone Content Review will include two (2) proctored ATI Capstone Comprehensive Assessments, eight (8) weeks of content review, Nurse Logic, and a Comprehensive Assessment. Students take the ATI Capstone Proctored Pre-Assessment before the content review, and the ATI Capstone Proctored Post-Assessment during 12 weeks of the course.

Calculation of ATI points for NURS247 will be based on the following formula:
ATI will be 10% of the total grade and consists of the RN ATI Capstone Content Review, which includes two (2) proctored ATI Capstone Comprehensive Assessments, seven (7) weeks of content review, Nurse Logic, and a ATI Capstone Proctored Pre-Assessment.
The ATI Capstone Proctored Pre-Assessment exam is taken before the content review begins, and students take the ATI Capstone Proctored Post-Assessment exam during week 11/12 of the N247 course. The ATI Comprehensive Predictor will be administered at the completion of the ATI Capstone Content Review.
Successful completion of the ATI Capstone Content Review will include completion and proof of a pre-assignment quiz, weekly ATI Capstone assessments, taken in a proctored environment on campus, Focused Review after completion of each content area assessment, and a quality post-assignment.
The ATI Capstone Content Review Schedule will be based on the NURS247 course calendar dates:

- Week 1 – ATI Capstone Proctored Pre-Assessment (taken in week 3 of the course)
- Week 2 – Fundamentals
- Week 3 – Pharmacology
- Week 4 – Medical Surgical
- Week 5 – Maternal Newborn/Women's Health
- Week 6 – Nursing Care of Children
- Week 7 – Mental Health
- Week 8 – Leadership/Community Health
- Week 9 – ATI Capstone Proctored Post-Assessment

The ATI Capstone Content Review will consist of one content area to be reviewed per week, so it is important for the student to stay on track and complete assignments according to the review calendar. Due dates will be posted in the ATI Content Review calendar. Each week, students will be awarded points for completing the ATI Capstone Content Review work.
The Nursing Department's ATI policy is as follows: Students must complete the ATI assignment in its entirety (practice exam, proctored exam, and remediation) to receive credit. Partial credit will NOT be given. Late assignments will not be accepted. All work submitted must be thorough and submitted electronically to ATI to receive the remediation credit.
The following formula will be used to calculate ATI points in N247:

- All weekly proctored practice exams will be worth 2% of the total grade which is 230 points.
- The ATI Capstone Proctored Post-Assessment exam scheduled (see schedule) will be worth 6% of the total grade for a maximum of 30 points.
- The ATI Capstone Proctored Post-Assessment exam score will be based on the Group National Mean Score which will be 6% of the grade.
- Remediation will be 2% of the total grade. The amount of required remediation is based on weekly proctored ATI exam results all remediation must be completed by the assigned deadline to receive credit, as this is an "all or nothing" score.

ATI points will be 10% of the N247 grade and distributed as follows:

Points for ATI Capstone		
Assignment	**Points**	**Percentage**
Assignment Quiz	Points per week	Part of 2%
Assessment	Points per week	2%
Post-Assessment Assignment • 4 points for all questions answered completely • 4 points for answers given in own words, not copied and pasted • 2 points for assignment completed and posted to educator on time	Points per week	Remediation 2%
Total points per week	Points x 7 weeks = 230 points	
Pharmacology II Assessment	points	
Medical-Surgical II Assessment	points	
Total points for ATI Capstone	0 points	
ATI Capstone Proctored Post-Assessment	**30 points**	**6%**
Total	**260 points = 10%**	

ATI Capstone Proctored Pre-Assessment & Remediation 4% of 10% total Possible	ATI Proctored Exam Predicted Probability of Passing the NCLEX-RN	ATI Capstone Proctored Post-Assessment Exam 6% Possible	Final Points/+ Remediation 10% Possible	Final Points if Incomplete assessments & or Remediation 10%
Worth 230 points	89% - 99%	30	260	0
	79% - 88%	28	258	0
	72% - 78%	25	255	0
	71% - or less	15	245	0

ATI COMPREHENSIVE PREDICTOR EXAMINATION

A comprehensive predictor examination is required of all students enrolled in NURS248. The ATI RN Comprehensive Predictor exam score is based on the National Average Predictor Score. The ATI RN Comprehensive Predictor examination is a standardized exam used to measure NCLEX preparedness. The exam identifies and measures strengths and weaknesses of students currently enrolled in the nursing program. Since the NCLEX tests specific areas of nursing

information, the ATI Comprehensive Predictor Exam offers suggestions of the specific areas of weakness and offers suggestions for reviewing the content. Remediation is required for students who are not successful in achieving the minimal passing score on the RN Comprehensive Predicator exam. If a student does achieve a passing score on the RN Comprehensive Predictor exam examination after two attempts, the student will be required to complete remediation and receive an incomplete "ID" grade in the course. Additional retest opportunities are at the student's expense. Students must successfully pass the ATI RN Comprehensive Predictor exam to receive a passing grade for NURS 248.

Calculation of ATI points for NURS 248 will be based on the Group National Mean:

- Students must score a minimum of the Group National Mean (varies each semester) on the ATI Comprehensive Predictor Exam in order to pass NURS 248.
- The ATI RN Comprehensive Predictor is worth 35% of the N248 grade.
- If the student does not pass the initial ATI RN Comprehensive Predictor exam but passes on the second attempt, the final grade will be reduced by 10%.
- If a student does not achieve the passing score on the initial ATI RN Comprehensive Predictor exam after two attempts, the student will receive an incomplete "ID" as the default letter grade until the student achieves the passing score.
- The grade of ID will be changed when the student successfully passes the ATI RN Comprehensive Predictor exam.
- If the student does not pass the ATI exit exam by the end of the sixth week of the following semester, the ID grade will automatically be removed and the default grade of "D" will be assigned placing them ineligible to sit for the NCLEX. The director must approve any extension of the time for completion of the required work.
- The maximum score the student may achieve is 75% if more than two attempts are required to pass the exit exam.
- Students are required to pay for a third attempt of the RN Comprehensive Predictor

KEY TERMS

1. Group National Mean is the average score of all examinees.

2. Adjusted Individual Total Score is to adjust for possible differences in difficulty among the forms of this assessment, the raw score (the total number of items correct) is converted to the adjusted individual total score through a process known as equating. The adjusted individual total score is on a scale of 0% to 100%.

3. Predicted Probability of Passing NCLEX-RN on the First Attempt is to provide a numeric indication of the likelihood of passing the NCLEX-RN at the student's current level of readiness. This score is based on the Adjusted Individual Total Score.

- For example, a student who has a score of 71.5% correct would be expected to have 90% chance of passing the NCLEX-RN on the first attempt.
- Although this is a high probability of success, it is not a guarantee.

The table below summarizes student performance on this assessment as it relates to NCLEX success.

RN Comprehensive Predictor
Probability of Passing Expectancy Table

RN CP Individual Score	Predicted Probability of Passing the NCLEX-RN	RN CP Individual Score	Predicted Probability of Passing the NCLEX-RN	RN CP Individual Score	Predicted Probability of Passing the NCLEX-RN	RN CP Individual Score	Predicted Probability of Passing the NCLEX-RN
85.3% to 100%	99%	64.2% to 64.5%	75%	56.8% to 57%	50%	49.3% to 49.6%	25%
81.8% to 85.2%	98%	63.9% to 64.1%	74%	56.5% to 56.7%	49%	48.9% to 49.2%	24%
79.4% to 81.7%	97%	63.5% to 63.8%	73%	56.3% to 56.4%	48%	48.6% to 48.8%	23%
77.7% to 79.3%	96%	63.2% to 63.4%	72%	56% to 56.2%	47%	48.2% to 48.5%	22%
76.2% to 77.6%	95%	62.8% to 63.1%	71%	55.7% to 55.9%	46%	47.8% to 48.1%	21%
75% to 76.1%	94%	62.5% to 62.7%	70%	55.4% to 55.6%	45%	47.3% to 47.7%	20%
74% to 74.9%	93%	62.2% to 62.4%	69%	55.2% to 55.3%	44%	46.9% to 47.2%	19%
73.1% to 73.9%	92%	61.9% to 62.1%	68%	54.9% to 55.1%	43%	46.4% to 46.8%	18%
72.2% to 73%	91%	61.6% to 61.8%	67%	54.6% to 54.8%	42%	45.9% to 46.3%	17%
71.5% to 72.1%	90%	61.3% to 61.5%	66%	54.3% to 54.5%	41%	45.4% to 45.8%	16%
70.8% to 71.4%	89%	61% to 61.2%	65%	54% to 54.2%	40%	44.9% to 45.3%	15%
70.1% to 70.7%	88%	60.7% to 60.9%	64%	53.8% to 53.9%	39%	44.3% to 44.8%	14%
69.5% to 70%	87%	60.4% to 60.6%	63%	53.5% to 53.7%	38%	43.7% to 44.2%	13%
69% to 69.4%	86%	60.1% to 60.3%	62%	53.2% to 53.4%	37%	43.1% to 43.6%	12%
68.4% to 68.9%	85%	59.8% to 60%	61%	52.9% to 53.1%	36%	42.4% to 43%	11%
67.9% to 68.3%	84%	59.5% to 59.7%	60%	52.6% to 52.8%	35%	41.7% to 42.3%	10%
67.5% to 67.8%	83%	59.3% to 59.4%	59%	52.3% to 52.5%	34%	40.8% to 41.6%	9%
67% to 67.4%	82%	59% to 59.2%	58%	52% to 52.2%	33%	39.9% to 40.7%	8%
66.6% to 66.9%	81%	58.7% to 58.9%	57%	51.7% to 51.9%	32%	38.9% to 39.8%	7%
66.1% to 66.5%	80%	58.4% to 58.6%	56%	51.4% to 51.6%	31%	37.7% to 38.8%	6%
65.7% to 66%	79%	58.2% to 58.3%	55%	51% to 51.3%	30%	36.2% to 37.6%	5%
65.3% to 65.6%	78%	57.9% to 58.1%	54%	50.7% to 50.9%	29%	34.4% to 36.1%	4%
64.9% to 65.2%	77%	57.6% to 57.8%	53%	50.4% to 50.6%	28%	32.1% to 34.3%	3%
64.6% to 64.8%	76%	57.3% to 57.5%	52%	50% to 50.3%	27%	28.6% to 32%	2%
		57.1% to 57.2%	51%	49.7% to 49.9%	26%	0% to 28.5%	1%

VIRTUAL ATI

Virtual ATI is another component of the N248 grading schematic, which is worth 25% of the course grade.

- Virtual ATI guides the students through everything they need to know to prepare and pass the NCLEX-RN examination.
- Each student is assigned a personal Virtual ATI Coach, an experienced nurse educator who works with them one-on-one and provides feedback and encouragement along the way.

Students are provided 12-week access to an online classroom that begins 30 days prior to graduation, is available 24/7 and includes more than 400 on-demand resources via the mobile-friendly online classroom.

7.6 ATTENDANCE POLICY

A. **CLASSROOM ATTENDANCE**

1. Students who enroll in class but do not attend the first scheduled class meeting may be dropped from the roster and their places given to waiting list students. If illness or emergency prevents a student from attending the first class session, the student is responsible for contacting the instructor prior to the first class meeting.
2. A student who registers for a class and never attends is still responsible for dropping the class. Failure to properly drop a class by the appropriate deadline may result in a "W" and may hold the student responsible for all fees associated with the class. The burden of proof is on the student.
3. Punctuality and attendance are professional expectations. Students are expected to attend all theory and clinical days. The instructor may drop students, who miss the first class meeting or are not in regular attendance. The instructor may drop students whose absences from a class exceed 10% of the scheduled class meeting time.
4. Students must follow the instructions in the course syllabus in relation to notifying the classroom faculty of an anticipated tardy/absence. Three (3) tardies is equivalent to one (1) absence.
5. Due to ECC insurance requirements, students must pay tuition before beginning clinical courses. Students must provide proof of payment prior to the first clinical day. Non-enrolled students will not be permitted to attend courses.

B. **SIMULATION ATTENDANCE**

1. Simulation lab is an integral part of the clinical experience.
2. Students will be required to sign a confidentiality agreement regarding simulation scenarios andactivities. Simulation Agreement Forms are in the debriefing room.
3. It is incumbent upon the student to arrive promptly for simulation lab.
4. Tardiness to simulation lab will necessitate making up the simulation day on a non-clinical day assigned by the simulation lab coordinator.
5. The makeup simulation day assigned will be non-negotiable but will not interfere with any scheduled classroom meeting.
6. Unprofessional behavior during the simulation experience will result in a Clinical Improvement Plan (CIP) for the student, which will count towards the total of three (3) CIPs allowed for each course.
7. Simulation hours will count towards total required clinical hours for each course.

C. **CLINICAL ATTENDANCE**

1. All students must complete the full number of hours required for a clinical course.
2. All students are required to be on time for a scheduled clinical day.
3. Students must notify the instructor by phone, if possible, or email 30 minutes prior to the clinical start time in case of tardiness or absence.
4. Students who miss a clinical day must make up the required hours for that week. An effort will be made to accommodate the student in the assigned facility and department. If there is no way to accommodate the hours, the student must drop the course and follow up with the lead instructor.

5. Students will receive a 30-minute lunch during the clinical day. The clinical instructor will coordinate breaks at a time that does not interfere with the safety or care of patients.

7.7 BACKGROUND CHECK POLICY

In adherence with the Joint Commission and community standards for healthcare providers, nursing students must have a clear criminal background check to participate in clinical courses. A criminal background check is required for the nursing program upon admission and each semester thereafter. Students are responsible for the fees associated with the background check and drug screening process.

Background checks will minimally include the following:

A. Residency History Search
B. County and Statewide Criminal Records
C. Nationwide Sex Offender Index
D. Social Security Verification
E. Nationwide Healthcare Fraud and Abuse Scan

If the background check does not clear the student, the student's individual case will be assessed.

The following will necessitate further evaluation prior to permitting clinical placement:

1. Murder
2. Felony Assault
3. Child or Elder Abuse/Neglect
4. Domestic Violence
5. Sexual Offenses/Sexual Assault
6. Felony Possession and Furnishing (without certificate of rehabilitation)
7. Drug and Alcohol Offenses (felony or misdemeanor without certificate of rehabilitation)
8. Felony Theft
9. Class B and Class A misdemeanor theft
10. Felonies Involving Weapons and/or Violent Crimes
11. Fraud

Students are responsible for providing authorization/consent for the background check. Students may submit information for their background check at www.CertifiedBackground.com.

Certified Background forwards results of the investigation to the Director of Nursing. All information is held in the strictest confidence. If there is a question regarding eligibility, the Director of Nursing will consult with two affiliate clinical sites through their Human Resources Department to establish student placement status. Based on the findings, the Director of Nursing will determine final placement status. A student found ineligible for clinical placement will be unable to meet clinical objectives and will be required to drop from the program.

Appeal Process: The student may appeal the decision of the Director of Nursing. A committee of two faculty members and the Dean of Health Science and Athletics will review the decision. If the decision is upheld, the student may appeal through the College Review Process (see the College Student Handbook for the Grievance Procedure).

The nursing program does not provide counseling or recommendations regarding the results of the background check. All questions regarding the background check should be directed to the BRN. The determination whether a student will be allowed to take the NCLEX exam based on the background check is a decision made by the BRN. The nursing department does not guarantee that students will be able to take the NCLEX-RN exam if they have identified items on their background check.

7.8 CLINICAL EVALUATION POLICIES AND PROCEDURES

A. **Clinical**

1. Clinical instruction shall be provided in hospitals and/or other health care facilities,which provide experiences related to current theory.
2. Each clinical group shall consist of no more than 10 students.
3. An instructor shall be assigned at each facility and shall be responsible for the studentorientation, learning experiences and performance evaluation.
4. Students are rotate to different facilities and instructors to have a well-rounded experience related to the various courses/clinical sites. If students desire to switch from the section that they have been assigned, they may request clinical placement in another section in writing with rationale. However, depending upon the requirements and accommodations in both the program and clinical agency, the requestmay not be honored.
5. Students must follow policies and procedures of the clinical facility. Failure to do so may result in the student being denied clinical privileges by the hospital and continuation in the course by the department.
6. Clinical assignments will increase in complexity and critical thinking responses progressively each semester.
7. Clinical hours may be scheduled in the afternoon and evening, or weekends. Students shall be prepared to adjust their personal schedules when this is necessary. Every effort is made to give adequate notice and to honor student requests. However, when no alternative is available, the student has the option of withdrawing from the program andreapplying when other hours are available.
8. Students are responsible for providing their own transportation to sites for clinical experiences.
9. Students shall always be in appropriate dress attire when in the clinical setting. Dove Apparel is the official approved uniform and must be worn during assigned clinical times.

B. **Clinical Expectations:**

Students are expected to demonstrate growth in their clinical performance as they progress through the various nursing courses. In each clinical course, learning objectives and competencies serve to clarify performance expectations. Clinical performance is based on

the demonstration of safe, patient-centered nursing care. Students are expected to perform care in a professional manner in all clinical settings. They must come prepared for clinical practice understanding both legal and ethical boundaries.

C. **Clinical Objectives and Expectations for All Clinical Courses**

1. The student will:
   - Utilize standard precautions
   - Use hand hygiene when appropriate
   - Identify patient by name, medical record number and date of birth on armband and at beside compare patient armband information to medication administration record and/or computer data
   - Immediately report any significant change in patient's condition to the responsible RN and/or the clinical faculty
   - Validate with faculty nursing practices and/or procedures that are contrary to classroom instruction prior to initiation of patient care
   - Recognize and report any error or unsafe conditions
   - Maintain academic honesty, professional behavior and confidentiality and abide by the Code of Conduct and Ethics
   - Utilize the "Rights of Medication Administration" to administer medication
   - Recognize and correct breaks in sterile technique
   - Recognize own limitations and accurately assess own abilities prior to initiation of patient care

2. The clinical instructor or a staff RN (according to facility guidelines) must be present at the bedside when performing any procedure until the clinical instructor has deemed the student safe to perform the skills without the clinical instructor.

3. The student must have direct supervision by a clinical instructor or staff RN for the following:
   - All IV insertions
   - All medication routes
   - Any access to central lines or implanted ports for any purpose
   - TPN administration
   - Sterile procedures
   - Blood and blood product administration

D. **Clinical Evaluation**

Clinical evaluation will be completed midterm and during the final week of a clinical course. Evaluation by the student's assigned clinical faculty shall include student's positive accomplishments as well as any identified deficiency that need improvement. Evaluations must be in writing and signed by the faculty. Students are expected to participate in the evaluation process and sign the form. The evaluation will be submitted to the department office for placement in the student file.

E. **Clinical Deficiency**
   1. Students who have an identified deficiency will be informed verbally if they have not met a clinical objective
      - Students will be required to meet with the clinical instructor or course lead instructor to complete a written Student Conference Form.
      - Anecdotal notes should be utilized by the faculty as a means of documenting student behavior for counseling.
   2. Clinical Improvement Plan (CIP) is given to a student by the clinical instructor to indicate to the student that their behavior in the clinical setting does not meet course and program objectives. When a student receives the
      - First CIP – student will meet with their instructor for a conference
      - Second CIP – student will meet with their instructor and the Assistant Director of Nursing or the Director of Nursing for a conference
      - Third CIP (and disqualification from the nursing program) – student will meet with the instructor and the Director of the Nursing for a conference

7.9 CLINICAL WARNING, PROBATION, AND FAILURE POLICY AND PROCEDURES

A. **Clinical Warning**
   1. First Clinical Improvement Plan (CIP) is a written warning documentation and notice regarding failure to meet a clinical objective or criteria.
   2. The student and faculty should review, discuss, and sign the warning, a copy given to the student, and the original placed in the student's file.
   3. The instructor will define remediation process in the Clinical Warning.

B. **Clinical Probation** is more serious than a clinical warning; failure to improve remediation objectives defined in the Clinical Warning by the next clinical evaluation day and/or if patient safety has been placed at risk. This may lead to Clinical Failure if student does not take corrective action.
   1. Second CIP documenting the inability to perform or failure to comply with the outlined remediation plan in the first CIP.
   2. Student must meet with the instructor and the Assistant Director of Nursing or the Director of Nursing for a conference.

C. **Clinical Failure** is a written documentation that the remediation process defined in Clinical Warning and/or student has not achieved guidelines identified under the Clinical Probation and/or a grievous violation of patient safety has occurred.
   1. Third CIP is written.
   2. Student must meet with the instructor and the Director of the Nursing Program for a conference.
   3. Clinical Failure is considered a course failure.

D. The following includes but is not limited to those incidents that may result in Clinical Warning, Clinical Probation, or Clinical Failure:

1. **Failure to be prepared** for the clinical day will result in Clinical Warning and dismissal for the day. Failure to be prepared places the patient at risk and is considered unsafe nursing practice.

    - Repeat failure to be prepared for the clinical day during that same rotation will result in Clinical Probation.
    - A third unprepared event during that rotation will result in a Clinical Failure, and the student will be required to withdraw from the course, which constitutes a course failure.

2. **Failure to meet clinical objectives** will result in a Clinical Warning.

    - If the student does not demonstrate improvement on the next clinical day, the student will be placed on Clinical Probation.
    - Failure to improve by the next clinical evaluation day will result in a Clinical Failure

3. **Clinical Warnings and Clinical Probation** define criteria the student must meet to satisfy the clinical objectives and avoid a Clinical Failure.

    - Faculty-student conference will provide a collaborative forum to assist students in achieving clinical objectives.
    - Faculty-student conference may include other faculty, Instructional Assistants, an/or the Director of the Nursing Program.

E. **In addition** to failure to achieve stated clinical course objectives, the following will result in Clinical Failure:

1. Evidence of unsafe practice, whether physical or psychological.
2. Errors in professional judgment.
3. Lack of responsibility to patient, self, ECC, or clinical sites.
4. Inability to apply theoretical principles and knowledge to clinical situations.
5. Lack of professionalism.

7.10 CRITERIA FOR UNSAFE CLINICAL PERFORMANCE

Nursing students are legally responsible and accountable for their own actions, commission and/or omission in the clinical area. A student's overall clinical performance is considered unsafe when a student's action(s) or pattern(s) of behavior reflect a substantial departure from the critical behavior as listed in the Clinical Evaluation Tool (CET). This critical behavior is that which is expected of students at the same level under similar circumstances and when the student's action or lack of action could have (or did) result in physical or emotional jeopardy to the patient.

Listed below are critical behaviors:

*A student may be disqualified from the nursing program for one instance of behavior that can be classified as gross negligence.

Safety (S)	Examples
Violator threatens the **physical safety** of the patient. Placing a patient in physical jeopardy is defined as any action or inaction on the part of the student which in the judgment of the instructor, compromises the patient's physical safety.	• Fails to properly position patient. • Failure to carry out medical/nursing orders. Does not appropriately utilize siderails/restraints. • Comes unprepared for clinical. • Does not wash hands appropriately when caring for patients. • Injures a patient, i.e., burns patient with hot pack, heating lamp, etc.
Violates or threatens the **psychosocial safety** of the patient. Placing a patient in emotional jeopardy is defined as any action or inaction on the part of the student, which in the judgment of the instructor, compromises the patient's emotional safety.	• Functions under the influence of mind-altering substances. • Makes repeated faulty judgments/decisions resulting in ineffective nursing care. • Fails to observe/report/document critical patient data in a timely fashion. • Repeatedly uses non-therapeutic techniques. Attacks/degrades the individual's beliefs or values. Calls individual by inappropriate names. Inappropriately shares information about the patient's diagnosis, either with the patient or with family.
Failure to demonstrate competence of previously mastered principles/learning objectives in carrying out nursing care skills and/or delegated medical functions. Failure to demonstrate competence is defined as a lack of possession of or the failure to exercise that degree of learning, skill, care, and experience	• Fails to recognize and correct violations of aseptic technique. • Does not wash hands appropriately when caring for patients. • Violates the seven rights in administering medication. Fails to accurately prepare and monitor IV infusions. Fails to observe safety

ordinarily possessed and exercised by students of the same level. The student exercises an inability to demonstrate mastery of previous or current course content as described in course objectives.	precautions during O2 therapy. Unable to identify basic patient deficits through assessment. • Unable to perform previously learned skills. • Unable to verbalize key information previously covered in lab and/or class.
Nursing Process (NP)	**Examples**
Inadequately and/or inaccurately: • Assesses the client • Plans the care for the client • Implements therapeutic interventions • Evaluates client care	• Unable to identify basic human needs. • Fails to observe/report/chart critical client data. • Uses poor judgment and/or makes decisions resulting in ineffective nursing care.
Skills (SK)	**Examples**
Unable to perform expected clinical performance objectives and/or skills.	• First semester student fails to obtain accurate vital signs. • Second semester student fails to maintain sterile technique; unable to verbalize key information previously covered in lab and/or class. • Third or fourth semester student unable to manage and/or prioritize multiple client assignment.
Decision Making (DM)	**Examples**
Assumes inappropriate independence in action or decisions.	• Performs procedures not yet evaluated, fails to appropriately seek assistance (functions beyond scope of practice). • Fails to appropriately seek assistance with assessment and/or skills. • Supervised by a staff nurse when the instructor has specifically stated that the students are only to do certain procedures with his/her supervision. • Accepts a verbal/telephone order from a doctor.
Fails to recognize on limitations, incompetence and/or legal responsibilities.	• Refuses to admit error.

	• Cannot identify own legal responsibility in specific nursing situations. • Fails to complete assigned nursing responsibilities. Violates Academic Dishonesty or Student Conduct Code (e.g., cheating on written work, plagiarism).
Professional Accountability	**Examples**
Gross negligence: failure to accept responsibility for his/her own actions thereby violating professional integrity as expressed in the ANA Code for Nurses and the Nurse Practice Act. Gross negligence is defined as an extreme departure from the standard of care, which under similar circumstances would have been exercised by a student of the same level.	• Falsifies information. • Reports on duty in an impaired state. • Does not follow school/healthcare institution policies and procedures.
Violates patient confidentiality: can also be a violation of Federal Law (HIPAA) and may result in fines and/or incarceration.	• Shares patient information on the phone/social media. • Photocopies patient records. • Shares patient information with individuals outside the healthcare team. • Puts patient's name and/or identifying information on student assignment(s). • Discusses patient information in public areas such as the lobby or cafeteria.

7.11 CLINICAL EVALUATION TOOL (CET)

For each course with a clinical laboratory component, clinical or laboratory performance will be graded as satisfactory or unsatisfactory. The student learning outcomes as outlined in the course Clinical Evaluation Tool (CET) will form the basis for each student evaluation in the clinical setting. The CETs provide the student and faculty with objective measures to evaluate progress toward achievement of the desired clinical learning outcomes. The student performs a self-evaluation. It is expected that the self-evaluation be completed honestly and accurately.

A. The following guidelines explain how the tool is used.
    1. At the midterm and final week of each clinical course, the student must complete the CET and submit it to their clinical instructor. Students are to type or use black ink when completing the CET.
    2. The clinical instructor reviews each parameter to determine if he/she agrees with the student's self-assessment.
    3. Each competency is ranked on a numerical scale of 1 – 4
        - 1 – Consistently requires direction, guidance, monitoring, or instructor assistance
        - 2 – Regularly requires direction, guidance, monitoring, or instructor assistance.
        - 3 – Intermittently requires direction, guidance, monitoring, or instructor assistance.
        - 4 – Rarely requires direction, guidance, monitoring, or instructor assistance.
    4. A minimum skill level of 2 is required at all times.
    5. Ratings less than 2 could result in immediate clinical failure, in which event the student may not continue in any clinical experience for the remainder of the course.
    6. The student must provide a narrative summary to address strengths and weaknesses, including a plan to correct areas of deficiency at the midterm CET submission.
    7. The instructor will also provide a narrative summary to address the student's strengths and weakness and suggest a plan to correct any areas of deficiency at the midterm CET submission.
    8. Midterm CETs will be returned to the student by the next scheduled clinical day.
    9. Students are not to change their self-assessment after turning in the CET at the midterm mark. Students are not to change the instructor's assessment.
    10. The CET instrument explains when an instructor/student conference is needed to discuss a clinical improvement plan (CIP).\
    11. At the end of the course, the student will resubmit the CET for a final evaluation which includes these student's final self-evaluation as well as a narrative summary to address strengths and weaknesses. The instructor will also provide a final evaluation of student clinical performance at that time.
    12. At the end of the term, the CET and any earned CIPs are placed in the student's permanent file in the nursing office.
    13. The CET and any CIPs are documentary evidence that each student has completed all clinical objectives and required remediation for each clinical course. Without documentation, the student has no proof of meeting clinical objectives for the course; this will result in the student receiving an unsatisfactory for the clinical component of the course. PLEASE DO NOT LOSE THESE DOCUMENTS!

B. A copy of the CIP is represented by Appendix G of the Student Handbook.

C. Students will receive the course CET at the beginning of each clinical course.
    1. Student learning outcomes that are met satisfactorily will continue to be the subject of evaluation in subsequent clinical courses.
    2. Evaluations occur throughout the program to ensure that they provide safe nursing care.
    3. Students are encouraged to request a conference with the instructor for perceived problems.

D. Failure to meet the critical behaviors below as outlined in the CET will lead to immediate dismissal of the student from the clinical setting and result in a failing clinical grade.
    1. Communicate truthfully, accurately, and appropriately in verbal and/or written form.

E. The following critical behaviors must be met with 100% compliance. A student may be dropped from the clinical component of the course or may receive a CIP if at any time 100% compliance has not been met.
    1. Always provide safe patient care. Unsafe patient care will initiate an immediate student conference and may lead to dismissal of a student from clinical or from the course without warning.
    2. Assume responsibility and/or accountability for one's own actions.

F. The student must maintain a satisfactory rating in the clinical setting at all times, regardless of theory grade. Unsatisfactory clinical performance is determined by:
    1. A student who is unable to meet the clinical objectives at a satisfactory level.
    2. The inability of the student to meet attendance/punctuality standards designated by the course.
    3. Regression of the student to previous and lower level of performance.
    4. Unsafe patient care provided by the student – failure of the student to perform at a previously learned level of performance, leading or placing the patient in potential harm.

7.12 CLINICAL PLACEMENT POLICY

Students will be assigned to a clinical site that will meet the learning needs of the course. Because of the complexity involved in scheduling, the nursing department reserves the right to adjust clinical schedules, as necessary. Student clinical groups are not static and may vary from semester to semester. Students are responsible for providing their own transportation to and from all assigned clinical sites. Students are not allowed to transport patients/clients in personal vehicles under any circumstance.

Some clinical affiliation agreements (hospitals) do not accept students without proof of COVID vaccinations. This is an external clinical agency requirement that is beyond the Nursing Program's or El Camino College's control. Students who do not provide proof of COVID vaccinations may

not be able to participate in clinical rotations, and, therefore, may not progress through the program to completion.

Clinical facilities and associated facilities/agencies utilized by the nursing program have the right to determine if they will accept or refuse nursing students. Nursing clinical group/section assignments can be cancelled at the discretion of the clinical facility or associated facility/agency. If this does occur, every effort will be made to secure an assignment within the same facility on another unit or with a different facility. If all resources have been exhausted, and accommodations cannot be made then the students involved will have to take a stop-out from the program. Due to the extenuating circumstances, this stop-out would not count against the student and they would be allowed to continue in other nursing courses. Since clinical placement is at the discretion of the facilities, the nursing programcannot guarantee that a student will complete the program in four semesters as planned.

Nursing students who do not have a clear background check will not be accepted by the clinical facility and associated agencies utilized by the nursing program. If this occurs, efforts will be made to place the student in another clinical facility. However, the nursing program cannot guarantee clinical placement during the same semester. The student may be required to take a stop-out if there is a delay in receiving confirmation/approval for the student to attend the clinical facility.If there are no other clinical facilities that are contracted with our nursing program or if all available clinical agencies refuse to accept the student, then the student would not be able to progress in the program until a future semester.

7.13 CLINICAL PREPARATION

Students are expected to be prepared for their clinical experience according to course objectives. Students who present as unpreparedand/or demonstrate unsafe behavior will not be allowed to remain on the unit. Students are responsible for individual preparation, including any extra assignments as determined by the instructional team.

7.14 CONFIDENTIALITY OF INFORMATION

Any information regarding a client is confidential and will be confined to clinical and classroom discussions. Faculty and students uphold the ANA's Code for Nurses (2001) which states, "the nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature". In addition, the National Student Nurses' Association states that students "must maintain client confidentiality and actively promote the highest level of moral and ethical principles". Students will be oriented to the American Health Insurance Portability and Accountability Act (HIPAA) guidelinesand are always expected to adhere to these guidelines.

References

American Nurses Association (June 2015).
https://www.nursingworld.org/~4ad4a8/globalassets/docs/ana/position-statement-privacy-and-confidentiality.pdf

7.15 COURSE EVALUATION

The nursing program uses the course evaluations for overall program evaluation and to make changes as needed. Student responses to the evaluation are completely anonymous. The information providedis specific to course improvement and a BRN requirement**.** All provided comments will be sent to the Nursing Director. Faculty are evaluated according to college policy.

7.16 DISABILITY POLICY

The El Camino Community College District provides reasonable accommodations for students with disabilities in accordance with compliance measures established by the Rehabilitation Act of 1973, sections 504 and 508, the Americans with Disabilities Act (ADA), and the ADA Amendments Act of 2008 (ADAAA). Additional information may be found in Administrative Procedure 4055 Procedure on Academic Accommodations for Students with a Disability available at:
http://www.elcamino.edu/administration/board/boarddocs/AP%204055%20Academic%20Accommodations%20for%20Students%20with%20a%20Disability.pdf

Individuals with disabilities are welcome in the field of nursing. Resources are available to assist student nurses with disabilities http://exceptionalnurse.com/. However, the student must be able to perform certain necessary functions throughout the nursing program. These physical, cognitive, affective, and psychomotor abilities are crucial for the provision of safe and effective nursing care. Progression and graduation are contingent upon one's ability to demonstrate the necessary functions delineated for the nursing program. Clinical agencies may identify additional necessary functions. The nursing program reserves the right to amend the necessary functions as required.
Students, who are otherwise qualified and have a documented disability that will require accommodation to perform these functions, must contact the Special Resources Center located in the Student Services Center building. Students must provide documentationfor the disability and request reasonable accommodation(s) that will enable them to begin or continueas a student nurse. Accommodations will be considered on an individual basis, and the Nursing Department will determine if the modifications are reasonable or if there are other possible accommodations. While El Camino College is committed to providing accommodations, those accommodations may not be guaranteed in the clinical or skills lab setting.

If you have a health-related need that requires you to bring equipment, beverages, or snacks into the testing room, or to take extra or extended breaks, you must provide documentation that supports the requested accommodation(s). Your request should be submitted as early as possible, especially if you are requesting special accommodations. Provision for accommodation cannot be **initially** requested on the same day of testing as time and notice need to be provided in order to accommodate the student properly.

The necessary functions delineated below are needed for nursing program progression and graduationand for the provision of safe and effective nursing care. The necessary functions include but are not limited to the following:

A. **PHYSICAL REQUIREMENTS** – the student must demonstrate a high degree of manual dexterity and physical flexibility and can:
   1. Adapt to shift work
   2. Bend both knees
   3. Climb stairs or ladder
   4. Distinguish colors
   5. Grip
   6. Hear tape recorded transcriptions
   7. Lift 25 pounds
   8. Perform CPR
   9. Perform repetitive tasks
   10. Reach above shoulder level
   11. Sit for periods of time
   12. Squat
   13. Stand for long periods of time
   14. Tolerate exposure to dust and/or fumes
   15. Walk the equivalent of five miles per day
   16. Work with chemicals and detergents

B. **MENTAL AND EMOTIONAL REQUIREMENTS** – the student must demonstrate a high degree of mental flexibility and can:
   1. Adapt to shift work
   2. Assist with problem resolution
   3. Concentrate
   4. Cope in an acceptable manner with confrontation
   5. Cope with a high level of stress
   6. Cope with the anger/fear/hostility of others in a calm manner
   7. Demonstrate a high degree of patience
   8. Handle multiple priorities in a stressful situation
   9. Make fast decisions under high pressure
   10. Manage altercations
   11. Work alone
   12. Work in areas that are close and crowded

7.17 DRUG SCREENING | TESTING POLICY

The nursing department hospital partners require students who care for patients in their agencies to undergo drug screening before being assigned to the facilities. The drug screen is not a requirement for admission to the nursing program; however, it must be completed upon admission into the programand before the student enters and is assigned to the clinical facility. Students are required to completea drug screen each semester, in addition to meeting the clinical facilities requirement. The initial drugscreen will satisfy this requirement for continuous enrollment in the nursing program. If the program enrollment is interrupted, a new drug screen will be required (e.g. stop-out, drop-out, math pause).

Students are responsible for providing authorization/consent for the drug screen. Students are responsible for all fees associated with the drug screen process. Students are required to submit information for their drug screen at
https://www.castlebranch.com/online_submission/package_code.php

All information is held in strictest confidence. Results of the drug screening will be forwarded to the Director of Nursing. If there is a question regarding eligibility, the Director of Nursing will consult with two affiliate clinical sites through their Human Resources Department to establish student placement status. The Director of Nursing based on the findings will determine final placement in theprogram. If the student is found to be ineligible for clinical placement, the student will be unable to meet clinical objectives and will be dropped from the program.

7.18 EXAMINATION POLICY

A. **Examinations, Quizzes, and Final Examinations**
   1. Students are not permitted to use the restrooms during examinations.
   2. All belongings, except those necessary for test taking must be kept at the front of the classroom.
   3. When a student completes the exam, they must exit the classroom quietly and return when class resumes. The instructor reserves the right to alter these guidelines, as necessary.
   4. All theory courses with a clinical component will implement five (5) math-related questions on each exam, except for the final exam. The math questions will be weighted the same as all other questions.
   5. Students will have the opportunity to review their nursing examination; however, they will not be allowed to keep the exams or be given copies of any of the exams. This is done to maintain the integrity of the program.
   6. Students may not retake any course exam or the final exam.
   7. The instructor will arrange group exam reviews.
   8. Appointments for individual review of exams can only be made during the instructor's office hours and prior to the next exam.
   9. Final examinations will not be available for review.
   10. Students scoring 76% or less on any exam (except for the final) are expected to complete a Test Review: Identify Information – Processing Errors Form during the test review (see Appendix T).
   11. Students scoring 76% or less on any exam (except for the final) are required to meet with the Student Success Facilitator. The student will be required to meet with the facilitator throughout the remainder of the course.

B. **Math Exam**
   1. The final math exam consisting of 20 questions will be administered in each course.
   2. The math exam will be administered at the discretion of the instructor.
   3. The student will be required to pass this exam with a minimum of 90% accuracy in order to progress to the next sequenced nursing course. Refer to course syllabus for level of math content required.

4. Students will have two attempts per course to pass the final math test. If they fail two final math tests, the student will be placed on a Math Pause.
5. Students who are placed on a Math Pause are required to complete Math Remediation prior to progressing to the next sequenced nursing course.
6. If the student fails the final math exams on two separate occasions in the currently enrolled course, the student will be placed on a Math Pause and required to remediate prior to progressing to the next sequenced nursing course. The final grade for a student placed on a math pause should reflect and "ID" until the student has successfully completed the Math Remediation.

7.19 FACULTY | STUDENT RATIOS [CCR 14245(k)]

The number of students to faculty ratio and course unit assignment per student load is determined by policies, which include the California BRN regulations, clinical affiliation agreement and are assigned by the Director of Nursing or the Director Designee as delegated by the Dean of Health Science and Athletics.

7.20 GRADING CRITERIA

Recording course grades are the responsibility of the lead instructor in cooperation with the other team members teaching the course. The instructor(s) will apply the following guidelines in determining students' final grade.

A. **Complete Grades:**
   1. Every examination must be assigned a percentage.
   2. The instructors assigned to teach the course determine the percentage value for each exam in a course.
   3. A final grade will be determined based upon the scores of the examinations and any written assignments.
   4. The nursing program's standard grading criteria using the Par Score Grading System will be used to determine a theory grade in all core courses.
   5. Faculty must complete an item analysis test to evaluate test validity.
   6. All test grades, including the final, will be averaged according to the percentage weights assigned to reach a final grade for the course.
   7. Each nursing course will administer a comprehensive final exam. The instructor(s) will determine the percentage weight.
   8. An overall average of 75% is required to pass any nursing course.
   9. Final course grades are not rounded.
   10. Grades are submitted electronically via the ECC portal with hard copies submitted to the nursing department for review by the director before being forwarded to the records department.
   11. Additionally, grades are to be distributed to students via Canvas.

B. **Incomplete Grades:**
   1. May be given when the student is unable to complete the required course work, but the previous work completed is satisfactory.

2. Incomplete grade should be indicated on the grade roster and the final grade report. The incomplete grade must be accompanied by a letter grade reflecting the student's accumulated grade for work completed. The letter grade should be entered in the appropriate "bubble" on the final grade report as an "ID" or "IF" on the semester grade column on the grade roster.
3. The work required to assign the official grade must be completed/removed before the end of the sixth week into the following semester (fall or spring) or the assigned letter grade will automatically become the grade of record.
4. Incomplete grades will prevent students from progressing to the next nursing course. (If the required course work is completed before the first day of class, forward progress will not be stopped.)
5. The instructor of record is the responsible person to complete the Grade Change Request form initiated by the student. Supporting documentation of grade report received must accompany the Grade Change Request form.
6. A letter grade of "D" or "F" will become the permanent grade of record if the required course work is not completed. A student must then retake both the theory and clinical portions of the course.
7. Incomplete grades should be removed by the instructor(s) responsible for the subject matter at the time the incomplete was given unless that instructor has resigned or retired.

C. **Written Course Grades**

At the beginning of each course, instructors will provide students with written course requirements. Grading policies will be adhered to in all courses. The specific course criteria will include, but not be limited to, the following:

1. Course requirements regarding punctuality and attendance.
2. The manner in which examination contents will be reviewed.
3. The time for a make-up exam, if allowed.
4. Students initiate grade changes.
    a. Students submit a completed request to the lead faculty.
    b. Lead faculty complete the Instructor Grade Change Order form by providing an explanation of approval or denial.
    c. Documentation for grades and class attendance must be attached to the form.

D. **Grading Criteria**

All nursing courses must be passed with a final course grade of 75% (minimum) and a satisfactory final clinical evaluation Final course grade is not rounded up to achieve this score.

A	=	90 – 100%
B	=	81 – 89%
C	=	75 – 80%
D	=	63 – 74%
F	=	0 – 62%

The instructor will provide the student with the course requirements at the beginning of each course. Grades are calculated according to weight assigned in order to reach a final grade in the course.

7.21 HEALTH & IMMUNIZATIONS

Students enrolled in the ECC Nursing Program are required to undergo a physical exam prior to entering the first clinical course in the program and then annually while enrolled in the nursing program. Health examination forms are available in the Nursing Department Office. the purpose of this examination, by a physician, nurse practitioner, or physician's assistant, is to verify that the student is in a state of mental and physical health compatible with the responsibilities of nursing practice.

The Document Management Program through Castle Branch is used to maintain student health clearance documents. There is a one-time fee for this service. In addition, Castle Branch is used to manage student background checks and drug screen documentation. Students are required to upload health clearance documents to the document manager and submit the original copy of all health clearance records to the nursing department in a sealed envelope from the healthcare provider's office, with the background and drug test. An additional copy of the records may be requested to submit to the health agencies when students are assigned for clinical placements.

7.22 PHYSICAL EXAMINATION REQUIREMENTS

The physical examination requirements consist of a health history, lab work (CBC and urinalysis), immunizations (copy of immunization record should be submitted), and a physical examination. This requirement must be updated before progression to the second year of the nursing program. The ECC Nursing Program Physical form must be on file in the Nursing Department Office. In addition, the nursing program requires students to have titers drawn (a blood test) for Rubella, Rubeola, Mumps, and Varicella to demonstrate your immunity prior to progression to any course that requires direct patient care experience. Additionally, students must provide evidence of immunization for hepatitis B (a series of three vaccines regimen) as well as evidence of immunity (titer). Students are required to have a tuberculin skin test (TST) (also known as PPD) done prior to starting nursing classes and then one TST every year while in the nursing program.

The nursing program requires that all students receive a two-step (2-step) TST **ANNUALLY**. The two-step testing is useful for the initial skin testing of adults who are going to be retested periodically, such as health care workers or nursing home residents according to the Centers for Disease Control and Prevention (CDC), the two-step approach reduces the likelihood that a boosted reaction to a subsequent TST will be misinterpreted as a recent infection https://www.cdc.gov/tb/publications/factsheets/testing/skintesting.pdf. If the first test is positive, it indicates that the individual is infected with TB. A chest x-ray and evaluation is necessary. If the individual is asymptomatic and the chest x-ray indicates no active disease, the individual can enter patient care areas. A positive second test indicates TB infection in the distant past. A health care provider refers the individual for a chest x-ray and evaluation. An asymptomatic individual, whose chest x-ray indicates no active disease, may enter patient care areas.

The QuantiFERON®-TB Gold (QFT-G) test is an alternative to the tuberculin skin test. it is a blood test for use as an aid in diagnosing mycobacterium tuberculosis infection (both latent tuberculosis infection and active tuberculosis disease) http://www.cdc.gov/tb/pubs/tbfactsheets/QFT.html. The U. S. Food and Drug Administration (FDA) approved the test for used with adult patients. Individuals either vaccinated with BCG or infected with most environmental mycobacteria should test negative. Students utilizing QuantiFERON®-TB Gold blood test as an alternative to the TST must be updated **ANNUALLY** while in the nursing program.

TABLE. Interpretation of QFT-G* results, from IFN-γ† concentrations in test samples

ESAT-6–nil§ or CFP-10–nil¶ or both	Nil	Mitogen–nil**	QFT-G result	Interpretation
≥0.35 IU/mL†† and >50% above nil	Any	Any	Positive	*Mycobacterium tuberculosis* infection likely
<0.35 IU/mL	≤0.7	≥0.5	Negative	*M. tuberculosis* infection unlikely but cannot be excluded, especially when illness is consistent with TB§§ disease and likelihood of progression to TB disease is increased
<0.35 IU/mL	Any	<0.5	Indeterminate	QFT-G results cannot be interpreted as a result of low mitogen response
≤50% above nil	>0.7	Any	Indeterminate	QFT-G results cannot be interpreted as a result of high background response

* QuantiFERON®-TB Gold test.
† Interferon-gama.
§ The IFN-γ concentration in blood incubated with a mixture of synthetic peptides simulating early secretory antigenic target–6 (ESAT-6) minus the IFN-γ concentration in blood incubated with saline.
¶ The IFN-γ concentration in blood incubated with a mixture of synthetic peptides simulating culture filtrate protein–10 (CFP-10) minus the IFN-γ concentration in blood incubated with saline.
** IFN-γ concentration in blood incubated with mitogen minus the IFN-γ concentration in blood incubated with saline.
†† International units per mL.
§§ Tuberculosis.

7.22.1 CARDIOPULMONARY RESUSCITATION (CPR) CERTIFICATION

Students enrolled in the ECC Nursing Program must be certified in cardiopulmonary resuscitation (CPR) prior to entering the first clinical course in the program and must maintain certification throughout the program. Certification typically expires every two years; however, the nursing program requires students to update the certification **ANNUALLY**. The American Heart Association is the **ONLY** acceptable CPR certification recognized by the program and the clinical facilities. CPR must include Basic Life Support (BLS) for Health Care Providers. Students are required to have hands-on training related to adult, child, and infant. Online training programs without a hands-on demonstration and examination of correct technique are not acceptable. A copy of the CPR card must be on file in the Nursing Department Office as well as uploaded to your Castle Branch account, whenever submitting your health clearance documentation.

7.22.2 FIT TEST

Fit test is a test protocol conducted to verify that a respirator is both comfortable and correctly fits the user. Fit testing uses a test agent, either qualitatively detected by the wearer's sense of taste, smell, or involuntary cough (irritant smoke) or quantitatively measured by an instrument to verify the respirator's fit.

The Occupational Safety and Health Administration (OSHA) Respiratory Protection standard (29 CFR 1910.134) requires a respirator fit test be done to confirm the fit of any respirator that forms a tight seal on the wearer's face before it is to be used in the clinical setting.

Fit testing should be conducted for each model of respirator used in specific assigned clinical settings to assure the expected level of protection is provided. Fit testing is also conducted for verification that the student is wearing a correctly fitting model and size of respirator.

A fit test should be conducted each time a new model, manufacturer type/brand, or size is worn to ensure the respirator remains effective. Otherwise, fit testing should be completed annually to ensure continued adequate fit.

The OSHA Respiratory Protection standard (29 CFR 1910.134) states that the employers cannot permit respirators with tight-fitting face pieces to be worn by employees or non (students or faculty) who have facial hair that comes between the sealing surface of the face piece and the face, or that interferes with valve function. [1910.134(g)(1)(i)(B)].

Male students with facial hair that lies along the sealing area of a respirator, such as beards, sideburns, or some mustaches, will interfere with respirators that rely on a tight face piece seal to achieve maximum protection. Essentially, it does not matter if hair grow on other areas of the face (e.g., hair grown at the temples), as long as it does not protrude under the respirator seal or extend far enough to interfere with the device's function. Students are not permitted to have hair that interferes with the respirator's sealing surface. Facial hair in the

temple region of the face may or may not have an impact on the facial seal areas of the respirator. Sideburns that do not enter the sealing surface area, for instance, are acceptable. However, thick sideburns that intrude into the sealing surface of the respirator are not permitted. (See Appendix V.)

Resource: Centers for Disease Control and Prevention
https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource#fittest.html

7.22.3 INFLUENZA VACCINE

The influenza vaccine, also known as the flu shot, is an annual vaccination using a vaccine that is specific for a given year to protect against the highly variable influenza virus. The CDC recommends that everyone over the ages of six months should receive the seasonal influenza vaccine.

Students enrolled in the ECC Nursing Program must provide proof of receiving the vaccine between the months of October 1st – March 31st each year. You may elect to decline the vaccine; however, you must complete and submit the influenza declination form to the nursing department office and upload a copy of the document into your Castle Branch account. Students admitted in the spring semester are required to be vaccinated again for the new vaccine season.

7.23 INTRAVENOUS (IV) PUSH POLICY AND PROCEDURE

A. Students in the 2nd, 3rd, and 4th semester may administer IV push medications under the following circumstances:
   1. Under direct supervision of the nursing instructor, staff nurse, or preceptor.
   2. All medication administration must follow the institution policy for medication administration.
   3. All IV pushes must meet each clinical facility's and/or unit's policy and procedures.
   4. Following a complete nursing assessment, prior to, and within 10 minutes of administration, students must trend client's assessment data.

B. Under **no circumstances** are students allowed to administer any IV push medication:
   1. During any Code or resuscitative efforts including conscious sedation.
   2. Any drug classified as a chemotherapeutic agent or given as part of an oncology chemotherapy regimen.
   3. Any drug or procedure that requires State and/or hospital certification.
   4. Any drug or procedure that violates any unit/hospital specific policy, procedure, or protocol.

7.24 LATEX ALLERGY POLICY

Students who have an allergy to latex are required to provide a note from their physician/nurse practitioner stating that they have a latex allergy. The note is to be submitted to the clinical instructor on the first day of each clinical course.

7.25 MANDATORY DROP POLICY

A theory grade below C (75%) and/or unsatisfactory performance in the clinical area results in a mandatory DROP from the course. In accordance with school policy, a student may re-enroll in any nursing course only one time (ECC Catalog "Repeating Courses"). Therefore, a student who receives a course grade of “D” or “F” may repeat the course one (1) time only. A student can fail only one (1) nursing course (clinical or non-clinical) during the entire program. Second failure will result in dismissal from the program. Failure of a clinical course requires completion of remediation and successful repetition of the same clinical course to proceed. The lead instructor for the course will complete an Exit Form when the student must drop the course.

For example**,** consider student "A" has received a 71% theory grade in Nursing 224 and thus has not met the requirements for progression. In order for Student "A" to return to active status, the student must complete a remediation process that includes completing all the requirements listed on the "exit form" by the Nursing 224 instructor.

Other requirements may include meeting with skills lab instructors to help determine special needs and problem areas, meeting with the Financial Aid department to assist with financial difficulties or meeting with the Student Success staff. Student "A" must submit documentation to the Nursing Director in order to verify that he/she has completed their remediation process. Student “A” would then be allowed back into the nursing program **based on a space-availability**.

Once Student "A" has been accepted back into Nursing 224, the student will have used up the one (1) course repeat. If Student "A" fails to pass Nursing 224 a second time, the faculty from that course will complete an exit form.

7.26 MATH PAUSE POLICY

All theory courses with a clinical component will include five (5) math-related questions for each exam, except for the final exam. Students will have three (3) minutes per math question. The math questions will be weighted the same as all other questions. A Math Exit Exam consisting of 20 questions will be administered in each course with a clinical component. The Math Exit Exam will be administered during week 1 for 4-week courses, weeks 4 or 5 for 8-week courses, and weeks 8 or 9 for 12-week courses. Students who were not successful on their first Math Exit Exam will be scheduled to retest two (2) weeks following the initial exam. Retake exams should not occur on the same day as the final exam.

The student will be required to pass this exam with a minimum of 90% accuracy to progress to the next nursing course in sequence. Refer to the course syllabus for the level of math content required. Students will have two attempts per course to pass the Math Exit Exam. If a student fails both attempts of the Math Exit Exam, the student will be placed on a Math Pause. Students placed on a Math Pause are required to complete Math Remediation prior to progressing to the next sequenced nursing course.

7.26.1 MATH PAUSE REQUIREMENTS

A. If the student receives a Math Pause in any course and passes the course, the student will receive an ID grade.
B. Math Remediation will consist of the student auditing the N144 Dosage Calculation course.
C. The student will be required to complete all homework and exams contained within the N144 Dosage Calculation course during remediation.
D. The student must pass the N144 Dosage Calculation course with a score of 75% or greater during remediation.
E. After remediation is complete and a 75% or greater score has been achieved in the N144 Dosage Calculation course, the student will retake a Math Exit Exam at the course level at which the student received the Math Pause within the nursing program. (Example: If the student received the Math Pause in the N220 course, the student must take a Math Exit Exam, which consists of 20 math questions at the N222 course level.)
F. The student must score a 90% or greater on the Math Exit Exam retake.
G. Once a passing score is achieved on the Math Exit Exam retake, the student's grade in the course they received the Math Pause will be converted to a passing grade, and the student will be able to proceed to the next course level in the nursing program sequence.

7.27 MEDICATION ADMINISTRATION POLICY & PROCEDURE

The medication administration policy and procedure ensures that the critical competency of medication administration manages best practice and safeguards patient safety. It is essential that students observe the Nine Rights of medication administration.

A. The Core 9 Rights followed by all facilities are:
    1. Right medication
    2. Right patient
    3. Right dose
    4. Right route
    5. Right time
    6. Right reason
    7. Right assessment data
    8. Right documentation
    9. Right response

B. Additional rights followed by many facilities include:
    1. Patient's right to refuse
    2. Patient education

C. Developing good habits when administering medications is essential to becoming a safe practitioner. The following principles and procedures of administering medications is to maximize safety and minimize the possibility of patient harm. The faculty recognize the need to make adaptations to this procedure consistent with the individual policy and

procedure of various facilities, but the inherent principles of this procedure must remain intact. In all facilities the following principles must be applied to safe medication administration:

1. A student should **NEVER** administer medications unsupervised.
2. A licensed RN, either their instructor or a staff RN (according to facility guidelines) who has accepted the responsibility to oversee them) must **actively supervise** medication administration.
3. This means the licensed RN has verified the rights and overseen the patient receiving the medications.
4. Administration of medication is for **one patient at a time** to reduce the risk of patient medications being mixed up in the process.
5. No medications in student pockets.
6. The electronic or paper **MAR must always be with the student** up to the point of actual administration of the medications to verify the rights.
7. **Must use common sense at all times.** Pharmaceutical companies prepare medications packaged in a manner which reflects appropriate dosing recommendations. Nurses and students must always keep this in mind and seriously question what they are administering if it seems like a tiny fraction or large quantities of drug. If the dose does not seem right, it probably isn't. (For example, no one should be administering 1/20th of a tablet, 20 tablets of anything, or opening 10 ampules/vials to mix a drug.) If this is what one is doing, then recheck the order or the dosage calculation and notify the doctor and pharmacist.
8. Students must **critically think** about what they are doing and seriously question if something does not seem right. The nurse administering medications is the final step at which a serious error can be stopped from occurring to the patient. For example, the patient is going for surgery, and the anticoagulants have not been stopped. The nurse must call the prescriber to clarify this as the medication is contraindicated for the patient; or the patient has allergies which were not known to the person ordering the medication.
9. Know your patient's **history, allergies, health status** (e.g., pregnant?), and **contraindications**.
10. **Avoid distractions** during medication administration. Evidence-base demonstrates that reducing distractions during medication administration directly relates to fewer medication errors.
11. Use **evidenced-based practices** and be alert to and follow The Joint Commission's **National Patient Safety Goals** (NPSG) as they relate to safe medication administration.
12. Utilize a facility-based drug reference or Lippincott Advisor and be prepared to independently review the following information on each drug prior to administration:
    - Medication name, both brand and generic
    - Pharmacokinetics and pharmacodynamics
    - Reason for use in this patient's case
    - Verify safe dosage range
    - Major side effects
    - Nursing implications and special instructions for administration

- Evaluation – was the medication effective?

13. Students are expected to check the appropriate lab values associated with specific drugs, for example:

• Heparin/Coumadin**	PTT, PT/INR, Platelets
• Insulin**	Fingerstick Blood Sugar
• Gentamicin	Gentamicin level
• Tobramycin	Creatinine, BUN
• Digoxin	Digoxin Level
• Furosemide	Potassium Level
• Potassium	Potassium Level
• Theophylline	Theophylline Level
• Levothyroxine	T3, TSH, T4
• Dilantin	Dilantin Level
• Phenobarbital	Phenobarbital Level

**High alert medications must be checked by two licensed RNs per facility guidelines. The instructor must check the sliding scale insulin coverage prior to administration. The student has the responsibility to check the blood glucose level and notify the instructor of the need for sliding scale coverage.

14. Clearly communicate to the nurse the medications the student will be administering. **Note: f the instructor is unavailable and the medication administration is going to be late, the student should inform the nurse so that it gets administered on time.**
15. Before administering any medications, carefully check all medications with the MARand computerized physician's or handwritten orders.
16. Check all medications for renewal dates and expiration dates beforeadministration.
17. Before administering pre-op medications, the surgical consent must have been signedand the pre-op checklist completed. Never give a pre-op medication until the checklist is completed and the surgical consent signed.
18. The instructor must evaluate a student's competency in administering medications via the IM, SQ, and Z-track routes. Students must correctly identify anatomical landmarksfor all injection sites.
19. Students administering medications through a nasogastric/gastric tube must follow the institution policy regarding placement and patency of the tube before administering medications each time.

D. Every student must administer medications every clinical shift. Fourth semester students must medicate their assigned patients all day. Students in specialty rotations where patient medication administration is not possible should discuss in post conference, at the end of every clinical day, medications ordered for their patients. The students are responsible for explaining the medication as in medical/surgical courses.

E. Students must medicate one (1) patient in the first semester, one to two (1 to 2) in the second and third semester, and two to three (2 to 3) patients in the fourth semester.

F. In addition to oral medications, the following are required for medical-surgical courses during the clinical rotation:

1. First semester

- 3 to 5 subcutaneous injections
- NGT/GT medications (if possible)

2. Second semester
   - 1 to 2 subcutaneous injections (if possible)
   - 1 to 2 IVPB medications (if possible)
   - NGT/GT medications (if possible)
3. Third semester
   - 5 or more subcutaneous injections
   - 5 or more IVPB medications
   - 3 to 5 IVP medications (if possible)
   - NGT/GT medications (if possible)
4. Fourth semester
   - Each student must administer a minimum of five (5) medications daily
   - 7 to 10 subcutaneous injections
   - 7 to 10 IVPB medications
   - 7 to 10 IVP medications (if possible)
   - NGT/GT medications (if possible)

The process for medication administration for semester one to four is as follows:

A. The student must perform patient assessment prior to administration of any medication.

B. The student must gather the correct supplies for medication administration before meeting with the instructor to administer it.

C. Medications must be checked three (3) times:
   1. First check is done when removing the medication from the dispensing unit.
   2. Second check is done when comparing the medication with the MAR and with the instructor before entering the patient's room.
   3. Third check is done at the bedside when scanning medications.

D. The rights of medication administration must be followed at all times.

E. During the second medication check, the student must explain to the instructor the following:
   1. Reason for administering the medication
   2. Mechanism of action (MOA)
   3. Medication side effects
   4. Any nursing considerations as applicable (BP, HR, labs, etc.)
   5. Starting with N242, students are not allowed to read from the drug book or their paper when explaining the medications to their instructor.

7.28 PREGNANCY POLICY

The nursing department faculty recognizes the need to protect all students from any potential harm to themselves or their unborn children if pregnant. The nursing department requires a written statement from the health care provider as follows:

A. Upon pregnancy identification
B. At the end of the first trimester (13 weeks of pregnancy)
C. At the end of the second trimester (27 weeks of pregnancy)
D. Each month during the third trimester (31 weeks, 35 weeks, 39 weeks)
E. If the nursing faculty become concerned about the health and well-being of the pregnant student and the unborn child.
F. After pregnancy completion, prior to returning to the skills lab and clinical portion of the nursing course.

If there are any alterations in the student(s) physical ability due to the pregnancy and/or delivery, the student and her physician must assess the ability to meet both theory and clinical outcomes of the course. The pregnant student will be expected to meet the stated conditions and objectives that are required of all students as described in section **7.28.1**.

7.28.1 PHYSICAL REQUIREMENTS DURING PREGNANCY

The student must demonstrate a high degree of manual dexterity and physical flexibility and have the ability to:

A. Adapt to shift work
B. Bend both knees
C. Climb stairs or ladder
D. Distinguish colors
E. Grip
F. Hear tap recorded transcriptions
G. Lift 25 pounds
H. Perform CPR
I. Perform repetitive tasks
J. Reach above shoulder level
K. Sit for periods of time
L. Squat
M. Stand for long periods of time
N. Tolerate exposure to dust and/or fumes
O. Walk the equivalent of five miles per day
P. Work with chemicals and detergents

If at any time the medical doctor, nurse midwife, or clinical instructor states the student is unable to perform expected tasks, functions, and or studies for the current nursing

course(s), the student will be required to withdraw (W) if it is prior to the college withdrawal date.

Students are requested to wait six (6) weeks after delivery before returning to school. Each nursing student will be expected to sign a statement that she has read this policy and that she understands that failure to abide by this policy will be grounds for withdrawal (W) from the nursing course.

If any clinical agency has restrictions, the student will follow the guidelines of the agency. Before being eligible to return to school, a statement from a healthcare provider (in a sealed envelope with the stamp of the agency) must be provided clearing the student to return **without restrictions**. Falsification of any medical information will result in disciplinary action by the Nursing Program.

7.29 PROGRAM READMISSION AND COURSE REPETITION

Students who leave the nursing program are eligible for readmission to the program subject to space availability. Student academic standing at the time of leaving the program will determine whether academic support courses are required prior to approval for reentry to the nursing program. A minimal overall 2.0 GPA is required to continue in the nursing program and to receive and Associate in Science degree.

Completion of the individualized remediation plan is required as outlined on the Exit Form by the instructional team. The Director may prescribe additional remediation if warranted. A student who withdraws from the program or fails a nursing course is not guaranteed readmission. Readmission to the Associate Degree Nursing program is on a space-availability basis.

It is the student's responsibility to notify the Director of Nursing when he or she can return to the program. A student who is interested in returning to the nursing program is required to obtain a verification of eligibility form from the nursing counselor before being considered eligible for readmission into the nursing program. Students will only be eligible to repeat one single nursing course when a D or F grade is achieved. Students not eligible to reenter the program may individually appeal their reentry status through the Acceptance, Transfer, and Progression Committee.

7.30 PROGRESSION THROUGH THE NURSING PROGRAM

A minimum grade of "C" (75%) must be achieved to progress to the next course. Course progression is in the following order: Clinical courses – 1st Semester (N220, N222); 2nd Semester (N230, N232, N234); 3rd Semester (N240, N242); 4th Semester (N247, N248). The course N224 must be passed with a minimum grade of "C" in the first semester in order to progress to the second semester. Practicum courses N226 (1st semester), N238 (2nd semester), and N244 (3rd semester) must be passed with a minimum grade of "C" in order to advance to the next semester.

A student in the nursing program who does not achieve a minimum grade of "C" may be delayed in program completion and must complete the failed course. A student may repeat a course with a

clinical component only once. The Director of Nursing or Director's designee will be responsible for determining whether the student is eligible to progress to the next sequential course outside of the typical sequence.

A dropout, voluntary stop-out, incomplete grade or inability to pass the math exit exam may interrupt progression through the nursing program, under the Director's discretion. When a student drops out or stops out from the nursing program, an exit interview may be held with the student and the appropriate instructor(s). Students who leave the nursing program are eligible to be readmitted to the program subject to space availability. Only one single nursing course, in which a student has received a D or F grade, may be repeated. Students not eligible to reenter the program may individually appeal their reentry status through the Acceptance, Transfer, and Progression Committee.

7.31 RE-ENTRY POLICY

Students must apply for readmission into the program within one (1) year of the exit date. The student who is absent from the program in excess of one year will be considered "inactive" and placed on "inactive status" in the nursing program. To return to an "active status", the student must successfully complete a competency review of skills from the last successfully completed Medical-Surgical course. If the student fails the skills competency review, he or she must repeat the last course passed (if applicable). A clinical evaluation for students returning or transferring into a medical surgical course may also be required. A faculty member assigned to the supervised practice lab will generally conduct the clinical evaluation.

Students who have exited from the program for more than two (2) years/four (4) semesters will be required to successfully complete a competency review of skills and repeat the previous Medical-Surgical course that was taken prior to exit in which a "C" or better grade was earned. The Director of Nursing or Director's designee will be responsible for determining whether the student will be required to repeat a nursing course. Students seeking readmission or transferring into a medical surgical course may be required to complete a clinical competency evaluation. A faculty member assigned to the supervised practice lab will administer the clinical competency evaluation. In addition to passing a competency review, the student must complete an individualized remediation plan prescribed by the instructional team or Director of Nursing. The remediation plan prescribed by the instructor, the Director of Nursing or the Director's designee contains activities identified to increase academic performance upon readmission to the nursing program. A student must successfully complete the outlined remediation plan prior to seeking reentry to the program. A student who stops out of the program will receive reentry over students on a mandatory drop out. Re-entry to the program is on a space-availability basis.

Students who have exited the program for more than two (2) years/four (4) semesters must reapply as a new student to repeat the entire nursing program starting from the N220 course to ensure competency.

A minimum overall GPA of 2.0 is needed to return to the nursing program. Returning students are placed based on space availability. It is the student's responsibility to notify the director when they can return to the program. The Nursing Office will not be responsible for notifying students that

they are in danger of exceeding the re-entry policy timeline. The student must obtain a verification of eligibility form from a nursing counselor prior to re-entry. Students are required to contact the director by week 14 of the current semester of their intent to re-enter the program for the following semester. (Example: Contact director in week 14 of the fall semester with the intention of returning to the program in the following spring semester.)

A student in good standing can request a leave of absence due to extenuating circumstances for up to two (2) consecutive semesters. Before returning to the program, the student must submit a letter of intent to return by week 14 of the previous semester due to clinical placements involved.

A 2nd, 3rd, or 4th semester student who receives a substandard grade in any course will not be permitted to progress unless the student successfully completes an individual remediation plan provided by the lead instructor of the course. The remediation plan must be completed within one year of the exit interview. If remediation is not successfully completed within one year, the student will not be allowed to return to the program.

From the time the student exits the program due to a leave of absence or substandard grade, the student may only return within two (2) years/four (4) semesters of exiting the program.

7.32 SIMULATION LAB POLICY

The Nursing Department has developed simulation education across the curriculum as a positive step for technology and an integrated enterprise solution for all core courses. The simulation team has developed a simulation area with patient rooms, medication areas, and separate debriefing rooms. There is utilization of high-fidelity manikins that possess the ability to display various cardiac rhythms, physiological traits (e.g., cyanosis, tears, etc.), speech, and responses to questions controlled by operators. Simulation experience creates a realistic yet safe environment for students as part of their clinical experience. Clinical scenarios provide the learners with the ability to simulate administration of:

- Scheduled medications
- Insulin meds, requiring 2 RN independent checks
- IV fluids, including boluses
- PRN or as needed medications
- Emergently needed medications

Students are required to sign a confidentiality agreement regarding simulation scenarios and activities. It is incumbent upon the student to arrive promptly. Simulation lab hours will count towards total clinical hours needed per course **(see Simulation Attendance Policy 7.6**). Tardiness to simulation will necessitate making up the simulation day on a non-clinical day assigned by the clinical instructor. The makeup simulation day assigned will be non-negotiable. The clinical instructor will initiate a CIP for unprofessional behavior. The student will be required to complete a Simulation Assignment Due to Tardiness paper that will be due to the clinical instructor at the end of the simulation day.

7.33 SUBSTANCE ABUSE POLICY

In accordance with Board of Registered Nursing policy, an ECC nursing student will be suspected of being under the influence of an abused substance if he/she has the following:

- Breath odor of alcohol, exhibits acting out behavior (inappropriate behavior)
- Slurred speech
- Unstable posture or instability upon ambulating or shows any other indication that can be directly related to the ingestion of alcohol and/or other drugs

In accordance with Public Law 101-226, "Drug Free Schools and Communities Act Amendment of 1989", the Board of Trustees of El Camino College prohibits the unlawful possession, use, or distribution of illicit drugs and alcohol by students on ECC property, at any ECC sponsored or sanctioned activity. Board Policy 3550 "Drug Free Workplace, Schools and Campuses" states that the ECC District shall be free from all drugs and from the unlawful possession, use, or distribution of illicit drugs and alcohol by students. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in all facilities under the control and use of the ECC District.

Students are subjective to the following action:

A. Any student who violates Board Policy 3550 are subject to disciplinary action (consistent with local, state, or federal law), which may include referral to an appropriate rehabilitation program, suspension, demotion, expulsion, or dismissal.
B. Violation of such laws, policies, and procedures or behavior adversely affecting suitability as a student will lead to student disciplinary action as noted in Board Policy 5500, Administrative Procedure 5500, and Administrative Procedure 5520 may be taken against any person who engages in behavior defined as misconduct.
C. A student who engages in any of the following conduct are subject to the procedures outlined in Administrative Procedure 5520.
    1. Unlawful possession, use, sale, offer to sell, or furnishing, or being under the influence of any controlled substance listed in California Health and Safety Code Sections 11053 et seq.
    2. An alcoholic beverage or intoxicant of any kind, or unlawful possession of, or offering, arranging, or negotiating the sale of any drug paraphernalia as defined in California Health and Safety Code Section 11014.5 on District-owned facilities or controlled property or at District-sponsored or supervised functions.
D. The instructor will immediately report any infraction of the policy to the Nursing Program Director or, in the director's absence, The Assistant Director, who in turn will notify the Dean of the Health Sciences and Athletics Division.
E. If the incident occurs in the clinical setting:
    1. A responsible adult will be asked to come and escort the student home.
    2. The student must stay in a non-patient area until an escort can be found, or security can be called if the student refuses to stay in a non-patient area.
F. A student concluded to be impaired because of substance abuse will be encouraged to seek treatment/counseling for the problem.

7.34 UNIFORM GUIDELINE

Professional attire and conduct for all students must be impeccable as you are representing the El Camino Community College School of Nursing. The goal of uniform guidelines is to direct the nursing student towards a professional appearance and appropriate wardrobe in the clinical setting. Students would not wear their uniforms outside of the skills lab or clinical setting unless instructed by the instructional team. The nursing program has adopted Dove Professional Apparel as the approved uniform agency. To purchase the Dove Professional Apparel uniform, go to www.doveapparel.com/products.html. The school code used to purchase the approved Dove Professional Apparel uniform is: ECC school code: ECCT.

Specific uniform guidelines are as follows:

A. Students are expected to wear the standardized uniform from Dove Apparel uniforms with the ECC logo and student name badges when assigned to the supervised skills lab, simulation lab, and during any on-campus or off-campus skills related activity. A student determined to be noncompliant with the uniform dress policy may be dismissed from the clinical and on-campus skills or simulation labs and receive an absence for the day in addition to a CIP for unprofessional behavior.

B. Uniforms must be free of stains and wrinkles and must maintain its original white color. Students are expected to wash the uniform at least once a week or in the event the uniform becomes soiled during the clinical day. Safeguarding the community from communicable diseases is priority; therefore, students are to refrain from wearing the ECC nursing uniforms in public places.

C. Students are expected to maintain a professional appearance while in the clinical setting. Gum chewing; excesses in makeup, perfume/cologne, or jewelry; hairstyles that compromise the sterile environment; and the wearing of ill-fitting uniforms will not be permitted as these actions will make it difficult for the student to be regarded by others as professional. Ultimately, the decision concerning a student's professional appearance will rest with the clinical professor/lab instructor.

D. Appearance must always be professional:

    1. One of the most important aspects of dress attire is functionality. You must be able to bend, stoop, reach and lift in the course of patient care or patient care activity. Your uniform should allow freedom of movement, and the fabric should not chafe or induce heaving sweating.
    2. Students must wear their uniform with the school emblem and a nametag when researching their patient assignment prior to the clinical day/evening. Jeans, sweatpants, shorts, bare feet, sandals, or sneakers are not acceptable attire.
    3. When you are in uniform, you are expected to always maintain professional behavior no matter what environment you are placed in (e.g., bookstore, admission

and records, etc.). Students will be asked to leave the unit by health personnel on duty if not dressed professionally.

7.34.1 DRESS CODE

A. **Shoes:** Clean white leather nursing regulation shoe or white non-penetrable fabric athletic shoes are acceptable (brand name lettering must be in white only). Sandals, clogs, and canvas tennis shoes are not considered to be suitable footwear and are not permitted.

B. **White Crew Socks** should be worn with pants. White compression socks are also acceptable. **Anklets and no-show socks are not acceptable.**

C. **Socks** may not be worn with dresses or skirts; use hose.

D. **V-Neck Cardigan (Lab Jacket):** ¾ length wight lab jackets with retractable sleeves with the ECC logo embroidery. Jacket must be able to be rolled up or pulled back and kept securely in place during handwashing. Cardigans may be worn as part of a uniform but removed when performing clinical care/procedures.

E. **Undergarments:**
   1. Females must wear white or flesh-toned slips, V-neck undershirts, or camisoles at all times with the uniform (no logos, writing, or pictures allowed).
   2. Male students must wear a white or flesh-tone V-neck undershirt at all times with the uniform (no logos, writing, or pictures allowed).
   3. A white approved Dove Uniform long-sleeved shirt can be worn underneath the uniform top. No non-uniform long-sleeved shirts are acceptable.
   4. Undergarments should not be conspicuous or visually apparent through the uniform.
   5. Garments should be loose enough to permit freedom of movement.

F. **Nails:**
   1. Nails must be clean, trimmed, and fingertip length only.
   2. Clear or neutral polish is acceptable. **Gel nail polish is NOT acceptable.**
   3. Acrylic nails are not permitted to be worn in the clinical setting.

G. **Hair** is to be a naturally occurring color or shade, clean, neatly groomed and off the collar.
   1. Extreme hairstyles or colors will not be permitted.
   2. No headbands; if clips or barrettes are used, they must be of a plain design and as close to the hair color as possible.
   3. No hair ornaments/accessories may be worn while in uniform. Hair color bobby pins are permitted.
   4. Hair should be neat and tidy at all times and arranged off the face and collar. All clinical staff must ensure long hair is secured above the collar; long ponytails are not permitted.

5. Facial hair must be shaved or clean and neatly trimmed.
6. Short mustaches, sideburns, and small goatees must be neatly trimmed so that no hair compromises the seal of the respirator usually do not present a hazard.

H. **Makeup** must be minimal and discreet. False eyelashes **should not** be worn in the on-campus or off-campus clinical setting.

I. **Jewelry:**
1. For the clinical settings and if in uniform, no jewelry may be worn except a single plain ring/wristwatch with a second hand.
2. Only one set of 2.0 to 3.8 mm stud earring in each lower lobe of the ear.
3. No nose or lip piercings.
4. No objects of any type may be worn in the tongue.
5. Facial jewelry is not permitted.
6. Medical ID bracelet is acceptable.

J. **Non-Clinical Dress Attire**
1. Students should wear appropriate clothing at all times when on campus or attending school-related activities. Professionalism, practicality, and comfort should be the wardrobe choice.
2. Students should never show up to school wearing anything see-through, excessively low-cut tops exposing the cleavage or those revealing the midriff area. Avoid overly clingy tops and slacks no matter what your body type.
3. Shorts and tank tops are not permitted when attending course-related activities.
4. Clothing with slogans should not be offensive.
5. Extremes in fashion should be avoided, e.g., very short skirts.

Students should not undertake activities in public such as shopping while wearing their school nursing uniform except where such activities form part of their duties. Uniforms should be covered when traveling to and from work, particularly when using public transport.

Personal protective equipment (PPE) should be used based on the assessed risk of the clinical intervention to be undertaken. Uniforms and normal clothing are not considered to be PPE.

K. **Body Piercing:** There can be no visible body piercings, except for the one stud earring per ear.

L. **Tattoos** must be covered at all times with the approved Dove Uniform lab jacket or the approved Dove Uniform long-sleeved white shirt.

M. **Personal Hygiene:**
1. Daily bath or shower and use of body deodorant are required prior to clinical and skills lab. Students will maintain personal hygiene, including oral care.
2. The use of perfumes, scented lotions, colognes, or aftershave is not allowed due to possible client sensitivity or allergy.
3. The student will be free of offensive body odor and/or cigarette smell.

N. **Nametags & Patches:**
1. The ECC logo is embroidered on the uniform.
2. The school approved student identification badge must be worn and clearly visible during all clinical/skills lab activities.
3. Badge clips and holders are to be plain and simple in design and free of decorative adornments
   To keep in compliance with National Patient Safety Goals, facilities will require students to be dismissed from the clinical site when not wearing proper hospital and college identification. Dismissal from the clinical site will be considered an absence for the day.

O. **Equipment:**
1. Watch with a sweep second hand, stethoscope, pen light, and ballpoint pen with black ink are always required in the clinical area.
2. For infection control purposes, no ornaments or sleeves are allowed on the stethoscope.
3. Optional items include pocket organizer, hemostat, and back support.

Clinical/On-Campus	Uniform Type	Shoe Type
Hospital Clinical	Dove Professional Apparel: • White zip top (men/women) or • Women scrub top with ECC logo embroidery • White unisex or cargo pants. • V-Neck Cardigan is optional.	Solid white, closed toe, and closed heel.
On-Campus Clinical	Dove Professional Apparel: • White uniscrub top with ECC logo embroidery • Navy blue unisex or cargo pants. • V-Neck Cardigan is optional.	Solid white, closed toe, and closed heel.
Skills/Simulation Lab	Dove Professional Apparel: • White uniscrub top with ECC logo embroidery • Navy blue unisex or cargo pants. • V-Neck Cardigan is optional.	Solid white, closed toe, and closed heel.

Mental Health	• Approved school uniform by Dove Apparel should be worn when applicable. • Dress attire consists of professional-looking street clothes • Dresses, skirts should not be more than 2" above the knee. • The school ID badge must be worn at all times. Students are to follow the hospital policy as well as the ECC Nursing Program policy.	Solid white, closed toe, and closed heel.

7.35 VOLUNTARY STOP-OUT

A stop-out is a voluntary withdrawal from the program due to extenuating circumstances, with a theory grade of C (75%) or higher and satisfactory performance in the clinical setting. The student must communicate in writing to the instructor and director of nursing the rationale for the stop-out. Withdrawal should occur before the final date outlined by the college to withdraw with a "W" denoted on the transcript. No more than two (2) stop-outs are allowed during the duration of the program.

A. **What are Extenuating Circumstances (ECs)?**

Students will experience difficulties, problems, and illnesses which are part of normal life. Such issues do not constitute extenuating circumstances. Extenuating Circumstances (ECs) must be extraordinary in nature and, more specifically, they must:

1. Be unexpected
2. Be beyond the student's control
3. Have a significant impact on assessment performance
4. The following examples would likely be valid ECs if the timing were such as to have a significant impact on the student's assessment(s):
    a. Death or sudden serious illness of a close relative or friend
    b. A serious or incapacitating injury, illness, or medical condition (or a sudden, marked deterioration in an on-going or long-term condition), or an emergency operation
    c. Serious unexpected disruption of personal life
    d. Premature childbirth (self or partner) or related post-natal care

B. **What is not Considered Extenuating Circumstances?**

1. On-going or long-term conditions or circumstances are not ECs and should normally be handled by disability support and/or special assessment arrangements: they are only likely to give rise to valid ECs claims if they first come to light or are diagnosed, or become unexpected and markedly worse at assessment time.
2. ECs claims without appropriate, independent supporting evidence
3. Minor illnesses or ailments (e.g., coughs, colds, hangovers)

4. Personal/domestic events which could have been anticipated and/or planned otherwise (e.g., moving to a new house, marrying, routine childcare)
5. Choices and preferences in personal life (e.g., attending a wedding; holidays; attending social events, sporting events)
6. Poor management of time (including oversleeping) or misunderstanding deadlines/dates
7. Examination nerves, self-diagnosed stress
8. Failure of computer or other equipment used to produce work assessed, including work not backed up
9. Individual transport/travel problems (unless due to strikes or disruptions which could not be foreseen or worked around, i.e., weather)
10. Relative cost of travel arrangements
11. Financial difficulties (if very serious, suspension of study might be appropriate)

Students who take a stop-out from the nursing program have priority on the readmission waiting list over those who fail and receive a mandatory drop. However, readmission for both categories is on a space availability basis. Students considering stopping out of the program are encouraged to discuss their situation with their instructor(s) and consider very carefully the effective utilization of a voluntary stop-out. It is the student's responsibility to notify the Director of Nursing by week 14th of the current semester of their intent to return to active status for the following semester. Readmission to the Associate Degree Nursing program is on a space-availability basis no matter whether it is voluntary or a mandatory stoppage.

7.36 WITHDRAWAL POLICY

Students who receive a substandard grade of a "W" in the same class two times may be permitted to enroll a third time. However, you must complete the "Student Petition for Repeat Due to Substandard Grade or Excessive "W" and fulfill the requirements set forth by the academic division responsible for the course. Students who receive two (2) substandard grades are not eligible to reenter the program and must submit an appeals packet for readmission consideration. Failure to meet this requirement will result in a denial of the petition.

7.37 CHAIN OF COMMAND

When addressing any academic or clinical issues, a proper chain of command must be followed. You must first start with the instructor for your class and only move up the chain of command if your issue remains unresolved. Starting at the top of the chain only slows things down, as that person has to go to the first in the chain to see how to properly address the problem.

The proper chain of command is as follows:

First Contact	Your instructor for your class or section (the lecturer or skills lab/clinical instructor)
Second Contact	The **lead** instructor for your course
Third Contact	Assistant Director (Dr. Gerardo Flores and Dr. Michelle Guta)
Fourth Contact	The Director of Nursing (Dr. Shiny Johnson)
Fifth Contact	The Dean for the Healthcare Sciences Division (Dr. Robbie Lee)

Please allow a 72-hour response time for non-urgent matters.
Urgent matters (health emergencies, etc.) that must be addressed within 24 hours can be directed to the Nursing Office.

7.38 TRANSFER POLICY

Transfer students are considered students who have been enrolled in another BRN-accredited nursing program. Students interested in transferring to El Camino College Associate Degree Nursing program will only be accepted for admission consideration in the second semester. In addition, the students must have met all of the required admission criteria in order to be eligible to enter the nursing program.

Students must have left their prior nursing program in good standing, meaning they are deemed clinically safe by the director of nursing of their prior program, and the student cannot have more than one (1) failure and/or withdrawal of any nursing course in the prior program.

The Director or designee/Appeal for Admission committee members of the program will evaluate applications to determine eligibility. Prior to interviewing with the Director of Nursing the student must complete the following steps:

1. Schedule an appointment with a nursing counselor for preliminary transcript evaluation.
2. Write a brief letter explaining what program level the student has successfully completed and the reason for not being eligible for readmission to prior school.
3. Provide a letter from prior school's Nursing Director that states why the student is not eligible for readmission and if failure was in theory or clinical. If the student was dropped from clinical the letter must state that the student was not dropped for unsafe clinical practice.
4. Provide a copy of current ATI TEAS assessment test results.
5. Provide copies of course descriptions, course outlines, content and syllabus for all nursing courses for which the student is seeking credit.
6. Provide official transcripts showing grades for all prerequisites (Ex: Anatomy, Physiology, English, Microbiology) and all nursing classes taken at other institutions/colleges for which the student seeks credit.
7. Submit all of the above documents to the Nursing Office.

Potential candidates will need to submit an Appeal for Admission Application for admission consideration to the nursing department. The package is available in the nursing department office. Potential candidates must complete the NURS 144 Dosage Calculation course at ECC to be considered eligible for admission consideration to the Associate Degree Nursing program. In addition, potential candidates must have attended an information session within 1 year of seeking approval to transfer to the ECC ADN program. Admission consideration to the nursing program is based on space availability.

Credit for nursing courses completed at another college will be evaluated on an individual basis by the Director of Nursing or the Director's designee. The Director of Nursing or the Director's designee will be responsible for evaluation the semester in which the student can be admitted to the program. Eligible individuals approved for admission will be required to enroll and complete NURS 149/220 Skills Advanced Placement in Nursing with a "C" or better, before transferring into the semester in which the candidate has been approved.

Appeal submission does not guarantee acceptance to the program.

8 GENERAL PROGRAM INFORMATION

8.1 BOOKSTORE

The primary purpose of the bookstore is to provide, at the lowest possible cost, required textbooks and essential supplies to the campus community. All net proceeds are used to support the Auxiliary Service Fund and site improvements on campus.

8.1.1 ONLINE BOOKSTORE

The online bookstore is open 24/7. Students can have their books shipped to their home or you can pick them up in store.

8.2 CHANGE IN NAME, TELEPHONE NUMBER AND/OR ADDRESS

Any change of name, address, or telephone number must be done through Admissions and Records. Students must also notify the Nursing Department Office so changes can be made in the files. (See Appendix L.)

8.3 CLINICAL SIMULATION LAB AND SUPPLIES

All clinical practice and clinical simulation lab equipment and supplies are restricted to the use of nursing students and faculty. All students entering the nursing program are required to purchase the basic skills pack, IV supplies and physical assessment pack prior to the start of their first clinical course. Students are required to bring the basic skills pack, IV supplies, and physical assessment pack (as applicable) when assigned to the skills lab as well as during Supervised Skills Lab days. No food or drinks are allowed in the clinical skills or clinical simulation lab.

8.4 ELECTRONIC DEVICES

Pagers, cellular phones, and all other electronic devices will not be allowed in class or the clinical setting unless turned off, out of sight, or as specifically approved by the instructor. To provide students with the ability to use personal data assistants (PDAs), smart phones, and other electronic devices for accessing clinical related references, while providing the focus patient with optimum patient privacy according to HIPAA regulations, the following guidelines must be followed:

A. Personal electronic devices are **ONLY** allowed in the clinical setting for the sole purpose of accessing information necessary for medication administration unless facility processes or procedures limit or prevent the use.
B. Personal electronic devices at no time shall store, copy, or photograph any Personal Health Information (PHI) from the clinical facility. This is a direct violation of HIPAA regulations on patient privacy. Students found in violation of this will receive an unsatisfactory for the entire course.

C. Students will have the ability to utilize personal electronic devices as permitted by the clinical facility for the sole purpose of attaining patient related data from texts and references on their device.
D. Students shall not utilize personal devices as telephones, texting devices or cameras in the patient care areas.
E. Any student using an electronic device must show their clinical instructor the reference material on their device. Access to the internet is not sufficient reason to use an electronic device.
F. Any repeated offense using electronic devices inappropriately in the clinical setting will result in an "unsatisfactory" clinical evaluation in the area of professionalism. Students will be ineligible for the director's award, will have a record of such offense in their academic file and will receive a failing grade for the nursing course.
G. Students are expected to review and sign the Personal Data Device form **ANNUALLY** (see Appendix I – Personal Data Device).

8.5 ELLA ROSE MADDEN ROOM

The Ella Rose Madden room is in the southwest corner in the lower level of the Schauerman Library on the ECC campus. All nursing books, as well as a special collection of oncology materials, including pamphlets and articles are located here.

8.6 FINANCIAL AID

The Financial Aid Office helps students and their families identify ways to pay for college. Financial assistance can help to cover fees, books, supplies, and transportation. There are several types of financial aid, including scholarships, grants, work-study and loans.

Financial Aid Office at ECC:

Communications Building Room 103
Contact Information: 310-660-3493

How can I get Financial Help?

Completing the Free Application for Federal Student Aid (FAFSA) is the first step toward applying and getting federal aid for college, career school, or graduate school. ECC will use your FAFSA data to determine your eligibility for state and school aid. Al students are encouraged to complete and submit a FAFSA by March 2nd of each year.

Students can apply for the Board of Governor's Fee Waiver by completing a FAFSA or California Dream Act Application. The Board of Governor's Fee Waiver waives the $46.00 per unit enrollment fee. Students who meet income and residency criteria may qualify. The fee waiver is for California residents, AB 540 students and eligible AB 1899 students, as determined by the Admissions and Records Office.

The California Dream Act, authored by Assembly Member Gil Cedillo (Los Angeles), became law through the passage of two Assembly Bills, AB 130 and AB 131. AB 130 allows students who meet AB 540 criteria (California Education Code 68130.5(a)) to apply for and receive non-state funded scholarships for public colleges and universities. AB 131 allows for students who meet AB 540 criteria to apply for and receive state-funded financial aid such as grants, community college fee waivers, like the Board of Governors Grant (BOG), Cal Grant, and Chafee Grant. For more information about the types of financial aid Dream Act students can access, please see the California Student Aid Commission's website and PowerPoint presentation.

8.7 HEALTH INSURANCE

Students enrolled in the Associate Degree Nursing program are required to maintain their own health insurance. Students must submit evidence of health insurance to their Castle Branch account and student file on an annual basis. The school does not provide health insurance for the student. To find health insurance that is wright for you, go to www.coveredca.com.

8.7.1 HEALTH SERVICE FEE

The Student Health Fee of $21 per Fall and Spring semesters and $18 per summer session covers most services at ECC's Student Health Services, with no need for insurance or a co-pay. Student Health Services is solely supported by the student health fee.

There are exceptions under these conditions:

A. Students receiving financial aid pursuant to Section 72252.1.
B. Low-income students who meet the Board of Governors Grant criteria (pursuant to Section 72252) as demonstrated by appropriate support documentation of eligibility; SSI eligibility; or GA eligibility; Veterans Affairs Dependent Fee Waiver Certification; Agency Certification; or Income Tax Form as they relate to qualifying Income Levels; or a combination of these and unmet student need as determined by the Financial Aid Office. students who depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization.
C. Virtual Wellness Workshops – for LIVE and ONLINE workshops with ECC Psychologists.
D. Virtual Services: Nurse Practitioner Consultations and Telmental Health: Student Health Services is offering Nursing Practitioner Consultations and Telemental Health psychotherapy sessions with licensed clinical psychologists to currently enrolled El Camino College students who have paid their student health fee.

8.7.2 EL CAMINO COLLEGE STUDENT HEALTH CENTER

A. Hours of Operation – Fall and Spring by appointment

All appointments require a current El Camino College Student ID.

1. Monday 8:30 – 6 pm
2. Tuesday – Thursday 8:30 – 5 pm
3. Friday 8:30 – 12:30 pm

B. Location in the Pool Area

General Information: 310-660-3643
Substance Abuse Info & Hotline: 800-821-4357
Crisis Center (24-hour phone): 310-392-8381
Suicide Prevention Center (24-hour phone): 310-391-1253
FOR EMERGENCIES: CALL 911

C. Medical Services available through the El Camino College Student Health Center

1. Office Visits
   - Psychological counseling and referrals
   - Chiropractic services: every Thursday morning
   - Chlamydia/Gonorrhea/HIV testing
   - HIV Rapid Testing – Drew University Mobile Unit – Call Health Center for dates
   - Health education and referrals
   - Basic urgent care
   - Physical examinations
   - Breast, pelvic, and pap exams
   - Sprains and strains
   - Common illnesses and infections
   - Blood pressure and weight screening
   - Health education and referrals

2. Low-Cost Blood/Lab Work
   - TB skin test (please inquire for price) Immunizations
   - Pregnancy tests
   - Urinalysis
   - Sexually transmitted disease testing
   - Flu shot (depending on availability)
   - Low-cost prescriptions and over the counter medications
   - Low-cost birth control

8.8 LEARNING RESOURCE CENTER/LIBRARY MEDIA TECHNOLOGY CENTER

A variety of software is available for nursing students to checkout or to use preloaded on computers in the centers. Locations include:

- Learning Resource Center located in room 252, on the second floor, West Wing of the Schauerman Library Building, room 110 at the ECC. Ext 3514.
- Library Media Technology Center located on the first floor, East Wing of the Schauerman Library – ECC ext. 6715 (http://www.elcamino.edu/library/libary_ser/index.asp).

8.9 MALPRACTICE INSURANCE

Every clinical facility requires malpractice insurance. Students who have paid the required semester enrollment fees are covered under the school's liability, malpractice insurance and worker compensation policies. This insurance provides coverage to a maximum of $1,000,000. For insurance to be current, students may be required to show proof that their semester fees have been paid. If student fees are not paid accordingly, the student will be dropped from all courses and will not be covered by the liability and malpractice insurance. Students have the option of purchasing additional insurance privately. For more information on individual insurance, students can contact the National Student Nurses' Association or your Iota Kappa Chi (IKX) representative.

8.10 PHOTO IDENTIFICATION CARD

All students are required to obtain a free ECC identification (ID) card. These cards are available in the Student Activities Center photo ID booth at the ECC campus. Photo ID is required for use of the following: library services, campus activities, and to verify attendance in certain classes.

8.11 PROFESSIONAL BEHAVIORS

All students are required to demonstrate professional behaviors throughout the nursing program. Students are expected to:

A. Use each person's title and last name when addressing them. Every instructor, administrator, staff, and employee in the ECC Nursing Department and in the clinical facilities as Mr., Mrs., Ms. Doctor, etc.
B. Utilize the department's established chain of command to communicate issues and concerns. Initially speak with course/clinical instructors to discuss issues.
C. Dress in ECC Nursing Department approved clinical uniform attire for all clinical experiences, including skills and simulation labs.
D. Comply with the program dress policy at all times while dressed in the approved program uniform.
E. Always were the approved ECC identification (ID) while in the nursing department and in the off-campus/on-campus clinical setting.
F. Assume primary responsibility for their own learning by:
    1. Preparing for classroom/clinical discussion.
    2. Reporting to agency prepared for patient care, is on time, and dressed according to ECC dress code.
    3. Utilizing skills laboratory for mastery of technical skills.
    4. Consistently taking initiative in seeking faculty consultation and supervision. Communicating in a manner that maintains and promotes a working relationship with co-workers, patients, and staff members.
    5. Communicating important changes in the patient's condition to the staff RN and instructor accurately and immediately.
    6. Recognizing and assuming responsibility for the consequences of one's own actions.
    7. Utilizing knowledge and skills learned in previous courses.

8. Utilizing standard English in all written and verbal communication.
9. Providing transportation to all clinical facilities (even if greater than a 25-mile radius).
10. Arranging to meet all clinical and lecture hours, which may differ from class schedule due to clinical facility changes.
11. Arranging for financial support.
12. Maintaining health standards throughout the nursing program.
13. Evaluating self realistically.
14. Identifying to instructor those course objectives which the student is having difficulty meeting for any reason.
15. Recognizing one's own limitations:
    - Attempting only those procedures within ADN educational experience.
    - Reporting work overload or incomplete patient assignment early in the clinical day (time for reporting determined by the instructor).
16. Completing the Clinical Evaluation Tool honestly and accurately.
17. Completing written clinical performance anecdotal note or other assigned clinical paperwork based on organization of time, application of nursing process, mastery of technical skills, self-confidence, and maintenance of confidentiality.
18. Student course assignments must be:
    - ON TIME
    - On the proper forms (hand-drawn forms accepted at instructor's discretion).
    - In black ink, typed or prepared on a computer.
19. Students must come to class prepared.
    - All objectives must be reviewed prior to classroom discussion.
    - All required audio-visual materials must be viewed before class.
20. Students must allow time for mandatory skills checkoffs and workshops required in some courses.
21. Students need the instructor's permission to record in class.
22. Students may not bring food and/or drinks to the classroom except for water.
23. Students must come to the clinical setting prepared and on time.
24. Clinical times and dates may change. Be flexible.
25. Children are not permitted in the classroom or clinical facilities according to ECC policy.
26. Absences must be communicated to the faculty within 30 minutes of the course start time. Your instructor will give you specific directions on the correct way to communicate this information.

8.12 REFERRENCE/PERIODICALS

Registered students have online access to the CINAHL and Health Reference Center databases via the ECC Library. Additionally, selected periodicals (print and microfilm) and reserve textbooks are available tin the library. Reserve textbooks are found in the Periodicals area on the first floor in the East wing of the Schauerman Library on the ECC campus. These resources will be listed in the course syllabus. A current ECC student ID card is required to utilize the online databases and to check out reserved publications.

8.13 RELEASE OF MEDICAL INFORMATION

Some clinical facilities/agencies require hard copies of student information in order to process and accept students into their clinical site. This information includes health records and CPR cards. Additional information that is also required include date of birth and social security numbers. Students who do not release this information to be given to the assigned clinical liaison may be required to take a stop-out or may not be able to continue in the program. (See Appendix H for Release of Personal Information.)

8.14 REPORT OF INDUSTRIAL INJURY OR ILLNESS

Any injury that occurs during class or clinical work must be reported immediately to the instructor. The ECC District form entitled "Report of Injury or Illness" must be completed by the student and returned to Human Resources within 24 hours. The appropriate hospital/facility personnel must be notified for the occurrence and hospital/facility protocols must be followed. (See Appendix P – Report of Injury.) Any puncture wound incurred while in the supervised skills lab or in a class related lab course must be reported immediately to the Nursing Department, and an Incident Report for injuries must be completed.

8.15 STUDENT GRIEVANCE DUE PROCESS

A student grievance is defined as a claim by a student that his/her student status, rights, or privileges have been adversely affected by a college decision or action. See Administrative Procedure 5530. The student shall be entitled to representation by a person of his/her choice, other than legal counsel, at all informal complaint meetings. District employees will be notified of student grievances received by the Grievance Officer or designee and are entitled to representation at all informal complaint meetings. A grievance may arise if a student:

A. Disagrees with an academic or clinical performance evaluation.
B. Perceived arbitrary or prejudicial actions by a faculty member.
C. Imposition of sanctions without regard for due process.

The Nursing Program adheres to the established Student Grievance Policy & Due Process Policy as outlined in the ECC Administrative Procedure 5530 Student Rights and Grievances available on the college website for additional information.

A. **Purpose and Definition**

The purpose of this policy is to provide a due process procedure for review and resolution of student grievances. A grievance is defined as a student's claim that his or her legal rights, status, or privileges as a student have been adversely affected by a College decision or action.

B. **Informal resolution**

To resolve a complaint informally, the student shall first request a meeting to discuss the matter in question with the Program Director or other appropriate Program Faculty. Upon such a request, the Program Director/Program Faculty shall inform and confer with any staff members named by the student. In turn, the Program Director/Program Faculty shall schedule a meeting with the student and if requested all involved parties, not more than ten (10) school days from the date of request.

C. **Formal resolution**

The student may process a complaint tha tis not resolved by the Informal Procedure as set forth in Section II and constitutes a grievance as defined in Section I, as follows:

Step 1. The student shall submit his or her written grievance, on a form provided by the College, to the Program Director.

1. In order to be considered valid, the written grievance must be submitted within 30 school days after the student knew or should have known of the facts giving rise to the grievance.
2. The grievance shall fully state the facts surrounding the grievance and the remedy sought by the student. The grievance shall be signed and dated by the student and shall incorporate a statement that the student had first followed the provision of Section II.
3. Upon receipt of the written grievance, the Program Director shall:
    a. Promptly forward one copy to the Dean of Health Sciences and Athletics.
    b. Schedule a meeting with the student to review and discuss the grievance.
    c. The meeting shall be scheduled to take place no later than the fifth (5) school day following the date the written grievance is received.
    d. By the end of the fifth school day following the date of the meeting, the Program Director shall provide the student, staff members(s), and the Dean of Health Sciences and Athletics with a written decision.
    e. The written decision will terminate Step 1.

Step 2. If the grievance is not satisfactorily resolved in Step 1, the student may seek review of the decision to the Dean of Health Sciences and Athletics. The student shall provide the Dean of Health Science and Athletics with the following:

1. A copy of the written grievance.
2. A copy of the Step 1 decision.
3. A written request to appeal the Step 1 decision, and
4. A brief statement justifying the appeal.
    a. The written appeal must be filed with the Dean of Health Science and Athletics no later than the end of the fifth (5) school day after the decision in which Step 1 has been issued.
    b. Within five school days after receipt of the student's written appeal, the Dean of Health Science and Athletics shall meet with the student.

c. The Dean of Health Science and Athletics may schedule a meeting with the participants as allowed in Step 1 after meeting with student.
d. The Dean of Health Science and Athletics shall transmit a written decision on the grievance appeal to the student and staff members by the end of the fifth (5) school day following the appeal meeting. Transmittal of the written decision will terminate Step 2.

Step 3. If the grievance is not satisfactorily resolved at Step 2, the student may seek review of the decision by the Dean of Student Services. The student shall provide the Dean of Student Services with the following.

1. A copy of the written grievance.
2. A copy of the Step 1 and Step 2 decision
3. A brief statement justifying the appeal.
    a. The written appeal must be filed with the Dean of Student Services no later than the end of the fifth (5) school day after the decision in Step 2 has been issued.
    b. Within five school days after receipt of the student's written appeal, the Dean of Student Services shall meet with the students.
    c. The Dean of Student Services may schedule a meeting with the participants as allowed in Step 1 after meeting with the student.
    d. A written decision on the grievance appeal shall be transmitted to the student and staff members by the Dean of Student Services by the end of the fifth (5) school day following the appeal meeting. Transmittal of the written decision will terminate Step 3.

Step 4. If the grievance is not resolved at Step 3, the student may submit a written request for a final appeal to the Vice President of Student Services. The student's written request shall be submitted to the Dean of Student Services who will forward it to the Vice President. The Vice President of Student Services will forward the request to the:

1. Superintendent-President's Cabinet and attach a copy of the grievance, the Dean of Student Services' decision, and a copy of the grievant request to appeal Step 3.
2. Superintendent-President's Cabinet shall review the written record within ten (10) workdays of receipt of the appeal of Step 3.
3. Upon conclusion of this review, the Superintendent-President shall render a written decision to the student grievant with a copy to the Dean of Student Services.
4. The decision of the Superintendent-President shall be final.

8.16 STUDENT SUCCESS WORKSHOPS AND FACILITATORS

Student Success workshops are conducted periodically in the nursing department. The Student Success Facilitators are also available for individual consultation by appointment and during posted hours.

8.17 SUPERVISED PRACTICE LAB

The Supervised Practice Lab offers students a state-of-the-art learning center designed to develop individual and team-based competencies to deliver excellent patient care. The main laboratory space is configured for both psychomotor skills practice and mid-fidelity simulations. Students have the opportunity to practice technical skills within a deliberate practice framework in the context of specific clinical practice environments. This fosters learning transfer from the lab to a variety of clinical settings.

Open and supervised practice lab times will be posted as available. Selected DVDs and numerous textbooks for reference are available for checkout located in the library at the ECC. No food or drinks are allowed in the Skills Lab.

8.18 TRANSPORTATION

Each student is responsible for his/her own transportation and parking. Instructors are not permitted to transport students in their private cars. Students are encouraged to carpool and should not rely on only one means of transportation. Student assignments to the hospital and clinical cannot be made based on carpools.

8.19 WRITING CENTER

The Writing Center is located in Humanities 122. These services are especially valuable to English-as-a-second language (ESL) students and those students having difficulty writing college-level papers.

9 AWARDS AND RECOGNITIONS

9.1 ACADEMIC EXCELLENCE AWARD

Recognition will be given during the Annual College Awards Ceremony and Completion Ceremony to those students who have demonstrated exceptional academic ability. To qualify for consideration, a student must have taken 60 units at El Camino College with a minimum grade point average of 3.5 in a major in the Division of Health Sciences & Athletics.

9.2 APPLAUSE AWARD

The purpose of the applause card is to recognize supportive behaviors exhibited by faculty or staff at the college. These forms can be found in the nursing office.

9.3 CLINICAL COMMENDATION AWARD

Recognition of students may occur during the College Awards Ceremony and/or the Completion Ceremony. Graduating nursing students are eligible to receive a Clinical Commendation certificate for distinctive performance in clinical, which will be provided by the lead clinical instructor at the end of N247.

9.4 NURSING DIRECTOR'S RECOGNITION LIST

All nursing students are eligible for nomination to the Nursing Director's Recognition List. Requirements for nomination are:

- The student meets all the instructor's requirements of the course in a timely fashion.
- The student receives a grade of "B" (81%) or better for the course and receives the recommendation of the clinical instructor for above average clinical performance.

Certificates will be presented after the completion of every clinical nursing course to those students meeting the criteria. Students who receive this recognition in four (4) or more clinical courses will receive special recognition at the Completion Ceremony.

**Note: Students do not request the award. The instructor will make a recommendation and then a determination will be made as to whether the student will receive the award.*

9.5 NURSING SERVICE AWARD

The Nursing Service Award is presented to an outstanding graduating nursing student during the Completion Ceremony. The award is based on commitment and contributions of time and effort to the nursing program. Example: involvement on committees and in Iota Kappa Chi. Both students and faculty can make nominations to the Student Affairs Committee who will then determine the recipient by majority vote.

10 STUDENT REPRESENTATION

10.1 NURSING DEPARTMENT COMMITTEES

The following committees are composed of appointed faculty and at least two (2) ECC Nursing Program students: curriculum committee, evaluation committee, and the learning resources committee. No student representative shall serve on the acceptance, transfer, and progression committee as this committee discusses personal student information. All ECC Nursing Program students are eligible and do not necessarily have to be members of Iota Kappa Chi. ECC Nursing students have full voice and vote on curriculum, evaluation, learning resources, and student affairs committees. Each semester students will be given the opportunity to sign up for the committee of their choice.

10.2 STUDENT AFFAIRS COMMITTEE

The functions of the Student Affairs committee are to facilitate student communication with each other and faculty and to review and refer student concerns, suggestions, and ideas through appropriate administrative channels. The student affairs committee is the voice of the students, and it can only be heard if it is used. If you have any suggestions on how to make the nursing program better, bring them to the Student Affairs Committee.

Faculty members shall have full voice and vote. Seven student representatives shall serve on the student affairs committee. Three students shall be elected by their peers from the Year I, and fours students shall be elected by their peers from Year II during the first two weeks of the fall semester. All nursing students are eligible and do not necessarily have to be members of Iota Kappa Chi. All student representatives on the Student Affairs Committee shall have full voice and vote. The first meeting of the Student Affairs Committee shall be to elect a chairperson and determine student representatives to the following standing committees: Curriculum; Evaluation; Acceptance, Transfer, and Progression; and Learning Resources. Committee meeting schedule will be posted every semester.

10.3 CURRICULUM COMMITTEE

The functions of the Curriculum Committee shall be to: (a) develop the philosophy, unifying theme, educational objectives, and exit competencies of the Associate Degree Nursing Program; (b) plan and develop a curriculum framework based on the philosophy and objectives of the nursing program; (c) systematically review the Associate Degree Nursing Program's philosophy, unifying theme, educational objectives, and curriculum in order to make recommendations to the ADNFO; (d) work with the Acceptance, Transfer and Progression Committee to evaluate credentials for transfer; and (e) act on requests submitted to the Director of Nursing and College Administration.

10.4 EVALUATION COMMITTEE

The functions of the Evaluation Committee shall be to: (a) oversee implementation of the total program evaluation plan; (b) review total program evaluation plan every three years and propose revisions to the ADNFO; (c) define, collect, and analyze data for annual graduate follow-up; (d) develop and implement a plan for collecting and analyzing student retention data; and (e) act on requests submitted by the Director of Nursing and College Administration.

10.5 LEARNING RESOURCES COMMITTEE

The functions of the Learning Resources Committee shall be to: (a) review and coordinate all faculty requests for media and equipment purchases; (b) recommend purchases of library resources, audiovisual instructional materials, simulation lab equipment, computer hardware and software presented by faculty; and (c) annually review and analyze library holdings, audio-visual materials, and educational equipment and determine areas of concentration for future purchases.

11 STUDENT ACTIVITIES

11.1 PINNING CEREMONY

El Camino College provides a formal completion ceremony for all graduating seniors at the end of each academic school year. All graduating students are encouraged and expected to attend. Additionally, nursing students may organize an on-campus completion ceremony within specific guidelines. The pinning ceremony is NOT an official graduation ceremony.

A. The pinning ceremony is a time-honored tradition in nursing programs that welcomes graduating students into the profession of nursing. The event should be planned for the last week of the fall semester, as well as the last week of the spring semester. The pinning ceremony may not conflict with the main ECC graduation schedule. Dates should be planned in conjunction with the Director of Nursing and the Dean of Health Science and Athletics. The completion ceremony is traditionally an on-campus event. The ceremony is generally held in one of the following venues: Campus Theatre for December graduates and Marsee Auditorium for June graduates. Both venues are available through reservation only. If neither venue is available for the pinning ceremony, alternative sites either on campus or off will have to be explored. Off-site venues must be obtained by the 4th semester students. Cost of off campus pinning ceremony venues is extended solely to the students and will not be supported by either the college or the nursing department. There is no cost to the students for on-campus venues. The Marsee Auditorium has sufficient seats so that each student can invite up to 15 people each, or as many as the Marsee Auditorium will allow. The Campus Theatre will seat a maximum of 325 people, including faculty and administrative attendees; therefore, guest attendance will be limited per student.

B. The graduating class works closely with 4th semester full-time faculty and the Nursing Director in planning the Pinning Ceremony. All planning done by the students must be approved by faculty, including speeches, slide show, music, etc. The students are encouraged to use decorations available in the Nursing Department.

C. The following guidelines are intended to assist the graduating class with their planning:

1. The previous graduating class usually leaves a binder detailing their pinning ceremony for the current class to have general ideas about it.
2. During the first day of Nursing 247 committees will be formed to work in separate areas of the ceremony (decorations, invitations, music, slide show, refreshments, pinning/speakers, gifts, cap & gown, programs). Each committee determines the cost involved for their responsibility and then present the cost to the graduating students for approval.
3. The dress code at the ceremony is blue caps and gowns. If desired, caps may be decorated only with the graduation year and the word “RN”. Decoration cannot extend beyond the cap. No other adornments of any kind are allowed.
4. The invitations and programs must be approved by faculty and the college before being printed. Invitations can be printed through the ECC Copy Center.

5. The nursing department will schedule with the college to take the class and individual photos during the final weeks of Nursing 247. Students must be in full clinical uniform as stated in the Student Handbook when taking pictures. Failure to do so will result in photo not being displayed during graduation.
6. The class may provide the nursing department with an 8 x 10 group photograph (with frame) to be displayed on the wall of the department.
7. All arrangements for the pinning ceremony that require group discussion or voting should be completed by week 8 of the Nursing 247 course. All meetings should be held outside normal class hours.
8. Graduating seniors may order the ECC Nursing pin. Pins should be ordered at the beginning of Nursing 247. Two members of the class should handle collection of all paperwork and money. The nursing office has the information on the Pin Company (bonus: this person usually gets their pin free!). Pins are not mandatory. They must also be selected individually since the price varies greatly depending on the type of metal and accessories selected.
9. It is a clear expectation that both the class and the ceremony exhibit professionalism of a Registered Nurse. Gowns must be zipped up before, during, and following the ceremony. Students will meet in the Nursing Department before proceeding to walk as a group along with faculty to the ceremony building. Graduates should consider appropriate walking shoes and heel height.

Sample Program	
Procession of Graduates	
Welcome Address	Nursing Program Director Superintendent/President Vice-President of Academic Affairs Dean of Healthcare Sciences
Welcome and Introduction of Faculty	Student (Students' choice)
Faculty Speaker/s	Students' choice from approved full-time faculty list
Student Speaker/s	Students' choice
Pinning of Graduates	4th semester full-time faculty
Nightingale Pledge	Approved full-time faculty/Student (Students' choice)
Presentation of Graduates	Nursing Program Director

12 STUDENT GRADUATION REQUIREMENT

12.1 REQUIRED PREREQUISITES FOR GRADUATION

California Code of Regulations Section 1426 identifies the prerequisite courses required in addition to a nursing program:

A. Communication skills, six (6) semester or nine (9) quarter units shall include principles of:
   1. Oral communication
   2. Written communication
   3. Group communication

B. Related natural science, sixteen (16) semester or twenty-four (24) quarter units shall include:
   1. Anatomy with lab
   2. Physiology with lab
   3. Microbiology with lab
   4. Behavioral sciences (Psychology)
   5. Social sciences

12.2 GRADUATION

Graduation checks with the nursing counselor during third (3rd) semester to ensure that you are eligible to graduate. In the event you are missing a course, this would allow you to take the course during the winter or summer intersession. Make sure all transcripts for courses taken at other colleges are on file with the Records Office. If not, make sure OFFICIAL transcripts are sent to the Records Office by the end of the 3rd semester.

13 BOARD OF REGISTERD NURSES REQUIREMENT FOR LICENSURE

13.1 REQUIREMENTS

All applicants must have completed an educational program meeting all the California requirements for licensure. If you are lacking any educational requirements, you must successfully complete an approved course prior to taking the examination. To practice as a registered nurse, eligible candidates have successfully passed the National Council Licensure Examination (NCLEX-RN®) examination.

A. **All applicants must provide the following items:**

1. Appropriate fees, including fingerprint and interim permit fees, if applicable

2. Completed "Application for Licensure by Examination", including U.S. Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)

3. Completed fingerprints – Live Scan

4. One recent 2" by 2" passport-type photograph attached to the reverse side of the "Application for Licensure by Examination"

5. Completed "Request for Accommodation of Disabilities" and accompanying form(s), if applicable

6. "Request for Transcript" form (s) completed and forwarded directly from your nursing school(s) with certified transcripts

7. If applicable, documents and/or letters explaining prior convictions or disciplinary action and attesting to your rehabilitation as directed in the "Reporting Prior Convictions or Discipline Against Licenses"

8. Proof of completion of Implicit Bias training

B. Additional resources for exam applicants

NCLEX information – National Council of State Boards of Nursing https://www.ncsbn.org/nclex.htm

NCLEX using CAT video – National Council of State Boards of Nursing https://www.ncsbn.org/356.htm

NCLEX registration, scheduling, and test center information – Pearson VUE https://portal.ncsbn.org/

13.2 CANDIDACY FOR LICENSURE

Admission to the nursing program is no guarantee of graduation from the college. Graduation from the El Camino College Associate Degree Nursing Program is not the sole criterion for obtaining a license to practice nursing in California. Licensing requirements are the exclusive responsibility of the BRN, and satisfaction of those requirements is independent of fulfillment of any requirements for graduation from the College.

A. RN Licensing Application

1. The Board of Registered Nursing's Application for Licensure by Examination (NCLEX-RN) is now online at http://www.rn.ca.gov/pdfs/applicants/exam-app.pdf

2. Applications should be submitted to the Board at least 6-8 weeks prior to when the applicant wishes to take the examination to allow time for processing and receipt of all required documents.

3. Applications will be evaluated by the BRN; and, if you are found eligible, you will be provided with important and detailed instructions regarding the registration process with the NCLEX testing service.

B. Registration Process for the NCLEX

1. How to apply online
   - Register for BreEZe account https://www.breeze.ca.gov/datamart/loginCADCA.do;jseeionid=E2E23A2F905382079113314A64ABF496.vo
   - Complete the application information online
   - Attach required documents to the online application. You should attach as much information as possible to reduce paperwork, speed the review process, and reduce the need for deficiency letters. All required documents should be scanned and attached to your online application.

     i. Online Examination Application Form http://www.rn.ca.gov/online/breeze_online.shtml

     ii. Completed Live Scan Form https://www.rn.ca.gov/applicants/fpinstruct.shtml

     iii. Completed Request for Accommodation Form https://www.rn.ca.gov/pdfs/applicants/disable.pdf

2. Complete and apply for licensure/registration to the board of nursing body where you wish to be licensed/registered.
   - The first and last names printed on your identification must match exactly.
   - If the names that you are enrolled/registered is different from the names on your identification, you should make the required corrections prior to submitting

your application to the BRN or you must bring legal name change documentation with you to the test center on the day of your test.

- The only acceptable forms of legal documentation are:

    i. A marriage license
    ii. Divorce decree
    iii. Court action legal name change document

- If the name on your identification does not match the name you registered with, you will be turned away and will have to reregister and pay another examination fee.

3. Students with previous conviction(s) and/or discipline(s) will need to:
    - Attach a letter of explanation (signed and dated)
    - Obtain 3 letters(s) of recommendation/support (on letter head from reputable people)
        i. Must submit a Request for Letter form to the Director or faculty members if you wish to have a letter composed

4. Any other rehabilitation information listed in section II "Reporting Prior Convictions or Discipline Against Licenses".

5. The following documents must be submitted with the application online:
    - Certified court and arrest documents (if applicable)
    - Rehabilitation documentation (if applicable)

6. Completed Request for Transcripts form with certified transcripts sent directly from the nursing department.

7. Pay the required application fees with a valid credit card
    - All fees are non-refundable
    - If you would like to apply for an Interim Permit, please check the corresponding box on the Online Examination Applicant Identification form and pay the required fees.

8. Complete the Live Scan Process
    - Request for Live Scan form https://www.rn.ca.gov/applicants/fpinstruct.shtml
    - Complete all areas marked with a red "X"
    - The form will print in triplicate; take all three copies to the Live Scan site with your processing fee.
    - After your fingerprints have been scanned:
        i. The Live Scan operator will keep a copy
        ii. Submit a copy to the California BRN with the completed application for licensure (online)
        iii. Retain the third copy for your records

9. Register for the NCLEX with Pearson VUE, utilizing one of the methods below. You will need:
   - Program code to register – **ECC 00402500**
   - Personal email address must be provided with your registration. Correspondence from Pearson VUE will only be available via email https://portal.ncsbn.org/

10. Once your application has been submitted to the BRN, you may receive a letter from the Board indicating that you are missing final transcripts with posted degree, individual candidates' roster, and/or directors candidates list. Please do not panic as this letter is sent as a means of letting you know that your application has been received and an initial evaluation of your application has been conducted. The Board is aware that the school will submit final transcripts with posted degree after graduation.

13.3 TRANSCRIPTS

Students are required to complete and submit a "Request for Transcript" form https://www.rn.ca.gov/pdfs/applicants/end_transcript.pdf to the nursing department for final processing. The Request for Transcript form will be submitted to the college evaluator for review and submittal to the BRN. The official transcripts must include all completed coursework and reflect the degree awarded and date conferred. Transcripts are not accepted from applicants or if stamped "issued to student". Transcripts are mailed to the BRN once all course work is completed and the degree has been posted (typically 6-8 weeks after the last day of the semester).

13.4 APPLICATION PROCESSING

Applications are processed in order of date received. The Board has added a new feature to their web page called processing times https://www.rn.ca.gov/times.shtml to provide a general guideline for applicants to see when their application may be in the pipeline. The Board tries to stary within the outlined timeframes; however, this may not always be the case. Applications are individually evaluated, and processing times can vary based on individual circumstances.

13.5 BOARD OF REGISTERED NURSING ADDRESS & WEBSITE

Mailing Address: Board of Registered Nursing
PO Box 944210
Sacramento, CA 94244-2100

Physical Address: Board of Registered Nursing
1747 N. Market Blvd., Suite 150
Sacramento, CA 95834-1924

Website Address: https://www.rn.ca.gov

13.6 COMPUTERIZED ADAPTIVE TESTING (CAT)

The NCLEX-RN is administered by Computerized Adaptive Testing (CAT) and is designed to test knowledge, skills, and abilities essential to the safe and effective practice of nursing at the entry level. The CAT has continuous, year-round testing, allowing eligible candidates to schedule their own examination on a date and at a location of their choice.

13.7 PROGRAM COMPLETION OVERVIEW

If you have not yet graduated or have graduated with the past 4 weeks, you do not need to request additional transcripts be sent from your school of nursing. Please allow a minimum of 4 weeks from receipt of your transcripts for the Board to process your transcripts.

The California State Board of Registered Nursing may refuse to grant a license based on violation of academic or professional integrity or based on criminal history record information relating to convictions. The Nursing Practice Act gives the BRN this authority. In accordance **with the Department of Consumer Affairs Board of Registered Nursing, "conviction" includes** a plea of no contest and any convi8ction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanors, and felonies. https://www.rn.ca.gov/enforcement/convictions.shtml

It is not necessary to report a conviction for an infraction with a fine of less than $1,000 unless the infraction involved alcohol or controlled substances. However, any convictions in which a plea of no contest was entered and any convictions that were subsequently set aside pursuant or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code must be disclosed. It is the responsibility of the student to declare criminal history information on the application for licensure.

The Detailed Test Plan for the National Council Licensure Examination for Registered Nurses is available at https://www.ncsbn.org/2019_RN_TestPlan-English.pdf

13.9 RECORDING IN THE CLASSROOM

The use of any recording device during class without the prior consent of the instructor is prohibited, except as necessary to provide reasonable auxiliary aids and academic adjustments to students with disabilities who present official documentation from the Special Resources Center to the instructor prior to recording. This is to protect privacy and to create a safe classroom environment where all participants can discuss potentially controversial or sensitive subjects freely. If you want to take a photograph or make and audio or video recording, you must get the prior written permission of the instructor. The instructor also may require the verbal and/or written permission of everyone present. Even if a student gets permission to record, the recordings are only for personal use and may not be posted, published, or shared in any manner.

As student who records without instructor permission or distributes any recordings is subject to disciplinary action in accordance with El Camino College District Administrative Procedure 5500 Standards of Student Conduct.

APPENDIX

APPENDIX A

GUIDE TO THE NURSING APPEALS PROCESS FOR READMISSION

The Nursing Appeals Process for Readmission is for nursing students who have been enrolled in the El Camino College Nursing Program but have not successfully completed two of their nursing courses. These students may apply for readmission into the nursing program based on special consideration due to extenuating circumstances as defined in the ECC Catalog under repeating courses. Students who are applying for readmission to the program through the appeals process ***must submit a complete nursing appeals packet*** before their request will be considered by the appeals committee. A complete appeals packet includes:

1. Application for the Nursing Program Admission by Appeal. (An application form may be obtained from the Nursing Office.

2. Typed letter addressed to the Appeals Committee that includes:
    a. A description of the extenuating circumstance(s) that contributed to your unsuccessful course completion or low grade point average. (supporting documentation must be attached to your letter, and the timeline must correspond with the classes failed.
    b. Your plan for successful completion of the nursing program at ECC. Include a specific planned strategy to achieve success. Speak with an El Camino Community College Nursing Counselor if needed.
    c. A statement that you have completed the **recommended** and **required** remediation and/or testing identified or midterm evaluation, student conference listed on the Exit Form by the nursing faculty. (All supporting documentation should be attached to your letter or should be present in your student file.
    d. An explanation of why the committee should approve your request for entering the program.

3. Meet with an ECC Nursing Counselor during a scheduled counseling appointment to complete the Appeal Checklist for nursing counselor approval (must be signed and dated).

4. All completed appeals packets must be submitted to the Nursing Office two weeks prior to the scheduled Appeals Committee Meeting. Meeting dates are posted in the glass case outside the Nursing Office each semester. The Appeals Committee meets at least twice per semester. The decision of your status will be sent to you be email.

5. An incomplete appeals packet will not be considered.

6. **If the appeal is approved, your name will be placed on the Nursing Program Wait List and admission will be on a space-availability basis.**

APPENDIX B

EL CAMINO COLLEGE APPEALS DOCUMENTATION CHECKLIST FOR NURSING COURSELOR APPROVAL

Student Name: _____ _____ _____
First Last ECC ID#

Failure to follow these guidelines for the appeals process will result in NO REPLY from the Appeals Subcommittee and an automatic denial of your appeal request.

Procedure for completed the Checklist for Appeal form

1. PDF fillable checklist for Appeal form will be sent to the Nursing Counselor from the ECC Nursing Office.
2. The Nursing Counselor will complete, sign, and date the Nursing Counselor Checklist for Appeal and return the completed for the Nursing Department

Failed three or more core nursing courses at ECC or any nursing school?	If the answer is **YES** to either question, ***you are not eligible to appeal***, and the Appeals Subcommittee will not review your appeal.
Yes ☐ No ☐	
Appealing a previous ECC appeal decision?	
Yes ☐ No ☐	

Nursing Counselor:

Grades			
Current Cumulative GPA		Science GPA	
N143 (formerly N145)		Anatomy 32 or Anatomy & Physiology 34A and 34B	
N144 (formerly N48)		Physiology 31 and Microbiology 33	
Medical Terminology		English 1A; 1 AH; English 1C; 1CH	
Psychology 16 (Life Span)		Mathematics 73 or 80 or Math 150	
Transferring from another Nursing Program?		School Name:	
		When?	
Attended Nursing Information Session Yes ☐ No ☐ N/A ☐ When? _____			

COMMENTS:

_____

_____

_____

ECC Nursing Counselor who completed form:

Print Name _____ Signature _____ Date _____

APPENDIX C
EL CAMINO COLLEGE ASSOCIATE DEGREE NURSING
APPLICATION FOR ADMISSION BY APPEAL

Check Applicable Boxes: **Fall** Semester ☐ **Spring** Semester ☐ Year: _____

Name: _____ _____ _____ **ECC Student ID#:** _____
(Last) (First) (Middle Initial)

Address: _____ **City**: _____ **State**: _____ **Zip Code**: _____

Telephone H: ( ) _____ **Telephone C**: ( ) _____

ECC Email: _____ **Personal Email**: _____

Enrolled in N144 ☐ Completed N144 ☐ When: _____

Applying for: (Check appropriate box)

Generic Program ☐ Upward Mobility ☐ 30-Unit Option ☐

Previous School of Nursing attended: _____

Applicant's Signature: _____ **Date**: _____

Official Use Only – (ATP) Acceptance, Transfer, & Progression Committee

Applicant accepted into program: Yes ☐ No ☐ Acceptance Pending ☐
Reason: _____

Remediation to be completed prior to admission:	**Required**	**Recommended**	**Documentation Submitted**
Special Resource Center Evaluation (Educational Development 29) at the Student Service Center			
Nursing 210 – Implications of Pathophysiology Concepts for Nurses – Complete with a passing grade of "C"			
Student Health Services: Workshops ☐ Psychologist ☐			
Skills Laboratory			
ATI			
Student Success			
Other			

Written verification that requirements for admission have been met must be attached to one copy of this form and submitted to the Nursing Office. The student must complete all requirements and apply for entry within one (1) year. Successful completion of the Dosage Calculation Test (Math Test) is required for entry and course admission will be based on available class space.

Course readmitted into: Course No: _____ Title _____

Appeals Subcommittee Member's Signature	**Date**

Appeals Subcommittee Member's Signature	**Date**

Director's Signature: _____ Date: _____

APPENDIX D

GENERAL APA GUIDELINES

A. Paper Requirements:

Typed, double-spaced, 1" margins all around, 12-pt font Times New Roman, on standard 8.5: x 11" white paper

B. Page Header:

At the top of every page: type the title of the paper in all caps (flushed left) and insert page number at the top of page (flushed right). ***Example***:

MANAGING BLOOD GLUCOSE 1

C. Title Page:

This is the first page of the paper and should contain the title of the paper, the student's name, and the name of the school. Additionally, your instructor may request the title of the course, the instructor's name, and the date be included. The information should be placed in the upper half of the page, centered, upper and lower case, and double-spaced. There should be a total of four (4) spaces in between the title and the student's name. Title should be bolded. ***Example:***

The Effects of Insulin on Blood Glucose

Sydney Student

N222 Medical Surgical Nursing – Older Adult

Dr. Instructor's Name

El Camino College

September 10, 2022

D. Main Body

Start with an introductory paragraph and end with a concluding paragraph. Indent the first sentence of each paragraph.

*****DO NOT PLAGARIZE**: using the words, idea, or works of others without citations and references.

E. Direct Quotes

When using a direct quote, place quotation marks at the beginning and end of the statement, words, or sentence(s) followed by the author(s) last name only, year of publication, and page number. ***Example***:

"Forty percent of Americans polled were dissatisfied with the results" (Milkins, Adams & Jones, 2020, p. 88).

According to Milkins, Adams, and Jones (2020), "Forty percent of Americans polled were dissatisfied with the results" (p. 88).

F. Paraphrasing

Restating or referring to an idea contained in someone else's work must have a citation. You do not list the page number when paraphrasing material as you do in direct quotes. ***Example***:

The result of one poll demonstrated that 40% of Americans are unhappy with the results (Milkins, Adams & Jones, 2020).

Milkins, Adams, and Jones (2020) report that as many as 40% of Americans are unhappy with the results.

G. Reference Page

The last page of the paper – double spaced. Alphabetize the references by the first author's last name. Author's names must remain listed as they are on the publication – DO NOT CHANGE THE ORDER OF NAMES. Capitalize the first word in the title only; all other words are lowercase unless they are a proper noun. Titles or journals are italicized. The second and subsequent lines of a referent are indented.

Arapovic-Johansson, B., Jensen, I., Wahlin, C., Björklund, C., & Kwak, L. (2020).

Process evaluation of a participative organizational intervention as a stress preventive intervention for employees in Swedish primary health care. *International Journal of Environmental Research and Public Health, 17*(19), 1-20. https://doi.org/10.3390/ijerph17197285

Aryankhesal, A., Mohammadibakhsh, R., Hamidi, Y., Alidoost, S., Behzadifar, M., Sohrabi, R., & Farhadi, Z. (2019). Interventions on reducing burnout in physicians and nurses: A systematic review. *Medical Journal of the Islamic Republic of Iran (MJIRI), 33*: 77. https://doi.org/10.34171/mjiri.33.77

Browning, E. D., & Cruz, J. S. (2018). Reflective debriefing: A social work Intervention addressing moral distress among ICU nurses. *Journal of Social Work in End-of-Life & Palliative Care, 14*(1), 44-72. https://doi.org/10.1080/15524256.2018.1437588

Centers for Disease Control and Prevention. (2020, July 31). *Mental health House Pulse Survey*. https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm

H. APA Manual

The following text is a required textbook in all nursing courses in the program.

American Psychological Association (2020). *Publication manual of the American Psychological Association* (7th ed.). Washington DC: American Psychological Association.

Another useful tool is the book's official website https://apastyle.apa.org

I. Grammarly

Grammarly offers a free version that allows you to upload your document to help correct your English and punctuation. Great for students who struggle writing papers or for the English as a second language (ESL) learner. Turning in a paper that is well written is a great way to help boost your grade on an assignment. https://www.grammarly.com

APPENDIX E

ATI – RN CONTENT MASTERY SERIES 2023 PROFICIENCY LEVEL DEFINITIONS ATI RECOMMENDED CUT SCORES

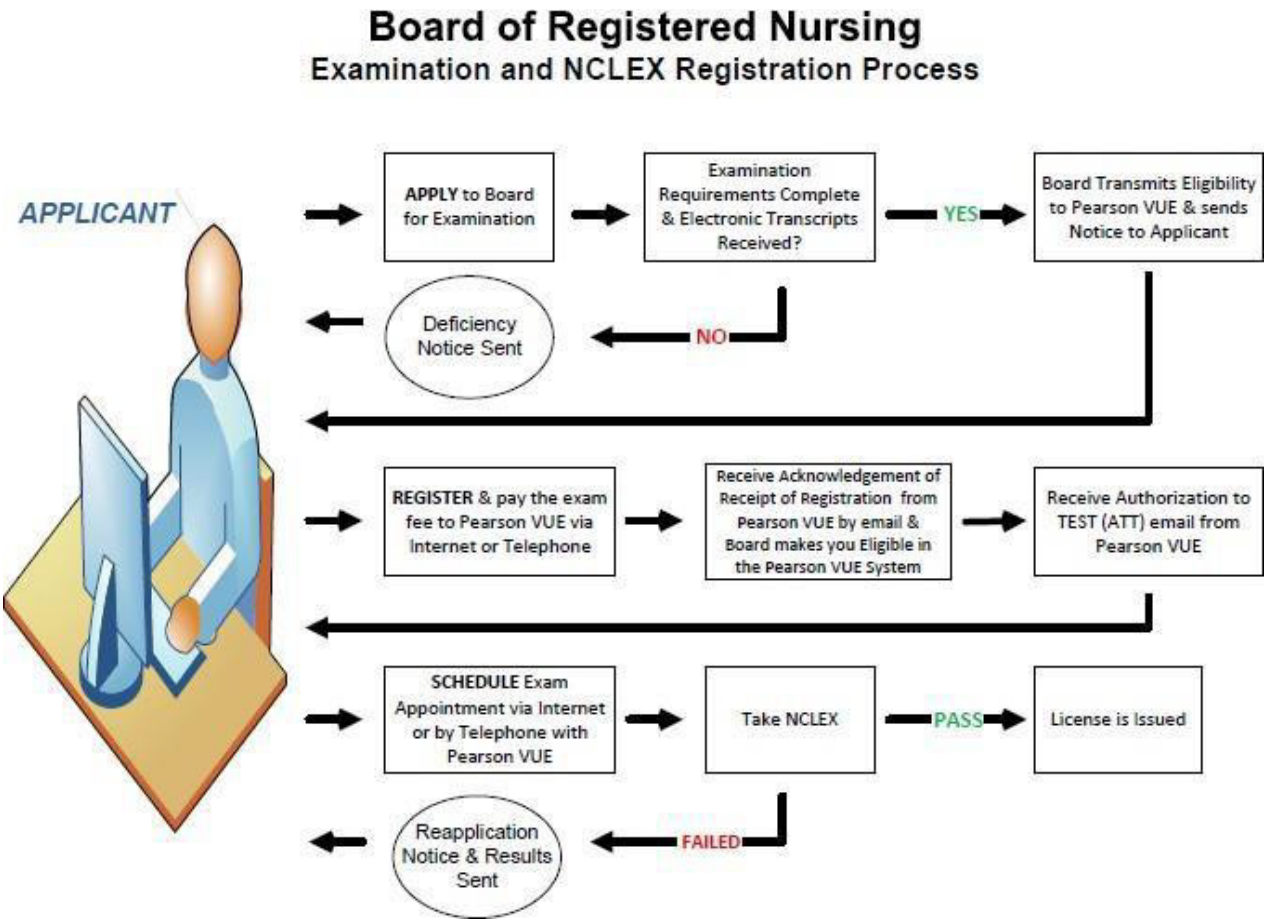
LEVEL 3
Scores meeting the Proficiency Level 3 standard can be considered to exceed most expectations for performance in this content area. Scores at this level were judged by the content expert panel to indicate a student as likely to exceed NCLEX-RN standards in this content area. ATI advises these students to engage in continuous focused review to maintain and improve their knowledge of this content.
LEVEL 2
Scores meeting the Proficiency Level 2 standard can be considered to exceed minimum expectations for performance in this content area. Scores at this level were judged by the content expert panel to indicate a student as fairly certain to meet NCLEX-RN standards in this content area. ATI advises these students to engage in continuous focused review in order to improve their knowledge of this content.
LEVEL 1
Scores meeting the Proficiency Level 1 standard can be considered to meet the absolute minimum expectations for performance in this content area. Scores at this level were judged by the content expert panel to indicate a student as likely to just meet NCLEX-RN® standards in this content area. ATI advises these students to develop and complete a rigorous plan of focused review in order to achieve a firmer grasp of this content.
BELOW LEVEL 1
Scores below the Proficiency Level 1 standard can be considered below minimum expectations and can be indicative of significant risk in this content area. ATI strongly advises these students to develop and complete an intensive plan for focused review and remediation including the use of ATI materials, textbooks, class notes, reference materials, and assistance from nurse educators.

RN CMS 2023 Proctored Assessments	Below Level 1 Cut Score	Level 1 Cut Score	Level 2 Cut Score	Level 3 Cut Score
Adult Medical Surgical (90 items)	0.0% - 60.4%	60.5% - 71.0%	71.1% - 83.6%	83.7% - 100%
Community Health (50 items)	0.0% - 59.5%	59.6% - 74.7%	74.8% - 85.2%	85.3% - 100%
Fundamentals (60 items)	0.0% - 49.8%	49.9% - 65.4%	65.5% - 79.3%	79.4% - 100%
Leadership (60 items)	0.0% - 60.2%	60.3% - 76.4%	76.5% - 87.7%	87.8% - 100%
Maternal Newborn (60 items)	0.0% - 56.0%	56.1% - 68.2%	68.3% - 81.9%	82.0% - 100%
Mental Health (60 items)	0.0% - 54.4%	54.5% - 68.4%	68.5% - 85.1%	85.2% - 100%
Pediatric Nursing (60 items)	0.0% - 50.8%	50.9% - 63.7%	63.8% - 78.3%	78.4% - 100%
Nutrition (60 items)	0.0% - 50.5%	50.6% - 66.8%	66.9% - 82.7%	82.8% - 100%
Pharmacology (60 items)	0.0% - 52.6%	52.7% - 71.0%	71.1% - 86.2%	86.3% - 100%

2023 Assessment Technologies Institute®, Inc.

APPENDIX F

BOARD OF REGISTERED NURSING EXAMINATION & NCLEX REGISTRATION PROCESS



APPENDIX G

El Camino College
Associate Degree Nursing
Clinical Improvement Plan (CIP)

Page 1 of ____

_____Attachment Included

Student Name: _____ Student ID: _____

CIP Initiated by: _____ Course: _____

SUMMARY OF CRITERIA DEEMED UNSATISFACTORY:

PROFESSIONAL BEHAVIORS NECESSARY TO ACHIEVE A SATISFACTORY IN THE ABOVE-MENTIONED CRITERIA:

DATE BY WHICH THE BEHAVIORS NEED TO IMPROVE: _____

Student Comments

I have received a copy of this Clinical Improvement Plan

_____ _____
Student Signature Date Faculty Signature Date

The student has/has not demonstrated satisfactory improvement in the criteria mentioned in this Clinical Improvement Plan.

_____ _____
Student Signature Date Faculty Signature Date

APPENDIX H

CLINICAL SKILLS PRESCRIPTION

Date: _____
Student Name: _____
Clinical Instructor Initiating Clinical Prescription: _____
Date/Dates the Student Worked in Skills Lab: _____
Date to be Completed by the Student: _____

Description of assistance needed:
Assistance given in Supervised Skills Lab:
Has the student successfully completed the required remediation? Yes _____ No _____ If the answer is No, please be specific what further remediation is recommended. Supervised Lab Instructor's Printed Name and Date: _____ Supervised Lab Instructor's Signature: _____ Student Signature and Date: _____

Clinical Skills Prescription Updated 10/09/23

APPENDIX I

16607 Crenshaw Blvd.
Torrance, California 90506
(310) 660-3281

ASSOCIATE DEGREE NURSING PROGRAM
RELEASE OF PERSONAL INFORMATION AGREEMENT

Student Name: _____ Student ID: _____

Check the box below that applies:

☐ 1st Semester ☐ 2nd Semester ☐ 3rd Semester ☐ 4th Semester

The undersigned hereby authorizes El Camino College Nursing Department, a subset of El Camino College District, to release the following health information, contained in my student files, to the Centinela Hospital Medical Center and associates for clinical clearance.

The following information may be released if requested:

Home Address

Home/Work/Cell telephone number(s)

ALL Health Records

Background Check

Drug Screen

I hereby release the District and its employees from any liability for release of these records.

Signature _____ Date: _____

APPENDIX J

16607 Crenshaw Blvd.
Torrance, California 90506
(310) 660-3281

ASSOCIATE DEGREE NURSING PROGRAM
USE OF PERSONAL DATA DEVICES POLICY

Purpose: To provide students with the ability to use personal data devices (PDAs), Palm Pilots, cell phones, and other electronic devices for accessing clinical references while providing focused patient care with optimum patient privacy according to HIPPA regulations.

- Personal electronic devices at no time shall store, copy, or photograph any Personal Health Information (PHI) from the clinical facility. This is a direct violation of HIPPA regulations on patient privacy. Students found in violation of this will receive and unsatisfactory for the entire course.

- Students will have the ability to utilize personal electronic devices, when allowed by their clinical facility, solely for the purpose of attaining patient related data from texts and references on their device.

- Students shall not utilize personal devices as telephones, texting devices or cameras in the patient care areas.

- Any student using an electronic device must show their clinical instructor the reference material on their device. Access to the internet is not sufficient reason to use an electronic device.

- Any repeated offense using an electronic device inappropriately in the clinical setting will result in an unsatisfactory clinical evaluation in the area of professionalism. Students will be ineligible for the director's award., will have a record of such offense in their academic file and will receive a failing grade for the nursing course.

COURSE: ☐ N220 ☐ N222 ☐ N230 ☐ N232 ☐ N234 ☐ N240 ☐ N242 ☐ N247 ☐ N248

I understand the above policy, and I will always maintain the department policy.

Student Name: _____

Student Signature: _____ Date: _____

APPENDIX K

16607 Crenshaw Blvd.
Torrance, California 90506
(310) 660-3281

ASSOCIATE DEGREE NURSING PROGRAM
INSTRUCTIONS TO STUDENT TO REQUEST A LETTER

Professional Courtesies:

- If a letter is for employment, it would be unusual to request a letter from an instructor who has not supervised your clinical performance.
- Personally ask the instructor if he/she would be willing to write a letter on your behalf.
- Complete a Letter Request Slip (available online).
- Allow a minimum of two weeks turnaround time.
- Unless otherwise instructed, a copy of the letter will be mailed to your current address.
- If you do not receive the letter within four weeks, it would be appropriate to leave a reminder message on the instructor's voice mail or email and with the nursing program support staff.
- Faculty members have the option to deny the request.

Please remember that faculty members do not have summer nursing responsibilities. They may teach a summer or winter course (if applicable), but their responsibilities relate only to that specific course assignment.

APPENDIX L

ASSOCIATE DEGREE NURSING PROGRAM
REQUEST FOR LETTER FORM

Student Name: _____ Date: _____

Contact Phone: _____ Student ID: _____

Select your current course enrolled below:

☐ N220 ☐ N222 ☐ N230 ☐ N232 ☐ N234 ☐ N240 ☐ N242 ☐ N247 ☐ N248

Graduate: _____Years Attended _____ Year Graduated

REQUEST FROM _____

REASON FOR THE REQUEST_____

LETTER SHOULD BE ADDRESSED AS FOLLOWS:

Name | Title: _____

Address: _____

City: _____ **State:** _____ **Zip Code** _____

Please describe the following activities you have participated in:

IOTA KAPPA CHI (IKX)
☐ 1st Semester ☐ 2nd Semester ☐ 3rd Semester ☐ 4th Semester

Position held on IKX board: _____

Nursing Committees you served on: _____

Events you participated in: _____

Other organizations you belong to: _____

☐ **MAIL** ☐ **PICK-UP**

APPENDIX M

16607 Crenshaw Blvd.
Torrance, California 90506
(310) 660-3281

ASSOCIATE DEGREE NURSING PROGRAM INFORMATION UPDATE FORM

Date: _____

Semester: ☐ 1st Semester ☐ 2nd Semester ☐ 3rd Semester ☐ 4th Semester

Name: _____
Last Name First Name Middle Initial

Former ECC Name Used: _____

Address: _____
Number Street

_____
City State Zip Code

Phone Number: (_____)_____ ☐ Cell Phone
☐ Home Phone

Alternate Phone Number: (____)_____ ☐ Cell Phone
☐ Home Phone

Select the Applicable Boxes Below:

☐ Name Change ☐ Address Change ☐ Phone Number Change

THIS FORM SHOULD BE SUBMITTED TO THE NURSING DEPARTMENT ONLY.
YOU MUST ALSO NOTIFY ADMISSIONS & RECORDS FOR ALL UPDATES.

APPENDIX N

16607 Crenshaw Blvd.
Torrance, California 90506
(310) 660-3281

ASSOCIATE DEGREE NURSING PROGRAM
STUDENT HANDBOOK ACKNOWLEDGEMENT FORM

Click the box that applies: ☐ **Fall** ☐ **Spring** **Year** _____

1. The El Camino College Nursing Student Handbook contains information and policy statements that will assist in a student's progress through the nursing program. Each generic nursing student will receive a copy of the handbook during the first nursing course.

2. The student will be held accountable for all policies contained within the handbook.

3. The signature below indicates that the student has received and reviewed a copy of the nursing handbook.

4. The signed receipt for will be collected during the first nursing course.

5. The Student Handbook is revised annually and as needed. The student will be informed of the revisions and will be held accountable for all revised policies contained within the revised handbook.

Please **PRINT** your name on the line below.

_____
Student Name

Section No.: _____

COURSE: ☐ N220 ☐ N222 ☐ N230 ☐ N232 ☐ N234 ☐ N240 ☐ N242 ☐ N247 ☐ N248

Please **SIGN** your name on the line below.

_____ _____
Student Signature Date

APPENDIX O

ASSOCIATE DEGREE NURSING PROGRAM EVALUATION OF STUDENT HANDBOOK

Please submit this form to the student affairs committee via the nursing office if there is any part of the handbook that you feel needs to be clarified or changed and if there is any information that is not included and would be helpful for you to understand. You may submit this form any time you have an idea to communicate. Thank you.

Please indicated which aspect is unclear or needs revision by selecting the box(es) and state what the change or addition should be in the comment space below.

- ☐ Philosophy of the Nursing Program
- ☐ Unifying Theme
- ☐ Curriculum
- ☐ Grading Criteria
- ☐ Progression through the Nursing Sequence
- ☐ Professional Behaviors
- ☐ Policies and Procedures
- ☐ Resources for Enhancing Student Learning
- ☐ Awards and Recognition
- ☐ Student Representation/Activities
- ☐ Graduation
- ☐ Candidacy for Licensure

APPENDIX

- ☐ Continuing Improvement Plan (CIP)
- ☐ Dosage Calculation Instructions Example
- ☐ Guide to the Appeals Process for Admission Appeal
- ☐ Checklist for Nursing Counselor Approval Appeal Form
- ☐ APA Guidelines
- ☐ Letter of Recommendation Request Form

Comments:

APPENDIX P

ASSOCIATE DEGREE NURSING PROGRAM
DOSAGE CALCULATION INSTRUCTIONS - EXAMPLE

General Instructions:

- All calculations must be shown on your test paper. If there is insufficient room for your calculations, additional work must be calculated on approved scratch paper.
- Only approved calculators will be used if permitted by the instructor.

Units of Measure

- Your answers must be labeled with the correct unit of measurement (e.g., 2 tabs, 3 mL, or 40 mg).

Military Time

- Only military time will be used for dosage calculation answers (e.g., 1:00 pm must be written as 1300).

Decimal Fractions

- All calculations must be written utilizing the metric system (e.g., ½ mg must be written as 0.5 mg).
- Decimal fractions must be preceded by a zero before the decimal (e.g., ".2" mut be written as 0.2) or by a whole number before the decimal (e.g., 1.2).
- Decimal fractions cannot have a trailing zero (e.g., 2.40 must be written as 2.4; 2.0 must be written as 2).

Rounding

- Non-parenteral doses must be rounded to the tenths place (e.g., 1.45 mg must be rounded to 1.5 mg).
- Parenteral medications requiring 3 mL, 5 mL, or 10 mL syringes must be rounded to the tenths place (e.g., 1.15 mL must be rounded to 1.2 mL).
- Parenteral medications requiring a 1 mL syringe must be rounded to the hundredths place (e.g., 0.155 mL must be rounded to 0.16 mL).
- IV gravity flow rates (gtts/min) and IV pump rates (mL/h) must be rounded to the whole number (e.g., 20.5 must be rounded to 21).
- IV infusion times must be rounded to the tenths place while calculating the problem (e.g., 16.65 h must be rounded to 16.7 h, which would then be converted to 16 h and 42 min for your final answer.
- Temperature (Celsius and Fahrenheit) and body weight (pounds and kilograms) must be rounded to the tenths place (e.g., 23.54 kg must be rounded to 23.5 kg).

APPENDIX Q
REPORT OF INDUSTRIAL INJURY OR ILLNESS

Any injury, which occurs during class or clinical work, must be reported immediately to the instructor. The El Camino College District form entitled "Report of Injury or Illness" must be completed and returned to campus Personnel within 24 hours.

Employee Name	Social Security No.	
Home Address	Telephone No.	
Sex _____ Male _____ Female	Occupation (Job Title)	Date of Birth
Division in Which Regularly Employed	Wages Per Week	Date of Hire
Where Did Accident or Exposure Occur? (Address, City)	On Employer's Premises _____Yes _____No	
What was Employee Doing When Injured? (BE SPECIFIC. Identify tools, equipment, or material the employee was using.)		
How Did the Accident or Exposure Occur? (Describe fully the events that resulted in injury or illness. Tell what happened and how it happened. Use back of form if necessary.)		
Object or Substance That Directly Injured Employee. (The machine employee struck against or which struck him; in case of strains, the thing he was lifting, etc.		
Nature of Injury or Illness and Part of Body Affected		
If Physician was Consulted for This Injury or Illness, Please Provide Name and Address.		
If Hospitalization as Inpatient, Provide Name and Address of Hospital.		

Date of Injury	Time of Day	Was Employee Unable to Work on Any Day After Injury? Yes or No. Date Last Worked _____
Has Employee Returned to Work? Yes or No.	Date Returned Still Off Work	

Employee's Signature	Supervisor's Signature	Dean or Director's Signature
_____	_____	_____
_____	_____	_____
Date	Date	Date

APPENDIX R

ASSOCIATE DEGREE NURSING PROGRAM
STUDENT SUCCESS

Initial Visit and Assessment

Date: _____

Student Name: _____ ID#: _____

Current Class: _____ Phone: _____ Email: _____

Reason for Meeting: _____

1. Test-taking strategies
2. Dosage calculation
3. Test anxiety
4. Stress reduction
5. Note taking
6. Study techniques
7. Time management
8. Other

Referral Source: _____

Plan of Action:

_____ Writing Center _____ Health Center _____ Supervised Skills Lab

_____ Reading Center _____ ATI Testing _____ Net Tutor

_____ Other

Visit Summary:

Student Success Coordinator Signature: _____

Student Signature: _____

APPENDIX S

ASSOCIATE DEGREE NURSING PROGRAM
STUDENT SUCCESS

Follow-Up Meetings Summary

Date: _____

Student Name: _____ ID#: _____

Reason for Meeting: Check the appropriate box below

- ☐ Scored less than 76% on exam
- ☐ Dosage Calculation Tutoring
- ☐ General Tutoring

Student Success Coordinator Signature: _____

Student Signature: _____

Comments:

_____

_____

_____

_____

_____

APPENDIX T
TEST REVIEW: IDENTIFY INFORMATION – PROCESSING ERRORS

Student Name: _____ Date: _____

Processing Errors	Question Number												Total
STEM													
Missed key word(s) setting a priority													
Missed important word(s) that were clues													
Misinterpreted information presented													
Missed the central point/theme													
Missed the central person													
Read into the question													
Missed the step in the nursing process NAME STEP*													
Incompletely analyzed the stem; read it too quickly													
Did not understand what the question was asking													
Did not know or could not remember the content associated with the question													
OPTIONS													
Answered quickly without reading all the options													
Misidentified the priority													
Misinterpreted information													
Read into option													
Did not know or could not remember the content													
Knew the content but inaccurately applied concepts and principles													
Knew the right answer but recorded it inaccurately													

PERSONAL PERFORMANCE TRENDS	YES	NO	**Comments**
I finished the exam with time to review			
I was able to focus with little distraction			
I felt calm and in control			
When I changed answers, I got the questions right			
Identify error clusters			
• First third of exam			
• Middle third of exam			
• Last third of exam			
• No clusters identified			

A = Assessment G = Goal Setting I = Implementation D = Analysis and Diagnosis P = Planning Intervention E = Evaluation

APPENDIX U

ASSOCIATE DEGREE NURSING PROGRAM
MATH PAUSE AGREEMENT

Student Name: _____ ID#: _____

MATH PAUSE REQUIREMENTS:

1. The student assigned to a Math Pause is required to pass three math exams in a row with a minimal score of 90% to be eligible to retake the math exit exam for the specific course he/she was enrolled in.

2. The student is encouraged to audit N144 Dosage Calculation while on the math pause as a refresher.

3. The student assigned to a Math Pause is required to remediate content material before being eligible to take their first series of three exams.

4. A student who scores 100% on their first series of three exams is eligible to take the second exam without remediation.

5. A student who scores 90% or less on any of the three series exams is required to remediate before being eligible to take the next sequential exam.

6. A student who fails any one of the three series math exams is required to start the process over.

7. When the student passes the entire three series math exams with a 90% or above, that student is eligible to retake the math exam assigned to the course he/she was enrolled.

8. The student must pass the math exit exam with a minimum score of 90% accuracy in order to progress to the next nursing course.

9. In the event the student does not pass the math exit exam with a minimum score of 90% accuracy, the student will be required to start the process over.

I acknowledge, by my signature below, that I understand the information above.

_____ _____

Student Signature Date

APPENDIX V

Facial Hairstyles and Filtering Facepiece Respirators
RESPIRATOR SEALING SURFACE
CLEAN SHAVEN
STUBBLE
LONG STUBBLE
FULL BEARD
FRENCH FORK
DUCKTAIL
VERDI
GARIBALDI
BANDHOLZ
SOUL PATCH
GOATEE
(Careful! Chin hair may easily cross the seal)
CHIN CURTAIN
EXTENDED GOATEE
CIRCLE BEARD
ANCHOR
BALBO
(Careful! Chin hair may easily cross the seal)
VAN DYKE
IMPERIAL
SIDE WHISKERS
MUTTON CHOPS
HULHEE
HORSESHOE
(Careful not to cross the seal)
ZAPPA
WALRUS
PAINTER'S BRUSH
CHEVRON
HANDLEBAR
PENCIL
TOOTHBRUSH
LAMPSHADE
ZORRO
VILLAIN
(Careful not to cross the seal)
FU MANCHU
ENGLISH
DALI
CDC
NIOSH
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health