



**2020 - 2021
Student Handbook**

**Associate Degree
Nursing
Program**

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ASSOCIATE DEGREE NURSING PROGRAM

1 WELCOME TO THE DEPARTMENT OF NURSING

It is with great pleasure that the faculty and staff welcome you to the Associate Degree Nursing program at the El Camino Community College. We are delighted that you chose to pursue your nursing education here. The nursing faculty strives to provide you with quality instruction, guidance, and support to assist in the learning process. In addition, to creating a learning environment that considers different learning styles, student strengths, and diversity in our student population.

The nursing program is designed to sharpen your critical-thinking skills, stimulate scientific inquiry, and develop evidence-based practices keeping in mind the true art of nursing, which is caring. Learning is a partnership between the student and instructor. As such, you have the responsibility to be an active learner, be prepared for your classes, and to demonstrate integrity in all interactions.

The information in this Nursing Student Handbook is provided to assist and guide you toward successful completion in this program. It is your reference for questions as you enter and continue in the program. You are responsible for reading the handbook, signing the forms at the end as indicated, returning the signed forms to the designated instructor, and for asking questions if any policy is unclear to you.

Welcome and thank you for your interest in the Nursing program. You are embarking on an incredibly demanding journey, but one that has an abundant of benefits and rewards. You will be requested to give countless hours of your time, but you will receive much in return.

Best wishes in your academic endeavors,

Dr. Wanda Morris
Director of Nursing

2 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 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 licensing examination for Registered Nurses.

In August 2006, the El Camino Community College District Board of Trustees approved a Memorandum of Understanding to provide educational and related support services to the Compton College District residents. At that inception of this partnership provided the El Camillo College Associate Degree Nursing program to be offered at two campuses.

The El Camino Community College Torrance campus is the main campus and the is the secondary campus. Although the nursing program is offered on two different campuses, the programs operate as one nursing program. The nursing program is committed to providing our nursing students with a comprehensive quality education that promotes student success. Following completion of the nursing program, many of our graduates have been very successful in serving their communities as clinicians, leaders, and academics for over 54 years.

Many of the graduates have soared forward 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 professor in the nursing program.

Leading the nursing department in keeping with the highest educational standards and optimal learning opportunities for our students is Wanda Morris, Ed.D, MN, CNS, RN, Director of Nursing and two Assistant Directors: Yuko Kawasaki, MSN, RN and Peggy Kidwell-Udin, MSN, RN at the El Camino College campus.

3 BOARD OF REGISTERED NURSING

3.1 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 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. ULRs 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 supports 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 Licensure Requirements are available by selecting this link: https://www.ncsbn.org/12_ULR_table_adopted.pdf.

3.2 THE NURSE PRACTICE ACT

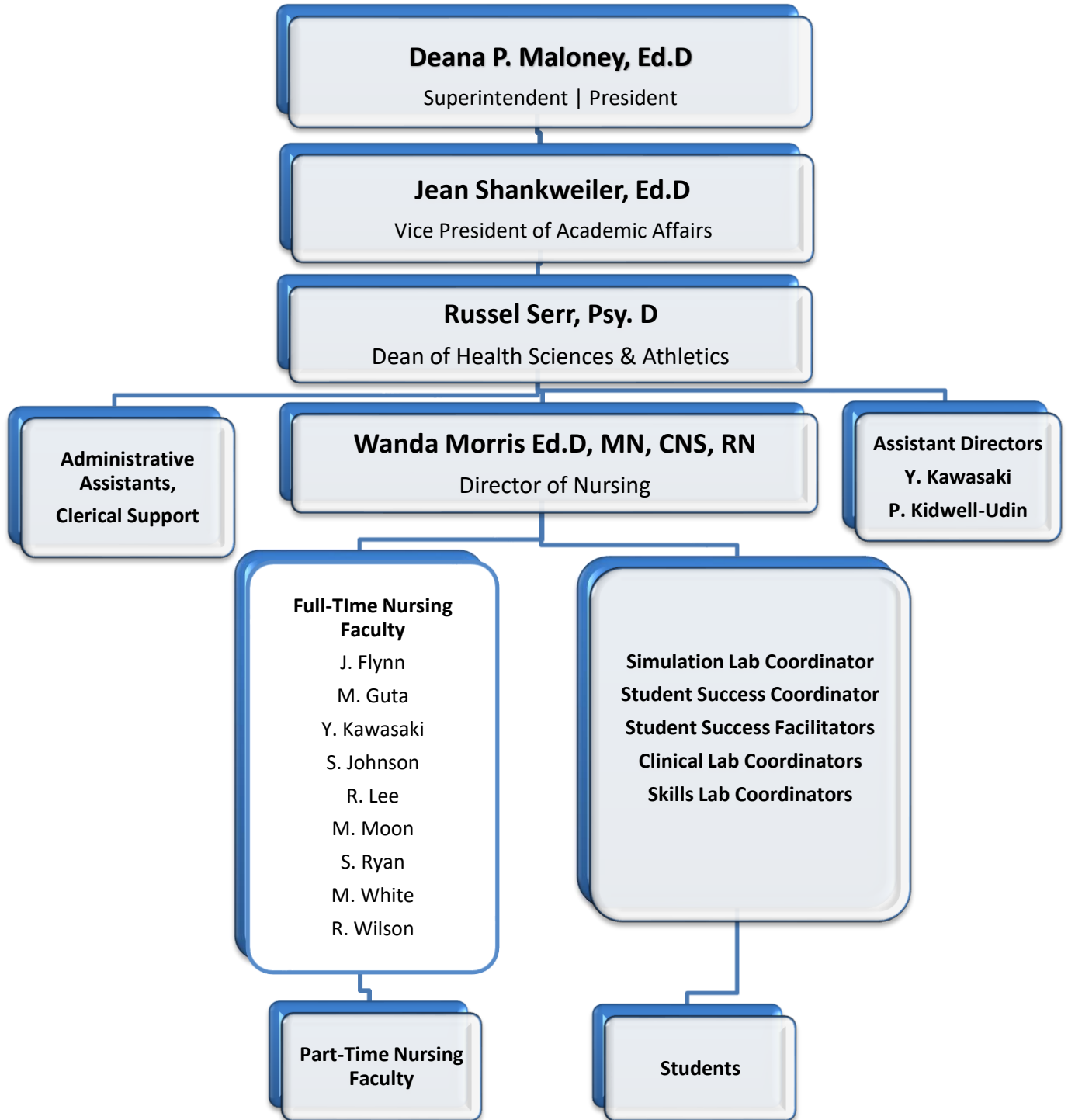
Each state or territory has a law called the Nurse Practice Act (NPA), which is enforced by each nursing board. Nurses must comply with the law and related rules in order to maintain their licenses. The NPA is updated annually and is published by LexisNexis in conjunction with the Board. To purchase 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](tel:916.322.3350)

4 ORGANIZATIONAL CHARTS

EL CAMINO COLLEGE





ASSOCIATE DEGREE NURSING PROGRAM

5 NURSING DEPARTMENT PERSONNEL

DIVISION: Health Science & Athletics – Nursing Department MBA 417

Hours of Operation: Fall/Spring Semester: Monday-Friday 8:00 AM – 4:30 PM

Summer Semester: Monday-Thursday 8:00 AM – 4:30 PM

Administrative Assistant Portia Rushin-Sorunke..... 310-660-3593 ext. 3281 MBA 417

Clerical Support Staff Wendy Baldonado 310-660-3593 ext. 3281 MBA 417

6 PHILOSOPHY & UNIFYING THEME

6.1 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.

6.2 PHILOSOPHY

The Associate Degree Nursing Program at El Camino College is based on Maslow's Hierarchy of Human Needs Theory and identifies the nursing process as the curriculum's organizing structure and by utilizing Jean Watson's Model of Caring. 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, and body 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.

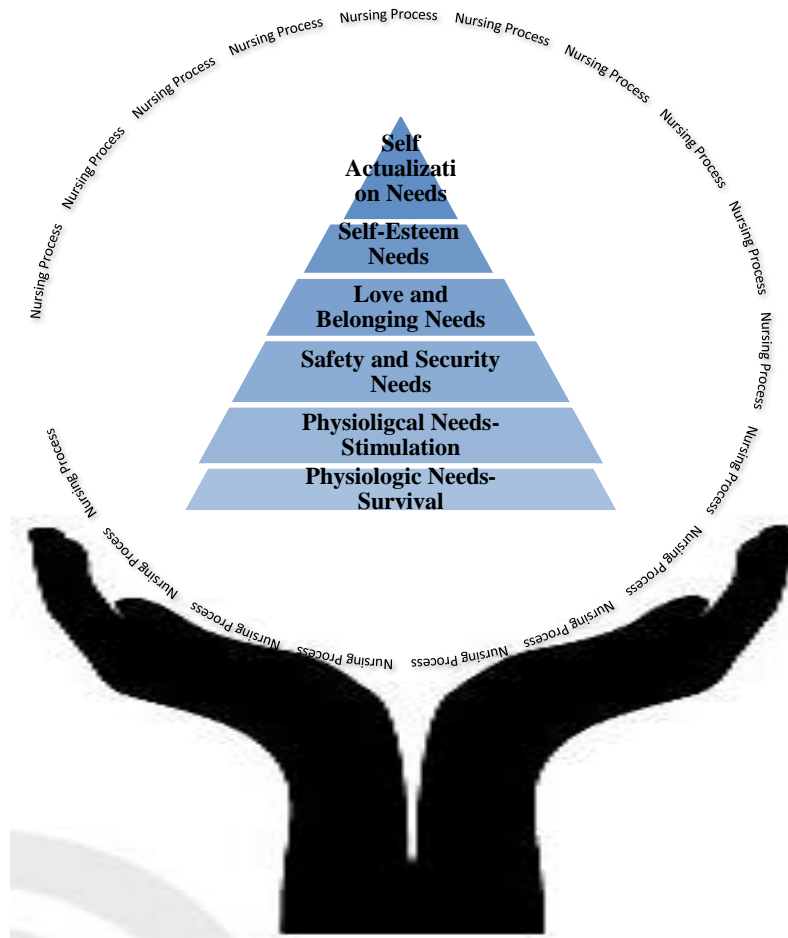
Love and Belonging Needs include giving and receiving affection represents a social need for love and a sense of belonging or closeness which includes affiliation, affection, intimacy, and sexuality.

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.

6.3 CONCEPTUAL FRAMEWORK

The organizing structure of the El Camino College Associate Degree Nursing Program is Maslow's Hierarchy of Human Needs. 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 into the philosophy is Jean Watson's Model of Caring which serves as a basis for providing nursing care while utilizing the nursing process.

Watson's model makes seven assumptions:

1. Caring can be effectively demonstrated and practiced only interpersonally.
2. Caring consists of carative factors that result in the 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.

6.4 THE NURSING PROCESS

Steps in the nursing process using the Basic Human Needs concept are assessment, diagnosis, planning, implementation, and evaluation.

Assessment

To identify and document changes in the patient's health status which interfere with the ability to meet Basic Human Needs.

Diagnosis

To establish a standardized statement about the health of a patient for 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, Basic Human Needs, structural variables, and plan interventions that follow established nursing protocols by:

1. establishing priorities for care based on the patient's identified needs.
2. 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.

6.5 MAJOR THREADS OF THE PROGRAM

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). Listed below are the Major Threads.

1. Communication
2. Community
3. Critical Thinking
4. Cultural diversity
5. Growth and development
6. Legal/ethical issues
7. Management of Leadership.
8. Pharmacology
9. QSEN Competencies
 - a. Patient Centered Care
 - b. Teamwork and Collaboration
 - c. Evidence-based Practice
 - d. Quality Improvement
 - e. Safety
 - f. Informatics
10. Social

6.6 DOMAINS CONCEPTS

The curriculum is concept-based which provides the foundation for sustainable learning, clinical practice, and continual research needed to build substantive nursing knowledge (Giddens, 2017). The El Camino College curriculum emphasizes nursing care through the lens of the human life span and categorizes content into four domains of the patient, professional nursing, health and illness, and the healthcare environment (Giddens, 2017).

Domains:

- 1. Patient**
- 2. Health and Illness**
- 3. Professional Nursing**
- 4. Health Care Environment**, education/occupation, relational affiliation, and ones' position on the health-illness continuum.

6.7 CONCEPTS

6.7.1 PATIENT

Attributes and Resources:

1. **Development** - The sequence of biophysical, psychosocial, and cognitive developmental changes that take place over the human lifespan (Giddens, 2017, p. 2).
2. **Functional Ability** - The physical, psychological, cognitive, emotional, and social ability to carry on the normal activities of life (Giddens, 2017, p.13)
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, 2017, p. 21)

Personal Preferences:

4. **Culture** - A pattern of shared attitudes, values, goals and practices that can occur among those who speak a language or live in a defined geographic region (Giddens, 2017, p. 29)
5. **Spirituality** - A principle, an experience, attitudes and beliefs regarding a God, the Divine, or the inner person (Giddens, 2017, p. 39)
6. **Adherence** is a self-initiated action taken to promote wellness, recovery, and rehabilitation (Giddens, 2017, p. 46)

6.7.2 HEALTH AND ILLNESS

Homeostasis and Regulation:

8. **Fluid and Electrolytes** - The process of regulating the extracellular fluid volume, body fluid osmolality, and plasma concentrations of electrolytes to maintain homeostasis.
9. **Acid Base Balance** - The process of regulating the pH, bicarbonate concentration, and partial pressure of carbon dioxide of body fluids through transport of oxygen to cells and carbon dioxide from cells.
10. **Thermoregulation** - The process of maintaining core body temperature at a near constant value (Giddens, 2017, p. 85).
11. **Sleep** - It is natural, necessary, involves a shift in physiological and neurological activity and is intended to be restorative.
12. **Cellular Regulations** - All functions carried out within a cell to maintain homeostasis, including its response to extracellular signals (e.g. hormones, cytokines, and neurotransmitters) and the way each cell produces an intracellular response (Giddens, 2017, p.104).
13. **Intracranial Regulation** - The mechanisms or conditions that impact intracranial processing and function (Giddens, 2017, p.115).
16. **Nutrition** - The science of optimal cellular metabolism and its impact on health and disease (Giddens, 2017, p. 145).

17. **Elimination** – The excretion of waste products. (Giddens, 2017, p. 156).
18. **Perfusion** - The flow of blood through arteries and capillaries delivering nutrients and oxygen to cell (Giddens, 2017, p.167).

Sexuality and Reproduction:

22. **Sexuality** - A central aspects of human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction (Giddens, 2017, p. 208).

Protection and Movement:

23. **Immunity** - The normal physiological process to microorganisms and proteins as well as conditions associated with an inadequate or excessive immune response (Giddens, 2017, p. 219).
27. **Tissue Integrity** - The state of structurally intact and physiologically functioning epithelial tissues such as the integument, and mucous membrane (Giddens, 2017, p.261).
29. **Pain** - An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage (Giddens, 2017, p. 283).

Resilience:

31. **Stress:** an internal or external event or demand of life experienced by the individual that is perceived and appraised for scope and meaning on a continuum to determine whether resources and abilities of management are available, exceeded, or exhausted (Giddens, 2017, p. 301).
32. **Coping:** An ever-changing process involving both cognitive means and behavioral actions, in order to manage internal or external situations that are perceived as difficult and /or beyond the individual’s current resources (Giddens, 2017, p.309).

Mood and Cognition. Maladaptive Behaviors:

33. **Mood and Affect** - The way a person feels and the observable response a person has to his or her feelings (Giddens, 2017, p. 317).
34. **Anxiety** - A subjectively distressful experience activated by the perception of threat, which has both a potential psychological and physiological etiology and expression (Giddens, 2017, p.327).
35. **Cognition** - The mental actions or process of acquiring knowledge and understanding through thoughts, experience, and senses (Giddens, 2017. p. 337).
36. **Psychosis** - A syndrome of neurocognitive symptoms that impairs cognitive capacity leading to deficits in perception, functioning, and social relatedness (Giddens, 2017, p.348).

6.7.3 PROFESSIONAL NURSING

Nursing Attributes and Roles:

39. **Professional Identity** - A sense of oneself that is influenced by characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse (Giddens, 2017, p.379).
40. **Clinical Judgement** - 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, 2017, p.387).
41. **Leadership** - An interactive process that provides needed guidance and direction (Giddens, 2017, p.396).
42. **Ethics** - Ethics is the study or examination of morality through a variety of different approaches (Giddens, 2017, p. 405).

Core Competencies:

45. **Communication** - A process of interaction between people where symbols are used to create, exchange, and interpret messages about ideas, emotions and mind- states (Giddens, 2017, p.431).
47. **Safety** - Minimizing the risk of harm to patients and providers through both system effectiveness and individual performance (Giddens, 2017, p.445).
48. **Technology and Informatics** - The application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making (Giddens, 2017, p.453).
50. **Health Care Quality** - The systematic process that health care organizations and professionals use to gathering data to measure patient outcomes, identify hazards and errors, and to improve care through implementation of best practices.

Health Care Delivery:

52. **Caregiving** - Is a multidimensional concept that encompasses the action or process of helping those who are suffering (Giddens, 2017, p. 488).
54. **Health Disparities** - Differences in the quality of care received by vulnerable and non-vulnerable populations who have equal access to care- that is, when these groups have similar health care needs (Giddens, 2017, p.505).

6.7.4 HEALTH CARE ENVIRONMENT

Health Care Infrastructure:

55. **Health Care Organizations** - A purposefully designed, structured social system developed for the delivery of health care services by specialized workforces to defined communities, populations or markets (Giddens, 2017, p.511).

58. **Health Care Law** - The collection of laws that have a direct impact on the delivery of health care or on the relationships among those in the business of health care or between the providers and recipients of health care (Giddens, 2017, p.533).

6.8 TERMINAL OUTCOMES

1. **Exam Completion** - Upon completion of the Nursing Program, seventy-five percent of graduating students who take the National Council Licensure Examination (NCLEX) will successfully pass the exam on the first attempt.
2. **Course Mastery** - Upon completion of each clinical course, ninety percent of the RN Students will demonstrate mastery of course content by achieving the group national mean on a nationally standardized proctored exam.
3. **Demonstrate Nurse Practice Act Standards of Nursing Practice** - Upon completion of the Nursing Program, the student will demonstrate nursing standards of professional practice, communication, evidence-based nursing process, health education, teamwork and collaboration, management of care, safety, and caring.

6.9 PROGRAM LEARNING OUTCOMES (PLOs)

| | | |
|---|---|--|
| Students who have successfully completed the Associate Degree Nursing Program will demonstrate the following competencies: | | |
| PROFESSIONAL PRACTICE | | |
| The graduate will adhere to standards of professional practice, is accountable for his/her actions and behaviors, and practices nursing within legal, ethical, and regulatory frameworks. | | |
| Level One | Level Two | Level Three |
| Recognize standards of professional practice. | Apply standards of professional practice. | Consistently apply standards of professional practice. |

| | | |
|---|---|--|
| Recognize accountability for one's own actions and behaviors. | Demonstrate accountability for own actions and behaviors. | Maintain accountability for own actions and behaviors. |
| Describe legal ethical and regulatory frameworks utilized in nursing practice | Apply legal, ethical, and regulatory frameworks. | Integrate and adhere to legal, ethical, and regulatory frameworks into nursing practice. |

COMMUNICATION

The graduate will communicate effectively, accurately, and in a timely manner with patients, significant others and members of the health care team.

| Level One | Level Two | Level Three |
|--|---|--|
| Begin to develop effective communication skills. | Demonstrate effective communication skills. | Integrate effective communication skills in all areas of nursing practice. |

EVIDENCE-BASED NURSING PROCESS

The graduate will utilize the nursing process to provide patient-centered nursing care, integrating evidence-based practice to address unmet basic needs for a diverse population of patients in a variety of health care settings.

| Level One | Level Two | Level Three |
|---|--|--|
| Begin to develop and utilize assessment skills to determine patient's health status. | Accurately perform a focused or comprehensive assessment based on patient's health status. | Independently perform a baseline and ongoing assessment based on the patient's changing needs. |
| Begin to analyze assessment data to identify relevant nursing diagnosis and develop a plan of care. | Demonstrate critical thinking and evidenced based practice in the development of nursing diagnoses and plan of care. | Consistently formulates relevant nursing diagnoses and initiates or modifies plan of care according to patient's changing health status. |
| Begin to utilize interventions that assist patients in meeting their seven basic needs. | Implement interventions that assist patients in meeting their seven basic needs. | Prioritize and implement interventions that assist patients in meeting their seven basic needs. |
| Begin to assess and evaluate patient's response to interventions and revise plan of care. | Reassess to evaluate patient's response to multidisciplinary interventions and revise plan of care. | Reassess patients with complex medical problems, evaluate responses to multidisciplinary interventions and revise plan of care. |

HEALTH EDUCATION

The graduate will implement health education to promote and facilitate informed decision-making, achieve positive outcomes, and support self-care activities.

| Level One | Level Two | Level Three |
|---|---|---|
| Identify learning needs to develop and implement a basic teaching plan. | Implement a teaching plan and evaluate the patient's progression toward meeting identified learning outcomes. | Modify teaching plan based on evaluation of patient's progress towards achievement of identified learning outcomes. |

TEAMWORK AND COLLABORATION

The graduate will utilize teamwork and collaboration while providing quality care to individuals and families.

| Level One | Level Two | Level Three |
|--|--|---|
| Work with health care team to achieve patient outcomes. | Collaborate with the patient, significant support persons and health care team to evaluate progress towards achievement of outcomes. | Coordinate the decision-making process with the patient, significant support persons and the health care team. |
| MANAGEMENT OF CARE | | |
| The graduate will manage care of the patient including effective use of human, physical, financial and technological resources. | | |
| Level One | Level Two | Level Three |
| Begin to manage patient care utilizing available resources to meet patient needs. | Manage patient care utilizing available resources to meet patient needs. | Prioritize and delegate aspects of patient care management utilizing available resources to meet patient needs. |
| SAFETY | | |
| The graduate will recognize potential threats to patient safety from both system ineffectiveness and individual performance and appropriately intervene. | | |
| Level One | Level Two | Level Three |
| Provide safe patient care at all times. | Provide safe patient care at all times and demonstrate an awareness of external safety threats. | Provide safe patient care at all times and intervene as appropriate when additional safety threats exist. |
| CARING | | |
| The graduate will care for their patient in a manner that promotes health and wellness, prevents illness and restores health. | | |
| Level One | Level Two | Level Three |
| Establish a caring relationship with patients. | Use a holistic treatment approach—one that includes treating the mind, soul, and spirit as well as the body. <ul style="list-style-type: none"> Use a holistic treatment approach—one that includes treating the mind, soul, and spirit as well as the body). | Promote health through knowledge and intervention. |

Key: Level 1 – N220, 222, 230, 232, 234 Level 2 – N240, 242 Level 3 – N254, 255

6.10 TERMINAL OBJECTIVES

Upon completion of Level III, the student will have mastered levels I and II. After completion of Nursing 255, the Associate Degree Nursing graduate will be able to meet the terminal objectives as follows:

1. Advocate for the person as a holistic being who has the right to make autonomous health care decisions and has the right to dignity, respect, and caring.

2. Integrate consideration of the structural variables and basic needs in planning and providing professional nursing care.
3. Analyze the system of relationships among people and health care delivery systems and the impact on health and well-being of members.
4. Assist and empower individuals to meet their needs in order to maintain or regain an optimal level of health according to their own culturally related goals.
5. Analyze and implement preventative, environmental strategies that actualize the potential for optimal health and wellness.
6. Integrate health promotion activities and primary, secondary, and tertiary prevention activities in the performance of nursing care to foster optimal health on the multi-dimensional health-illness continuum.
7. Integrate the nursing process to formulate and provide individualized nursing care using the basic needs and structural variables framework.
8. Function in nursing practice diverse settings and situations from a perspective that consistently reflects the integration of knowledge, skills, and attitudes from the behavioral, biological, physical, and nursing sciences.
9. Provide management and leadership in nursing to influence the emerging role of the nurse within the various health care delivery systems.
10. Assume personal responsibility for professional growth and high stands of nursing practice within an ethical and legal framework.

7 OVERVIEW

7.1 MEDICAL TERMINOLOGY

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

Students enrolled in the nursing program must demonstrate competency in Medical Terminology. Medical Terminology concepts will be integrated into the Nursing 150 A – Beginning Nursing Process and Fundamental Skills I and N150B – Beginning Nursing Process and Fundamental Skills II course content and placed on various examinations.

7.2 ATI NURSE LOGIC

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 1½ hours on each of the following modules within the program:

- Module: Knowledge and Clinical Judgment
- Module: Priority-Setting Frameworks
- Module Nursing Concepts
- Module: Testing and Remediation Strategies

Features offered

- 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 the conclusion of each module reinforces content and enhances learning.
- NCLEX_RN Style test 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 items test for beginning-level students
 - 20 items 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.
- Provided excellent review of nursing concepts, priority setting, frameworks, and how to make client care-related decisions.

7.3 BENEFIT OF COMPLETING 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.

7.4 PROMOTES STUDENT SUCCESS ON THE NCLEX

- Provides test-taking strategies for traditional and alternate format items
- Reviews what the NCLEX is, how it is structured, and what to expect at the testing site.
- 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.

7.5 CRITICAL THINKING ASSESSMENT

Students must complete the Critical thinking examination (also from ATI) before school begins.

The objective of the Critical Thinking Assessment is to determine students' overall performance on specified critical thinking skills.

7.6 PREREQUISITES TO THE NURSING PROGRAM

English 1A -Reading and Composition or English 1AH - Honors Reading and Composition

Math 73 Intermediate Algebra for General Education (or passage of math competency exam)

Anatomy 32; or Anatomy and Physiology 34A and 34B

Physiology 31.

Microbiology 33

MEDT 101 - Medical Terminology

Psychology 16 - Lifespan Development

Nursing 144 (formerly Nursing 48) Dosage Calculation,

Nursing 143 (formerly 145) Introduction to Nursing

N146 (formerly N155) Health Assessment **

7.7 COREQUISITES FROM THE GENERAL EDUCATION REQUIREMENTS

- English 103 Critical Thinking and Composition or English 103H – Honors Critical Thinking and Composition
- Psychology 5 General Psychology or Psych 5H- Honors General Psychology
- Sociology 101 Introduction to Sociology or Sociology 101H Honors Introduction to Sociology or Anthropology 2
- COMS 100 Communication Studies (Any 3-unit course from Communication Studies 120, 130, 140, may be substituted for Communication Studies 100).
- Humanities - Any 3-unit course from area 3 of the A. S. Degree Requirements

7.8 SEQUENCE OF NURSING COURSES FOR GENERIC PROGRAM

| | |
|--------------------|----------------------------|
| <u>Semester 1:</u> | Nursing 220, 222, 224, 226 |
| <u>Semester 2:</u> | Nursing 230, 232, 234, 238 |
| <u>Semester 3:</u> | Nursing 240, 242, 244 |
| <u>Semester 4:</u> | Nursing 247, 248 |

7.9 SEQUENCE OF NURSING COURSES FOR UPWARD MOBILITY COHORT

| | |
|--------------------|----------------------------|
| <u>Semester 1:</u> | Nursing 149, 224, 230, 238 |
| <u>Semester 2:</u> | Nursing 232, 234, 242, 244 |
| <u>Semester 3:</u> | Nursing 247, 248 |

7.10 SEQUENCE OF NURSING COURSES FOR 30 UNIT OPTION

| | |
|--------------------|-----------------------|
| <u>Semester 1:</u> | Nursing 149, 224, 230 |
| <u>Semester 2:</u> | Nursing 242 |
| <u>Semester 3:</u> | Nursing 247, 248 |

*** Nursing course offered in the winter and summer intersections upon admission to the nursing program*

7.11 QUALITY AND SAFETY EDUCATION FOR NURSES (QSEN) COMPETENCIES

7.11.1 QSEN Competencies: Knowledge, skills, and Attitude (KSA)

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 (2010) Recommendations, QSEN faculty and a National Advisory Board have defined quality and safety competencies for nursing and proposed 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, Sherwood, Barnsteiner, Disch, Johnson, Mitchell, Sullivan, & Warren, 2007).

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

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7.11.2 QSEN DEFINITIONS AND PRE-LICENSURE KSAS

- A. Patient-centered Care
- B. Teamwork and Collaboration
- C. Evidence-based Practice (EBP)
- D. Quality Improvement (QI)
- E. Safety
- F. Informatics

7.11.31 QSEN COMPETENCIES

1. 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 |
|---|--|---|
| <p>Integrate understanding of multiple dimensions of patient centered care:</p> <ul style="list-style-type: none"> • patient/family/community preferences • coordination and integration of care • information communication and education • physical comfort and emotional support • involvement of family and friends • transition and continuity <p>Describe how diverse cultural, ethnic and social backgrounds function as sources of patient, family, and community values.</p> | <p>Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care.</p> <p>Communicate patient values, preferences and expressed needs to other members of health care team.</p> <p>Provide patient-centered care with sensitivity and respect for the diversity of human experience.</p> | <p>Value seeing health care situations “through patients ‘eyes.’”</p> <p>Respect and encourage individual expression of patient values, preferences and expressed needs.</p> <p>Value the patient’s expertise with own health and symptoms.</p> <p>Value the patient’s expertise with own health and symptoms.</p> <p>Seek learning opportunities with patients who represent all aspect of human diversity.</p> <p>Recognize personally held attitudes about working with patients from difference ethnic, cultural, and social backgrounds.</p> <p>Willingly support patient-centered care for individuals and groups whose values differ from own.</p> |

1. Patient-centered care (cont.)

| Knowledge | Skills | Attitudes |
|---|--|---|
| <p>Demonstrate comprehensive understanding of the concepts of pain and suffering, including physiologic models of pain and comfort.</p> | <p>Assess presence and extent of pain and suffering.</p> <p>Assess levels of physical and emotional comfort.</p> <p>Elicit expectations of patient & family for relief of pain, discomfort or suffering.</p> <p>Initiate effective treatments to relieve pain and suffering in light of patient values, preferences and expressed needs.</p> | <p>Recognize personally held values and beliefs about the management of pain or suffering.</p> <p>Appreciate the role of the nurse in relief of all types and sources of pain or suffering.</p> <p>Recognize that patient expectations influence outcomes in management of pain or suffering.</p> |
| <p>Examine how the safety, quality and cost effectiveness of health care can be improved through the active involvement of patients and families.</p> <p>Examine common barriers to active involvement of patients in their own health care processes.</p> <p>Describe strategies to empower patients or families in all aspect of the health care process.</p> | <p>Remove barriers to present of families and other designated surrogates based on patient preferences.</p> <p>Assess level of patient’s decisional conflict and provide access to resources.</p> <p>Engage patients or designated surrogates in active partnerships that promote health, safety and well-being and self-care management.</p> | <p>Value active partnership with patients or designated surrogates in planning, implementation, and evaluation of care.</p> <p>Respect patient preferences for degree of active engagement in care process.</p> <p>Respect patient’s right to access personal health records.</p> |

1. Patient-centered care (cont.)

| Knowledge | Skills | Attitudes |
|---|---|---|
| <p>Explore ethical and legal implications of patient- centered care</p> <p>Describe the limits and boundaries of therapeutic patient-centered care</p> | <p>Recognize the boundaries of therapeutic relationships</p> <p>Facilitate informed patient consent for care</p> | <p>Acknowledge the tension that may exist between patient rights and the organizational responsibility for professional, ethical care</p> <p>Appreciate shared decision-making with empowered patients and families, even when conflicts arise.</p> |
| <p>Discuss principles of effective communication.</p> <p>Describe basic principles of consensus building and conflict resolution.</p> <p>Examine nursing roles in assuring coordination, integration, and continuity of care.</p> | <p>Assess own level of communication skill in encounters with patients and families.</p> <p>Participate in building consensus or resolving conflict in the context of patient care.</p> <p>Communicate care provided and needed at each transition in care.</p> | <p>Value continuous improvement of own communication and conflict resolution skills.</p> |

2. 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 |
|--|--|---|
| <p>Describe own strengths, limitations, and values in functioning as a member of a team</p> | <p>Demonstrate awareness of own strengths and limitations as a team member.</p> <p>Initiate plan for self-development as a team member.</p> <p>Act with integrity, consistency and respect for differing views.</p> | <p>Acknowledge own potential to contribute to effective team functioning.</p> <p>Appreciate importance of intra- and inter- professional collaboration.</p> |
| <p>Describe scopes of practice and roles of health care team members.</p> <p>Describe strategies for identifying and managing overlaps in team member roles and accountabilities.</p> <p>Recognize contributions of other individuals and groups in helping patient/family achieve health goals.</p> | <p>Function competently with own scope of practice as a member of the health care team.</p> <p>Assume role of team or leader based on the situation.</p> <p>Initiate requests for help when appropriate to situation.</p> <p>Clarify roles and accountabilities under conditions of potential overlap in team member functioning.</p> <p>Integrate the contributions of others who play a role in helping patient/family achieve health goals.</p> | <p>Value the perspectives and expertise of all health team members.</p> <p>Respect the centrality of the patient/family as core members of any health care team.</p> <p>Respect the unique attributes that member is being to a team, including variations in professional orientations and accountabilities.</p> |

2. Teamwork and Collaboration (cont.)

| Knowledge | Skills | Attitudes |
|--|--|---|
| <p>Analyze differences in communication style preferences among patients and families, nurses and other members of the health team.</p> <p>Describe impact of own communication style on others.</p> <p>Discuss effective strategies for communicating and resolving conflict.</p> | <p>Communicate with team members, adapting own style of communicating to needs of the team and situation.</p> <p>Demonstrate commitment to team goals.</p> <p>Solicit input from other team members to improve individual, as well as team, performance.</p> <p>Initiate actions to resolve conflict.</p> | <p>Value teamwork and the relationships upon which they are based.</p> <p>Value different styles of communication used by patients, families and health care providers.</p> <p>Contribute to resolution of conflict and disagreement.</p> |
| <p>Describe examples of the impact of team functioning on safety and quality of care.</p> <p>Explain how authority gradients influence teamwork and patient safety.</p> | <p>Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care.</p> <p>Appreciate the risks associated with handoffs among providers and across transitions of care.</p> <p>Choose communication styles that diminish the risks associated with authority gradients among team members.</p> | <p>Appreciate the risks associated with handoffs among providers and across transitions of care.</p> |
| <p>Identify system barriers and facilitators of effective team functioning.</p> <p>Examine strategies for improving systems to support team functioning.</p> | <p>Participate in designing systems that support effective teamwork.</p> | <p>Value the influence of system solutions in achieving effective team functioning.</p> |

3. Evidence-Based Practice (EBP)

Definition: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

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

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

5. Safety

Definition: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.

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

6. Informatics

Definition: Use information and technology to communicate, manage knowledge, mitigate error, and support decision-making.

| Knowledge | Skills | Attitudes |
|--|---|--|
| Explain why information 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. |

References

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

8 POLICIES AND PROCEDURES

8.1 ACADEMIC HONESTY

The ECC faculty, staff and administrators are dedicated to maintaining an optimal learning environment, therefore academic dishonesty will not tolerate. 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 at

<http://www.elcamino.edu/administration/board/boarddocs/5500%20%20Academic%20Honesty.pdf>

8.2 CONSEQUENCES FOR DISHONESTY

- A. 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.
- B. Any or all the following actions may be imposed:
 - 1. The instructor may assign a failing grade (no credit) to an examination or assignment in which academic dishonesty occurred.
 - 2. 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.
 - 3. 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 and placed in the students file.
 - 4. 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:

<http://www.elcamino.edu/administration/board/AP5520StudentDisciplineDueProcessProceduresDecember212009%20docx.pdf>

8.3 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 school year. 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 the Appendix.

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 re-entry 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. Re-entry 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>.

This information includes:

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. Student accepted into the program, as a transfer student must enrolls 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.

8.4ASSESSMENT TECHNOLOGIES INSTITUTE (ATI)

The integration of Assessment Technologies Institutes (ATI) into the nursing program curriculum provide 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.

8.5ATI POLICY

- A. ATI will be 10% of the total grade and consists of an assigned online practice assessment exam during the first or second week of class, remediation based on the practice assessment exam results that will be due week six, and a proctored exam, scheduled for week seven.

1. The Nursing Department's ATI policy is as follows: *Students must complete the ATI assignment in its entirety (practice exam, remediation, and proctored exam) in order 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 and a copy of one's ATI transcripts.*
2. The Online Practice Assessment is meant to help students identify areas of strength and weakness as they prepare to take the proctored assessment. Students will be scheduled to take the online practice assessment according to the total number of items allocated and a reasonable amount of time required to take the exam. Faculty are responsible for scheduling when the online practice assessment exam will be available to the students.

| Online Practice Assessment | Total Items | Testing Time | Student who required 50% accommodation testing time (1.5 hours) | Student who required 100% accommodation testing time (2 hours) |
|----------------------------|-------------|---------------------------------|---|--|
| Adult Medical Surgical | 90 | 135 minutes (1 hour 35 minutes) | 180 minutes (2 hours 15 minutes) | 270 minutes (3 hours) |
| Fundamentals | 60 | 60 minutes (1 hour) | 90 minutes (1.5 hours) | 120 minutes (2 hours) |
| Pharmacology | 60 | 60 minutes (1 hour) | 90 minutes (1.5 hours) | 120 minutes (2 hours) |
| Maternal Newborn | 60 | 60 minutes (1 hour) | 90 minutes (1.5 hours) | 120 minutes (2 hours) |
| Nursing Care of Children | 60 | 60 minutes (1 hour) | 90 minutes (1.5 hours) | 120 minutes (2 hours) |
| Mental Health | 60 | 60 minutes (1 hour) | 90 minutes (1.5 hours) | 120 minutes (2 hours) |
| Nutrition | 60 | 60 minutes (1 hour) | 90 minutes (1.5 hours) | 120 minutes (2 hours) |

3. After completing the online practice assessment, student is required to complete a Focused Review as their individualized remediation.
4. **Proficiency Levels Expectations** - Expectations for students meeting the following Proficiency Levels at the recommended cut scores.

| | LEVEL 3 | LEVEL 2 | LEVEL 1 | BELOW |
|--|-----------------|----------------|----------------|---------------|
| Score Targets | 85.0% to 100.0% | 66.7% to 83.3% | 56.7% to 65.0% | 0.0% to 55.0% |
| NCLEX-RN/NCLEX-PN standards in this | Exceeds | Readily meets | Just meets | Does not meet |

| | | | | |
|---|--|---|---|--|
| content area | | | | |
| Knowledge demonstrated in this content area | High Level | Adequate level | Minimum level | Does not demonstrate the minimum level |
| Performance in this content area | Exceeds most expectation | Exceeds minimum expectations | Meets the absolute minimum expectations | Does not meet the absolute minimum expectations |
| ATI recommendations for students based on Proficiency Levels | Engage in continuous Focused Review to maintain and improve knowledge of this content. | Engage in continuous Focused Review to improve their knowledge of this content. | Develop and complete a rigorous plan of Focused Review to achieve a firmer grasp of this content. | Develop and complete an intensive plan of Focused Review and remediation |

5. All proctored assessments will be designated by their name and retake number as shown in the example below.
 - RN Fundamentals 2019 ■ RN Fundamentals 2019 Retake 1

6. Students who are required to retake the ATI exam after their first retake will be required to self-pay for all future exams

- B. Calculation of ATI points for N149, N222, N224, N230, N240, N242 will be based on the following formula:
 1. 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 week 2. Regardless of the score achieved, 1 point will be given for this portion of the ATI assignment.

 2. Remediation will be 1%. The amount of required remediation is based on the practice test results and indicated on the ATI transcript. All remediation must be submitted by the assigned deadlines to receive the one-point credit, as this is an “all or nothing” score.

3. The proctored ATI exam scheduled for week seven will be worth 8%. An ATI Level 3 will be equivalent to eight points, a Level 2 will be worth seven points, Level 1 will be worth six points, and a score Below Level 1 will result in four points.

| 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 | 6 | 8/10 = 80% |
| 1 | 1 | Below Level 1 | 4 | 6/10 = 60% |

C. Calculation of ATI points for N232, N234, will be based on the following formula:

1. 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 week 2. Regardless of the score achieved, one point will be given for this portion of the ATI assignment.
2. Remediation will be 1%. The amount of required remediation is based on the practice test results and indicated on the ATI transcript. All remediation must be submitted by the assigned deadlines to receive the one-point credit, as this is an “all or nothing” score
3. The proctored ATI exam scheduled for week seven will be worth 8%. An ATI Level 3 will be equivalent to eight points, a Level 2 will be worth seven points, Level 1 will be worth six points, and a score Below Level 1 will result in four points.

| 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 | 6 | 8/10 = 80% |
| 1 | 1 | Below Level 1 | 4 | 6/10 = 60% |

- D. Calculation of ATI points for N254 will be based on the following formula:
1. 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 Comprehensive Assessment.
 2. The ATI Capstone Comprehensive exam is taken before the content review begins, and students take the ATI Capstone assessment B exam during week 12 of the N254 course. The ATI Comprehensive Predictor will be administered at the completion of the ATI Capstone content review.
 3. 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 at the Compton campus, Focused Review after completion of each content area assessment, and a quality post-assignment.
 4. The ATI Capstone Content Review Schedule will be based on the N254 course calendar dates:
 - a. Week 1 – ATI Capstone Comprehensive Assessment A
 - b. Week 2- Fundamentals
 - c. Week 3- Pharmacology
 - d. Week 4- Medical Surgical
 - e. Week 5- Maternal Newborn/Women’s Health
 - f. Week 6- Nursing Care of Children
 - g. Week 7- Mental Health

- h. Week 8- Leadership/Community Health
 - i. Week 9- ATI Capstone Comprehensive Assessment B
5. 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.
 6. The Nursing Department's ATI policy is as follows: *Students must complete the ATI assignment in its entirety (practice exam, proctored exam and remediation) in order 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.*
 7. Calculation of ATI points will be based on the following formula:
 - a. All weekly proctored practice exam will be worth 2% of the total grade which is 210 points.
 - b. The proctored Post ATI Capstone Comprehensive exam scheduled (see schedule) will be worth 6% of the total grade for a maximum of 30 points. The ATI Capstone Comprehensive Predictor proctored exam score will be based on the Group National Mean Score which will be 6% of the grade.
 8. ATI Points will be 10% of the grade and distributed as follows:

| Points for ATI Capstone | | |
|---|--------------------|-------------------|
| Assignment | Points | Percentage |
| Pre-Assignment Quiz | 10 points per week | Part of 2% |
| Assessment | 10 points per week | 2% |
| Post-Assessment Assignment <ul style="list-style-type: none"> ○ 4 points for all questions answered completely ○ 4 points for answers given in own words, not copied and pasted | 10 points per week | Remediation 2% |

| | | |
|--|-------------------------------------|-----------|
| ○ 2 points for assignment completed and posted to educator on time | | |
| Total points per week | 30 points x 7 weeks = 210 points | |
| Pharmacology II Assessment | 10 points | |
| Medical-Surgical II Assessment | 10 points | |
| Total points for ATI Capstone | 230 points | |
| ATI Capstone Comprehensive Predictor | 30 points | 6% |
| Total | 260 points = 10% | |

| ATI Capstone Comprehensive Pre-Assessment Proctored & Remediation 4% of 10% total Possible | ATI Proctored Exam Predicted Probability of Passing the NCLEX-RN | ATI Capstone Comprehensive Assessment Post Exam Proctored 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 lower | 15 | 245 | 0 |

9. 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.

- E. Calculation of ATI points for N255 will be based on the Group National Mean:
1. Students must score a minimum of the Group National Mean (varies each semester) on the ATI Comprehensive Predictor Exam **in order to pass N 255**.
 2. The ATI RN Comprehensive Predictor is worth 30% of the N255 grade.

3. 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%.
4. 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.
 - a. The grade of ID will be changed when the student successfully passes the ATI RN Comprehensive Predictor exam.
 - b. 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.
5. The maximum score the student may achieve is 75% if more than two attempts are required to pass the exit exam.

6. Key Terms
 - a. **Group National Mean** is the average score of all examinees.
 - b. **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%.
 - c. **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.

- i. For example, a student who has a score of 69.3% correct would be expected to have a 90% chance of passing the NCLEX-RN on the first attempt.
- ii. 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® 2016 EXPECTANCY TABLE | |
|--|--|
| RN Comprehensive Predictor 2016 Individual Score | Predicted Probability of Passing the NCLEX-RN |
| 80.0% to 100.0% | 99% |
| 77.3% to 79.3% | 98% |
| 74.0% to 76.7% | 96% to 97% |
| 72.0% to 73.3% | 94% to 95% |
| 71.0% to 71.3% | 91% to 93% |
| 68.7% to 69.3% | 89% to 90% |
| 66.7% to 68.0% | 84% to 87% |
| 65.3% to 66.0% | 80% to 82% |
| 63.3% to 64.7% | 73% to 78% |
| 60.0% to 62.7% | 59% to 71% |
| 54.0% to 59.3% | 31% to 56% |
| 0.0% to 53.3% | 1% to 28% |

- 7. Virtual ATI is another component of the N255 grading schematic, which is worth 10% of the course grade.
 - a. Virtual-ATI® guides the students through everything they need to know to prepare and pass the NCEX-RN examination.
 - b. 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
 - c. 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
 - d. The first 5 weeks of Virtual-ATI® begins in week 12 of N254 and continues through week 4 of N255

- e. Students are provided content assessments with practice questions based on their individual needs

8.5.1 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 Comprehensive A before the content review, and the ATI Capstone assessment B during 12 weeks of the course. At the completion of the ATI Capstone Content Review, students take the ATI Comprehensive Predictor exam.

8.5.2 ATI COMPREHENSIVE PREDICATOR EXAMINATION

A comprehensive predictor examination is required of all students enrolled in N255. 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 Predictor exam. If a student does achieve the passing score on 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 N255.

8.5.3 VIRTUAL ATI

- A. Virtual ATI is another component of the N255 grading schematic, which is worth 10% of the course grade.
 - 1. Virtual-ATI® guides the students through everything they need to know to prepare and pass the NCEX-RN examination.
 - 2. 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

- B. 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
 - 1. The first 5 weeks of Virtual-ATI® begins in week 12 of N254 and continues through week 4 of N255
 - 2. Students are provided content assessments with practice questions based on their individual needs

8.6 ATTENDANCE POLICY

- A. 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 must contact the instructor.

- B. 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.

- C. 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

do not in regular attendance. The instructor may drop students whose absences from a class exceed 10% of the scheduled class meeting time.

- D. Students must follow the instructions in the course syllabus in relation to notifying the clinical /classroom faculty of an anticipated tardy/absence. 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.

- E. Simulation Attendance Policy
 - 1. Simulation lab is an integral part of the clinical experience.
 - 2. Students will be required to sign a confidentiality agreement regarding simulation scenarios and activities.
 - 3. It is incumbent upon the student to arrive promptly for simulation lab, as it is an equal value to a clinical day.
 - 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.
 - 6. The clinical instructor will initiate a CIP for unprofessional behavior.
 - 7. The student will be required to complete a Simulation Assignment Due to Tardiness paper that will be due to the simulation facilitator at the end of the simulation day.
 - 8. Simulation Agreement Forms are in the Debriefing room.

8.7BACKGROUND 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 of the nursing program upon admission to the program and each semester thereafter. Students are responsible for the fees associated with the background check and drug screen process.

Background checks will minimally include the following:

- 1. Residency History Search
- 2. County and Statewide Criminal Records
- 3. Nationwide Sex Offender Index
- 4. Social Security Verification
- 5. 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. Students will be responsible for the fees associated with the background check.

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. The Director of Nursing based on the findings 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 make guarantees that students with items identified on their background check, will be able to take the NCLEX-RN exam.

8.8 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 student orientation, learning experiences and performance evaluation.
4. Students are rotate to different facilities and instructors in order to have a well-rounded experience related to the various courses/clinical sites. In the event that 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 request may 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 are 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 and reapplying when other hours are available.
8. Students are responsible for providing their own transportation to sites for clinical experiences.
9. Students will be required to prepare Plans of Care (“Prep Sheets”) in preparation for clinical experience. This may involve going to the hospital, at times other than assigned clinical time. It is recommended that students do not work or take evening classes on nights prior to clinical days.

10. Students shall always be appropriate dress attire when in the clinical setting. Dove Apparel is the official approved uniform and must be worn during assigned clinical times. Students must wear the Dove Apparel approved lab coat and identification badge when it is necessary to be in the clinical setting for retrieval of information to prepare the plan of care (POC) and/or other assignments designated by the clinical instructor.

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 the legal and ethical boundaries.

C. Clinical Objectives and Expectations for All clinical courses:

1. The student will:
 - a. utilize standard precautions.
 - b. use hand hygiene when appropriate.
 - c. identify patient by name, medical record number and date of birth on armband and at bedside compare patient armband information to medication administration record and /or computer data.
 - d. immediately report any significant change in the patient's condition to the responsible RN and/or the clinical faculty.
 - e. validate with faculty nursing practices and/or procedures that are contrary to classroom instruction prior to initiation of patient care.
 - f. recognize and report any error or unsafe conditions,
 - g. maintain academic honesty, professional behavior and confidentiality and abide by the Code of Conduct and Ethics.
 - h. utilize the "7 Rights of Medication Administration" to administer medications.
 - i. recognize and correct breaks in sterile technique.
 - j. recognize own limitations and accurately assess own abilities prior to initiation of patient care.
2. The faculty or a staff RN must be present at the bedside when performing any procedure for the first time or until the faculty member has deemed the student safe to perform the skills without the faculty.
3. The student **MUST** make every reasonable effort to notify the faculty prior to carrying out a new procedure.
4. The student must have direct supervision by a faculty or staff RN for the following:
 - a. all IV insertions,
 - b. all medication routes,

- c. any access to central lines or implanted ports for any purpose,
- d. TPN administration, and
- e. Blood and blood product administration.

D. Clinical Evaluation:

Clinical evaluation will be completed weekly with a more comprehensive evaluation occurring midterm and during the final week of a clinical course. Evaluation by the student's assigned clinical faculty (S) shall include student's positive accomplishments as well as any identified deficiency (s) 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.
 - a. Students will be required to meet with the clinical instructor or course lead instructor to complete a written Student Conference Form within 24 – 48 hours.
 - b. Anecdotal Notes should be utilized by the faculty as a means of documenting student behavior for counseling or commendation.
2. Clinical Improvement Plan (CIP) is given to a student by the clinical instructor to indicate to the student that his/her behavior in the clinical setting does not meet course and program objectives. When a student receives the
 - a. first CIP will meet with their instructor for a conference.
 - b. second CIP will meet with their instructor and should meet with the Assistant Director of Nursing or the Director of Nursing for a conference.
 - c. third CIP (and disqualified from the nursing program) will meet with the instructor and the Director of the Nursing Program for a conference.

8.9 CLINICAL WARNING, PROBATION, AND FAILURE POLICY AND PROCEDURE

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 ability to perform or failure to comply the outlined remediation plan in the first CIP.
 2. Student must meet with the instructor and with the Assistant Director of Nursing or the Director of Nursing for a conference.
- C. **Clinical Failure** 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 client at risk and considered unsafe nursing practice.
 - a. Repeat failure to be prepared for the clinical day during that same rotation will result in Clinical Probation.
 - b. 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.
 - a. If the student does not demonstrated improvement on the next clinical day, which places the student on Clinical Probation.
 - b. Failure to improve by the next clinical evaluation day, it will be considered a Clinical Failure.
 3. **Clinical Warnings and Clinical Probation** define criteria the student must meet to satisfy the clinical objectives and avoid **Clinical Failure**.
 - a. Faculty-student conference will provide a collaborative forum to assist students in achieving clinical objectives.
 - b. Faculty-student conference may include other faculty, Instructional Assistants, and/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 Professionalism.

8.10 CRITERIA FOR UNSAFE CLINICAL PERFORMANCE

Nursing students are legally responsible and accountable for their own acts, 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 patients.

Listed below are critical behaviors:

| <u>Safety (S)</u> | <u>Examples</u> |
|--|---|
| <p>Violates or threatens the <u>physical safety</u> of the patient.</p> <p>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.</p> | <ol style="list-style-type: none"> 1. Fails to properly position patient. 2. Failure to carry out medical/nursing orders. 3. Does not appropriately utilize side rails/restraints. 4. Comes unprepared for clinical. 5. Does not wash hands appropriately when caring for patients. 6. Injures a patient, i.e. burns patient with hot packs, heating lamp, etc. 7. Functions under the influence of mind-altering substances 8. Makes repeated faulty judgment/decisions resulting in ineffective nursing care. 9. Fails to observe/report/document critical patient data in a timely fashion. |
| <p>Violates or threatens the <u>psychosocial safety</u> of the patient.</p> <p>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.</p> | <ol style="list-style-type: none"> 1. Repeatedly uses non-therapeutic techniques. 2. Attacks/degrades the individual’s beliefs or values. 3. Calls individual by inappropriate names. 4. Inappropriately sharing information about the patient’s diagnosis, either with the patient or with family. |

| <u>Safety (S) (cont.)</u> | <u>Examples</u> |
|--|--|
| <p>Failure to <u>demonstrate competence</u> of previously mastered principles/learning objectives in carrying out nursing care skills and/or delegated medical functions.</p> <p>Failure to demonstrate competence is defined as lack of possession of or the failure to exercise that degree of learning, skill, care, and experience 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.</p> | <ol style="list-style-type: none"> 1. Fails to recognize and correct violations of aseptic technique. 2. Does not wash hands appropriately when caring for patients. 3. Violates the “7 Rights” in administering medications. 4. Fails to accurately prepare and monitor IV infusions. 5. Fails to observe safety precautions during O2 therapy. 6. Unable to identify basic patient deficits through assessment. 7. Unable to perform previously learned skills. 8. Unable to verbalize key information previously covered in lab and/or class. |

| <u>Nursing Process (NP)</u> | <u>Examples</u> |
|--|---|
| <p>Inadequately and/or inaccurately:</p> <ol style="list-style-type: none"> A. Assesses the client. B. Plans the care for the client. C. Implements therapeutic interventions. D. Evaluates client care. | <ol style="list-style-type: none"> 1. Unable to identify basic human needs. 2. Fails to observe/report/chart critical client data. 3. Uses poor judgment and/or makes decisions resulting in ineffective nursing care. |
| <u>Skills (SK)</u> | <u>Examples</u> |
| <p>Unable to perform expected clinical performance objectives and/or skills</p> | <ol style="list-style-type: none"> 1. First semester student fails to obtain accurate vital signs. 2. second semester student fails to maintain sterile technique; unable to verbalize key information previously covered in lab and/or class. 3. third or fourth semester student unable to manage and/or prioritize multiple client assignment |

| <u>Decision Making (DM)</u> | <u>Examples</u> |
|---|--|
| Assumes inappropriate independence in action or decisions. | <ol style="list-style-type: none"> 1. Performs procedures not yet evaluated; fails to appropriately seek assistance (functions beyond scope of practice). 2. Fails to appropriately seek assistance with assessment and/or skills. 3. Supervised by a staff nurse when the Instructor has specifically stated that students are only to do certain procedures with his/her supervision. 4. Accepts a verbal/telephone order from a doctor. |
| Fails to recognize own limitations, incompetence and/or legal responsibilities. | <ol style="list-style-type: none"> 1. Refuses to admit error. 2. Cannot identify own legal responsibility in specific nursing situations. 3. Fails to complete assigned nursing responsibilities. 4. Violates Academic Dishonesty or Student Conduct Code (e.g. cheating on written work, plagiarism). |

| <u>Professional Accountability</u> | <u>Examples</u> |
|--|---|
| <p><u>Gross negligence:</u> 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.</p> <p>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.</p> | <ol style="list-style-type: none"> 1. Falsifies information. 2. Reports on duty in an impaired state 3. Does not follow school/healthcare institution policies and procedures. |

| | |
|---|---|
| <p>Violates <u>patient confidentiality</u>: can also be a violation of Federal Law (HIPAA) & may result in fines and/or incarceration.</p> | <ol style="list-style-type: none"> 1. Shares patient information on the phone/social media. 2. Photocopies patient records. 3. Shares patient information with individuals outside the health team. 4. Puts patient name and/or identifying information on student assignment(s). 5. Discusses patient information in public areas such as the lobby or cafeteria. |
|---|---|

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

8.11 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 student evaluation in the clinical setting. The clinical evaluation tools 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 weekly. 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 end of each week, each student must complete the CET and submit it to their clinical instructor. Students are to use black ink when completing the CET. Complete each box if the skill or activity was attempted. If a subunit is deemed unsatisfactory, the whole unit also receives a “U”. Students must write their remarks explaining each “U”.
2. The clinical instructor reviews each parameter to determine if he/she agrees with the student’s self-assessment.
3. If the instructor agrees, no documentation is required however, comments may be written if desired.

4. In areas in which the instructor disagrees with the student, the instructor strikes through the student's "S", "N/T", "U", or "N/O" and writes in the appropriate assessment. Each change in the student's assessment will include an instructor comment regarding the change.
5. CETs will be returned to the student by the next scheduled clinical day.
6. Students are not to change their self-assessment after turning in the CET. Students are not to change the instructor's assessment.
7. The CET instrument explains when an instructor/student conference is needed to discuss a clinical improvement plan (CIP).
8. At the end of the term, the CET and any earned CIPs are filed in the student's file in the nursing office.
9. The Clinical Evaluation Tool (CET) and Clinical Improvement Plan (CIP) 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!**
10. Each student is responsible for completing the CET on a weekly basis and at the end of the course as required by clinical course faculty. Students must also complete midterm and final course self-evaluations.

B. A copy of the CIP is in the appendix section of the Student Handbook.

C. Students will receive the course CET at the beginning of each clinical course.

1. Student learning outcomes that 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 behavior 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. 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, the.
 - 1. Provide safe patient care at all times (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. Student who are 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 student - failure of the student to perform at a previously learned level of performance, leading or placing a patient in potential harm.

8.12 CLINICAL PLACEMENT POLICY

Faculty will make an effort to assign students to their preferred clinical site and times for clinical experiences. However, because of the complexity involved in scheduling, the nursing department reserves the right to adjust clinical schedules, as necessary. Students are responsible for providing their own transportation to and from all assigned clinical sites. (See appendix – Student Responsibilities). Students are not allowed to transport patients/clients in personal vehicles under any circumstance.

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 program cannot guarantee that a student will complete the program in four semesters as planned.

Clinical facilities and associated facilities/agencies utilized by the nursing program have the right to accept or refuse nursing students who do not have a clear background check. If this occurs, efforts will be made to place the student in another clinical facility. 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.

8.13 CLINICAL PREPARATION

Students are expected to be prepared for their clinical experience. Students who present as unprepared and/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.

8.14 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) guidelines and are always expected to adhere to these guidelines.

References

American Nurses Association (2001).

[MainMenuCategories/ThePracticeofProfessionalNursing/EthicsStandards/CodeofEthics/AboutTheCode.aspx](http://nursingworld.org/index.htm). code of Ethics: <http://nursingworld.org/index.htm>

8.15 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 provided is specific to course improvement and a BRN requirement. **Student** submissions are anonymous. All provided comments would be sent to the Nursing Director. Faculty are evaluated according to college policy.

8.16 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 (at the ECC it is located at the southeast wing of the Student Service Center. Student's must provide documentation for the disability and request reasonable accommodation(s) that will enable them to begin or continue as 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 guarantee success in the clinical 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.

The necessary functions delineated below are needed for nursing program progression and graduation and 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

8.17 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 program and before the student enters and is assigned to the clinical facility. Students are required to complete a drug screen each semester, in addition to meeting the clinical facilities requirement. The initial drug screen 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 required to submit information for their drug screen at https://www.castlebranch.com/online_submission/package_code.php. Students are responsible for all fees associated with the drug screen process.

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 the program. 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.

8.18 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, s/he 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 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).
11. A copy is in the appendix. Students scoring 76% or less on any exam (except for the final) are required to meet with a 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 twenty (20) questions will be administered in each course with a clinical component.
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 he/she fails 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 an “ID” until the student has successfully completed the Math Remediation.

8.19 FACULTY | STUDENT RATIOS [CCR 1424(k)]

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

8.20 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 theory 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.
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 “Etudes”.

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 has accumulated grade for the 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 required 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. 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 records 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 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 portion of the course.
7. 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 grades 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 (see Appendix).

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 (not passing) |
| F | = | 62 or lower (not passing) |

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.

8.21 HEALTH & IMMUNIZATIONS

Students enrolled in the El Camino College 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 check 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.

8.22 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 El Camino College 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-vaccine 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. A TST is required once a year once students begin clinical courses.

The nursing program required that all students receive a **two- step** (2-step) **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 Center of Disease Control (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 test 2nd 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) is an alternative to the tuberculin skin test (TST), which 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.htm>. The U.S. Food and Drug Administration (FDA) approve the test for use with adult patients. Individuals either vaccinated with BCG or infected with most environmental mycobacteria should test negative. Students utilizing QuantiFERON®-TB Gold QFT-G) blood test as an alternative to the tuberculin skin test (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 | <i>Mycobacterium tuberculosis</i> infection likely |
| <0.35 IU/mL | ≤0.7 | ≥0.5 | Negative | <i>M. tuberculosis</i> 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.

8.22.1 CARDIO- PULMONARY RESUSCITATION (CPR) CERTIFICATION

Students enrolled in the El Camino College 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 recognized by the program and the clinical facilities. CPR must include Basic Life Support (BLS) for Health Care Providers. Student 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 and upload a copy of the document into your Castle Branch account, whenever submitting your health clearance documentation.

8.22.2 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 wear'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 setting 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.

Fit test should be conducted each time a new model, manufacture 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 impact on the facial seal area 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 U)

Resource: Center for Disease Control and Prevention

https://www.cdc.gov/niosh/nppt/topics/respirators/disp_part/respsource3fittest.html

8.22.3 INFLUENZA VACCINE

The influenza vaccine, also known as 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 U.S. Centers for Disease Control and Prevention recommend that everyone over the ages of 6 months should receive the seasonal influenza vaccine.

Students enrolled in the El Camino n College nursing program must provide proof of receiving the vaccine between the months of October 1-March 31 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 vaccinated again for the new vaccine season.

8.23 INTRAVENOUS (IV) PUSH POLICY AND PROCEDURE

A. Student in 2nd 3rd and 4th semester may administer IV push medications under the following circumstances:

1. Under the 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 and/or unit's policy and procedures.
4. Following a complete nursing assessment, prior to, and within ten minutes of administration, students must trend client 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 regime.
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.

8.24 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.

8.25 MANDATORY DROP POLICY

A student who earned a theory grade below C (75%) and/or unsatisfactory performance in the clinical area, which results in a mandatory DROP. Eligibility for re-entry to the nursing program, the student must complete the prescribed individual activities outline in their remediation plan. Re-entry will be on a space-available basis. In event a student fails to pass the course a second time or fails an additional course later in the program, the student will be required to withdraw from the nursing program.

A student who fails to achieve a theory grade below C (75%) and/or unsatisfactory performance in two (2) different course, results in a mandatory withdrawal from the nursing program. In accordance with college policy (Board Policy 4225 – Course Repetition), a student may re-enroll in any nursing course only one time after receipt of a sub-standard grade (D, F, NP or NC) or Withdrawal (W). Students who are required to withdraw from the program may individually appeal for re-entry status through the Acceptance, Transfer and Progression Committee (for additional details, check the re-entry policy section).

8.26 MATH PAUSE POLICY

All theory courses with a clinical component will implement math-related questions for each exam, except for the final exam. Students will have 3 minutes for each math question. The math questions will be weighted the same as all other questions. The final math exam consisting of twenty (20) questions will be administered in each course with a clinical component. Each course math exam will be administered during weeks 5 or 6 for 8-week courses and week 9 or 10 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 sequence. Retake exam should not occur the same day that the final course exam is scheduled.

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. Students will have two attempts per course to pass the final math exam. If he/she fails two final math exams, the student will be placed on a Math Pause. Individuals placed on a Math Pause and required to complete Math Remediation prior to progressing to the next sequenced nursing course.

8.26.1 MATH PAUSE REQUIREMENTS

- A. 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.
- B. The student assigned to a Math pause is required to remediate content material before being eligible to take their first series of three exam.
- C. A student who scores 100% on their first series of three exams is eligible to take the second exam without remediation.
- D. A student who scores 90% or less on any of the 3 series exams is required to remediate before being eligible to take the next sequential exam.
- E. A student who fails any one of the three series math exams is required to start the process over.
- F. When the student passes the entire three series math exam with a 90% or above, that student is eligible to retake the math exam assigned to the course he/she was enrolled.
- G. The student must pass the math exit exam with a minimum score of 90% accuracy in order to progress to the next nursing course.

8.27 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 Six Rights of medication administration.

- A. The Core 6 Rights followed by all facilities are:
 - 1. Right Patient
 - 2. Right Medication
 - 3. Right Time
 - 4. Right Dose
 - 5. Right Route

6. Right Documentation

B. Additional Rights followed by many facilities include:

1. Right Reason
2. Right Developmental Approach
3. Patient's Right to Refuse

C. Developing good habits when administering medications is essential in order to become a safe practitioner. The following principles and procedure 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 in the 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 who has accepted the responsibility to oversee them) must **actively supervised** medication administration.
3. This means the licensed RN has verified the six (6) 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 mixed up in the process.
5. **No medications in the student pockets.**
6. The electronic or paper **MAR must always be** with the student up to the point of actual administration of the medications in order to verify the six 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 tiny fractions, or large quantities of the available drug. If the dose does not seem right it probably (for examples; no one should be administering 1/20th of a tablet, or 20 tablets of anything, or opening

10 ampules/vials to mix a drug). If this is what one is doing, then 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 an example, the patient is going for surgery and the anticoagulants have not been stopped (the nurse must call the doctor to clarify this), the medication is contraindicated for the patient, or the patient has allergies which were not known to the person ordering the medication.
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-base practices and** be alert to and follow The Joint Commission **National Patient Safety Goals** (NPSG) as they relate to safe medication administration.
12. Utilizing drug reference be prepared to independently review the following information on each drug prior to administration:
 1. Medication name, both brand and generic
 2. Pharmacokinetics and pharmacodynamics
 3. Reason for use in this patient's case
 4. Verify safe dosage range
 5. Major side effects
 6. Nursing implications and special instructions for administration
 7. Evaluation – was the medication effective
13. Students are expected to check the appropriate lab values associated with specific drugs, for example:
 - a. Heparin/Coumadin ** P.T.T., P.T./INR
 - b. Insulin ** FBS
 - c. Gentamicin/Tobramycin Gentamicin level/Creatinine BUN

| | |
|-------------------------------|---------------------------------|
| d. Digoxin | Dig Level |
| e. Furosemide | K+ level |
| f. Potassium | K+ level |
| g. Theophylline/Aminophylline | Serum Theo/Aminophylline level) |
| h. Thyroid | T3, TSH, T4 |
| i. Dilantin | Dilantin level |
| j. Phenobarbital | Phenobarbital Level |

** Before administration, Heparin, Insulin, and Coumadin orders must be checked with the chart each time before being given and must ask two (2) licensed nurses from the facility to verify dosage.

The instructor must check sliding scale insulin coverage prior to administration. The student has the responsibility to check the blood glucose 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: if the instructor is unavailable and the medication administration is going to be late, the student should inform the nurse administers the medication on time.

15. Before administering any medications, carefully check all medications with the MAR and Computerized Physicians or handwritten orders.
16. Check all medications for renewal dates and expirations dates before administration.
17. Before administering pre-op medications, the surgical consent must have been signed and 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 route. Students must correctly identify anatomical landmarks for all injection sites.

19. Students administering medications through an N/G or G-tube feeding tubes must follow the institution policy regarding placement and patency of the tube before administering medications each time.

8.27.1 ADDENDUM TO MEDICATION ADMINISTRATION POLICY

- A. Three to five of the students within the clinical group must administer medications to their patients on first half day and the other half of the students will administer medication on the afternoon or following clinical day. This process is repeated weekly. 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.
- B. The student in non-specialty courses must medicate one patient in first semester, two patients in second semester, 2 to 3 patients in third semester and three or more patients in fourth semester (third semester students in non-specialty courses must administer between 5 and 10 medications during the morning medication pass).
- C. In addition to oral medications the following are required for medical/surgical courses during the clinical rotation:
 1. First semester:
 - 3 to 5 subcutaneous medications
 - NGT, GT medications (as possible)
 2. Second semester:
 - 3 to 5 subcutaneous medications
 - 3 to 5 IVPB medications
 - 2 IVP medications
 - NGT, GT medications (as possible)
 3. Third semester
 - 5 or more subcutaneous medications
 - 5 or more IVPB medications
 - 3 to 5 IVP medications
 - NGT, GT medications (as possible)
 4. Fourth semester:
 - Each student must pass medication to their assigned patients daily (all day)
 - 7 to 10 subcutaneous medications
 - 7 to 10 IVPB medications

- 7 to 10 IVP medications
- NGT, GT medications (as possible)

8.28 PRECEPTOR POLICY

Definition of a preceptor:

A preceptor is an experienced, clinically competent, registered nurse selected and prepared to serve as a role model, teacher, supervisor and evaluator and guiding a student toward competence in providing nursing care to clients in a health care setting.

As outlined by the California Board of Registered Nurses, a preceptor shall have at least one-year continuous, full time or its equivalent experience in the designated nursing unit within the previous five years as a registered nursing providing direct patient care.

The preceptor holds a current, active California RN license and is competent in the clinical setting and has experience in the institution for at least one year.

The preceptor is assigned to assist and supervise nursing students in an educational experience that is designed and directed by the faculty advisor.

A relief preceptor is equally qualified and available on the primary preceptor's days off.

He/she is expected to abide by the same standards, be oriented by the faculty and sign a preceptorship contract.

- A. Criteria used for preceptor selection:
1. Students complete survey on the selection of specialty and facility
 2. Clinical placement coordinator contacts respective agencies with preceptorship requests
 3. Agency selects preceptors that have had experience with precepting students and who have attended a preceptorship class
 4. The clinical coordinator reviews list of preceptors with the agency clinical educator
 5. The clinical coordinator pairs the preceptor with the student preference. If the preceptor has been used in the past unsuccessfully the clinical coordinator will discuss with agency clinical educator and request an alternative preceptor
 6. The preceptor will be qualified in the area of selection (i.e. pediatrics, obstetrics etc.)
- B. Orientation for preceptor:
1. Each preceptor will meet with the faculty of record and their assigned student to discuss
 - a. Preceptor Handbook
 - b. Preceptor Policies
 - c. Responsibilities of all parties

- C. Qualifications for each preceptor and relief preceptor
 1. Active CA BRN license
 2. At least one-year continuous, full time or its equivalent experience in the designated nursing unit within the previous five years as a registered nursing providing direct patient care.
 3. Employed by the agency for one year or more
 4. Complete an agency preceptor course
 5. Sign a preceptor contract (preceptor, student & faculty)

- D. Communication
 1. Faculty will provide the student with the name and contact information of the assigned preceptor.
 2. The student contacts the preceptor and sets an initial appointment with the preceptor attended by the faculty of record for introductions, orientation/contract, and scheduling.
 3. The communication plan is an exchange of cell phone numbers and emails of all parties.
 4. All parties are instructed that the faculty or their designee will always be available by phone during the clinical on-site preceptorship
 5. A calendar is exchanged for shift assignment and updated, as necessary.
 6. A copy of the student schedule is provided to the preceptor and a copy is kept on the department Google Drive.
 7. The calendar is available to Course Lead, Program Directors and Chair of the nursing department.

- E. Responsibilities of the Faculty
 1. Regular and ongoing conferences are arranged with the faculty, preceptor and student.
 2. Minimally the student, preceptor and faculty will conference three times during the preceptorship course, at the initial meeting, at midterm and at the end of the preceptorship; more frequent site visits may be required
 3. With input from the preceptor and student, faculty is responsible to complete the Clinical Evaluation tool both mid-term and final
 4. Clinical is pass/fail and if passed the didactic is then graded based on written assignments and performance criteria.

- F. Preceptor Records
 1. The dept. preceptor binder will include form for each preceptor
 2. Contract signed by all three parties & dates of preceptorship
 3. Breeze license verification
 4. Contact information

- G. Student/faculty evaluation of preceptor
 - 1. At the end of each experience both the faculty and student will complete an evaluation of the preceptor
 - 2. Forms will be placed in the Course and Preceptor binder
 - 3. Unsatisfactory evaluations will be discussed for follow-up with agency educator or representative.

- H. Availability of faculty and preceptor to the student during his or her preceptorship experience
 - 1. Preceptor is present and available on the patient care unit the entire time the student is rendering nursing services during the preceptorship.
 - 2. Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.

- I. Faculty/student ratio for preceptorship experience shall be based on the following criteria:
 - 1. Student/preceptor needs.
 - 2. Faculty's ability to effectively supervise
 - 3. Students' assigned nursing area
 - 4. Agency/facility requirements

8.29 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 becomes 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 below:

8.29.1 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 tape 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.

8.30 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 is required prior to approval for re-entry to the nursing program. A minimum overall 2.0 GPA is required to continue in the nursing program and to receive an Associate in Science degree.

Completion of the individualized remediation plan outlined on the Exit Form by the instructional team. The Director may prescribe additional remediation if warranted. A student who withdraws from the nursing 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 are 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 achieved. Students not eligible to re-enter the program may individually appeal their re-entry status through the Acceptance, Transfer and Progression Committee.

8.31 PROGRESSION THROUGH THE NURSING PROGRAM

A minimum grade of "C" (75%) must be achieved in order to progress to the next course (e.g. N220 or N222, N224, N226, N230, N232 or N234, N238, N240 or N242, N244, and N254 or N255 | 247 or 248). A student in the Nursing Program who does not achieve a minimum grade of "C" in any required course cannot progress in the Nursing Program until such course is completed. 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 drop-out, 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, stop-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 availability of space. Only one single nursing course, in which a student has received a D or F grade, may be repeated. Students not eligible to re-enter the program may individually appeal their re-entry status through the Acceptance, Transfer and Progression Committee.

A student in the Nursing Program who does not achieve a minimum grade of "C" in any required course cannot progress in the Nursing Program until the course is completed with a minimum grade of "C". A student may repeat a course with a clinical component only once.

8.32 RE-ENTRY POLICY

Students must apply for re-admission into the nursing 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 competency review of content/skills from the last successfully completed course. If the student fails, the skills competency reviews he or she may elect to 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 conducts the clinical evaluation.

Students who have exited from the nursing program for more than 2 years will be required to repeat a previous course 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 maybe required to complete a clinical competency evaluation. A faculty member assigned to the supervised practice lab will administers the clinical competency evaluation. Re-entry to the nursing program is on a

space-available basis. 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 re-entry to the nursing program. A student who stop-out of the nursing program will receive re-entry priority over students on a mandatory dropout. Re-entry to the program is on space-availability basis.

8.33 SIMULATION LAB POLICY

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. Using high fidelity manikins that possess the ability to display various cardiac rhythms, physiological traits (e.g. cyanosis, tears, etc.), speech responses to questions controlled by operators. Simulation experience created a realistic yet safe environment for students as a part of their clinical experience. Clinical scenarios provide the learners the ability to simulate administration:

- 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 has an equal value to a clinical day. Tardiness to simulation lab will necessitate making up the simulation day on a non-clinical day 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.

8.34 SUBSTANCE ABUSE POLICY

In accordance with Board of Registered Nursing policy, an ECC Nursing Student 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 the 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," 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 engage 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 an 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.

8.35 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 should not wear their uniforms outside of skills lab or the clinical setting unless instructed by the instructional team. The nursing program has adopted the 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:

- D. Students are expected to wear the standardized uniform from Dove Apparel uniforms with 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 noncompliance with the uniform dress policy may be dismissed from the clinical and on-campus skills or simulation lab and receive an absence for the day.

- E. Students are expected to wash the uniform at least once a week or in event, the uniform becomes soiled during the clinical day. Safeguarding the community from communicable diseases is priority; therefore, students are refrain from wearing the ECC nursing uniforms in public places.

- F. Student are expected to maintain a professional appearance while in the clinical setting. No gum chewing, excesses in makeup, perfume/cologne or jewelry, hairstyles that compromise the sterile environment, and the wearing of ill-fitting uniforms, may make it difficult for the student to be regarded by others as a professional. Ultimately, the decision concerning a student's professional appearance will rest with the clinical professor/lab instructor.

- G. **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 heavy seating.

 - 2. Students must wear their uniform with nametag and school emblem 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 maintain professional behavior at all times, no matter what environment you are placed in (e.g. bookstore, admission and records, etc.).

 - 4. Students will be asked to leave the unit by health personnel on duty if not dressed professionally.

8.35.1 DRESS CODE

- A. **Shoes:** clean white leather oxfords or all-leather white athletic shoes are acceptable (brand name lettering must be in white only). No sandals or clogs are permitted **Canvas tennis shoes are not acceptable.**

- B. **White crew socks** should be worn with pants. **Anklets are not acceptable.**

- C. **Socks** may not be worn with dresses or skirts; use hose.
- D. **Lab Jacket:** 3/4 length white lab jackets with retractable sleeves with the ECC logo
- E. **Undergarments:**
 - 1. White or flesh-tone slips, V-neck undershirts, or camisoles must always be worn with the uniforms (no logos, writing or pictures allowed).
 - 2. Sleeves on undergarments should not be longer than the length of the uniform sleeve (unless there is a notable tattoo below the uniform sleeve).
 - 3. Undergarments should not be conspicuous or visually apparent through uniform.
 - 4. 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.
 - 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. Females and male with long hair must be neatly groomed and pinned up off the collar of the uniform.
 - 2. If clips or barrettes are used, they must be of a plain design.
 - 3. No hair ornaments/accessories may be worn while in uniform. Hair color bobby pins are permitted.
 - 4. Buns, braids and ponytails that do not touch the collar or fall forward in the face are acceptable.
 - 5. Facial hair must be shaved or clean and neatly trimmed.
- H. **Jewelry:**
 - 1. Confused patients can pull on dangling jewelry and cause injury, so be sure to avoid necklaces and wear post earrings. Do not wear bracelets. They can touch and contaminate wounds or supplies that must be kept sterile or clean. Generally, a watch, wedding band and simple stud earrings are acceptable.
 - 2. A watch with a second indicator must be worn. The student may want to consider a watch that displays military time, as this is most often used in the clinical setting.
 - 3. The student should confine jewelry to a plain wedding band
 - 4. Only one 2.0 to 3.8 mm stud earring in each ear.



5. No nose or lip piercings.
 6. No objects of any type may be worn in the tongue
- I. **Body Piercing:** There can be no visible body piercing, except for one stud earring per ear.
- J. **Tattoos:** must always be covered.
- K. **Personal Hygiene:**
1. Daily bath or shower and use of body deodorant are required prior to clinical. 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.
- L. **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/skill lab activities.
 3. Badge clips and holders are to be plain and simple, and free of decorative adornments.
 4. To keep in compliance with National Patient Safety Goals, facilities will require students to be sent home if their ID badge is not evident.
- M. **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 allowed on stethoscope.
 3. Optional items include pocket organizer, hemostat, and back support.

| Clinical/On-Campus | Uniform Type | Shoe Type |
|--------------------|---------------------------------------|-------------|
| Hospital Clinical | Dove Professional Apparel – all white | Solid White |

| | | |
|--|---|-------------|
| On-Campus Clinical & Supervised Skills Lab | Dove Professional Apparel white scrub top and blue scrub pants | Solid White |
|--|---|-------------|

8.36 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 outline by the college to withdraw with a “W” denoted on the transcript. No more than two (2) stop-outs during the duration of the program.

A. What are Extenuating Circumstances?

Students will experience difficulties, problems and illnesses, which are part of normal life. Such issues do not constitute Extenuating Circumstances. **Extenuating circumstances** (EC) 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 be 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 longer-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 (EC)?

1. Normally, the following would be unlikely to be valid ECs:
2. On-going or longer-term conditions or circumstances are not IECs, 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 unexpectedly and markedly worse, at assessment time.

3. ECs claims without appropriate, independent supporting evidence.
4. Minor illnesses or ailments (e.g., coughs, colds, hangovers).
5. Personal/domestic events which could have been anticipated and/or planned otherwise (e.g., moving to a new house; marrying; routine childcare).
6. Choices and preferences in personal life (e.g., attending a wedding; holidays; attending social events, sporting fixtures).
7. Poor management of time (including oversleeping) or misunderstanding deadlines/dates.
8. Examination nerves, self-diagnosed stress.
9. Failure of computer or other equipment used to produce work assessed, including work not backed up.
10. Individual transport/travel problems (unless due to strikes or disruptions which could not be foreseen or worked around).
11. Relative cost of travel arrangements.
12. 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 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 when he or she can return to the program a minimum of 4 weeks prior to the start of the next semester. Readmission to the Associate Degree Nursing program is on a space-availability basis no matter whether it is a voluntary or a mandatory stoppage.

8.37 WITHDRAWAL POLICY

Student who receives a substandard grade or a "W" in the same class two times may be permitted to enroll for the 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 re-enter the program and must submit an appeals packet for readmission consideration. Failure to meet this requirement will result in denial of the petition.

9 GENERAL PROGRAM INFORMATION

9.1 BOOK STORE

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.

9.1.1 ONLINE BOOK STORE

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

9.2 CHANGE IN NAME, TELEPHONE NUMBER AND/OR ADDRESS

Any change of name, address, or telephone number must be done through Admission and Records. Students must also notify the nursing department office so changes can be made in the files.

9.3 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 labs.

9.4 ELECTRONIC DEVICES

Pagers, cellular phones and all other electronic devices will not be allowed in class or clinical setting unless turned off, out of sight, or as specifically approved by 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 focused 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 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.
- G. Students are expected to review and sign the Personal Data Device form **ANNUALLY** (see appendix – Personal Data Device).

9.5ELLA 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.

9.6 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. All students are encouraged to complete and submit a FAFSA by March 2 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 & 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 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](#).

9.7HEALTH 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 right for you, go to www.coveredca.com.

9.7.1 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 Telemental Health

Student Health Services is offering Nurse 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

9.7.2 EL CAMINO COLLEGE STUDENT HEALTH CENTER

- A. Hours of Operation– Fall and Spring by appointment

All appointments require a current Compton 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

Contact Information

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 9-1-1

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

1. Office Visits

- a. Psychological Counseling and Referrals
- b. Chiropractic Services: Every Thursday Morning
- c. Chlamydia/Gonorrhea/HIV testing
- d. HIV Rapid Testing – Drew University Mobile Unit – Call Health Center for Dates
- e. Health Education and Referrals
- f. Basic Urgent Care
- g. Physical Examinations
- h. Breast, Pelvic and Pap Exams
- i. Sprains and Strains
- j. Common Illnesses and Infections
- k. Blood Pressure and Weight Screening
- l. Health Education and Referrals

2. Low Cost Blood/Lab Work

- a. TB Skin Test (please inquire for price) Immunizations
 - b. Pregnancy Tests
 - c. Urinalysis
 - d. Sexually Transmitted Disease Testing
 - e. Flu Shot (depending on availability)
3. Low Cost Prescriptions and Over the Counter Medications
 4. Low Cost Birth Control

9.8 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/library_ser/index.asp).

9.9 MALPRACTICE INSURANCE

Every clinical facility requires malpractice insurance. Students who have paid the required semester enrollment fees is 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.

9.10 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 ECC campus. Photo ID are required for use of the following: library services, campus activities and to verify attendance in certain classes.

9.11 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 instructor to discuss issues. See Chain of Command appendix.
- C. Dress in El Camino College Nursing Department approved clinical uniform attire for all clinical experiences, including skills lab and simulation lab.
- D. Comply with the program dress policy at all time while dressed in the approved program uniform.
- E. Always wear the approved ECC identification (ID) while in the nursing department and in the off-campus and on-campus clinical setting.
 - 1. Assume primary responsibility for their own learning by:
 - 2. Preparing for classroom/clinical discussion.
 - 3. Reporting to agency prepared for patient care, is on time, and dressed according to El Camino College dress code.
 - 4. Utilizing skills laboratory for mastery of technical skills.
 - 5. 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 member(s).
 - 6. Communicating important changes in the patient's condition to the staff RN and instructor accurately and immediately.
 - 7. Recognizing and assuming responsibility for the consequences of one's own actions.
 - 8. Utilizing knowledge and skills learned from previous courses.
 - 9. Utilizing Standard English in all written and verbal communication.
 - 10. Providing transportation to all clinical facilities (even if greater than a 25-mile radius).
 - 11. Arranging to meet all clinical and lecture hours, which may differ from class schedule due to clinical facility changes.
 - 12. Arranging for financial support.
 - 13. Maintaining health standards throughout the Nursing Program.
 - 14. Evaluating self realistically.

15. Identifying to instructor those course objectives, which the student is having difficulty meeting for any reason.
16. Recognizing one's own limitations:
 - a. Attempting only those procedures within ADN educational experience.
 - b. Reporting work overload or incomplete patient assignment early in the clinical day (time for reporting determined by the instructor).
17. Completing Clinical Evaluation Tool honestly and accurately.
18. 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.
19. Student course assignments must be
 - a. ON TIME
 - b. On the proper forms (hand-drawn forms accepted at instructor's discretion).
 - c. In black ink, typed or prepared on a computer.
20. Students must come to class prepared.
 - a. All objectives must be reviewed prior to classroom discussion.
 - b. All required audio-visual materials must be viewed before class.
21. Students must allow time for mandatory skills checkoffs and workshops required in some courses.
22. Students need the instructor's permission to record in class.
23. Students may not bring food and/or drinks to the classroom except for water.
24. Students must come to the clinical setting prepared and on time.
25. Clinical times and dates may change. Be flexible.
26. Children are not permitted in the classroom or clinical facilities according to ECC policy.
27. 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.

9.12 REFERENCE/PERIODICALS

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

9.13 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 includes 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 – Release of personal information.

9.14 REPORT OF INDUSTRIAL INJURY OR ILLNESS

Any injury that 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 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 – 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.

9.15 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. Disagree 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 that is 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. meeting shall be scheduled to take place on later no than the fifth (5) school day following the date the written grievance is received.
 - d. By the end of the fifth (5) school day following the date of the meeting, the Program Director shall provide the student, staff member(s), & 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 at 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 One decision,
3. a written request to appeal the Step One decision, and
4. a brief statement justifying the appeal.
 - a. The written appeal must be filed with the Dean of Health Sciences 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 Sciences and Athletics shall meet with the student.
 - c. The Dean may schedule a meeting with the participants as allowed in Step 1 after meeting with the student.
 - d. The Dean of Health Sciences 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 One & Two decisions
3. a written request to appeal the Step Two decision
4. 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 student.
 - c. The Dean 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

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 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.

9.16 STUDENT SUCCESS WORKSHOPS AND FACILITATORS

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

9.17 SUPERVISED PRACTICE LAB

The Supervised Practice Lab is in the Nursing Department on both campuses. The 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.

9.18 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.

9.19 WRITING CENTER

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

10 AWARDS AND RECOGNITIONS

10.1 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 3.67 or must have earned an A.A. or A.S. Degree with a minimum grade point average of 3.5 in a major in the Division of Health Sciences & Athletics.

10.2 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 at the nursing office.

10.3 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 demonstrated during the fourth semester.

10.4 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.*

10.5 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.

11 STUDENT REPRESENTATION

11.1 NURSING DEPARTMENT COMMITTEES

The following committees are composed of appointed faculty and at least two (2) students: curriculum committee, evaluation committee, and the learning resource committee. One student representative shall serve on the acceptance, transfer and progression committee. All students are eligible and do not necessarily have to be members of Iota Kappa Chi. Students have full voice and vote on curriculum, evaluation, learning resource and student affairs committees. Each semester students will be given the opportunity to sign up for the committee of their choice.

11.2 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 Year I and four 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.

11.3 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; and (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.

11.4 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.

11.5 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.

12 STUDENT ACTIVITIES

12.1 PINNING CEREMONY

El Camino College (ECC) provide 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 should be planned for the last week of the fall semester on Friday and on Thursday the week of the college graduation in the spring. (ceremony previously occurred immediately following the college graduation in the spring; however effective fall 2016, this change is being made to ensure that everyone can participate in both ceremonies) It 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 (ECC). The completion ceremony is traditionally an on-campus event. The ceremony is generally held in one of the following venues on the Torrance campus: Campus Theater, Recital Hall, or Marsee Auditorium. The Marsee Auditorium has sufficient seats so that each student can invite as many people as he/she desires; the Campus Theater will seat 325 people; the Recital Hall has limited seating (125). On-campus sites are free of charge.
- B. The IT department must approve invitations and programs before being printed. Invitations can be printed through the ECC copy center or through an outside vendor. Some companies will allow a choice between two or three different styles of invitation. This makes the selection process easier, as the class does not have to agree on one style. It is best for two student representatives to handle the paperwork and money.
- C. The nursing department will arrange with the IT department to take the class photo during week 6 or 7.
 - a. Females and male with long hair must be neatly groomed and off the collar while in uniform, especially when taking group or personal photos.
 - b. Hair color must be a naturally occurring color or shade.
- D. 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.
- E. Graduation committees should be formed to work on each separate area of the Pinning Ceremony - music, program, speakers, decorations, refreshments. If each committee determines the cost involved for their responsibility, the total cost can then be presented to the graduating students for approval. The committee should be working collaboratively with one of the fourth semester faculty to plan the event.

- F. All arrangements for the pinning ceremony that require group discussion or voting should be completed by week 6 of Nursing 254 course. Once the preceptor rotation begins, it is impossible to get the class together. All meetings should be held outside normal class hours under the supervision of the N254 faculty.
- G. The Nursing Department Office will make reservations for the nursing pinning ceremony. At the ECC campus, the pinning ceremony is held in the Recital Hall in the fall, and the Marsee Auditorium, or Campus Theatre in the spring. There is no cost to students for these rooms.
- H. Graduating seniors may order the ECC Nursing pin. Pins should be ordered at the beginning of Nursing 254. 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 also must be selected individually since the price varies greatly depending on the type of metal and accessories selected.

13 STUDENT GRADUATION REQUIREMENT

13.1 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 principals of:
 - 1. Oral communication
 - 2. Written communication
 - 3. Group communication
- B. Related natural sciences, 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

13.2 GRADUATION

Graduation checks with the nursing counselor during third (3rd) semester to ensure that you are eligible to graduate. In event, you are missing a course this would allow you to take the course during the winter or summer intersection. Make sure all transcripts for courses taken at other colleges are on

file with Records Office. If not, make sure OFFICIAL transcripts are sent to by the end of the third (3rd) semester to the Records Office.

14 BOARD OF REGISTERED NURSES REQUIREMENT FOR LICENSURE

All applicants must have completed an educational program meeting all California requirements. 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 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"

B. Additional Resources for Exam Applicants

1. NCLEX information - National Council of State Boards of Nursing
<https://www.ncsbn.org/nclex.htm>
2. NCLEX using CAT video - National Council of State Boards of Nursing -
<https://www.ncsbn.org/356.htm>
3. NCLEX registration, scheduling and test center information - Pearson VUE
<https://portal.ncsbn.org/>

14.1 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. Application should be submitted to the Board at least six to eight weeks prior to when they wish to take the examination to allow time for processing and receipt of all required documents.
3. Application 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

Submittal of application online for licensure/registration to the Board of Registered Nursing

1. How to apply online
 - a. Register for a BreEZe account
<https://www.breeze.ca.gov/datamart/loginCADCA.do;jsessionid=E2E23A2F905382079113314A64ABF496.vo9>
 - b. Complete the application information online
 - c. 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 scan and attach to your online application).

- i. Online Examination Application Form (see Appendix page 56).
http://www.rn.ca.gov/online/breeze_online.shtml
 - ii. Completed Live Scan Form (see Appendix page 57)
<http://www.rn.ca.gov/pdfs/applicants/livescan.pdf>
 - iii. Completed Request for Accommodation Form (see Appendix page if applicable)
2. Complete and apply for licensure/registration to the board of nursing body (BON) where you wish to be licensed/registered.
- a. The first and last names printed on your identification must match exactly
 - b. 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 you application to the BRN or you must bring legal name change documentation with you to the test center on the day of your test.
 - c. The only acceptable forms of legal documentation are:
 - i. a marriage license,
 - ii. divorce decree and/or a court action legal name change document.
 - d. 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:
- a. Attach a letter of explanation (signed and dated)
 - b. Obtain 3 letter(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 compose
 - ii.
4. Any other rehabilitation information listed in section II "Reporting Prior Convictions or Discipline Against Licenses."

5. Completed Request for Transcripts form with certified transcripts sent directly from the nursing department
6. The following documents must be submitted with application online:
 - a. Certified court and arrest documents (if applicable).
 - b. Rehabilitation documentation (if applicable).
7. Pay the required application fees with a valid credit card (See Appendix page 66).
 - a. All Fees are Non-Refundable
 - b. 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 <http://www.rn.ca.gov/applicants/fpinstruct.shtml>
 - a. Request for Live Scan form
 - b. Complete all areas marked with a red "X".
 - c. The form will print in triplicate; take all three copies to the Live Scan site with your processing fee.
 - d. After your fingerprints have been scanned:
 - i. Live Scan operator will keep a copy.
 - ii. Submit a copy to the California Board of Registered Nursing with the completed application for licensure (online).
 - iii. Retain third copy of form for your records.
9. Register for the NCLEX with Pearson VUE, utilizing one of the methods below, you will need:
 - a. Program code to register - ECC 00402500
 - b. 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 the Board of Registered Nursing 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 (see Appendix page 59). 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.

14.2 TRANSCRIPTS

Students are required to complete and submit a “Request for Transcript” form http://www.rn.ca.gov/pdfs/applicants/end_transcript.pdf (See Appendix page 56) to the nursing department for final processing. The Transcript Request Form will be submitted 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 posted (typically is 6-8 weeks after the last day of the semester).

14.3 APPLICATION PROCESSING

Applications are processed in date order received. The board has added a new feature to their web page called processing times <http://www.rn.ca.gov/times.shtml> to provide a general guideline for applicant to see when their application may be in the pipeline. The Board tries to stay 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

14.4 BOARD OF REGISTERED NURSING ADDRESS & WEB SITE

Mailing Address: Board of Registered Nursing
P.O. Box 944210
Sacramento, California 94244-2100

Street Address for overnight or in-person delivery:

Board of Registered Nursing
1747 North Market Blvd. Suite 150
Sacramento, California 94244-2100

Web Site: www.rn.ca.gov

14.5 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, there is continuous, year-round testing, allowing eligible candidates to schedule their own examination on a date and at the location of their choice.

14.6 PROGRAM COMPLETION OVERVIEW

If you have not yet graduated or have graduated within 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 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 give the BRN is among other functions this authority. In accordance to the Department of Consumer Affairs Board Registered Nursing (<http://www.rn.ca.gov/enforcement/convictions.shtml>) "conviction" includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies. 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 (2015).

The Detailed Test Plan for the National Council Licensure Examination for Registered Nurses is available at https://www.ncsbn.org/2016_RN_Test_Plan_Candidate.pdf

APPENDIX

APPEALS GUIDELINES

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 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:

| | |
|---|--|
| <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> A. A description of the extenuation circumstances/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 <u>recommended</u> and <u>required</u> remediation and/or testing identified or midterm evaluation, student conferences, and on the exit form by the nursing faculty. (All supporting documentation should be attached to your letter or should be present in your u student file. | <ol style="list-style-type: none"> D. An Explanation of why the committee should approve your request for entering the program. 3. Meet with an El Camino College Nursing Counselor in a scheduled counseling appointment to complete Appeal Checklist for Nursing Counselor Approval (must be signed and dated). <p style="text-align: center;"><u>Additional Information</u></p> 4. All completed appeals packets must be submitted to the Nursing Program Office two weeks prior to the scheduled Appeals Committee Meeting. Meeting dates are posted in the glass case outside of the nursing department each semester. The Appeals Committee meets at least twice per semester. The decision of your status will be sent to you by 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 OFFICE WAIT LIST AND ADMISSION WILL BE ON A SPACE-AVAILABLE BASIS. |
|---|--|

EL CAMINO COLLEGE

APPENDIX B APPEALS DOCUMENTATION CHECK LIST FOR NURSING COUNSELOR APPROVAL

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.

Student Name: _____
Last First ECC ID#:

Procedure for completing the Check List for Appeal form

1. PDF Fillable Check List 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 Check List for Appeal and return the completed form the Nursing Department.

| | |
|---|---|
| Failed three or more core nursing courses at ECC or any nursing school? | If the answer is YES to either questions, <i>you are not eligible to appeal</i> and The Appeals Subcommittee <i>will not</i> review your appeal. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Appealing a previous ECC appeal decision? | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Nursing Counselor:

| | | | |
|--|--|---|--|
| GRADES | | | |
| Current Cumulative GPA: | | Science GPA: | |
| N143 (formerly N145) | | Anatomy 32 or Anatomy and Physiology 34A and 34B | |
| N144 (formerly N48) | | Physiology 31 and Microbiology 33: | |
| Medical Terminology | | English 1A 1AH; English 1C : 1CH | |
| Psychology 16 (<i>Life Span Develop.</i>) | | Mathematics 73 or 80 or Math 150 (<i>Effective fall 20</i>) | |
| 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

Revised: 9/15/15, 1/23/17; Updated 1-14-2020 7-2'9-2020: wbj|wm

Signature

Date

APA GUIDELINES

APPENDIX D

GENERAL APA GUIDELINES

- A. Paper Requirements: Typed, double-spaced, 1” margins all around, 12 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 (flushed left) and insert page numbers flushed right:

EXAMPLE:

Running head: 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 instructors’ name, and the date be included. This information should be placed in the upper half of the page, centered, upper and lower case, and double-spaced.

EXAMPLE:

The Effects of Alcoholism During Pregnancy

Christian Peters

N149: Preparation for Advanced Placement in Nursing

Instructors Name

El Camino College

June 29, 2013

- 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, ideas, or works of others without referencing.
- 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 1: “Forty percent of Americans polled were dissatisfied with the results” (Milkins, Adams & Jones, 2001, p. 88).
EXAMPLE 2: According to Milkins, Adams, and Jones (2001) “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.
EXAMPLE 1: The results of one poll demonstrated that many Americans are unhappy with the results (Milkins, Adams & Jones, 2001).

EXAMPLE 2: Milkins, Adams, and Jones (2001) report that many Americans are unhappy with the results.

- G. Reference page: The last page of the paper. Double space. Alphabetize the references by the first author's last name (authors 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 in the title are lowercase. Titles of journals are italicized. The second and subsequent lines of a reference are indented.

ADDITIONAL APA FORMAT GUIDELINES REGARDING CITATIONS ARE

AVAILABLE AT:

http://www.elcamino.edu/library/library_ser/docs/APA2010Final.pdf

Check your paper with TURNITIN.COM prior to submitting your paper.

ATI SCORE EXPLANATION AND INTERPRETATION

APPENDIX E ATI SCORE EXPLANATION AND INTERPRETATION



Score Explanation and Interpretation Group Performance Profile

ATI PROFICIENCY LEVELS

| Proficiency Level | Proficiency Level Definition | Score Range |
|-------------------|--|-----------------|
| 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. | 0.0% to 50.0% |
| 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. | 51.7% to 61.7% |
| 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. | 63.3% to 76.7% |
| 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. | 78.3% to 100.0% |

ADJUSTED GROUP SCORE

The adjusted group score is the average of the adjusted individual total scores for this group of students. It is on a scale of 0% to 100%.

ADJUSTED INDIVIDUAL TOTAL SCORE

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%.

NATIONAL GROUP MEAN

This is the average score of all groups.

PROGRAM GROUP MEAN

This is the average score of all groups within your specified program type.

NATIONAL GROUP PERCENTILE RANK

This is the percentage of groups who scored at or below your group score.

PROGRAM GROUP PERCENTILE RANK

This is the percentage of groups within your program type who scored at or below your group score.

TOPICS TO REVIEW

Based on the questions missed on this assessment, a listing of content areas and topics to review is provided. A variety of learning resources can be used in the review process, including content, images, animations and videos in ATI's Content Mastery Series® Review Modules, online practice assessments, and a focused review that is individualized to the questions missed.

% OF GROUP MEETING INSTITUTION BENCHMARK

This is the percentage of students in this group who scored at or above your institution benchmark for this assessment. If your institution has not set a benchmark for this assessment, this field will be reported as "N/A."

Exp_Grp_RN_Fund_2016.indd

BOARD OF REGISTERED NURSING GRADUATE PAPERWORK

APPENDIX F BOARD OF REGISTERED NURSING GRADUATE PAPERWORK



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDWARD S. IRWIN, JR.

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.m.ca.gov



APPLICATION FEE SCHEDULE

EXAMINATION APPLICATION

Submit the correct **TOTAL FEE** with your application, made payable to the **Board of Registered Nursing** by check or money order (U.S. currency). **ALL FEES ARE NON-REFUNDABLE.**

PLEASE NOTE: there are two (2) ways to complete the fingerprint requirement:

Electronic Live Scan OR Fingerprint Card (Hard Card)

Please refer to Page 3 of this application packet for more information on the fingerprint requirement.

NOTE: For applicants submitting fingerprints by electronic Live Scan, you will pay the appropriate fingerprinting fee to the Live Scan operator where you have your fingerprints taken (do not submit the fingerprint card fee to the Board). You must use a Live Scan site located in California to use this method. The Board will NOT be able to receive results for Live Scan fingerprints taken at Live Scan locations that are outside of California.

The total fees payable to the Board of Registered Nursing depend on your application method:

Method 1 - CALIFORNIA GRADUATE

Method 1 is for applicants who completed a nursing program at a Board-approved California school. For a list of Board-approved California RN programs, please visit our website at www.m.ca.gov

| | |
|-------------------------------------|----------|
| APPLICATION: | \$300.00 |
| INTERIM PERMIT (OPTIONAL): | \$100.00 |
| FINGERPRINT CARD (IF OUT OF STATE): | \$49.00 |

SUBMIT TOTAL APPLICABLE PAYMENT TO THE BOARD BY CHECK OR MONEY ORDER.

Method 2 - OUT-OF-STATE US GRADUATE

Method 2 is for applicants who completed a nursing program outside of California, but within the United States or a US territory.

| | |
|-------------------------------------|----------|
| APPLICATION: | \$350.00 |
| INTERIM PERMIT (OPTIONAL): | \$100.00 |
| FINGERPRINT CARD (IF OUT OF STATE): | \$49.00 |

SUBMIT TOTAL APPLICABLE PAYMENT TO THE BOARD BY CHECK OR MONEY ORDER.

Method 3 - INTERNATIONAL GRADUATE

Method 3 is for applicants who completed a nursing program outside of the United States of America.

| | |
|-------------------------------------|----------|
| APPLICATION: | \$750.00 |
| INTERIM PERMIT (OPTIONAL): | \$100.00 |
| FINGERPRINT CARD (IF OUT OF STATE): | \$49.00 |

SUBMIT TOTAL APPLICABLE PAYMENT TO THE BOARD BY CHECK OR MONEY ORDER.



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

REQUEST FOR TRANSCRIPT

TO APPLICANT: Send this form to your basic school(s) of nursing. If you need to contact more than one school, this form may be reproduced. Transcripts are required from each school where nursing requirements or general education courses were completed. Transcripts must include all completed coursework, clinical practice of training and reflect the degree awarded. Your school may require a processing fee.

A. TO BE COMPLETED BY APPLICANT

| | | | | | |
|--|--------------|--------------------|------------------------|--|--|
| LAST NAME: | | FIRST NAME: | | MIDDLE NAME: | |
| ADDRESS: Number and Street | | | | DATE OF BIRTH: (Month/Day/Year) | |
| City | State | Country | Postal/Zip Code | SOCIAL SECURITY NUMBER: | |
| PREVIOUS NAMES: (Including Maiden) | | | | | |
| NAME OF PROFESSIONAL REGISTERED NURSING SCHOOL: | | | | YEARS ATTENDED: | |
| LOCATION: City | State | Country | Postal/Zip Code | YEAR GRADUATED: | |

SIGNATURE OF APPLICANT: _____ **DATE:** _____

B. TO BE COMPLETED BY THE OFFICE OF THE SCHOOL OFFICIAL RELEASING TRANSCRIPTS

The above applicant has applied for a license to practice as a registered nurse in California. Please provide the following information and attach a complete official transcript. Please mail to the Board of Registered Nursing at the above address.

DO NOT SIGN OR SUBMIT THIS FORM PRIOR TO COMPLETION DATE OF THE REGISTERED NURSING PROGRAM.

| | | |
|-----------------------|--------------------------------------|---|
| ENTRANCE DATE: | DATE DIPLOMA/ DEGREE AWARDED: | DATE NURSING REQUIREMENTS COMPLETED: |
|-----------------------|--------------------------------------|---|

If degree received prior to entering nursing program, list name of school and type of degree:
 If degree received prior to entering nursing program, list name of school and type of degree:

| | |
|------------------------|------------------------|
| NAME OF SCHOOL: | TYPE OF DEGREE: |
|------------------------|------------------------|

SIGNATURE OF SCHOOL OFFICIAL: _____ **DATE:** _____

TITLE: _____

Application Summary

6/13/18 1:07 PM

Page 1 of 3

License Type: Registered Nurse - RN
Application: 1 - RN Initial Exam Application
Application Number: [REDACTED]
Application Date: 06/13/2018 (mm/dd/yyyy)

Application Questions

Are you reporting any type of prior convictions or discipline against any licenses? For additional information please refer to section II of the Exam Application Instructions. No

Are you requesting a third party to obtain information regarding the status of your pending application? No

Will you be submitting fingerprints via a fingerprint hard card? If "Yes", this will add an additional \$49.00 to your application fee. To request a fingerprint card or Live Scan form, refer to the following instructions below: REQUESTING FINGERPRINT CARD/LIVE SCAN FORM No

Will you be requesting Special Testing Accommodations? For additional information please refer to section VIII of the Exam Application Instructions and refer to the following instructions below: REQUESTING SPECIAL TESTING ACCOMMODATIONS No

Will you or have you graduated from a Board-approved Registered Nursing program located in California? For a list of Board-approved schools in California, please refer to our website. Yes

Have you served or are you currently serving in the military? No

Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces? No

Personal Detail

Title: [REDACTED]
First Name: TAMARA
Middle Name: [REDACTED]
Last Name: [REDACTED]

Birthdate: [REDACTED]

Gender: [REDACTED]

SSN/TIN: [REDACTED]

Addresses

License Related Addresses

Address of Record

Warning: In order to protect your privacy and identity, address will not be displayed.

License Attributes Selected

Method of Application California Graduate

Additional Questions

Please enter Mother's Maiden Name (last name only): [REDACTED]

Have you ever been licensed as an LVN or any health-care related license/certificate in California? Yes

License Type and License Number: [REDACTED]

Have you ever been licensed by examination as an RN in another state? No

Have you ever applied for RN licensure in California? No

Taken RN Exam: No

Discipline and Conviction Questions

*Have you ever had disciplinary proceedings against any license as a RN or any health-care related license or certificate including revocation, suspension, probation, voluntary surrender, or any other proceeding in any state or country? No

*Have you ever been convicted of any offense other than minor traffic violations? No

*Have you ever been denied an RN or any other health-care related license in any state/territory? No

Previous Name(s)

First Name: [REDACTED]

Middle Name: [REDACTED]

Last Name: [REDACTED]

Attachments

Live Scan.pdf

RN Examination Identification Form.pdf

Fees

| | |
|-------------------------|----------|
| RN Exam Application Fee | \$300.00 |
| Total Amount Due: | \$300.00 |

Applications are not considered submitted for processing until payment is received.

Attestation

I declare under penalty of perjury under the laws of the State of California that I am the person herein submitting this application and that I have read the complete application, know the full content thereof, that the information contained in this application and, if necessary, copies of all documents submitted as part of the application are true and correct and that I have read and understand the disclosure statements provided in the instructions for this application. I hereby grant the Department of Consumer Affairs entity permission to verify any information contained in this application.

I understand that any falsification or misrepresentation of any item or response on this application or any attachment hereto is a sufficient basis for denying or revoking a license.

Failure to provide any of the requested information will delay the processing of your application.

I understand that the Application for Licensure by Examination fee is an earned fee; therefore, if an applicant is found ineligible the application fee is not refunded.

Signature:

Date:



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

August 23, 2016

Entity #: [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear **JEANETTE GONZALEZ**

The California Board of Registered Nursing has completed a review of your examination application and determined the following item(s) are required to complete an evaluation of your file:

If you have already addressed the item(s) below, please disregard this letter. Please allow a minimum of four weeks for the receipt and processing of documents.

Request for Transcript form- complete Part A; have your school complete Part B and return to Board

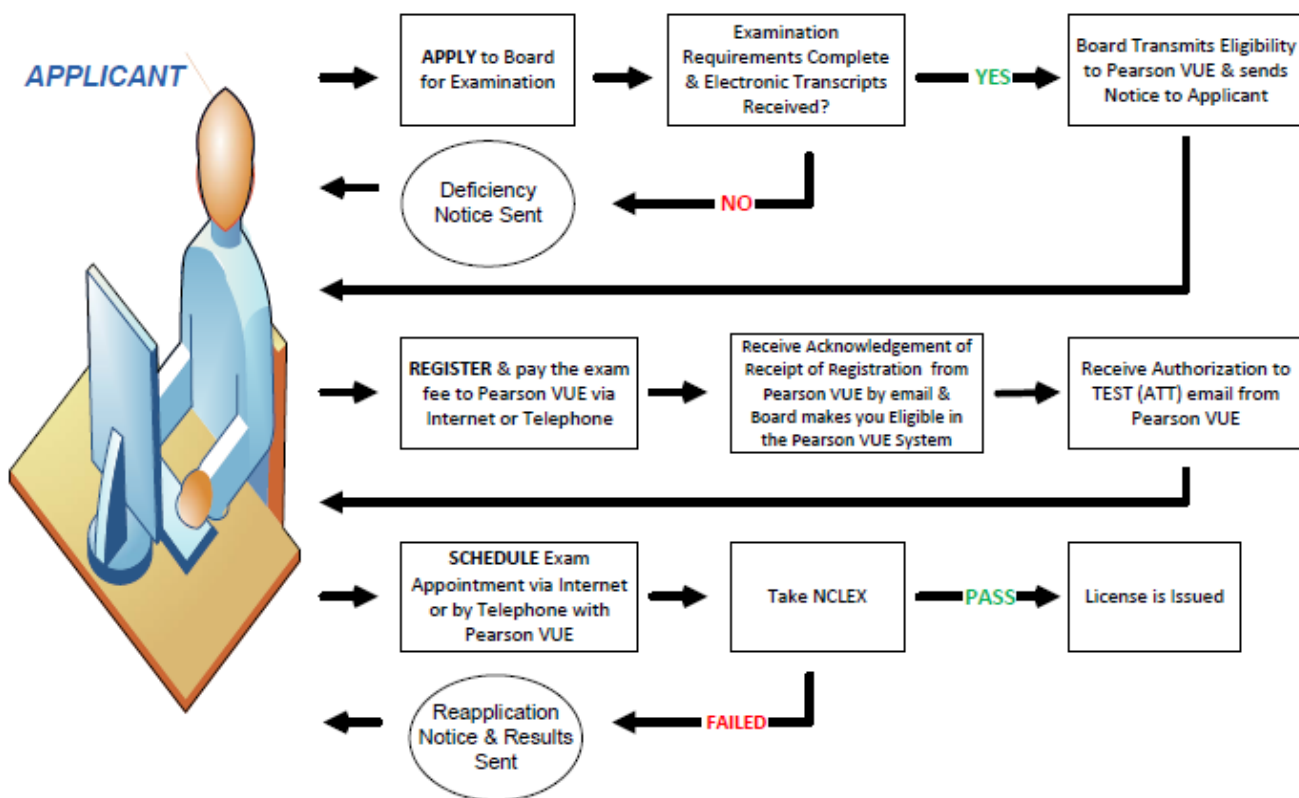
Transcript with initial nursing degree posted sent directly to the Board from your school of nursing

If we do not receive, the item(s) listed above within one year from the date of this letter, your application will be considered abandoned and you will need to reapply to the Board for examination and licensure.

Sincerely,

US Licensing Evaluator
CA Board of Registered Nursing

Board of Registered Nursing Examination and NCLEX Registration Process



CLINICAL IMPROVEMENT PLAN (CIP)

APPENDIX G CLINICAL IMPROVEMENT PLAN (CIP)

Page 1 of

Date

CLINICAL IMPROVEMENT PLAN (CIP)

Student Name _____

CIP Initiated by _____

Attachments included

| | | | |
|--|-------|-------------------|-------|
| Summary of criteria deemed unsatisfactory: | | | |
| | | | |
| Professional Behaviors necessary to achieve a satisfactory in above mentioned criteria: | | | |
| | | | |
| Date by which behaviors need to improve: | | | |
| Student's 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 |

DEPARTMENTAL FORMS

**APPENDIX H RELEASE OF PERSONAL INFORMATION
AGREEMENT**



16007 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 apply

1ST Semester 2nd Semester 3rd Semester 4th Semester

The undersigned hereby authorizes the El Camino College Nursing Department, a subset of El Camino College District, to release the following health information, contained in my student files, to 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: _____

Reviewed 8/12/2016
Updated 3-30-2020

APPENDIX I USE OF PERSONAL DEVICES POLICY



16007 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 (PDA's), Palm Pilots, iPhones, and other electronic devices for accessing clinical related references, while providing focused patient 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 an 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 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 222 N230 N232 N234 N240 N242 N247/248 N254/255

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

STUDENT NAME: _____

Signature: _____

Date: _____

Revised 3-20-2020
Updated 3-30-2020

APPENDIX J INSTRUCTIONS TO STUDENT TO REQUEST FOR A LETTER



ASSOCIATE DEGREE NURSING PROGRAM

INSTRUCTION TO STUDENT TO REQUEST FOA A LETTER

Professional Courtesies:

1. If a letter is for employment, it would be unusual to request a letter from an instructor who has not supervised your clinical performance.
2. Personally, ask the instructor if he/she would be willing to write a letter on your behalf.
3. Complete a Letter Request Slip (available online).
4. Allow a minimum of two weeks turnaround time.
5. Unless otherwise instructed, a copy of the letter will be mailed to your current address.
6. 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.
7. 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 K REQUEST FOR LETTER FORM



16007 Crenshaw Blvd.
Torrance, California 90506
(310) 660 - 3281

**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 N254

N255 Graduate: _____ Year 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 the following:

IOTA KAPPA CHI (IKX) 1 semester 2 semesters 3 semesters 4 semesters

Position held on IKX board: _____

Nursing Committees you served on: _____

Events you participated in: _____

Other organization you belong to: _____

MAIL **PICK-UP**

Reviewed 8/12/2016
Updated 3-20-2020

APPENDIX L EVALUATION OF STUDENT HANDBOOK



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 indicate which aspect is unclear or needs revision by selecting the box (s) 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
- Dosage Calculation Instructions for NURS 150
- Dosage Calculation Instructions
- Guide to the Appeals Process for Admission Appeal
- Checklist for Nursing Counselor Approval Appeal Form
- APA Guidelines
- Letter of Recommendation Request Form

COMMENTS

Reviewed 8/12/2016
Updated 3-20-2020

APPENDIX N STUDENT HANDBOOK ACKNOWLEDGEMENT FORM



ASSOCIATE DEGREE NURSING PROGRAM

STUDENT HANDBOOK ACKNOWLEDGEMENT FORM

Click the box that applies fall spring enter 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 form 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 **TYPE** your name on the line below

Student Name

Click the boxes below that apply:

Section # _____

COURSE: N220 222 N230 N232 N234 N240 N242 N247/248 N254/255

Please Print and sign your name on the below line:

Student's signature

Date

Reviewed 3-20-2020
Updated 3-20-2020

DOSAGE CALCULATION GUIDELINES

APPENDIX O DOSAGE CALCULATION INSTRUCTIONS



ASSOCIATE DEGREE NURSING PROGRAM

DOSAGE CALCULATION INSTRUCTIONS FOR N220 & N222

General Instructions

1. 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.
2. Use of calculators may be permitted during the 1st or 2nd eight-week session of NURS150.

Units of Measure

3. Answers must be labeled with the correct unit of measurement (e.g., “2 **tbls**”, “3 **mL**” or “40 **mg**”).

Military Time

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

Decimal Fractions

5. Decimal fractions must be used with the metric system (e.g., “½ mg” must be written as “0.5 mg”).
6. Decimal fractions must be preceded by a zero before the decimal (e.g., “.2” must be written as “0.2”) or by a whole number before the decimal (e.g., “1.2”).
7. Decimal fractions cannot have trailing zeroes (e.g., “2.40” must be written as “2.4”).

Rounding

8. Temperature and body weight (in pounds and kilograms) must be rounded to the tenths place, (e.g., “2.54” must be rounded to “2.5”).
9. Non-parenteral dosages must be rounded to the tenths place (e.g., “1.45 mg” must be rounded to “1.5 mg”).
10. 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”).
11. 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”).

12. 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").

APPENDIX P GENERAL DOSAGE CALCULATION INSTRUCTIONS



ASSOCIATE DEGREE NURSING PROGRAM

GENERAL DOSAGE CALCULATION INSTRUCTIONS

General Instructions

1. 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.
2. Only approved calculators will be used if permitted by the instructor.

Units of Measure

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

Military Time

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

Decimal Fractions

5. Decimal fractions must be used with the metric system (e.g., “ $\frac{1}{2}$ mg” must be written as “0.5 mg”).
6. Decimal fractions must be preceded by a zero before the decimal (e.g., “.2” must be written as “0.2”) or by a whole number before the decimal (e.g., “1.2”).
7. Decimal fractions cannot have trailing zeroes (e.g., “2.40” must be written as “2.4”).

Rounding

8. Non-parenteral dosages must be rounded to the tenths place (e.g., “1.45 mg” must be rounded to “1.5 mg”).
9. 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”).
10. 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”).
11. 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”).
12. 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 “16h and 42min” for your final answer).
13. Temperature and body weight (in pounds and kilograms) must be rounded to the tenths place (e.g., “2.54” must be rounded to “2.5”).

Special Instructions

14. N250 Safe-dosage ranges for pediatric medications must be rounded to the tenths place (e.g., "22.58" must be rounded to "22.6").
15. N253/N254 Continuous IV infusions/dosages of critical care medications (e.g., dopamine, nitroglycerin, etc.) and high-alert medications (e.g., heparin, insulin, etc.) must be rounded to the tenths place. (e.g., "22.68 mL/h" must be rounded to "22.7 mL/h" or "11.08 mcg/min" must be rounded to "11.1 mcg/m

REPORT OF AN INDUSTRIAL INJURY OR ILLNESS

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 Number | |
| 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

STUDENT SUCCESS GUIDELINES

APPENDIX R STUDENT SUCCESS



ASSOCIATE DEGREE NURSING PROGRAM

STUDENT SUCCESS

Initial Visit and Assessment

Date _____

Student Name _____ ID# _____ Campus _____

Current Class _____ Ph. Contact _____ E-mail _____

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 _____

Reviewed 9/21/2015
Updated 9/21/2015

APPENDIX S STUDENT SUCCESS – Follow-up Meetings Summary



ASSOCIATE DEGREE NURSING PROGRAM

STUDENT SUCCESS – Follow-up Meetings Summary

Student Name: _____ Student ID # _____

Date _____

Reason for Meeting:

Check the box below that apply

- Scored less than 76% on exam
- Dosage Calculation tutoring
- General tutoring

Student's Signature: _____

SS Coordinator Signature: _____

COMMENTS:

Reviewed 9/21/2015
Updated 9/21/2015

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 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 clustered identified | | | | | | | | | | | |

*A = Assessment
D = Analysis and diagnosis

G = Goal setting
P = Planning intervention


I = Implementation
E = Evaluation

APPENDIX U - FACIAL HAIRSTYLES AND FILTERING FACEPIECE RESPIRATORS

Facial Hairstyles and Filtering Facepiece Respirators

| Hairstyle | Compatibility | Notes |
|-----------------|---------------|--|
| 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 | ✗ | (Careful! Chin hair may easily cross the seal) |
| BALBO | ✗ | (Careful! Chin hair may easily cross the seal) |
| VAN DYKE | ✗ | |
| IMPERIAL | ✗ | |
| SIDE WHISKERS | ✓ | |
| MUTTON CHOPS | ✗ | |
| HULIHEE | ✗ | |
| HORSESHOE | ✓ | (Careful not to cross the seal) |
| ZAPPA | ✓ | |
| WALRUS | ✓ | |
| PAINTER'S BRUSH | ✓ | |
| CHEVRON | ✓ | |
| HANDLEBAR | ✓ | |
| PENCIL | ✓ | |
| TOOTHBRUSH | ✓ | |
| LAMP SHADE | ✓ | |
| ZORRO | ✓ | |
| VILLAIN | ✗ | (Careful not to cross the seal) |
| FU MANCHU | ✗ | |
| ENGLISH | ✗ | |
| DALI | ✗ | |

*If your respirator has an exhalation valve, some of these styles may interfere with the valve working properly if the facial hair comes in contact with it.
 †This graphic may not include all types of facial hairstyles. For any style, hair should not cross under the respirator sealing surface.
 Source: OSHA Respiratory Protection Standard
https://www.osha.gov/pdfs/inhalems/owadtp/owadtp_documents/tp_tablestandardbhp_04-12710
 Further Reading: NIOSH Respirator Trusted-Source Webpage
https://www.cdc.gov/niosh/topics/respirators/disp_parts/respirator03.html


 Centers for Disease Control and Prevention
 National Institute for Occupational Safety and Health

APPENDIX V - MATH PAUSE AGREEMENT



ASSOCIATE DEGREE NURSING PROGRAM

Student Name: _____

Student ID: _____

MATH PAUSE REQUIREMENTS:

- 1) The student assigned to a Math pause is required to pass three math exams in a row with at minimal score of 90% to be eligible to retake the math exit exam for the specific course he/she was enrolled.
- 2) The student is encouraged to audit N144 (formerly N48 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 exam 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 event that 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

+