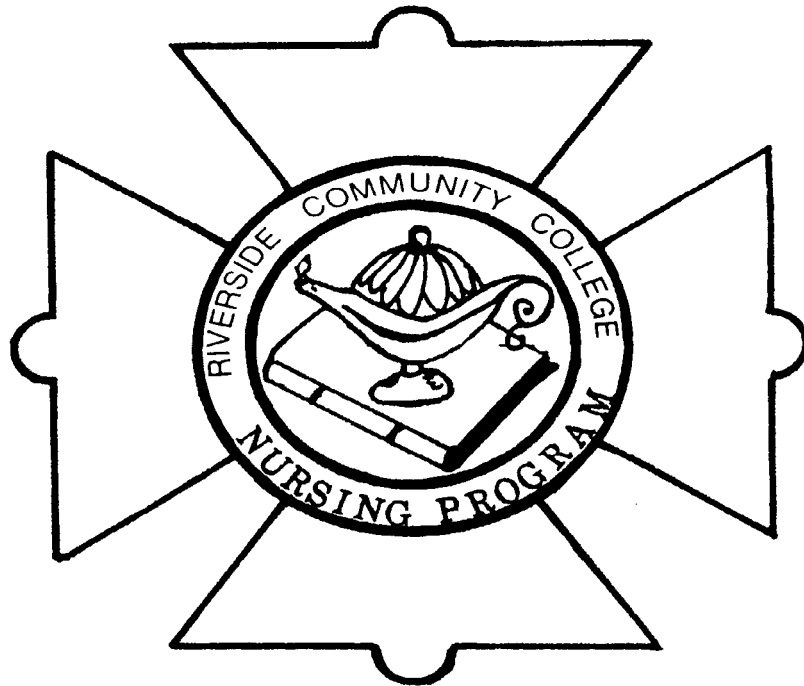


**RIVERSIDE CITY COLLEGE**  
**ASSOCIATE DEGREE NURSING PROGRAM**



**ADN STUDENT HANDBOOK**

**2009 - 2010**

**Riverside City Campus  
4800 Magnolia Avenue  
Riverside, CA 92506-1299  
(951) 222-8406**

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March Air Reserve Base  
14745 Riverside Drive  
Riverside, CA 92518  
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## ASSOCIATE DEGREE NURSING PROGRAM HANDBOOK POLICY

Students are expected to be knowledgeable regarding the Associate Degree Nursing Program expectations and policies. The Associate Degree Nursing Student Handbook is designed to be a resource to students to familiarize them with the program expectations and policies. Students are required to read the contents of the Associate Degree Nursing Program Handbook. Since program policies are revised continuously throughout the program, students will be given a copy of revised and updated policies as they are approved by nursing faculty. It is suggested that each student keep their handbook current as new forms/policies/procedures are distributed throughout the program.

The Acknowledge of Forms sheet (next page) is provided for you to sign. Your signature verifies that you have read, understand and agree to abide by these policies. The signature page will be placed in your student file the first semester that you enter the ADN Program.

ACKNOWLEDGEMENT OF FORMS

I, the undersigned, have read and understand the following policies as stated in the Student Handbook. MY SIGNATURE VERIFIES MY UNDERSTANDING OF AND AGREEMENT TO ABIDE BY THE POLICIES AND EXPECTATIONS. I understand that this signature page will be placed in my student file.

1. **HANDBOOK STATEMENT POLICY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

2. **POLICY CONCERNING PREGNANCY FOR NURSING STUDENTS**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

3. **ADA COMPLIANCE STATEMENT**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

4. **REFUSAL OF HEPATITIS B IMMUNIZATION SERIES**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

5. **ATTENDANCE POLICY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

6. **QUIZ/TEST/EXAMINATION POLICY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

7. **MAKE-UP EXAM POLICY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

8. **SPACE AVAILABLE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

9. **INTEGRITY POLICY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

10. **MANDATORY REPORTING REQUIREMENT POLICY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

11. **PATIENT CONFIDENTIALITY POLICY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

12. **ALCOHOLISM, DRUG ABUSE, AND EMOTIONAL ILLNESS POLICY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

13. **AUDIBLE ELECTRONIC DEVICES IN THEORY CLINICAL**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

14. **EXPOSURE CONTROL POLICY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

15. **RIVERSIDE COMMUNITY COLLEGE DIGITAL NETWORK USE POLICY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WELCOME TO THE RIVERSIDE CITY COLLEGE**  
**ASSOCIATE DEGREE NURSING PROGRAM**

Our nursing program has a history of excellence in the preparation of competent Registered Nurses. We trust you will become a proud alumnus of this program. The journey toward obtaining your degree is a joint responsibility of this college providing the learning experiences required by the National League for Nursing Accrediting Commission (NLNAC) and the California Board of Registered Nursing (BRN) along with your commitment to your nursing goal. Information concerning nursing education is available from the National League for Nursing, 61 Broadway, 33<sup>rd</sup> Floor, New York, New York, 10006 (1-800-669-1656), Web site: <http://nlnac.org> and the Board of Registered Nursing, 1625 N. Market Blvd., Suite N217, Sacramento, CA 95834-1924, phone (916) 322-3350.

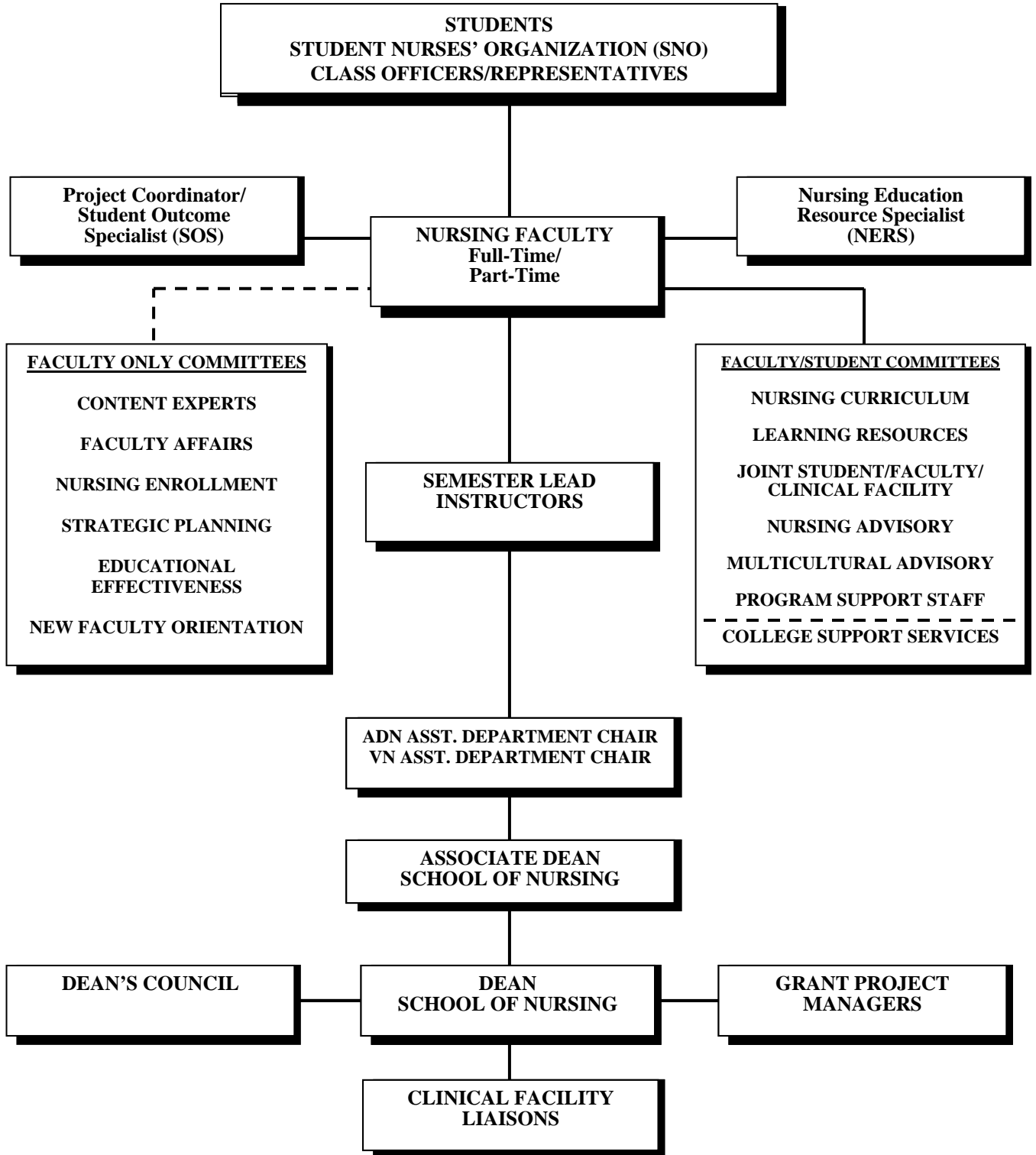
It is the intent of this Riverside City College Nursing Student Handbook to provide information which will make your journey through this program easier and enjoyable while you strive toward self-actualization in the nursing profession.

Please read the handbook carefully and abide by the policies and procedures of the program. Should any policies and procedures become revised as you progress in the nursing program, you will receive the changes.

The Nursing Faculty  
Riverside City College, School of Nursing

**RIVERSIDE CITY COLLEGE  
SCHOOL OF NURSING**

**ORGANIZATION/COMMUNICATION CHART**



**I. ASSOCIATE DEGREE NURSING PROGRAM**

**OVERVIEW: ASSOCIATE IN SCIENCE DEGREE**  
**IN NURSING PROGRAM (REGISTERED NURSING)**

The Associate Degree in Science in Nursing (Registered Nursing) Program requires at least two calendar years. The Riverside City College curriculum is based upon the basic standards of competent performance of an associate degree nurse. Upon completion, the graduate is eligible to write the National Licensing Examination (NCLEX-RN) for licensure as a Registered Nurse in the state of California. Graduates who complete the prescribed basic curriculum earn an Associate in Science in Nursing Degree.

The Associate in Science degree in Nursing Program (Registered Nursing) content is drawn heavily from the sciences and from general education. The emphasis is on utilization of problem-solving/nursing process, critical thinking, making nursing judgments, decisions, and learning leadership behaviors. The Registered Nurse has a basic foundation of nursing knowledge and technical skills. The experiences in this program are designed to encourage students to take responsibility for independent learning. The content is built upon concurrent scope (breadth and depth) of educational concepts. The Associate Degree in Nursing preparation focuses on a strong medical-surgical foundation, leadership skills and application of the nursing process in the various clinical settings.

RIVERSIDE CITY COLLEGE  
SCHOOL OF NURSING  
ASSOCIATE DEGREE NURSING PROGRAM

HISTORICAL SUMMARY: 1957-Present

|             |  |
|-------------|--|
| Spring 2009 | Song-Brown Nursing Grant   |
| Spring 2008 | Awarded California Community College Capacity Building and Enrollment Grant as well as The Song Brown Family Practice Grant.   |
| Fall 2007   | ADN Program Enrollment all time high: 390 students.  |
| Fall 2007   | RCCD Nursing Program receives statewide recognition earning the California Community College Chancellor's Technology Access Award.   |
| Fall 2007   | HRSA Nursing Education, Practice and Retention Grant (\$1,092,983) awarded to continue Student Outcome Specialist (SOS) role, increased enrollment, and flexible LVN to ADN program.   |
| Fall 2007   | New Assistant Director/Program Chair: Dr. Anita Kinser.  |
| Summer 2007 | President of City Campus, Dr. Linda Lacy; Interim RCCD Chancellor, Dr. James Buysse.   |
| Spring 2007 | Continuing Dean/Director School of Nursing: Dr. Sandra Baker   |
| Spring 2007 | Additional Song Brown Nursing Grant obtained to fund one faculty position at MEC. Total enrollment in ADN program is 370 students. An augmentation to Capacity Building grant will allow 20 additional Nursing 1 students at MEC in Fall. New School of Nursing building due to break ground July 2009.  |
| Fall 2006   | Extension ADN Nursing Program at March Education Center funded by a \$1.6 million California Community Colleges Chancellor's Office Capacity Building for Nursing Program grant to increase enrollment in Nursing 1. Thirty additional Nursing 1 spaces and 20 additional Nursing 3 advanced placement positions created. Partnership with Riverside County Regional Medical Center to begin 20/20 program for advanced placement students. RCRMC funding one (1) clinical faculty position. Grant funding three (3) faculty positions with three categorical positions to be funded spring 2007 as program admissions increase. |
|             | Song Brown Grant continues to fund two categorical faculty positions for RCCD School of Nursing.   |
| Fall 2006   | Computerized nursing testing.  |
| Summer 2006 | Nursing Dean position elevated to District Dean, School of Nursing: Dean/Director Sandra Baker.<br>New position of Associate Dean, Nursing (full-time), Dr. Lisa Howard-York.<br>Assistant Director/LVN to RN Flexible Program, Dr. Marie Colucci.   |
| Fall 2005   | Successful NLNAC Reaccreditation through 2013.   |
| Fall 2005   | ADN Program enrollment at all time high: 280 students.   |
| Fall 2005   | Nursing Workforce Initiative Grant for \$71,969 awarded: will fund faculty position.   |

## HISTORICAL SUMMARY - Continued

|               |   |
|---------------|---|
| August 2005   | HRSA Nurse Education, Practice and Retention: Career Ladder Grant awarded: \$798,919 over 3 years. Will fund equipment, increased enrollment costs, and initiate a video streamed LVN to ADN Program.   |
| April 2005    | Sandra Baker appointed Dean, School of Nursing.   |
| Fall 2004     | ADN State Enrollment Growth Funds for \$118,155 awarded.  |
| Spring 2004   | HRSA Construction Renovation/Equipment Grant for \$131,878 submitted to HRSA.   |
| Spring 2004   | Nursing 1 program enrollments increased from 50 to 60 in response to nursing shortage.  |
| March 2, 2004 | Measure C passed. Bond provides funds for facility improvements on District campuses, RCC, Moreno Valley, and Norco. Funding for School of Nursing Building.  |
| Fall 2003     | Evangeline Fawson elected ADN Program Chair (Assistant Director of the ADN Program).  |
| June 2003     | Sandra Baker appointed Interim Associate Dean/Director, Nursing Education.  |
| April 2003    | Successful BRN Reaccreditation.   |
| Fall 2002     | Nursing Enrollment Growth Funds granted to department for two more years.   |
| October 2002  | Celebrated 50 years of Nursing Education with reception. Participants included alumnae, President of BRN, Faculty Emeritus, Health Academy Local Legislative Representatives, and students. Book prepared by Nursing Education entitled " <i>Nursing Education Celebrating Fifty Years 1952-2002</i> " given to Dr. Rotella.  |
| Summer 2002   | Sharon Angrimson appointed Project Coordinator for the H-1B Grant.  |
| Spring 2002   | Sandra Baker re-elected Assistant Department Chair.   |
| Winter 2002   | Riverside County Economic Development Agency awarded H-1B Grant of \$2.3 million to facilitate career ladder in nursing. Dr. Marie Colucci appointed by President Rotella as Special Assistant to the President, Workforce Development.   |
| Fall 2001     | Nursing 1 program enrollments increased from 44 to 50 in response to nursing shortage. In addition, program enrollments increased in Nursing 2 from 48 to 60 and to 60 every semester in Nursing 3.   |
| Summer 2001   | H-1B Grant Proposal submitted through the Riverside County Economic Development Agency to the Department of Labor to facilitate the career ladder in nursing (C.N.A. to BSN). Partners include: California State University, Fullerton; Loma Linda University and Medical Center; Corona Regional Medical Center; Kaiser Permanente Medical Center (Riverside); Moreno Valley Medical Center; Riverside Community Hospital; and Riverside County Regional Medical Center. |
| Summer 1999   | Sandra Baker elected ADN Program Chair (Assistant Director of the ADN Program).   |
| Summer 1998   | Dr. Donna Schutte appointed Dean/Director, Nursing Education.   |
| Spring 1998   | Kathryn Meglitsch-Tate elected Program Chair (Assistant Director of the ADN Program).   |

## HISTORICAL SUMMARY - Continued

- 1997/1998 National League for Nursing and Board of Registered Nursing reaccreditations received.
- Summer 1997 Dr. Donna Schutte appointed Interim Director, Nursing Education and Dr. Marie Colucci elected Interim Program Chairperson.
- Fall 1996 Dr. Donna Schutte elected Program Chairperson (Assistant Director of the ADN Program).
- Spring 1995 Dr. Sue Kross was elected Dean/Director/Department Chairperson, Allied Health Programs.
- Jan. 1993 Board of Registered Nursing Reaccreditation visit, successful accreditation.
- 1993 Sharon Evans Angrimson was elected Dean/Director/Department Chair Allied Health Program. Dr. Marie Colucci was elected Program Chairperson (Assistant Director) of the ADN Program.
- Mar. 1992 Dr. Salvatore Rotella became President of the college. Departmental Chair organizational structure was revised and adopted by Riverside Community College.
- 1990-1992 Patricia Bufalino was the Associate Degree Nursing Chairperson. (Asst. Director)
- Nov. 1989 Successful NLN Reaccreditation through 1997.
- 1987 Successful BRN Reaccreditation.
- 1987-1990 Mrs. Sue Kross was the Associate Degree Nursing Chairperson. (Asst. Director)
- 1987-1994 Mrs. Sharon Evans Angrimson was the Dean of Allied Health. The Division of Nursing was encompassed in the Allied Health Program, which consisted of Associate Degree Nursing, Vocational Nursing, Emergency Medical Technician, Dental Technology, and Medical Assisting Programs. During these years, the nursing faculty revised and refined the basic curriculum and ADN-BSN articulation agreements. Excellent State Board passing rates remained consistent. Graduates functioned very competently in various clinical and leadership roles meeting health care needs in our community. RCC Nursing Alumni organized and supported the students. Numbers of students increased to meet the demands of a nursing shortage. There was a greater number in the pool of applicants for the nursing program (generic/transfer/career ladder). A greater number of multicultural students applied to the nursing program.
- 1986-1987 Dr. Dorothy Steck was the Dean of Nursing Education.
- 1985-1987 Mrs. Sharon Evans was the Associate Degree Nursing Chairperson. (Asst. Director)
- 1984-1985 Mrs. JoAnn Chasteen was the Dean of Nursing Education (Director of the ADN Program). Mrs. Pat Hora was the Associate Degree Nursing Chairperson (Asst. Director of the ADN Program).
- 1984 BRN Reaccreditation.
- 1981 First NLN Accreditation led by Dr. Brenda Davis.
- 1982-1983 Mrs. JoAnn Chasteen was the Department Chairperson of the Associate Degree Nursing Program (Assistant Director of the ADN Program).

## HISTORICAL SUMMARY - Continued

- 1980-1982 Mr. Timothy Matthews was the Assistant Director of the Nursing Program.
- 1980-1984 Dr. Brenda Davis was the Dean of the Nursing Program and Allied Health (ADN, VN, EMT, and NA).
- 1980-1981 The conceptual framework model was revised to reflect Basic Human Needs, the Life Cycle, the Health-Illness Continuum, the Nursing Process, and Roles of Associate Degree Nurse. Level objectives were developed for each semester of the Associate Degree Nursing Program.
- 1979 BRN Reaccreditation.
- 1977-1980 Ms. Mary Fiorentino was the Director of the Nursing Program. Mrs. Dorothy Steck was the Assistant Director of the Nursing Program. Dr. Charles A. Kane was President of the College.
- 1978-1979 A curriculum was developed and implemented based upon the Life Cycle Model vs. the Stress-Adaptation Model.
- 1977 Mrs. Dorothy Steck was Interim Director and Chairperson of the Division of Nursing.
- 1976-1977 Dr. Brenda Davis was the Director and Chairperson of the Division of Nursing.
- 1976-1977 During the second semester nursing courses were developed which utilized multi-media learning modules.
- 1973 During the first semester, the Lippincott Learning System was utilized as an auto-tutorial strategy for students.
- 1972 Foster Davidoff was President of the College.
- 1968 Students were admitted to the Associate Degree Nursing program in both spring and fall semesters.
- 1964 The faculty implemented an integrated curriculum based upon the Stress-Adaptation Model vs. the Systems-Disease oriented model.
- 1963 Ralph Bradshaw was President of the College.
- 1959-1976 Mrs. Margaret Naegle Colangelo was the Director and Chairperson of the Division of Nursing.
- 1959 The first class to receive an Associate Degree in Nursing was graduated.
- 1958 The Associate Degree Nursing Program was accredited by the California Board of Nursing Education and Nurse Registration.
- 1957-1959 Ms. Glennis Burke was the Director and Chairperson of the Division of Nursing.
- 1957 The RCC Division of Nursing was established and students were admitted to the Registered Nurse Program. William Noble was President of the College.

RIVERSIDE CITY COLLEGE  
ASSOCIATE DEGREE NURSING PROGRAM

PHILOSOPHY AND PURPOSES

Institution

The nursing faculty concurs with the Riverside City College School of Nursing philosophy and purposes as expressed in the statements regarding its mission, goals, vision, and values. RCC is a vital, affordable, personalized public institution of higher education which provides quality teaching and accessibility to a diverse student population. The college offers a comprehensive and flexible curriculum together with programs and services to meet diverse and evolving student needs. Excellence in teaching is provided by a faculty which communicates knowledge in a creative, stimulating, and challenging manner encouraging all students to think critically and analytically, and to apply learned principles, concepts, and skills.

RCC faculty and staff believe master planning to meet immediate and projected needs of all students and the community is essential to a viable educational program that enhances the quality of life. This process will move the college toward achievement of the vision, to be the leader among community colleges, highly regarded for commitment to all students, widely respected for excellence in teaching, and openly responsive to the communities served. Partnerships with other educational institutions, business, industry, and community groups are established and evolving to meet the dynamic educational needs of RCC constituents. Student centeredness, teaching excellence, an environment conducive to learning and tradition as values of the institution form the foundation upon which RCC is built and grows. These values guide individual and collective actions of its faculty and staff.

Associate Degree Nursing Program

The philosophy of the Associate Degree Nursing (ADN) Program has evolved from the successful 57-year history and tradition of excellence in nursing education and is based upon a set of beliefs shared by the total nursing faculty. The nursing faculty believes that nursing encompasses a broad occupational field involving a multiplicity of functions performed by individuals with varying levels of nursing education. So, to this end, the faculty agrees upon the following definition of the RCC concept of nursing:

Nursing is a humanistic art and science which employs caring behaviors to protect, promote and optimize health and abilities for individuals, families, groups, and communities. Additionally, nursing is alleviation of suffering through diagnosis and treatment of the human response. The essence of nursing is caring and compassionate quality care which is enacted through relationships and interpersonal communication in a way that is congruent with the culture, values, and lifestyles of individuals from diverse populations. The nurse collaborates with the client, the family, and members of the healthcare team to establish strategies using therapeutic interventions which will promote health by modifying, reducing, or preventing health-illness problems. The nurse advocates for and enhances the dignity of persons, planning and implementing measures designed to enable the individual to achieve maximum health and independence or to die in comfort with dignity. The nurse is thus concerned with the nature of persons/clients and prioritized human needs as applied to the individual within the life cycle. The nursing process provides a structure for critical thinking, clinical decision-making and implementation of quality care.

The nursing faculty believes that there is collaboration among nurses whose practice evolves from varying levels of education. The associate degree level of registered nursing practice falls between that of the vocational nurse and that of the registered nurse with additional education and advanced clinical expertise. As a member of the multidisciplinary healthcare team, the associate degree nurse functions as a generalist whose primary focus is to give direct and indirect care for clients with common and recurring health-illness problems in diverse community-based settings.

The purpose of nursing education is to provide cognitive, affective, and psychomotor instruction necessary for students to become safe and caring practitioners. Nursing education should take place within an institution of higher learning. It is appropriate that education of the associate degree nurse occur in the community college whose purposes include occupational and transfer education. The associate degree nursing curriculum is comprised of courses which incorporate principles from natural, behavioral, and social sciences, the humanities, and the art and science of nursing. Clinical experiences are developed in accordance with college policy, accreditation guidelines, and the regulations of the state licensing authority. Learning opportunities are provided that include clients of all age groups at varying points on the health-illness continuum.

The nursing faculty believes that the person/client is a human being with unique biopsychosocial, intellectual, spiritual, and cultural attributes. The person/client has a set of needs hierarchical in nature, which develop through a series of recognizable stages from conception through death, based on the Erikson/Newman and Newman eleven stages of the life cycle. Throughout the life cycle, the person/client is learning and selecting methods to meet daily needs. As a member of a family, group, and community, the person/client exhibits a variety of characteristics affected by the

aging process, interpersonal relationships, health-illness problems, and changing responsibilities. The behavior of the person/client is influenced by changing conditions in our world and universe.

The nursing faculty believes the conceptual framework forms a basis for the curriculum structure, selection of content, and learning experiences. The organization of the curriculum is based on stages of the life cycle, basic human needs, health-illness continuum, nursing process, and the roles of the associate degree nurse. The curriculum provides a pattern that guides the student in developing caring, safe, and competent behaviors. The nursing process includes assessment, analysis/nursing diagnosis, planning, implementation, evaluation, and documentation of these five steps in the promotion of health, prevention of illness, and provision of quality care.

Associate degree nursing students at RCC represent several stages of the life cycle. The nursing faculty respects the varied cultural and ethnic backgrounds of all students and believes the diverse population enriches the learning environment which promotes cultural competence. The faculty use teaching methodologies that integrate innovative technology to meet the differing abilities and learning styles of all students. Learning does not proceed at the same rate and in the same way in every individual. Learning is an active, continuous process, proceeding from simple to complex concepts, resulting in behavioral change, facilitating attainment of identified student outcomes. The nursing faculty believes that the student should be self-regulated by actively participating in the learning process, using experiences and guidance offered by faculty, and assuming responsibility for meeting learning outcomes. Learning involves the cognitive, affective, and psychomotor domains and is transferable to a variety of situations. Learning is a growth process facilitated by a caring and collaborative relationship between teacher and student.

The nursing faculty believes teaching is a dynamic process that integrates principles of adult learning. Faculty serve as role models and facilitate learning by providing an environment that promotes inquiry, critical thinking, accountability, self-evaluation, and attainment of program outcomes. In accordance with the trend of healthcare delivery, clinical instruction occurs in varied community-based settings.

The Riverside community and the nursing faculty believe in the value and competence of the Associate Degree Registered Nurse to our healthcare system. Community members are involved in the

development and implementation of the RCC School of Nursing ADN Program. A cooperative partnership with the constituent healthcare institutions is integral to an effective program. The contributions of nurses, as preceptors and mentors, as well as members of the multidisciplinary healthcare team are essential to the learning process. The nursing faculty is responsible for facilitating communication within clinical agencies participating in the program. The nursing faculty collaborates with healthcare partners regarding the overall program outcomes of the ADN graduate. This collaboration includes the implementation of innovative strategies to increase enrollment that addresses the community needs in the on-going nursing shortage.

The ADN graduate is prepared to function as a safe entry-level practitioner in diverse community-based settings where health promotion, prevention of illness, and provision of quality care are directed toward clients with common and recurring health-illness problems. This process begins with the ability to make appropriate assessments of the client's needs and identify community resources available to meet these needs. The graduate nurse develops the plan of care, promotes client dignity, and collaborates with members of the multidisciplinary healthcare team to attain identified client outcomes. Nursing theory and evidence-based information are used as foundations to guide the development of an individualized plan of care. The graduate practices safely within the ethical and legal frameworks of registered nursing, maintaining organizational and client confidentiality. The graduate acts as an advocate, empowering the client to make informed decisions about healthcare, changes in health status, and end-of-life decisions. Therapeutic communication techniques are used to collaborate with the client, family and members of the multidisciplinary healthcare team in planning nursing interventions.

The nurse graduate implements and documents appropriate caring interventions, which ensure client safety, security, comfort, optimal functioning, and hygiene along the health-illness continuum to attain maximum health or dignified death. Furthermore the graduate: a) develops a teaching plan to provide client education that facilitates optimal healthcare decisions and outcomes utilizing community resources; b) safely administers medications and implements related interventions with predictable outcomes according to accepted standards of nursing practice; c) demonstrates competence in current technologies and safe technical skills when providing client care.

The graduate demonstrates flexibility and innovation in adapting nursing care. The graduate considers the client's values, customs, culture, spiritual beliefs, and/or habits as well as the healthcare setting and healthcare delivery system. Additionally the graduate: a) manages client care safety and maintains accountability while assigning tasks to unlicensed members of the multidisciplinary healthcare team and delegating responsibility to licensed personnel; b) is able to assume beginning managerial and leadership functions, including effective problem solving and conflict resolution; c) manages resources by balancing quality care and cost containment; d) recognizes that nursing research results in evidence-based practice and assists as appropriate in data collection; e) demonstrates professional behaviors by participating in lifelong learning activities, in professional organizations, political healthcare issues, organizational committees, quality improvement activities, and mentoring/role modeling; f) demonstrates professional behaviors by maintaining professional boundaries in the nurse-client relationship.

The RCC graduates earn an Associate in Science degree in Nursing and are highly successful on the national licensing examination for registered nurses (NCLEX-RN). Graduates express positive comments about the quality of their RCC School of Nursing education. RCC graduates are highly sought for employment in the community healthcare facilities and receive excellent ADN entry-level evaluations. Formal and informal articulation agreements assist graduates in continuing nursing education at institutions which offer baccalaureate and higher degrees. The School of Nursing at Riverside City College provides a sound foundation for further personal and professional development leading to opportunities for continued growth and advancement in the nursing profession.

1963, 1968, 1974, 1977, 1978, 5/5/80, 5/29/80, 1/22/81, 3/16/81,  
1983, 1984, 5/85, 1/87, 5/87, 6/87, 7/87, 11/87, 10/88, 11/88, 1/89,  
7/89, 8/89, 5/91, 6/92, 10/92, 4/95, 6/95, 2/96, 7/96, 3/97, 4/97, 5/97  
7/97, 9/97, 1/98, 2/00; 6/00, 4/01, 3/02, 12/04, 1/05; 2/05, 3/05, 4/05,  
5/05, 6/05, 1/07, 5/07, 6/07; 8/09

**RIVERSIDE CITY COLLEGE  
SCHOOL OF NURSING**

**DEFINITION OF TERMS: ADN PROGRAM**

A. Conceptual Framework

1. Nursing Process: A systematic problem-solving method with emphasis on making individualized decisions about the nursing care needed by the client. It is a guide to the effective delivery of health and nursing care. The nursing process is composed of five basic steps: assessment of the client, analysis of identified problems (nursing diagnosis), planning and determining goals of care, implementation of nursing action and evaluation of nursing care. The technical nurse has the responsibility of utilizing this process which is inherent within the professional practice of nursing.

- a. Assessment: Continuously and deliberately collect, verify and communicate data concerning the client.
- b. Diagnosis: Identify strengths and resources, diagnose actual problems, predict potential problems by analysis and interpretation of evidence-based information.
- c. Plan: Establish client-centered goals and outcomes based on priorities of care identified in collaboration with client, family, and other members of the multidisciplinary healthcare team. Develop individualized nursing interventions and teaching plans to achieve the goals established.
- d. Implementation: Assess readiness to act and initiate nursing interventions and teaching plans to achieve prioritized client goals and outcomes. Document and communicate with clients, families, and members of the multidisciplinary healthcare team.
- e. Evaluation: Evaluate client responses to interventions and modify plan of care as needed. Collaborate with clients, families, and members of the multidisciplinary healthcare team to determine attainment of goals and outcomes and factors that promote or impede goal achievement. Reassess nursing diagnoses to determine the need for continuing, modifying, or terminating the plan of care.

2. Basic Human Needs: Those necessary things which are required by human beings in order to maintain physiologic and psychologic homeostasis. Abraham Maslow's model of human needs includes both physiologic and psychologic needs. The following are Maslow's five categories of needs:

Physiologic

Safety and Security

Love and Belonging

Self-esteem

Self-actualization

3. Roles of the Nurse: As defined by the National League for Nursing, competencies of the Associate Degree Nurse are: provider of care, manager of client care, and member within the discipline of nursing.
4. Life Cycle: Life Cycle is a series of sequential predictable events through which a human progresses on a continuum from conception to death. Each event is dominated by a change in growth and development. All humans follow the same pattern of growth and development but each individual proceeds at a unique pace. The life cycle is categorized according to Erikson/Newman and Newman into stages through which the human proceeds: prenatal, infancy, toddlerhood, early school age, middle school age, early adolescence, later adolescence, early adulthood, middle adulthood, later adulthood, and very old age. A complete cycle begins at the moment of conception, includes each stage, and ends with death.



5. Caring: Caring is a regard for the well-being and needs of the client, combined with a sense of responsibility for intervening in meeting individual needs, according to the Riverside Community College School of Nursing Conceptual Framework. Caring affirms the client as an individual and creates an environment of hope and trust, where client choices related to cultural values, beliefs, and lifestyle are respected. Caring behaviors are essential to safe and competent care, protecting and enhancing client dignity.

Caring about others begins with caring about the self and other nurses. Caring is learned by experiencing practices among faculty and students which cultivate sensitivity to self and others. The student learns the basic constructs of caring including, but not limited to, comfort, compassion, concern, empathy, helping behaviors, nurturance, support, involvement, and sharing.

Caring behaviors apply critical thinking skills to bridge the gap between the technological aspects of care and the human responses to potential and actual health problems. Caring is facilitated by structured learning activities designed to develop affective learning.

6. Culture: Culture is patterns of learned behaviors and values which are shared among members of a designated group and are usually transmitted to others of their group through time. Culture governs one's thoughts and actions and is a dominant force in determining health-illness behaviors. Culture influences inherent and tested responses to common life situations. Culture includes diet, language and communication processes, religion, art, history, family life processes, social groups, interactive patterns, value orientations, and healing beliefs and practices. Cultural characteristics describe typical group norms which may or may not be exhibited by a particular person within the culture. Each individual must be assessed to avoid stereotyped responses based on assumptions and ethnocentrism.
7. Cultural Competence: The effective integration of cultural awareness and sensitivity into practice with willingness and capability to interpret cultural differences in perceptions of health, illness, and treatment and to implement cultural differences into the plan of care.
8. Community-based Settings: Agencies or facilities located within the community that provide primary, secondary, or tertiary levels of healthcare.

9. Primary Care: The point of entry into the healthcare system at which initial healthcare is given. It focuses on health maintenance, health promotion, and illness prevention activities. This level of care may be provided in emergency departments, ambulatory care centers such as clinics, physician offices, and industrial clinics; crisis centers, and volunteer and support agencies. It can include intermittent care for treatment of chronic health problems not requiring hospitalization.
10. Secondary Care: Healthcare focusing on acute care and prevention of health illness problems may include care provided in hospitals, home health agencies, and ambulatory care settings.
11. Tertiary Care: Healthcare focusing on restoration, rehabilitation, or long-term care may be provided through home healthcare, long-term facilities, rehabilitation centers, or hospice.
12. Plan of Care: A written guide that organizes information about a client's health and the actions to meet stated outcomes. May also be referred to as a nursing care plan, multidisciplinary plan of care, care map, standardized plan, standards of care, or critical pathway.
13. Evidence-Based Practice: Client care determined by data gathered from assessment, clinical expert opinion, research findings, scientific information, practice guidelines, standards of care and evaluation.
14. Significant Support Person(s): An individual or group considered to be special and have an effect on the client. Support person(s) may include family members, friends, and colleagues.
15. Assistive Personnel: Employees (licensed, unlicensed) who give and/or support client care as delegated by the registered nurse.
16. Definition of Critical Thinking: The active, organized, cognitive process used to carefully examine one's thinking and the thinking of others. (Chaffee, 1994)
17. Critical Thinking in Nursing: Guided by the use of the nursing process, critical thinking in nursing is an essential, goal-directed, systematic, evidence and belief-based component of clinical decision making. It is the key to resolving problems, adapting to new situations, and continually assessing and expanding one's own knowledge. Critical thinking includes adherence to intellectual standards and a commitment to develop and maintain intellectual attitudes.

18. Critical Thinking Concepts:

- a. Intellectual Standards: involves a rigorous approach to clinical practice that ensures a high quality of nursing care. These standards include clarity, precision, accuracy, logic, completeness, significance, consistency, fairness, depth and relevancy.
- b. Intellectual Attitudes: are guidelines for how to approach a problem or decision-making situation. These attitudes include open-mindedness, flexibility, creativity, humility, perseverance, tolerance, empathy, integrity and self-direction.

19. Critical Thinking Competencies:

Competencies which must be developed to think critically include interpretation, analysis, evaluation, inference, explanation and self-regulation.

- a. Interpretation: to understand, comprehend, decipher and explain the meaning of written materials, verbal and nonverbal communications, empirical data, and graphics.
- b. Analysis: to examine, organize, categorize, or prioritize variables such as signs and symptoms, evidence, facts, research findings, concepts, ideas, beliefs, and points of view.
- c. Evaluation: to assess the credibility of sources of information, to assess the strength of evidence, to assess the relevance, significance, value or applicability of information in relation to a specific situation, and to assess information for biases, stereotypes, and clichés.

Chaffee, J. (1994). *Thinking Critically* (3rd ed.). Boston: Houghton Mifflin.

Paul, R.W. & Binker, A. (eds). (1990). *Critical Thinking: What every person needs to survive in a rapidly changing world*. Rohner Park, CA: *Foundation for Critical Thinking*.

Potter, P.A. (2001). *Critical Thinking in Nursing Practice*. In P.A. Potter and A.G. Perry Fundamentals of Nursing (5th ed., 274-289). St. Louis, MO: Mosby.

- d. Inference: to draw conclusions based on evidence, to differentiate between conclusions/hypotheses that are logically or evidentially necessary and those that are merely possible or probable and to identify knowledge gaps or needs.
- e. Explanation: to explain, in writing or orally, the assumptions and reasoning processes followed in reaching conclusions, and to justify one's reasoning/conclusions in terms of evidence, concepts, methodologies, or contextual considerations.
- f. Self-Evaluation or Self-Regulation: to continuously monitor, reflect on, and question one's own thinking, to reconsider interpretations or judgments as appropriate based on further analysis of facts or added information, and to examine one's own views with sensitivity to the possible influence of personal biases or self-interest.

C. Standards of Nursing Practice

1. The Standards of Nursing Practice consist of Standards of Practice and Standards of Professional Practice as defined by the American Nurses Association (ANA).
  - a. The Standards of Nursing Practice describe a competent level of nursing care as demonstrated by the critical thinking model known as the nursing process. The Standards of Nursing Practice reflect the steps of the nursing process: assessment, diagnosis, outcomes identification, planning, implementation, and evaluation.
  - b. The Standards of Professional Performance describe a competent level of behavior in the professional role—including activities related to quality of practice, education, professional practice evaluation, collegiality, collaboration, ethics, research, resource utilization, and leadership.

American Nurses Association (2004). *Scope and standards of practice*. Silver Spring: Nurses books.org.

RIVERSIDE CITY COLLEGE  
SCHOOL OF NURSING

LEARNING OUTCOMES (COMPETENCIES) OF THE ASSOCIATE DEGREE NURSING  
PROGRAM GRADUATE  
(TERMINAL OBJECTIVES)

Based on the nature of person/client, the stages of the life cycle and respecting individual differences, the graduate of the Riverside City College Associate Degree Nursing Program will:

I. In the Provider of Care Role:

Demonstrate critical thinking competencies using the nursing process as a basis for clinical decision-making by incorporating established nursing interventions which assist clients with common recurring health-illness problems at the primary, secondary, and tertiary levels of care.

A. Assessment

1. Assess the client's health status by completing a health history and performing a physical, cognitive, psychosocial, and functional assessment.
2. Assess the client's response to actual/potential health problems and interventions.
3. Assess client for changes in health status and identified needs and client's access to available community resources.
4. Assess environmental factors that may affect the client's health status and the strengths, resources, and needs of clients within the community.
5. Assess the interaction patterns of the individual client and support person(s) for learning strengths, capabilities, barriers, spiritual, cultural, and educational needs.

B. Analysis/Nursing Diagnosis

1. Identify client healthcare needs and select nursing diagnoses based on analysis and interpretation of evidence-based practice.
2. Make sound clinical and management decisions ensuring individualized safe quality care while incorporating the impact of developmental, emotional, cultural, and spiritual influences.
3. Identify client healthcare needs, participate in data collection for research, and quality improvement to meet client outcomes.

C. Planning

1. Establish client-centered outcomes based on priorities of care identified in collaboration with client, family, and multidisciplinary healthcare team.
2. Use evidence-based practice as a means to develop an individualized plan of care.
3. Develop an individualized teaching plan based on assessed learning needs.
4. Develop caring interventions for clients and their support persons to achieve the desired outcomes.

D. Implementation

1. Coordinate and implement the individualized plan of care providing a safe physical and supportive psychosocial environment.
2. Demonstrate caring behaviors toward the client and support person (s), protecting and promoting the client's dignity.
3. Adapt nursing care in consideration of the client's values, customs, culture, spiritual beliefs, and/or habits.
4. Demonstrate therapeutic communication skills when working with the healthcare team and assist the client to cope with and adapt to stressful events and changes in health status.
5. Initiate interventions to achieve prioritized client outcomes regarding physiological and psychological safety, multidisciplinary treatment plan, and continuity of care in assisting the client to optimum comfort and functioning.
6. Demonstrate competent technical skills, using current technology as a foundation for effective practice in a variety of settings.
7. Incorporate practices in medication administration to ensure client safety and prevention of errors.
8. Teach the client and significant support person(s) the information and skills needed to achieve desired outcomes.
9. Report and document assessments, interventions, and progress toward client outcomes to the multidisciplinary team in an accurate and concise manner.
10. Recommend community resources for home and community-based care.

E. Evaluation

1. Collaborate with client(s), family, and the multidisciplinary healthcare team to determine the effectiveness of interventions and teaching plans in achieving identified client outcomes, reassess and modify the plan of care as appropriate.
2. Use standards of nursing practice to evaluate quality of client care.
3. Document and communicate evaluation results to multidisciplinary healthcare team as appropriate, abiding by state and federal laws and regulation (HIPPA).

II. In the Manager of Care Role:

- A. Apply leadership principles and management skills using collaboration in planning, delegating, supervising, and evaluating nursing care as it relates to complex situations.
- B. Demonstrate flexibility and innovation in adapting delivery of care according to the healthcare setting and healthcare policy system.
- C. Manage and coordinate care for a group of clients by assessing the skills of licensed and unlicensed assistive personnel, and delegating tasks appropriately based on complexity of client problems and skills of team members.
- D. Assume accountability for the delegation of client care to best meet client outcomes by supervising, teaching, and evaluating licensed and unlicensed assistive personnel.
- E. Use appropriate channels of communication when collaborating with multidisciplinary healthcare members to achieve client outcomes.

- F. Advocate for client rights while ensuring client and organizational confidentiality at all times.
- G. Manage care for groups of clients in diverse settings by supporting the client when making healthcare and end-of-life decisions.
- H. Demonstrate effective problem-solving and fair conflict resolution to achieve positive client outcomes.
- I. Manage resources, balancing quality care with cost containment.
- J. Demonstrate competence with current technologies to support and communicate the planning and provision of client care.

III. In the Member Within the Discipline of Nursing Role:

- A. Practice within the ethical and legal framework of nursing, including the California Nurse Practice Act, and report unsafe or illegal practices using appropriate channels of communication.
- B. Uses the ANA Standards of Practice and the Code of Ethics (ANA) for nurses to guide and evaluate nursing practice.
- C. Demonstrate professional behaviors, accountability for own nursing practice/competency and those duties delegated or assigned to others, including peer review.
- D. Demonstrate a foundation for cultural competence.
- E. Practice self-regulation assuming responsibility for updating knowledge base and clinical practice.
- F. Evaluate, reassess and adapt practice consistently and in response to constructive criticism or suggestions for improvement.
- G. Implement a plan for life-long learning, self-development, and self-care.
- H. Facilitate and apply evidence-based nursing practice.
- I. Contribute to the profession of nursing through mentoring, role modeling, participating in quality improvement activities, professional and organizational committees, and political action affecting healthcare.
- J. Demonstrate caring behaviors toward clients, peers, self, and other members of the healthcare team that builds positive team relationships, promotes organizational goals, and contributes to a healthy work environment.
- K. Delineate and maintain appropriate professional boundaries in the nurse-client relationship.
- L. Demonstrate successful performance on NCLEX-RN.
- M. Obtain employment as a competent professional ADN entry-level registered nurse.

12/63, 5/68, 9/79, 6/77, 6/78, 5/30/80, 1/22/81, 5/6/81, 5/85, 1/87, 6/87,  
 11/87, 2/88, 2/89, 3/91, 6/90, 4/91, 5/91, 6/92, 10/96, 12/96, 1/97, 3/97, 6/97,  
 7/97, 7/98, 12/99, 2/00, 5/00, 6/00, 4/01, 2/02, 2/05, 4/05, 5/05, 6/05; 1/07; 8/09

**RIVERSIDE CITY COLLEGE**  
**ASSOCIATE DEGREE NURSING PROGRAM**  
**CONCEPTUAL FRAMEWORK NARRATIVE**

Five major concepts form the basis of the Conceptual Framework Model of the Associate Degree Nursing Program developed by the nursing faculty at Riverside City College. The five major concepts are:

1. Basic Human Needs
2. Life Cycle
3. Health-Illness Continuum
4. Nursing Process
5. Roles of the Associate Degree Nurse

The client is viewed as having basic human needs as described by Abraham Maslow, who states that man's needs arrange themselves in a hierarchy which ascends from the most basic biological requirements progressively to the quest for self-actualization. The components of Maslow's Hierarchy of Human Needs, starting with the most basic need, are:

1. Physiologic
2. Safety and Security
3. Love and Belonging
4. Self-esteem
5. Self-actualization

The second concept is the Life Cycle as described by Erik Erikson, with adaptation by Barbara and Philip Newman, who place the series of eleven sequentially predictable events on a continuum from conception to death, each with a task to be mastered.

Erikson/Newman and Newman identified eleven stages which are listed as follows:

| <b>Life Stage</b>    | <b>Age</b>          | <b>Psychosocial Crisis</b>                 |
|----------------------|---------------------|--|
| 1. Prenatal          | Conception to Birth |  |
| 2. Infancy           |                     | Basic Trust vs. Basic Mistrust             |
| 3. Toddlerhood       |                     | Autonomy vs. Shame and Doubt               |
| 4. Early School Age  | 4 - 6               | Initiative vs. Guilt                       |
| 5. Middle School Age | 6 - 12              | Industry vs. Inferiority                   |
| 6. Early Adolescence | 12 - 18             | Group Identity vs. Alienation              |
| 7. Later Adolescence | 18 - 22             | Individual Identity vs. Identity Confusion |
| 8. Early Adulthood   | 22 - 34             | Intimacy vs. Isolation                     |
| 9. Middle Adulthood  | 34 - 60             | Generativity vs. Stagnation                |
| 10. Later Adulthood  | 60 - 75             | Integrity vs. Despair                      |
| 11. Very Old Age     | 75 until death      | Immortality vs. Extinction                 |

The third major concept is the health-illness continuum comprised of four focal positions, which are maximum health, health, illness, and death.

Maximum Health                      Health                      Illness                      Death

1. Maximum health is the attainment of the full potential of an individual, family, group, or community. It is the absence of symptoms, the individual's perception of maximum well-being, and the ability to perform roles and tasks.
2. Health is the partial attainment of the full potential of an individual, family, group, or community. It is the absence of symptoms, the individual's perception of well-being, and the ability to perform most roles and tasks.
3. Illness is the failure to attain the potential of an individual, family, group, or community. It is the presence of symptoms, the individual's perception of poor health, and the inability to perform roles and tasks.
4. Death is the permanent cessation of all functions.

The fourth concept is the nursing process, which is a systematic problem solving method used by nurses. The five basic steps of the nursing process are: assessment, diagnosis, planning, implementation, and evaluation.

1. Assessment: Continuously and deliberately collect, verify and communicate data concerning the client.
2. Analysis/Diagnosis: Identify strengths and resources, diagnose actual health-illness (Nursing) problems, and predict potential problems by analysis and interpretation of evidence-based information.
3. Plan: Establish client-centered goals and outcomes based on priorities of care identified in collaboration with client, family, and other members of the multidisciplinary healthcare team. Develop individualized nursing interventions and teaching plans to achieve the goals established.
4. Implementation: Assess readiness to act and initiate nursing caring interventions and teaching plans to achieve prioritized client goals and outcomes. Document and communicate with clients, families, and members of the multidisciplinary healthcare team.
5. Evaluation: Evaluate client responses to interventions and modify plan of care as needed. Collaborate with clients, families, and members of the multidisciplinary healthcare team to determine attainment of goals and outcomes and factors that promote or impede goal achievement. Reassess nursing diagnoses to determine the need for continuing, modifying, or terminating the plan of care.

The fifth major concept of the Conceptual Framework is the role of the associate degree nurse.

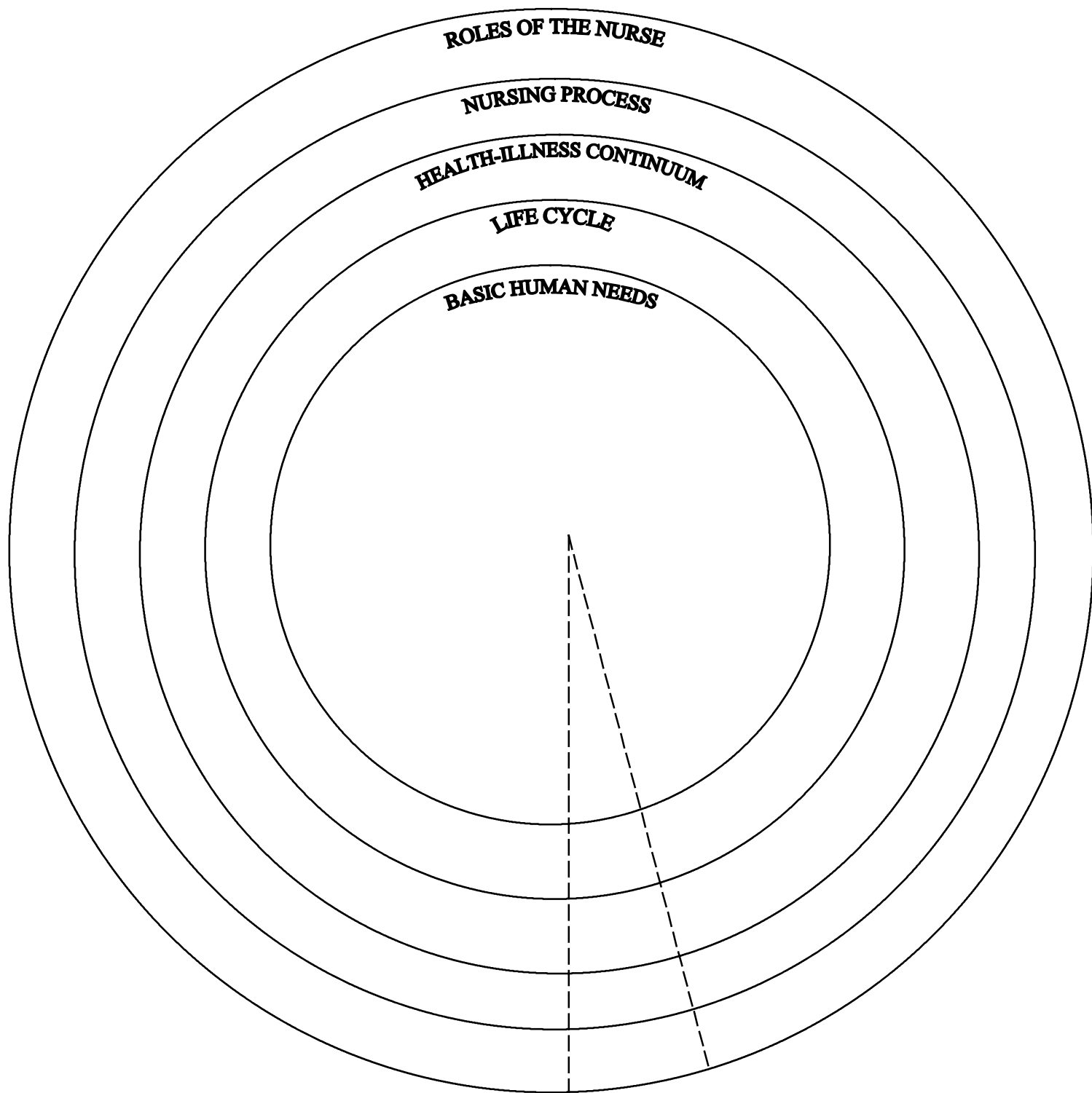
These three roles of the nurse are:

1. Provider of Care
2. Manager of Care
3. Member within the Discipline of Nursing

These five major concepts of the RCC ADN conceptual framework are schematically represented in a model that is organized using a circular pattern. There are five circles each representing one of the major concepts. These circles are movable thus allowing faculty, students, and others to demonstrate the changing relationship between the sub-concepts within each major concept. The mobility of the model allows for the development of an understanding of the complexities inherent in each of the major concepts used in the nursing program. This ability of the model also allows understanding of the continuous changing biopsychosocial and spiritual needs of the client.

6/00; 2/05; 4/05, 12/07; 8/09

**CONCEPTUAL FRAMEWORK DIAGRAM**



RIVERSIDE CITY COLLEGE  
SCHOOL OF NURSING  
ASSOCIATE DEGREE NURSING PROGRAM

LEVEL OBJECTIVES

| LEVEL I   | LEVEL II   | LEVEL III  | LEVEL IV   |
|---|--|--|--|
| <p>Using knowledge from human anatomy, physiology, other college level courses, introductory nursing theory and practice, the Nursing 1 student will:</p> <p>1.0 Classify the basic human needs according to Maslow's hierarchy and apply the knowledge of these needs to the care of Level I clients (middle aged, older, and very old adult) with reference to:</p> <p>1.1 Physiologic Needs:</p> <p>1.1.1 Oxygenation<br/>1.1.2 Nutrition<br/>1.1.3 Elimination<br/>1.1.4 Activity<br/>1.1.5 Comfort<br/>1.1.6 Sexuality</p> <p>1.2 Safety and Security Needs:</p> <p>1.2.1 Physical Safety<br/>1.2.1.1 Standard Precautions<br/>1.2.1.2 Client Abuse<br/>1.2.2 Emotional Safety<br/>1.2.3 Spiritual Security<br/>1.2.4 Cultural Concerns<br/>1.2.5 Ethicolegal Issues</p> | <p>Using knowledge from the natural sciences, behavioral, social sciences, humanities, beginning nursing theory and practice, the Nursing 2 student will:</p> <p>1.0 Assess and begin to prioritize client needs according to Maslow's hierarchy for Level II clients (newborns, children, young adults, and childbearing families) with reference to:</p> <p>1.1 Physiologic Needs:</p> <p>1.1.1 Oxygenation<br/>1.1.2 Nutrition<br/>1.1.3 Elimination<br/>1.1.4 Activity<br/>1.1.5 Comfort<br/>1.1.6 Sexuality</p> <p>1.2 Safety and Security Needs:</p> <p>1.2.1 Physical Safety<br/>1.2.1.1 Standard Precautions<br/>1.2.1.2 Client Abuse<br/>1.2.2 Emotional Safety<br/>1.2.3 Spiritual Security<br/>1.2.4 Cultural Concerns<br/>1.2.5 Ethicolegal Issues</p> | <p>Using knowledge from the natural, behavioral, social sciences, humanities, intermediate nursing theory and practice, the Nursing 3 student will:</p> <p>1.0 Assess and plan ways to prioritize the biopsychosocial and spiritual needs of Level III clients (middle age adults, mental health clients of all ages) based on Maslow's hierarchy with reference to:</p> <p>1.1 Physiologic Needs:</p> <p>1.1.1 Oxygenation<br/>1.1.2 Nutrition<br/>1.1.3 Elimination<br/>1.1.4 Activity<br/>1.1.5 Comfort<br/>1.1.6 Sexuality</p> <p>1.2 Safety and Security Needs:</p> <p>1.2.1 Physical Safety<br/>1.2.1.1 Standard Precautions<br/>1.2.1.2 Client Abuse<br/>1.2.2 Emotional Safety<br/>1.2.3 Spiritual Security<br/>1.2.4 Cultural Concerns<br/>1.2.5 Ethicolegal Issues</p> | <p>Using knowledge from the natural, behavioral, social sciences, humanities, advanced nursing theory and practice, the Nursing 4 student will:</p> <p>1.0 Assess and prioritize Level IV clients (older and very old adults and clients of all ages) needs according to Maslow's hierarchy and integrate this information throughout the multidisciplinary treatment plan of care for each client, with reference to:</p> <p>1.1 Physiologic Needs:</p> <p>1.1.1 Oxygenation<br/>1.1.2 Nutrition<br/>1.1.3 Elimination<br/>1.1.4 Activity<br/>1.1.5 Comfort<br/>1.1.6 Sexuality</p> <p>1.2 Safety and Security Needs:</p> <p>1.2.1 Physical Safety<br/>1.2.1.1 Standard Precautions<br/>1.2.1.2 Client Abuse<br/>1.2.2 Emotional Safety<br/>1.2.3 Spiritual Security<br/>1.2.4 Cultural Concerns<br/>1.2.5 Ethicolegal Issues</p> |

| LEVEL I   | LEVEL II   | LEVEL III   | LEVEL IV   |
|---|--|---|--|
| <p>1.3 Love and Belonging Needs:</p> <p>1.3.1 Caring<br/>1.3.2 Cultural Diversity<br/>1.3.3 Spirituality<br/>1.3.4 Sexuality<br/>1.3.5 Family and Community</p> <p>1.4 Self Esteem Needs:</p> <p>1.4.1 Spirituality<br/>1.4.2 Cultural Diversity<br/>1.4.3 Body Image:</p> <p>1.4.3.1 Development related to change<br/>1.4.3.2 Adaptation to change related to aging, health-illness problems, and/or medical-surgical treatments</p> <p>1.5 Self-Actualization Needs:</p> <p>1.5.1 Independence/Interdependence<br/>1.5.2 Resolution of Developmental Tasks<br/>1.5.3 Life Review/Death as Final Stage of Life</p> <p>2.0 Describe, the eleven (11) developmental psychosocial stages in the life cycle according to Erikson/Newman and Newman.</p> | <p>1.3 Love and Belonging Needs:</p> <p>1.3.1 Caring<br/>1.3.2 Cultural Diversity<br/>1.3.3 Spirituality<br/>1.3.4 Sexuality<br/>1.3.5 Family and Community</p> <p>1.4 Self Esteem Needs:</p> <p>1.4.1 Spirituality<br/>1.4.2 Cultural Diversity<br/>1.4.3 Body Image:</p> <p>1.4.3.1 Development related to growth and pregnancy, health-illness continuum and medical-surgical treatments</p> <p>1.5 Self-Actualization Needs:</p> <p>1.5.1 Independence/Interdependence<br/>1.5.2 Resolution of Developmental Tasks<br/>1.5.3 Life Review/Death as Final Stage of Life</p> <p>2.0 Recognize and use the appropriate developmental stages, according to Erikson/Newman and Newman, of the life cycle of Level II clients, with reference to:</p> | <p>1.3 Love and Belonging Needs:</p> <p>1.3.1 Caring<br/>1.3.2 Cultural Diversity<br/>1.3.3 Spirituality<br/>1.3.4 Sexuality<br/>1.3.5 Family and Community</p> <p>1.4 Self Esteem Needs:</p> <p>1.4.1 Spirituality<br/>1.4.2 Cultural Diversity<br/>1.4.3 Body Image:</p> <p>1.4.3.1 Development related to aging health-illness continuum, and/or medical-surgical treatments</p> <p>1.5 Self-Actualization Needs:</p> <p>1.5.1 Independence/Interdependence<br/>1.5.2 Resolution of Developmental Tasks<br/>1.5.3 Life Review/Death as Final Stage of Life</p> <p>2.0 Integrate the developmental stages, according to Erikson/ Newman and Newman in the life cycle of Level III clients in the multidisciplinary treatment plan of care, with reference to:</p> | <p>1.3 Love and Belonging Needs:</p> <p>1.3.1 Caring<br/>1.3.2 Cultural Diversity<br/>1.3.3 Spirituality<br/>1.3.4 Sexuality<br/>1.3.5 Family and Community</p> <p>1.4 Self Esteem Needs:</p> <p>1.4.1 Spirituality<br/>1.4.2 Cultural Diversity<br/>1.4.3 Body Image:</p> <p>1.4.3.1 Development related to change<br/>1.4.3.2 Adaptation to change related to aging health-illness continuum and/or medical-surgical treatments</p> <p>1.5 Self-Actualization Needs:</p> <p>1.5.1 Independence/Interdependence<br/>1.5.2 Resolution of Developmental Tasks<br/>1.5.3 Life Review/Death as Final Stage of Life</p> <p>2.0 Interpret how the Erikson/Newman and Newman's developmental tasks impact health and illness and integrate this information throughout the multidisciplinary treatment plan, with reference to Level IV clients:</p> |

| LEVEL I  | LEVEL II  | LEVEL III   | LEVEL IV  |
|--|---|---|---|
| <p>2.1 Prenatal: Conception to Birth</p> <p>2.2 Infancy: Trust vs Mistrust</p> <p>2.3 Toddlerhood: Autonomy vs Shame and Doubt</p> <p>2.4 Early School Age: Initiative vs Guilt</p> <p>2.5 Middle School Age: Industry vs Inferiority</p> <p>2.6 Early Adolescence: Group Identity vs Alienation</p> <p>2.7 Later Adolescence: Individual Identity vs Identity Confusion</p> <p>2.8 Early Adulthood: Intimacy vs Isolation</p> <p>2.9 Middle Adulthood: Generativity vs Stagnation</p> <p>2.10 Later Adulthood: Integrity vs Despair</p> <p>2.11 Very Old Age: Immortality vs Extinction</p> <p>3.0 Assess the position of the client from maximum health to death, according to the health-illness continuum:</p> <p>3.1 Maximum Health:</p> <p>3.1.1 Health Promotion</p> <p>3.1.2 Lifestyle Choices</p> <p>3.2 Health:</p> <p>3.2.1 Health Maintenance</p> <p>3.2.2 Lifestyle Adaptations</p> <p>3.3 Illness:</p> <p>3.3.1 Biopsychosocial Responses</p> <p>3.3.2 Traditional Treatment Modalities</p> <p>3.3.3 Alternative Complementary Therapies</p> <p>3.4 Death:</p> <p>3.4.1 Ethicolegal Concerns</p> <p>3.4.2 Spirituality</p> <p>3.4.3 Cultural Diversity</p> | <p>2.1 Prenatal: Conception to Birth</p> <p>2.2 Infancy: Trust vs Mistrust</p> <p>2.3 Toddlerhood: Autonomy vs Shame and Doubt</p> <p>2.4 Early School Age: Initiative vs Guilt</p> <p>2.5 Middle School Age: Industry vs Inferiority</p> <p>2.6 Early Adolescence: Group Identity vs Alienation</p> <p>2.7 Later Adolescence: Individual Identity vs Identity Confusion</p> <p>2.8 Early Adulthood: Intimacy vs Isolation</p> <p>2.9 Middle Adulthood: Generativity vs Stagnation</p> <p>2.10 Later Adulthood: Integrity vs Despair</p> <p>2.11 Very Old Age: Immortality vs Extinction</p> <p>3.0 Evaluate the client's status on the health-illness continuum, from maximum health to death.</p> <p>3.1 Maximum Health:</p> <p>3.1.1 Health Promotion</p> <p>3.1.2 Lifestyle Choices</p> <p>3.2 Health:</p> <p>3.2.1 Health Maintenance</p> <p>3.2.2 Lifestyle Adaptations</p> <p>3.3 Illness:</p> <p>3.3.1 Biopsychosocial Responses</p> <p>3.3.2 Traditional Treatment Modalities</p> <p>3.3.3 Alternative Complementary Therapies</p> <p>3.4 Death:</p> <p>3.4.1 Ethicolegal Concerns</p> <p>3.4.2 Spirituality</p> <p>3.4.3 Cultural Diversity</p> | <p>2.1 Prenatal: Conception to Birth</p> <p>2.2 Infancy: Trust vs Mistrust</p> <p>2.3 Toddlerhood: Autonomy vs Shame and Doubt</p> <p>2.4 Early School Age: Initiative vs Guilt</p> <p>2.5 Middle School Age: Industry vs Inferiority</p> <p>2.6 Early Adolescence: Group Identity vs Alienation</p> <p>2.7 Later Adolescence: Individual Identity vs Identity Confusion</p> <p>2.8 Early Adulthood: Intimacy vs Isolation</p> <p>2.9 Middle Adulthood: Generativity vs Stagnation</p> <p>2.10 Later Adulthood: Integrity vs Despair</p> <p>2.11 Very Old Age: Immortality vs Extinction</p> <p>3.0 Analyze the client's status on the health and illness continuum from maximum health to death.</p> <p>3.1 Maximum Health:</p> <p>3.1.1 Health Promotion</p> <p>3.1.2 Lifestyle Choices</p> <p>3.2 Health:</p> <p>3.2.1 Health Maintenance</p> <p>3.2.2 Lifestyle Adaptations</p> <p>3.3 Illness:</p> <p>3.3.1 Biopsychosocial Responses</p> <p>3.3.2 Traditional Treatment Modalities</p> <p>3.3.3 Alternative Complementary Therapies</p> <p>3.4 Death:</p> <p>3.4.1 Ethicolegal Concerns</p> <p>3.4.2 Spirituality</p> <p>3.4.3 Cultural Diversity</p> | <p>2.1 Prenatal: Conception to Birth</p> <p>2.2 Infancy: Trust vs Mistrust</p> <p>2.3 Toddlerhood: Autonomy vs Shame and Doubt</p> <p>2.4 Early School Age: Initiative vs Guilt</p> <p>2.5 Middle School Age: Industry vs Inferiority</p> <p>2.6 Early Adolescence: Group Identity vs Alienation</p> <p>2.7 Later Adolescence: Individual Identity vs Identity Confusion</p> <p>2.8 Early Adulthood: Intimacy vs Isolation</p> <p>2.9 Middle Adulthood: Generativity vs Stagnation</p> <p>2.10 Later Adulthood: Integrity vs Despair</p> <p>2.11 Very Old Age: Immortality vs Extinction</p> <p>3.0 Diagnose the position of the client on the health-illness continuum from maximum health to death.</p> <p>3.1 Maximum Health:</p> <p>3.1.1 Health Promotion</p> <p>3.1.2 Lifestyle Choices</p> <p>3.2 Health:</p> <p>3.2.1 Health Maintenance</p> <p>3.2.2 Lifestyle Adaptations</p> <p>3.3 Illness:</p> <p>3.3.1 Biopsychosocial Responses</p> <p>3.3.2 Traditional Treatment Modalities</p> <p>3.3.3 Alternative Complementary Therapies</p> <p>3.4 Death:</p> <p>3.4.1 Ethicolegal Concerns</p> <p>3.4.2 Spirituality</p> <p>3.4.3 Cultural Diversity</p> |

| LEVEL I |   | LEVEL II |  | LEVEL III |   | LEVEL IV |  |
|---------|---|----------|--|-----------|---|----------|--|
| 4.0     | Demonstrate beginning critical thinking in using the nursing process with Level I clients' chronic health problems in various settings:   | 4.0      | With guidance, demonstrate increasing independence in critical thinking using the nursing process to support and assist the Level II client in various environments.             | 4.0       | Demonstrate with increasing independence in critical thinking, using the nursing process in nursing care of Level III clients in various environments.                            | 4.0      | Demonstrate application of critical thinking using the nursing process with Level IV clients in various settings.  |
| 4.1     | Assessment  | 4.1      | Assessment   | 4.1       | Assessment  | 4.1      | Assessment   |
| 4.1.1   | Assess the client's health status by completing a health history and performing a physical, cognitive, psychosocial, and functional assessment using Level I assessment skills. | 4.1.1    | Assess the client's health status by completing a health history and performing a physical, cognitive, psychosocial, and functional assessment using Level II assessment skills. | 4.1.1     | Assess the client's health status by completing a health history and performing a physical, cognitive, psychosocial, and functional assessment using Level III assessment skills. | 4.1.1    | Assess the client's health status by completing a health history and performing a physical, cognitive, psychosocial, and functional assessment using Level IV assessment skills. |
| 4.1.2   | Assess the client's response to actual/potential health problems and interventions using the Level I nursing assessment tools.  | 4.1.2    | Assess the client's response to actual/potential health problems and interventions using the Level II nursing assessment tools.  | 4.1.2     | Assess the client's response to actual/potential health problems and interventions using the Level III nursing assessment tools.  | 4.1.2    | Assess the client's response to actual/potential health problems and interventions using the Level IV nursing assessment tools.  |
| 4.1.3   | Begin to assess Level I clients for changes in health status, identified needs and client's access to available community resources.  | 4.1.3    | Assess Level II clients for changes in health status, identified needs and client's access to available community resources.   | 4.1.3     | Assess Level III clients for changes in health status, identified needs and client's access to available community resources.   | 4.1.3    | Assess Level IV clients for changes in health status, identified needs and client's access to available community resources.   |
| 4.1.4   | Begin to assess environmental factors that may affect the Level I client's health status and the strengths, resources, and needs of clients within the community.               | 4.1.4    | Assess environmental factors that may affect the Level II client's health status and the strengths, resources, and needs of clients within the community.                        | 4.1.4     | Assess environmental factors that may affect the Level III client's health status and the strengths, resources, and needs of clients within the community.                        | 4.1.4    | Assess environmental factors that may affect the Level IV client's health status and the strengths, resources, and needs of clients within the community.                        |
| 4.1.5   | Begin to assess the interaction patterns of the Level I client and support person(s) for learning strengths, capabilities, cultural, spiritual, and educational needs.          | 4.1.5    | Assess the interaction patterns of the Level II client and support person(s) for learning strengths, capabilities, cultural, spiritual, and educational needs.                   | 4.1.5     | Assess the interaction patterns of the Level III client and support person(s) for learning strengths, capabilities, cultural, spiritual, and educational needs.                   | 4.1.5    | Assess the interaction patterns of the Level IV client and support person(s) for learning strengths, capabilities, cultural, spiritual, and educational needs.                   |

| LEVEL I |  | LEVEL II |  | LEVEL III |   | LEVEL IV |  |
|---------|--|----------|--|-----------|---|----------|--|
| 4.1.6   | Recognize changes from baseline assessment and/or health-illness problems as compared to the classical picture, textbook physiology and pathophysiology.                       | 4.1.6    | Recognize deviation/changes from baseline assessment of client's condition and/or health-illness problems as compared to the classical picture, textbook physiology and pathophysiology. | 4.1.6     | Recognize changes from client's baseline assessment and signs and symptoms of health/illness problems as compared with the classical textbook pathophysiology.      | 4.1.6    | Compare and contrast baseline assessment with classical textbook pathophysiology.  |
| 4.1.7   | Document beginning level baseline assessment of the client.  | 4.1.7    | Document baseline assessment of the client in relation to problems on plan of care.  | 4.1.7     | Document comprehensive baseline assessment of the client in relation to priority problems on plan of care.  | 4.1.7    | Document comprehensive baseline assessment of the complex client in relation to priority problems on plan of care.   |
| 4.2     | Diagnosis  | 4.2      | Diagnosis  | 4.2       | Diagnosis   | 4.2      | Diagnosis  |
| 4.2.1   | Identify client healthcare needs, with guidance, and begin to select nursing diagnoses based on analysis and interpretation of evidence-based practice for the Level I client. | 4.2.1    | Identify client healthcare needs, select and prioritize with guidance nursing diagnoses, based on analysis and interpretation of evidence-based practice for the Level II client.        | 4.2.1     | Identify client healthcare needs and select prioritized nursing diagnoses based on analysis and interpretation of evidence-based practice for the Level III client. | 4.2.1    | Identify client healthcare needs and select prioritized nursing diagnoses based on analysis and interpretation of evidence-based practice for the multiple and complex client. |
| 4.2.1.1 | Recognize, with assistance, significant data to identify and prioritize actual and potential problems.   | 4.2.1.1  | Interpret data to identify and prioritize actual and potential problems.   | 4.2.1.1   | Analyze data to identify and prioritize actual and potential problems.  | 4.2.1.1  | Synthesize data to identify and prioritize actual and potential problems.  |

| LEVEL I  | LEVEL II  | LEVEL III   | LEVEL IV  |
|--|---|---|---|
| <p>4.2.1.2 Identify the role of multi-disciplinary healthcare team members in determining priorities of client care.</p> <p>4.2.1.3 Begin to select basic goals of care and expected outcome with guidance.</p> <p>4.2.1.4 Recognize teaching needs related to planned follow up care.</p> <p>4.2.2 Make clinical decisions with guidance that ensure individualized, safe, quality care while incorporating the impact of developmental, emotional, cultural, and spiritual influences.</p> | <p>4.2.1.2 In collaboration with the multi-disciplinary healthcare team determine with guidance priorities of Level II client care.</p> <p>4.2.1.3 Select goals of client care and expected outcomes with consultation.</p> <p>4.2.1.4 Identify teaching needs related to planned follow up care.</p> <p>4.2.2 Make clinical decisions with increasing independence that ensures individualized, safe, quality care while incorporating the impact of developmental, emotional, cultural, and spiritual influences.</p> | <p>4.2.1.2 In collaboration with the multi-disciplinary healthcare team determine priorities of Level III client care.</p> <p>4.2.1.3 Select goals and expected outcomes of client care and validate with multi-disciplinary healthcare team.</p> <p>4.2.1.4 Identify comprehensive teaching needs related to planned follow up care.</p> <p>4.2.2 Make independent clinical and beginning management decisions ensuring individualized, safe, quality care while incorporating the impact of developmental, emotional, cultural, and spiritual influences.</p> | <p>4.2.1.2 In collaboration with the multi-disciplinary healthcare team determine priorities of multiple and complex client care.</p> <p>4.2.1.3 In collaboration with the multi-disciplinary healthcare team, select goals and expected outcomes of client care.</p> <p>4.2.1.4 Identify complex teaching needs related to planned follow-up care.</p> <p>4.2.2 Make sound clinical and management decisions ensuring individualized, safe, quality care while incorporating the impact of developmental, emotional, cultural, and spiritual influences.</p> |

| LEVEL I |   | LEVEL II |   | LEVEL III |   | LEVEL IV |   |
|---------|---|----------|---|-----------|---|----------|---|
| 4.3     | <p>Planning</p> <p>4.3.1 Establish client-centered outcomes, with guidance, based on priorities of care identified in collaboration with client, family, and multidisciplinary healthcare team, using Level I nursing knowledge.</p> <p>4.3.2 Use evidence-based practice, with guidance, as a means to develop an individualized plan of care based on assessed needs for Level I clients.</p> <p>4.3.3 Learn to develop an individualized teaching plan based on assessed learning needs for Level I clients.</p> <p>4.3.4 Identify and develop caring interventions for Level I clients and their significant support persons to achieve desired outcomes.</p> | 4.3      | <p>Planning</p> <p>4.3.1 Establish client-centered outcomes based on priorities of care identified in collaboration with client, family, and multidisciplinary healthcare team, using Level II nursing knowledge.</p> <p>4.3.2 Use evidence-based practice as a means to guide the development of an individualized plan of care based on assessed needs for Level II clients.</p> <p>4.3.3 Develop an individualized teaching plan with increasing independence based on assessed learning needs for Level II clients.</p> <p>4.3.4 Develop caring interventions for Level II clients and their significant support persons to achieve desired outcomes.</p> | 4.3       | <p>Planning</p> <p>4.3.1 Establish client-centered outcomes based on priorities of care identified in collaboration with client, family, and multidisciplinary healthcare team, using Level III nursing knowledge.</p> <p>4.3.2 Use evidence-based practice to develop an individualized plan of care based on assessed needs for multiple Level III clients.</p> <p>4.3.3 Develop an individualized teaching plan based on assessed learning needs for multiple Level III clients.</p> <p>4.3.4 Develop caring interventions for multiple Level III clients and their significant support persons to achieve desired outcomes.</p> | 4.3      | <p>Planning</p> <p>4.3.1 Establish client-centered outcomes based on priorities of care identified in collaboration with client, family, and multidisciplinary healthcare team, using Level IV nursing knowledge.</p> <p>4.3.2 Use evidence-based practice to develop an individualized plan of care based on assessed needs for multiple &amp; complex Level IV clients.</p> <p>4.3.3 Develop an individualized teaching plan based on assessed learning needs for multiple and complex Level IV clients.</p> <p>4.3.4 Develop caring interventions for multiple and complex Level IV clients and their significant support persons to achieve desired outcomes.</p> |

| LEVEL I |   | LEVEL II |  | LEVEL III |   | LEVEL IV |  |
|---------|---|----------|--|-----------|---|----------|--|
| 4.4     | Implementation  | 4.4      | Implementation   | 4.4       | Implementation  | 4.4      | Implementation   |
| 4.4.1   | Implement the individualized plan of care, protecting the dignity of the client and providing a safe physical and supportive psychosocial environment using Level I nursing skills. | 4.4.1    | Implement the individualized plan of care, protecting the dignity of the client and providing a safe physical and supportive psychosocial environment using Level II nursing skills. | 4.4.1     | Coordinate and implement the individualized plan of care, protecting the dignity of the client and providing a safe physical and supportive psychosocial environment using Level III nursing skills for multiple clients. | 4.4.1    | Coordinate and implement the individualized plan of care, protecting the dignity of the client and providing a safe physical and supportive psychosocial environment using Level IV nursing skills for multiple and complex clients. |
| 4.4.1.1 | Identify nursing care that considers the client's values, customs, culture, spiritual beliefs, and/or habits.   | 4.4.1.1  | Adapt nursing care in consideration of the client's values, customs, culture, spiritual beliefs, and/or habits.  | 4.4.1.1   | Adapt nursing care for multiple clients in consideration of the client's values, customs, culture, spiritual beliefs, and/or habits.  | 4.4.1.1  | Adapt nursing care for multiple and complex clients in consideration of the client's values, customs, culture, spiritual beliefs, and/or habits.   |
| 4.4.2   | Demonstrate therapeutic verbal and non-verbal communication skills that assist the Level I client to cope and adapt to stressful events and changes in health status.               | 4.4.2    | Demonstrate therapeutic verbal and non-verbal communication skills that assist the Level II client to cope and adapt to stressful events and changes in health status.               | 4.4.2     | Demonstrate therapeutic verbal and non-verbal communication skills that assist the Level III client to cope and adapt to stressful events and changes in health status.   | 4.4.2    | Demonstrate therapeutic verbal and non-verbal communication skills that assist the Level IV client to cope and adapt to stressful events and changes in health status.   |

| LEVEL I  | LEVEL II   | LEVEL III  | LEVEL IV  |
|--|--|--|---|
| <p>4.4.3 Initiate interventions, with guidance, to achieve prioritized client outcomes regarding physiological and multidisciplinary treatment plan, and continuity of care in assisting the Level I client to optimum comfort and functioning.</p> <p>4.4.3.1 Demonstrate competent introductory technical skills, using current technology as a foundation for effective practice in a variety of settings.</p> <p>4.4.3.2 Incorporate practices in medication administration to ensure client safety and prevention of errors at the Nursing 1 level.</p> | <p>4.4.3 Initiate interventions to achieve prioritized client outcomes regarding physiological and multidisciplinary treatment plan, and continuity of care in assisting the Level II client to optimum comfort and functioning.</p> <p>4.4.3.1 Demonstrate competent beginning technical skills, using current technology as a foundation for effective practice in a variety of settings.</p> <p>4.4.3.2 Incorporate practices in medication administration to ensure client safety and prevention of errors at the Nursing 2 level.</p> | <p>4.4.3 Initiate interventions to achieve prioritized client outcomes regarding physiological and multidisciplinary treatment plan, and continuity of care in assisting multiple Level III clients to optimum comfort and functioning.</p> <p>4.4.3.1 Demonstrate competent intermediate technical skills, using current technology as a foundation for effective practice in a variety of settings.</p> <p>4.4.3.2 Incorporate practices in medication administration to ensure client safety and prevention of errors at the Nursing 3 level.</p> | <p>4.4.3 Initiate interventions to achieve prioritized client outcomes regarding physiological and multidisciplinary treatment plan, and continuity of care in assisting complex and multiple Level IV clients to optimum comfort and functioning.</p> <p>4.4.3.1 Demonstrate competent advanced technical skills, using current technology as a foundation for effective practice in a variety of settings.</p> <p>4.4.3.2 Incorporate practices in medication administration to ensure client safety and prevention of errors at the Nursing 4 level.</p> |

| LEVEL I |  | LEVEL II |   | LEVEL III |   | LEVEL IV |  |
|---------|--|----------|---|-----------|---|----------|--|
| 4.4.3.3 | Teach the Level I client and significant support person(s) the information and skills needed to achieve desired outcomes and modify the teaching plan with guidance based on evaluation of progress toward identified learning outcomes. | 4.4.3.3  | Teach the Level II client and significant support person(s) the information and skills needed to achieve desired outcomes and modify the teaching plan based on evaluation of progress toward identified learning outcomes. | 4.4.3.3   | Teach multiple Level III clients and significant support person(s) the information and skills needed to achieve desired outcomes and individualize the teaching plan based on evaluation of progress toward identified learning outcomes. | 4.4.3.3  | Teach multiple and complex Level IV clients and significant support person(s) the information and skills needed to achieve desired outcomes and individualize the teaching plan based on evaluation of progress toward identified learning outcomes. |
| 4.4.4   | With guidance, report and document beginning assessments, interventions, and progress toward client outcomes accurately for Level I clients.   | 4.4.4    | With guidance, report and document assessments, interventions, and progress toward client outcomes in an accurate and concise manner for Level II clients.  | 4.4.4     | Report and document assessments, interventions, and progress toward client outcomes to multidisciplinary team members in an accurate and concise manner for multiple Level III clients.   | 4.4.4    | Report and document assessments, interventions, and progress toward client outcomes to multidisciplinary team members in an accurate and concise manner for multiple Level IV clients.   |
| 4.4.5   | Identify and begin to recommend community resources for home and community-based care for Level I clients.   | 4.4.5    | Identify and recommend community resources for home, community-based and specialty areas for Level II clients.  | 4.4.5     | Identify and recommend community resources for home, community-based and specialty areas for multiple Level III clients.  | 4.4.5    | Identify and recommend community resources for home, community-based and specialty areas for multiple and complex Level IV clients.  |
| 4.4.6   | Be accountable for implementation of the plan of care for Level I clients.   | 4.4.6    | Be accountable for implementation of the plan of care for Level II clients.   | 4.4.6     | Be accountable for implementation of the plan of care for multiple Level III clients.   | 4.4.6    | Be accountable for implementation of the plan of care for multiple and complex Level IV clients.   |

| LEVEL I |   | LEVEL II |   | LEVEL III |   | LEVEL IV |   |
|---------|---|----------|---|-----------|---|----------|---|
| 4.5     | Evaluation  | 4.5.1    | With guidance demonstrate beginning skills to assess the effectiveness of nursing interventions and teaching plans in achieving identified client outcomes, reassess, and begin to modify the plan of care for Level I clients. | 4.5       | Evaluation  | 4.5.1    | Collaborate with client(s), family, and the health care team to determine the effectiveness of interventions and teaching plans in achieving identified client outcomes, reassess, and modify the plan of care as appropriate for multiple and complex Level I clients. |
| 4.5.2   | With guidance and structure, document and communicate the results of the evaluation for the level I client and the multi-disciplinary healthcare team, as appropriate, in accordance with state and federal laws and regulations. | 4.5.2    | With minimal guidance, document and communicate the results of the evaluation for the level II client and the multi-disciplinary healthcare team, as appropriate, in accordance with state and federal laws and regulations.    | 4.5       | Evaluation  | 4.5.2    | Document and communicate the results of the evaluation for the level III client and the multi-disciplinary healthcare team, as appropriate, in accordance with state and federal laws and regulations.  |
| 5.0     | Identify the three roles of the Associate Degree Nurse inherent within the outcome objectives of the nursing program.   | 5.0      | Differentiate the three roles of the Associate Degree Nurse inherent within the outcome objectives of the nursing program.  | 5.0       | Implement the principles of nursing and related experiences to carry out the three roles inherent within the outcome objectives of the nursing program. | 5.0      | Compare and contrast the three roles of the Associate Degree Nurse with the identified roles of the professional nurse:   |
| 5.1     | Provider of Care  | 5.1      | Provider of Care  | 5.1       | Provider of Care  | 5.1      | Provider of Care  |
| 5.1.1   | Begin to use critical thinking competencies to make decisions about client care.  | 5.1.1    | With guidance, use critical thinking competencies to make accurate client care decisions.   | 5.1.1     | With increasing independence use critical thinking competencies to make accurate client care decisions.   | 5.1.1    | Apply critical thinking competencies to make client care decisions.   |

| LEVEL I   | LEVEL II  | LEVEL III   | LEVEL IV  |
|---|---|---|---|
| <p>5.1.1.1 Exhibit beginning self-awareness of one's intellectual attitudes.</p> <p>5.1.1.2 Identify intellectual standards by which one can assess one's own thinking.</p>   | <p>5.1.1.1 Begin to display intellectual attitudes to nursing problems.</p> <p>5.1.1.2 Begin to use intellectual standards to assess one's own thinking.</p>  | <p>5.1.1.1 Display intellectual attitudes to approach nursing problems.</p> <p>5.1.1.2 Use intellectual standards to assess one's own thinking.</p>   | <p>5.1.1.1 Demonstrate consistent use of intellectual attitudes to resolve nursing problems.</p> <p>5.1.1.2 Demonstrate consistent use of intellectual standards to ensure high quality nursing care.</p>   |
| <p>5.1.2 Use standard precautions in all aspects of client care.</p> <p>5.1.3 Develop a basic plan of care for Level I clients that uses nursing interventions that are safe, established and predictable.</p>  | <p>5.1.2 Use standard precautions in all aspects of client care.</p> <p>5.1.3 Develop and implement a plan of care that uses appropriate nursing interventions to support Level II clients.</p>   | <p>5.1.2 Use standard precautions in all aspects of client care.</p> <p>5.1.3 Develop and implement an individualized plan of care for multiple Level III clients.</p>  | <p>5.1.2 Use standard precautions in all aspects of client care.</p> <p>5.1.3 Formulate an individualized comprehensive plan of care and or incorporate a standardized plan of care for multiple and complex Level IV clients.</p>  |
| <p>5.1.4 Use resources and standards, physiologic factors that affect drug action, classifications, routes of administration and the rights of medication administration for Level I clients.</p> <p>5.1.5 Apply concepts of basic nutrition to health-illness problems of Level I clients.</p> | <p>5.1.4 Use resources and standards, physiologic factors that affect drug action, classifications, routes of administration and the rights of medication administration for Level II clients.</p> <p>5.1.5 Apply concepts of nutrition to health-illness problems of Level II clients.</p> | <p>5.1.4 Use resources and standards, physiologic factors that affect drug action, classifications, routes of administration and the rights of medication administration for multiple Level III clients.</p> <p>5.1.5 Apply concepts of nutrition to health-illness problems of multiple Level III clients.</p> | <p>5.1.4 Use resources and standards, physiologic factors that affect drug action, classifications, routes of administration and the rights of medication administration for multiple and complex Level IV clients.</p> <p>5.1.5 Apply concepts of nutrition to health-illness problems of multiple and complex Level IV clients.</p> |

| LEVEL I |  | LEVEL II |  | LEVEL III |  | LEVEL IV |   |
|---------|--|----------|--|-----------|--|----------|---|
| 5.2     | <p>Manager of Care</p> <p>5.2.1 Demonstrate the beginning managerial role of the nurse, identify roles and interact with multi-disciplinary health care team members for Level I clients.</p> <p>5.2.1.1 Identify effective problem-solving techniques and fair conflict resolution to achieve positive client outcomes.</p> <p>5.2.1.2 Identify methods for effectively managing resources in providing quality care for a Level I client.</p> <p>5.2.2 Demonstrate flexibility and innovation in adapting delivery of care for Level I clients according to the healthcare setting and healthcare policy system.</p> | 5.2      | <p>Manager of Care</p> <p>5.2.1 Prioritize, organize, and coordinate with the multi-disciplinary healthcare team the management of care for Level II clients.</p> <p>5.2.1.1 Participate in problem-solving and fair conflict resolution to achieve positive client outcomes.</p> <p>5.2.1.2 Implement methods for effective management of resources in providing quality care for Level II clients.</p> <p>5.2.2 Demonstrate flexibility and innovation in adapting delivery of care for Level II clients according to the healthcare setting and healthcare policy system.</p> | 5.2       | <p>Manager of Care</p> <p>5.2.1 Apply management skills using collaboration in planning, delegating, supervising, and evaluating nursing care for multiple Level III clients.</p> <p>5.2.1.1 Demonstrate problem-solving and fair conflict resolution to achieve positive client outcomes.</p> <p>5.2.1.2 Manage resources, balancing quality care with cost containment for multiple Level III clients.</p> <p>5.2.2 Demonstrate flexibility and innovation in adapting delivery of care for multiple Level III clients according to the healthcare setting and healthcare policy system.</p> | 5.2      | <p>Manager of Care</p> <p>5.2.1 Apply leadership principles and management skills using collaboration in planning, delegating, supervising, and evaluating nursing care as it relates to complex situations.</p> <p>5.2.1.1 Demonstrate effective problem-solving and fair conflict resolution to achieve positive client outcomes.</p> <p>5.2.1.2 Manage resources, balancing quality care with cost containment for multiple and complex Level IV clients.</p> <p>5.2.2 Demonstrate flexibility and innovation in adapting delivery of care for multiple and complex Level IV clients according to the healthcare setting and healthcare policy system.</p> |

| LEVEL I   | LEVEL II   | LEVEL III  | LEVEL IV   |
|---|--|--|--|
| <p>5.2.3 Begin to identify accountability and principles of responsibility in delegation of client care to licensed and unlicensed assistive personnel to best meet client outcomes.</p> <p>5.2.4 Identify skills of licensed and unlicensed assistive personnel and interact with multi-disciplinary health care team members.</p> <p>5.2.5 Identify beginning opportunities for advocacy while ensuring client and organizational confidentiality.</p> <p>5.2.6 Identify the appropriate channels of communication when interacting with multidisciplinary healthcare team members to achieve Level I client outcomes.</p> <p>5.2.7 Begin to manage care for clients in diverse settings by supporting the Level I client when making healthcare and end-of-life decisions.</p> | <p>5.2.3 With guidance, assume accountability for tasks delegated to licensed and unlicensed assistive personnel to best meet client outcomes.</p> <p>5.2.4 Manage care for a group of clients by collaborating with licensed and unlicensed assistive personnel and begin to identify tasks that may be delegated based on complexity of client problems and skills of team members.</p> <p>5.2.5 Promote client advocacy while ensuring client and organizational confidentiality.</p> <p>5.2.6 With guidance, use appropriate channels of communication when interacting with multidisciplinary healthcare team members to achieve Level II client outcomes.</p> <p>5.2.7 With guidance, manage care for clients in diverse settings by supporting the Level II client when making healthcare and end-of-life decisions and interacting with the multidisciplinary healthcare team.</p> | <p>5.2.3 Assume accountability for the beginning delegation of client care by supervising and teaching licensed and unlicensed assistive personnel to best meet client outcomes.</p> <p>5.2.4 Manage care for a group of clients by collaborating with licensed and unlicensed assistive personnel and begin delegating tasks appropriately based on complexity of client problems and skills of team members.</p> <p>5.2.5 Expand in the role of client advocacy while ensuring client and organizational confidentiality.</p> <p>5.2.6 Follows appropriate channels of communication when collaborating with multidisciplinary healthcare team members to achieve Level III client outcomes.</p> <p>5.2.7 With increasing independence, manage care for clients in diverse settings by supporting the Level III client when making healthcare and end-of-life decisions in collaboration with the multidisciplinary healthcare team.</p> | <p>5.2.3 Assume accountability for the delegation of client care by supervising, teaching, and evaluating licensed and unlicensed assistive personnel to best meet client outcomes.</p> <p>5.2.4 Manage and coordinate care for a group of clients by assessing the skills of licensed and unlicensed assistive personnel and delegating tasks appropriately based on complexity of client problems and skills of team members.</p> <p>5.2.5 Advocate for client rights while ensuring client and organizational confidentiality at all times.</p> <p>5.2.6 Use appropriate channels of communication when collaborating with multidisciplinary healthcare team members to achieve Level IV client outcomes.</p> <p>5.2.7 Manage care for groups of clients in diverse settings by supporting the client when making healthcare and end-of-life decisions in collaboration with the multidisciplinary healthcare team.</p> |

| LEVEL I |   | LEVEL II |  | LEVEL III |  | LEVEL IV |  |
|---------|---|----------|--|-----------|--|----------|--|
| 5.2.8   | Begin to develop knowledge of current technologies to support and communicate the planning and provision of client care.  | 5.2.8    | With guidance, demonstrate ability to use current technologies to support and communicate the planning and provision of client care.                             | 5.2.8     | Demonstrate ability to use current technologies to support and communicate the planning and provision of client care.                                  | 5.2.8    | Demonstrate competence with current technologies to support and communicate the planning and provision of client care.                                 |
| 5.3     | Member Within the Discipline of Nursing   | 5.3      | Member Within the Discipline of Nursing  | 5.3       | Member Within the Discipline of Nursing  | 5.3      | Member Within the Discipline of Nursing  |
| 5.3.1   | Identify and demonstrate beginning professional behaviors and accountability for own nursing practice/competency and identify delegation responsibilities, including peer review. | 5.3.1    | Demonstrate professional behaviors and accountability for own nursing practice/competency and participate in delegation responsibilities, including peer review. | 5.3.1     | Demonstrate professional behaviors and accountability for own nursing practice/competency and those duties delegated to others, including peer review. | 5.3.1    | Demonstrate professional behaviors and accountability for own nursing practice/competency and those duties delegated to others, including peer review. |
| 5.3.1.1 | Define nursing according to the RCC program philosophy.   | 5.3.1.1  | Analyze the definition of nursing according to the RCC program.  | 5.3.1.1   | Begin to develop a personal philosophy of nursing consistent with the RCC program.   | 5.3.1.1  | Develop, articulate and internalize a personal philosophy of nursing.  |

| LEVEL I   | LEVEL II   | LEVEL III  | LEVEL IV  |
|---|--|--|---|
| <p>5.3.1.2 Identify the framework from which ethical and legal principles evolve and the responsibility of the nurse to report unsafe or illegal practices using appropriate channels of communication.</p> | <p>5.3.1.2 Identify ethical and legal standards and with guidance, begin to assume responsibility for reporting unsafe or illegal practices using appropriate channels of communication.</p> | <p>5.3.1.2 Begin to practice within the ethical and legal framework of nursing and report unsafe or illegal practices using appropriate channels of communication.</p> | <p>5.3.1.2 Practice within the ethical and legal framework of nursing and report unsafe or illegal practices using appropriate channels of communication.</p> |
| <p>5.3.1.3 Identify the ANA Standards of Nursing Practice and the Code of Ethics (ANA) for nurses and begin to use with Level I clients.</p>  | <p>5.3.1.3 Use the ANA Standards of Nursing Practice and the Code of Ethics (ANA) for nurses to guide and evaluate practice for the Level II client.</p>                                     | <p>5.3.1.3 Use the ANA Standards of Nursing Practice and the Code of Ethics (ANA) for nurses to guide and evaluate practice for the Level III client.</p>              | <p>5.3.1.3 Uses the ANA Standards of Nursing Practice and the Code of Ethics (ANA) for nurses to guide and evaluate nursing practice.</p>                     |
| <p>5.3.1.4 Practice within the boundaries of the California Nursing Practice Act.</p>   | <p>5.3.1.4 Practice within the boundaries of the California Nursing Practice Act.</p>  | <p>5.3.1.4 Practice within the boundaries of the California Nursing Practice Act.</p>  | <p>5.3.1.4 Practice within the boundaries of the California Nursing Practice Act.</p>   |
| <p>5.3.2 Describe areas of professional behaviors/competencies within the discipline.</p>   | <p>5.3.2 Begin to demonstrate professional behaviors/competencies within the discipline.</p>   | <p>5.3.2 Demonstrate professional behaviors/competencies within the discipline.</p>  | <p>5.3.2 Demonstrate professional behaviors/competencies within the discipline.</p>   |

| LEVEL I  | LEVEL II  | LEVEL III  | LEVEL IV  |
|--|---|--|---|
| <p>5.3.2.1 Identify professional boundaries and with guidance maintain them in the nurse-client relationship with Level I clients.</p>   | <p>5.3.2.1 Recognize and maintain appropriate professional boundaries in the nurse-client relationship with Level II clients.</p>   | <p>5.3.2.1 Delineate and maintain appropriate professional boundaries in the nurse-client relationship with Level III clients.</p>   | <p>5.3.2.1 Delineate and maintain appropriate professional boundaries in the nurse-client relationship with Level IV clients.</p>   |
| <p>5.3.3 Identify the importance of evidence-based nursing practice and the value of nursing research to professional nursing practice.</p>  | <p>5.3.3 With guidance, begin to use evidence-based nursing practice and recognize value of nursing research to professional nursing practice.</p>  | <p>5.3.3 With guidance apply evidence-based nursing practice which acknowledges the value of research to professional nursing practice.</p>  | <p>5.3.3 Apply evidence-based nursing practice which acknowledges the value of research to professional nursing practice.</p>   |
| <p>5.3.4 Demonstrate an awareness of cultural sensitivity in adapting care with consideration of client values, customs, culture, and lifestyle.</p>   | <p>5.3.4 Develop cultural sensitivity in adapting care with consideration of client values, customs, culture, and lifestyle.</p>  | <p>5.3.4 Integrate cultural aspects in adapting care in consideration of client values, customs, culture, and lifestyle.</p>   | <p>5.3.4 Demonstrate a foundation for cultural competence in adapting care with consideration of client values, customs, culture, and lifestyle.</p>  |
| <p>5.3.5 Identify the role of the nurse as a mentor, role model, participant in committees, quality improvement, data collection for research, organizations, and political action affecting healthcare.</p> | <p>5.3.5 Function as a resource person for other students and begin to participate in committees, quality improvement, data collection for research, professional organizations, and political action affecting healthcare.</p> | <p>5.3.5 Function as a resource person for other students and begin to participate in quality improvement activities, data collection for research, professional/organizational committees, and political action affecting healthcare.</p> | <p>5.3.5 Contribute to the profession of nursing through mentoring, role-modeling participation in quality improvement activities, data collection for research, professional/organizational committees, and political action affecting healthcare.</p> |

|   | LEVEL I   | LEVEL II   | LEVEL III  | LEVEL IV   |
|---|---|--|--|--|
|   | <p>5.3.6 Identify the nurse's responsibility for updating knowledge base and clinical practice through lifelong learning.</p> <p>5.3.6.1 Identify the nurse's responsibility to evaluate, reassess and adapt practice in response to suggestions for improvement.</p> <p>5.3.7 Identify and demonstrate caring behaviors of the nurse in relation to meeting the needs of Level I clients, peers, the self, and members of the multidisciplinary healthcare team that builds positive team relationships, promotes organizational goals, and contributes to a healthy work environment.</p> | <p>5.3.6 Begin to assume responsibility for updating knowledge base, clinical practice, and the need for lifelong learning.</p> <p>5.3.6.1 Evaluate, reassess and adapt practice with guidance in response to suggestions for improvement.</p> <p>5.3.7 Demonstrate caring behaviors of the nurse in relation to meeting the needs of Level II clients, peers, the self, and members of the multidisciplinary healthcare team that builds positive team relationships, promotes organizational goals, and contributes to a healthy work environment.</p> | <p>5.3.6 Assume responsibility for updating knowledge base and clinical practice by developing a plan for life-long learning and self development.</p> <p>5.3.6.1 Evaluate, reassess and adapt practice consistently, and in response to suggestions for improvement.</p> <p>5.3.7 Demonstrate caring behaviors of the nurse in relation to meeting the needs of Level III clients, peers, the self, and members of the multidisciplinary healthcare team that builds positive team relationships, promotes organizational goals, and contributes to a healthy work environment.</p> | <p>5.3.6 Practice self-regulation assuming responsibility for updating knowledge base and clinical practice by using a plan for life-long learning and self development.</p> <p>5.3.6.1 Evaluate, reassess and adapt practice consistently, and in response to suggestions for improvement.</p> <p>5.3.7 Demonstrate caring behaviors toward clients, peers, the self, and members of the multidisciplinary healthcare team that builds positive team relationships, promotes organizational goals, and contributes to a healthy work environment.</p> |
| 6 | <p>Entry Into Practice</p> <p>6.1 Demonstrates successful performance on NCLEX-RN.</p> <p>6.2 Obtain employment as a competent professional ADN entry-level registered nurse.</p>   |  |  |  |

RIVERSIDE CITY COLLEGE  
SCHOOL OF NURSING

Course Descriptions  
Associate Degree Nursing Program

**NURSING 1: INTRODUCTION TO NURSING CONCEPTS AND PRACTICE** 8 units

**PREREQUISITE:** Acceptance to the Registered Nursing Program. ANATOMY 2A and 2B, MICROB 1. **Corequisite:** Concurrent enrollment in or prior completion of NURSING 15 **Advisory:** Completion of the following is highly recommended: English 1A, Speech 1 or 9, CIS 80 or 24 analytical thinking requirement, and the mathematics, reading, and English competencies.

An introduction to the Associate Degree Nursing Program and conceptual framework. Discussion of mental and physical health concepts, cultural diversity and ethnicity, caring, therapeutic and socializing roles. Applies concepts to multicultural groups, middle-aged, older and very old adults in acute and other community-based settings. Addresses fundamental nursing skill development. Total of 72 hours lecture and 216 hours laboratory.

**NURSING 2: BEGINNING NURSING CONCEPTS OF HEALTH AND ILLNESS** 8.5 units

**PREREQUISITE:** Completion of Nursing 1, Nursing 15, and Psychology 9 with grades of “C” or better.

Concepts from previous courses are applied to multicultural clients in acute care and other community-based settings who are identified as being newborns, children, young adults, and/or members of child-bearing families. Examines the beginning nursing concepts of health and illness and uses the concepts to develop individualized plans of care for the maternal-child and orthopedic/surgical clients. The student learns to identify alternative methods to meet the individual client needs and modifies plans of action as necessary. A continued emphasis is placed on application of the nursing process to meet needs of clients and families using Maslow’s hierarchy. Total of 72 hours lecture and 243 hours laboratory.

**NURSING 3: INTERMEDIATE NURSING CONCEPTS OF HEALTH AND ILLNESS** 9 units

**PREREQUISITE:** Completion of all core courses and Nursing 2 and Psy 9.

Concepts from previous courses are applied to caring for multicultural clients with a variety of health and illness problems requiring intermediate nursing skills, interventions, and concepts of health assessment. The healthcare and comprehensive learning needs of the young and middle-aged adult with medical-surgical health problems and mental health clients throughout the life cycle with a special focus on the psychosocial assessment of the older and very old adult are addressed. Emphasis on health promotion utilizing the nursing process and multidisciplinary treatment plan to care for assigned clients with common, recurring problems in acute care and other community-based settings. Clinical laboratory experience will be directed toward correlation and application of nursing concepts discussed in lecture. Total of 72 hours lecture and 270 hours laboratory.

NURSING 4: ADVANCED NURSING CONCEPTS OF HEALTH AND ILLNESS

9 units

PREREQUISITE: Completion of Nursing 3 with a grade of C or better. Corequisite: Concurrent enrollment in Nursing 16.

Integrates total nursing care concepts in acute and other community-based settings. Emphasizes the healthcare of multicultural clients and their families throughout the life cycle who are experiencing complex or multiple health-illness problems. Includes advanced concepts of gerontological nursing. Students apply previously learned nursing concepts to clients with critical and complex health and illness problems using the nursing process within the multidisciplinary treatment team. Develops the Associate Degree Nursing role in managing care for groups of clients. Four hours lecture and fifteen hours laboratory per week. Total of 72 hours lecture and 270 hours laboratory.

NURSING 15: INTRODUCTION TO NURSING ROLES AND RELATIONSHIPS

2 units

PREREQUISITE: None. Corequisite: Concurrent enrollment in Nursing 1. Concurrent enrollment in Psychology 9 or prior completion with a grade of "C" or better.

Limitation on enrollment. Acceptance into the Registered Nursing Program.

Assists in the role transition to Registered Nursing student at Riverside Community College. Examines the uniqueness of the conceptual framework and curricular structure of the program at Riverside Community College. Presents the five basic steps of the nursing process and roles of the Associate Degree Nurse. Considers the nature of the teaching-learning process. Overviews the philosophy of registered nursing past, present, and future. Introduces the ethical/legal aspects of the student nurse's role in client care. Provides guidelines for effective communication. Presents concepts of culture and its impact upon health and illness. Develops beginning skills in accessing information via on-line selected nursing websites. Introduces students to professional writing style and format. Total of 36 hours lecture.

NURSING 16: DIMENSIONS OF AD - REGISTERED NURSING

1.5 units

PREREQUISITE: Nursing 3

Assists in the transition from student role to that of graduate of a registered nursing program prepared for employment. Correlates with lab experiences in NURSRN 4 to develop beginning leadership and management skills. Examines the scope of practice of the RN in delegating and prioritizing nursing care, discusses end-of-life issues and organ procurement, and introduces nursing informatics to prepare new graduates on how to use computer technology in the workplace. Reviews process of licensure for California registered nursing and malpractice issues. Provides opportunity for students to explore various employment opportunities for Registered Nurses in the community and to discuss with former graduates transitional experiences from new graduate to Registered Nurse. Total of 27 hours lecture.

NURSING 17: TRANSITION COURSE FOR ADVANCED PLACEMENT/  
TRANSFER STUDENTS

2 units

PREREQUISITE: None. Limitation on Enrollment: LVN, immediate graduate of the RCC LVN Program or student eligible for transfer into the RCC ADN program.

An introduction to basic concepts of the RCC Associate Degree Nursing Program: philosophy and outcome objectives; conceptual framework; nursing process. Focuses on developing critical thinking skills. Addresses transitional issues to degree nursing student role. Overviews the philosophy of registered nursing past, present, and future. Introduces the ethical/legal aspects of the student nurse's role as well as professional RN role in client care. Provides guidelines for effective communication. Presents concepts of culture and its impact upon health and illness. Develops beginning skills in accessing information via on-line selected nursing websites. If Nursing 17 is completed successfully more than one year before entering the ADN Program, Nursing 17 must be audited in the intersession just prior to entering the ADN Program and a nursing care plan created and submitted according to current RCC NCP format. Offered for grade or Credit/No Credit. May be taken a total of four times. Total of 27 hours lecture and 27 hours laboratory.

NURSING 6: NURSING LEARNING LABORATORY

0.5 unit

PREREQUISITE: None. Limitation on enrollment: Enrollment in the Associate Degree or Vocational Nursing Program.

An on-campus laboratory designed for self-paced practice and mastery of nursing skills necessary for providing safe client care throughout the program. Provides instructional guidance to assist students refine newly acquired skills and develop the competency level expected of entry-level nurses. Multimedia and computer assisted instructional materials which support the semester learning objectives are available. Subsequent enrollment in additional semesters will offer the student an opportunity for additional skill and competency development within the subject matter. Offered Credit/No Credit only. Total of 27 hours laboratory. May be taken for a total of four times.

NURSING 7: NURSING LEARNING LABORATORY

1 unit

PREREQUISITE: None. Limitation on Enrollment: Enrollment in the Associate Degree Nursing Program or Vocational Nursing Program.

An on-campus laboratory designed for self-paced practice and mastery of nursing skills necessary for providing safe client care throughout the program. Provides instructional guidance to assist students refine newly acquired skills and develop the competency level expected to entry-level nurses. Multimedia and computer assisted instructional materials which support the semester learning objectives are available. Subsequent enrollment in additional semesters will offer the student an opportunity for additional skill and competency development within the subject matter. Offered Credit/No Credit only. Total of 54 hours laboratory. May be taken for a total of four times.

NURSING 8: NURSING LEARNING LABORATORY

2 units

PREREQUISITE: None. Limitation on Enrollment: Enrollment in the Associate Degree Nursing Program or Vocational Nursing Program.

An on-campus laboratory designed for self-paced practice and mastery of nursing skills necessary for providing safe client care throughout the program. Provides instructional guidance to assist students to refine newly acquired skills and develop the competency level expected of entry-level nurses. Multimedia and computer assisted instructional materials which support the semester learning objectives are available. Subsequent enrollment in additional semesters will offer the student an opportunity for additional skill and competency development within the subject matter. Offered Credit/No Credit only. Total of 108 laboratory hours. May be taken for a total of four times.

NURSING 9: NURSING LEARNING LABORATORY

3 units

PREREQUISITE: None. Limitation on Enrollment: Enrollment in the Associate Degree Nursing Program or Vocational Nursing Program.

An on-campus laboratory designed for self-paced practice and mastery of nursing skills necessary for providing safe client care throughout the program. Provides instructional guidance to assist students to refine newly acquired skills and develop the competency level expected of entry-level nurses. Multimedia and computer assisted instructional materials which support the semester learning objectives are available. Subsequent enrollment in additional semesters will offer the student an opportunity for additional skill and competency development within the subject matter. Offered Credit/No Credit only. Total of 162 laboratory hours. May be taken for a total of four times.

NURSING 20: STATE BOARD REVIEW FOR REGISTERED NURSE EXAMINATION (NCLEX-RN) .

.5 unit

PREREQUISITE: None. Limitation on Enrollment: Eligible for the NCLEX-RN (National Council Licensure Examination For Registered Nurses).

This 12-hour workshop is offered to help students in Associate in Science Degree programs study for the NCLEX-RN examination for licensure. The course presents a review of topics in medical/surgical, maternal-child, and mental health nursing. Topics encompass basic concepts and recent advances that are components of safe and effective nursing practice. Subsequent enrollment in additional semesters will offer the student an opportunity for mastery of theory content. May be taken a total of four times. Offered Credit/No Credit only. Total of 12 hours lecture.

NURSING 91: NURSING WORK STUDY (BRN Approved)

.5 unit

PREREQUISITE: Nursing 2.

This nursing work study is designed to correlate instructional theory with related clinical experience. The student will have an opportunity for refinement of previously learned nursing skills and further competency development in clinical practice under the supervision of a registered nurse preceptor at a clinical facility. Subsequent enrollment in additional semesters will offer the student an opportunity for mastery of clinical skills. May be taken a total of four times. Offered Credit/No Credit only. Total of 27 laboratory hours.

NURSING 92: INTRODUCTORY NURSING INFORMATICS

1 unit

PREREQUISITE: None. Advisory: Employment/experience as a nurse/healthcare worker, or enrollment in a nursing program is recommended.

This course is designed specifically for nurses and healthcare workers to develop and improve their skills in the use of computers and electronic communication. A major focus of the course involves accessing and utilizing nursing and healthcare information from on-line sources. Hands-on practice will be provided in the classroom setting. The course includes basic instruction in preparing PowerPoint presentations, referencing on-line resources, and the use of e-mail. Total 18 hours of lecture. Course may be taken for Credit/No Credit.

Approved by the California Board of Registered Nursing for continuing units. Provider number 00100. Total of 18 hours lecture.

NURSING 93: CALCULATIONS FOR HEALTHCARE PROVIDERS

1 unit

PREREQUISITE: None.

Review of basic arithmetic required to administer prescribed medications and fluids. Major emphasis on systems of drug measurement and dosage calculation using dimensional analysis. Administration of medications via different routes and to clients in all age groups. Computation of dosage problems encountered in actual nursing practice. Subsequent enrollment in additional semesters will offer the student an opportunity for additional skill and competency development within the subject matter. Approved by the California Board of Registered Nursing for continuing education units. Provider number 00100. Total of 18 hours lecture. May be taken a total of four times.

Approved by the California Board of Registered Nursing for continuing education units. Provider number 00100. Total of 18 hours lecture.

NURSING 94: NURSING CLINICAL DEVELOPMENT PRACTICUM

2 units

PREREQUISITE: None. Limitation on Enrollment: Enrollment in the Associated Degree or Vocational Nursing Program.

This course is designed to maintain and build clinical nursing skills. Emphasis is on using critical thinking skills in the application of theory to clinical practice. Offers opportunities for clinical enhancement and/or remediation through individualized learning contracts. Designed in collaboration with semester/program faculty. Structured to accommodate students from all levels. Offered Credit/No Credit only. A total of 108 laboratory hours. May be taken a total of four times.

NURSING 95: FOCUSED HEALTH ASSESSMENT

1.5 units

PREREQUISITE: None. Limitation on Enrollment: Enrollment in or completion of an Associate Degree or Vocational Nursing Program.

A course designed to assist the student to refine basic skills in history for taking health assessment and physical examination. Major emphasis is on data collection resulting in a nursing plan of care supported by evidence-based interventions. A systems approach to physical examination is used. Techniques of inspection, palpation, percussion and auscultation are developed. Approved by the California Board of Registered Nursing for continuing education units. Provider #00100. Offered Credit/No Credit only. Total of 27 hours lecture.