RIVERSIDE CITY COLLEGE

SCHOOL OF NURSING

ADN (RN) STUDENT HANDBOOK

2026 - 2027

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RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ASSOCIATE DEGREE NURSING PROGRAM HANDBOOK POLICY

The *Associate Degree Nursing (ADN) (RN) Student Handbook* is designed to be a resource for students to familiarize themselves with the program expectations, policies, and procedures. Students are required to read the contents of the *ADN (RN) Student Handbook* in its entirety. Program policies and handbooks may be updated throughout the semester and/or program. Revised policies and handbooks are available on the *RCC School of Nursing Student Resources Canvas* and semester-level Canvas courses. It is suggested that each student keep the current handbook readily accessible as new expectations/forms/policies and procedures are updated throughout the program.

The *ADN (RN) Student Handbook Acknowledgement of Understanding* form (next page) is provided for you to sign and upload according to your semester-level faculty instructions. Your signature verifies that you have read, understand, and agree to abide by these policies. You will be required to sign the *ADN (RN) Student Handbook Acknowledgement of Understanding* form each semester. Completed forms will be placed in your student file each semester of the ADN (RN) program.

Rev: 1/13; 6/18; 1/21; 7/22

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ADN (RN) STUDENT HANDBOOK ACKNOWLEDGEMENT OF UNDERSTANDING

I, _____, have electronic access to the *ADN (RN) Student Handbook.*
PRINT NAME

I, _____, have read, understand, and agree to abide by **all** policies and
PRINT NAME
procedures set forth in the *ADN (RN) Student Handbook.*

My signature verifies that I have access to and have read, understand, and agree to abide by all policies, procedures, and expectations set forth in the ADN (RN) Student Handbook. Additionally, I understand that this signed acknowledgement page will be placed in my student file.

_____ _____
Student Signature Date

Rev. 8/12; 1/14; 7/14; 1/15; 8/16; 1/17; 8/17; 7/18; 8/19

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

WELCOME TO THE RIVERSIDE CITY COLLEGE (RCC) ASSOCIATE DEGREE (ADN) REGISTERED NURSING (RN) PROGRAM

The RCC School of Nursing (SON) ADN (RN) program has a history of excellence in preparing competent, entry-level professional nurse generalists. We trust you will become a proud alumnus of the ADN (RN) program. The journey toward obtaining your degree is a joint responsibility of the College and SON who provide learning experiences required by the Accreditation Commission for Education in Nursing (ACEN) and the California Board of Registered Nursing (BRN), along with your commitment to your nursing goal.

Information regarding nursing education is available from the ACEN, 3390 Peachtree Rd. NE, Suite 1400, Atlanta, GA, 30326 and the BRN, 1747 N. Market Blvd., Suite 150, Sacramento, CA 95834-1924.

Please read the *ADN (RN) Student Handbook* carefully and abide by the expectations, policies, and procedures of the ADN (RN) program. Should any expectations, policies, and procedures be revised as you progress in the ADN (RN) program, you will be notified and provided with the changes on the *RCC SON Student Resources* Canvas and semester-level Canvas courses.

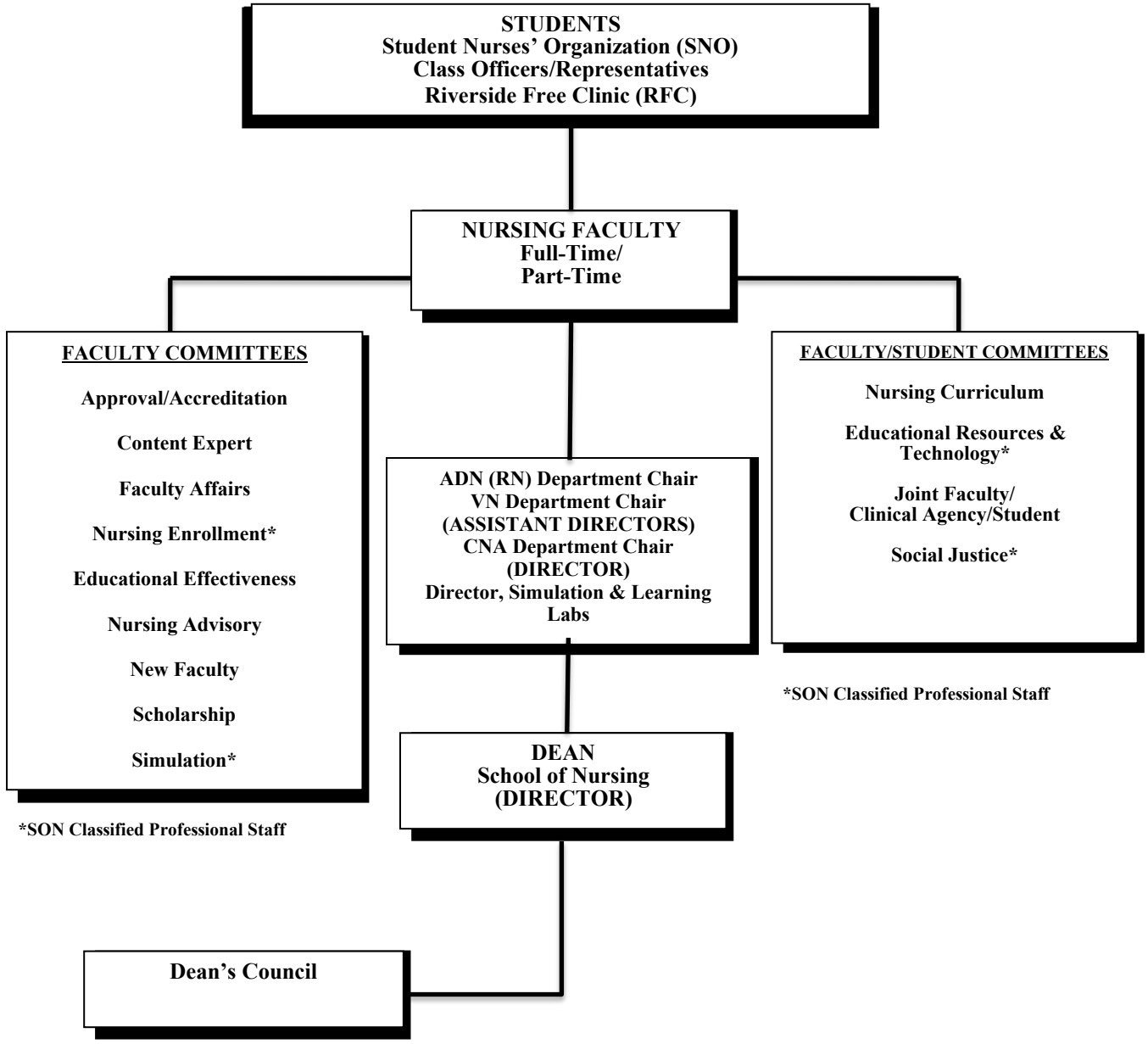
Sincerely,

The Nursing Faculty
Riverside City College
School of Nursing

Rev. 6/18; 7/22

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

COMMITTEE COMMUNICATION CHART



RN:12414:8/13; 6/14; 1/17; 6/18; 7/19; 7/20; 8/21; 8/26

ASSOCIATE DEGREE NURSING (RN) PROGRAM

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ASSOCIATE DEGREE IN NURSING (REGISTERED NURSING) PROGRAM OVERVIEW

The Associate Degree in Nursing (ADN) Registered Nursing (RN) program takes at least two calendar years to complete. The Riverside City College School of Nursing curriculum is based upon standards of competent performance of an associate degree nurse. Upon completion, the graduate is eligible to take the National Licensing Examination (NCLEX-RN) for licensure as a Registered Nurse in the state of California. Graduates who complete the program curriculum earn an Associate in Science Degree in Nursing and function in the role of a nurse generalist.

The ADN (RN) program content draws heavily from the sciences and from general education courses. The emphasis is on utilization of the nursing process, critical thinking, clinical judgments and reasoning, and leadership skills. The experiences in the ADN (RN) program are designed to encourage students to take responsibility for lifelong learning. The curriculum is built upon concepts from adult learning and experiential educational theories while moving the student from novice to advanced beginner upon graduation. The ADN (RN) program focuses on preparing the graduate with a strong medical-surgical foundation, leadership skills, and the ability to apply the nursing process and clinical judgment in various healthcare settings.

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

HISTORICAL BACKGROUND

Summer 2026 Dr. Eric Bishop appointed as President, Riverside City College.

Spring 2026 SON awarded $1.9 million Registered Nursing Infrastructure grant from CCCCO.

Fall 2025 SON simulation program re-accredited in Teaching/Learning from the Society of Simulation in Healthcare (SSH). Dr. Eric Bishop appointed as interim President, Riverside City College. Dr. Star Rivera-Lacey appointed as Deputy Chancellor/Provost of Riverside City College District.

Summer 2025 Dr. Lynn Wright appointed as acting-President, Riverside City College. SON awarded $549,151 from the CCCCO Enrollment Growth grant.

Spring 2025 SON awarded $1.5 million Registered Nursing Infrastructure grant from CCCCO. NATP received approval for all program modalities from CDPH. Anesthesia Technology earned national accreditation. Dr. Claire Oliveros steps down as President, Riverside City College. New multi-criteria implemented for the VN program. Anesthesia Technology program graduates first class.

Fall 2024 VN program implemented new curriculum. Continued program approval for 4 years granted by the BVNPT.

Summer 2024 SON earns Apple Distinguished School designation (renewal). Anesthesia Technology program is implemented and admits first cohort.

Spring 2024 Partnered with CCHCS and SEIU for HRTP pre-apprenticeship grant. VN program is approved by the BVNPT.

Fall 2023 Admitted the second cohort of CNA-VN apprentices. HCAI awards CNA program 1.4 million dollars for expansion. LEAD program started.

Summer 2023 First group of apprenticeship students graduate from the VN program. Dr. Claire Oliveros appointed as President, RCC.

Spring 2023 SON awarded $2 million grant from the Department of Labor for apprenticeship programs. CNA program awarded RUPE Foundation grant. First graduating class to take new NCLEX NextGen licensing exam. Kimberly Reimer (ADN) and Gina Weeks (VN) re-elected as Program Chairs. Jill Smith elected as NATP (CNA) Program Chair. HRTP grants for program expansion awarded.

Spring 2022 ACEN awards the ADN (RN) program continuing accreditation (8 years) and VN program initial accreditation (5 years). Traditional and online CNA programs earn continuing approval from CDPH. CNA program awarded RUPE Foundation grant. Providence CAI grant awarded for CNA to VN pathway.

Fall 2021 ACEN accreditation visit for ADN (RN) continuing accreditation and VN program initial accreditation.

Summer 2021 Dr. Lynn Wright appointed as VP, Academic Affairs. SON earns Apple Distinguished School designation.

Spring 2021 SON receives Nursing Education Investment Funds (NEIF) ($174,000) for the expansion of career pathways in higher education and to assist in the development of the Public Health ADT.

Winter 2021 VN program candidacy application approved by ACEN. Dr. Susan Mills appointed as interim VP, Academic Affairs.

Fall 2020 First cohort of advanced placement students admitted through the CAI grant. SON received Bank of America awarded ($1,000,000) grant to support programming, reskilling, and upskilling for students of color. NATP approved by CDPH to offer online nursing assistant program. The VN program submitted to ACEN for candidacy. The SON courses remained remote with small labs on campus. Dr. Carol Farrar steps down as VP, Academic Affairs.

Summer 2020 VN program receives continuing approval from the BVNPT. Dr. Tammy Vant Hul-Austin becomes Dean, School of Nursing.

Spring 2020 First cohort of CEP student begin state-wide dual enrollment between RCC and California State University, San Bernardino. Covid-19 global pandemic causing all courses to move to remote distance learning. NATP earned continuing approval and approval as the first nursing assistant program to receive CDPH approval for an online program. Amy Cowart becomes Department Chair of the NATP program; Dr. Kimberly Reimer becomes Department Chair of the ADN (RN) program and Gina Weeks remains VN Department Chair. SON simulation program is the first community college in California to earn national accreditation from the Society of Simulation in Healthcare (SSH). VN program receives approval for simulation from the Board of Vocational Nursing and Psychiatric Technicians (BVNPT). Dr. Sandy Baker retired after 17 years as the Dean of the SON.

Fall 2019 First cohort of Concurrent Enrollment Program (CEP) students begin state-wide dual enrollment with RCC and California State University, Fullerton. ADN (RN) program receives continuing approval from the Board of Registered Nursing.

Summer 2019 Health Related Sciences Engagement Center opens in the School of Nursing. Kristin Fontaine hired as Engagement Center Coordinator.

Spring 2019 Song Brown Special Project ($125,000) awarded. Enrollment Growth Grant awarded ($379,725). Local and Regional ($113,100) Strong Workforce Initiative grant awarded. CCAP STEM/Healthcare Pathways Academy Grant ($1,666,666) awarded to develop healthcare/nursing pathways in collaboration with RCC STEM and RUSD. CAI Agriculture or Rural Areas, New and Innovative Grant Program (Apprenticeship) ($499,593) awarded to develop/implement an apprenticeship pathway program to educate 25 California Correctional Health Care Services LVNs to RNs. Nursing Education Investment Fund Grant ($348,904) awarded to develop, coordinate, and facilitate seamless implementation of a statewide ADN to BSN CEP for all CCC's. RUPE Foundation Grant ($30,000) awarded to offset student costs associated with the Nursing Assistant program. CNA Expansion Grant ($112,500) awarded to expanding the capacity of the Nursing Assistant program and funds a faculty position.

Winter 2019 Dr. Gregory Anderson appointed as President, RCC. Parkview Community Hospital Medical Center names Virtual Hospital and funds nursing scholarships ($250,000).

Spring 2018 Song Brown grant ($200,000) and Special Project ($125,000) awarded. Nursing Enrollment Growth Grant awarded ($382,000). Continued Strong Workforce Initiative funding supporting new faculty boot camp, maintenance of NATP, purchasing of instructional supplies and equipment, and clinical coordinator.

Nursing Assistant Training Program (NATP) started.

Winter 2018 Dr. Wolde-Ab Isaac appointed Chancellor, RCCD. Dr. Irving Hendrick appointed Interim President, RCC.

Spring 2017 Song Brown grant ($200,000) and Special Project ($125,000) awarded. Nursing Enrollment Growth Grant awarded ($368,000). Strong Workforce Initiative Grant award ($350,000).

Fall 2016 Newly developed simulation program and curriculum launched.

Spring 2016 RCC celebrates Centennial Anniversary. Song Brown grant and Special Project awarded.

Fall 2015 New VN Assistant Director/Department Chair Gina Harold. SON partners with UCR School of Medicine and Keck Graduate Institute School of Pharmacy in developing and implementing interprofessional education curricula.

Summer 2015 Dr. Wolde-Ab Isaac appointed President, RCC.

Spring 2015 Song Brown grant ($200,000) and Special Project ($125,000) awarded.

Summer 2014 Dr. Michael Burke appointed Chancellor, RCCD.

Fall 2014 BRN Site Visit approval with continued approval for the next five (5) years with no recommendations or areas of noncompliance.

Spring 2014 Preparation for BRN visit scheduled for the Fall 2014.

Fall 2013 ACEN/NLNAC Accreditation visit at that time continued accreditation scheduling the next visit for eight (8) years. The SON was awarded a national award by the American Assembly for Men in Nursing (AAMN) designating the RCC SON as one of the 2013 Best Schools of Nursing for Men.

Summer 2013 Dr. Cynthia Azari appointed Interim Chancellor, RCCD. Dr. Wolde-Ab Isaac appointed Interim President, RCC.

Spring 2013 Song Brown grant ($200,000) and Special Project ($125,000) awarded. Nursing Enrollment Growth Grant awarded ($255,000).

Spring 2012 New School of Nursing building opens. New Curriculum is instituted. Interim BRN Site Visit with approval of new building and continuing approval of the ADN program granted. BRN and NLNAC approval for major curriculum revision granted.

Fall 2011 Name change from Riverside Community College to Riverside City College. Dr. Cynthia Azari was appointed as RCC President

Spring 2011 NLNAC Focused Visit-approval for satellite campus, new building, and continuing accreditation affirmed.

Summer 2010 Third HRSA NEPR Grant awarded ($1 million) to continue Student Outcomes Specialist role, increased ADN/VN enrollment and Flexible LVN to ADN program. Tammy Vant Hul appointed as PD/SOS. Dr. Muto, President RCC, resigned. Dr. Tom Harris, Interim RCC President, appointed. Song Brown Grant ($200,000) awarded to add 10 additional students to ADN program over 2-year period.

Spring 2010 Special Project Song Brown Grant awarded ($124,000) to hire first Nursing Educational Advisor beginning Fall 2010. Nursing Enrollment Growth Grant awarded ($520,000) to add/continue 40 ADN students at MEC over 2-year period.

Fall 2009 New multi-criteria enrollment criteria instituted in ADN program. Nurse Squared instituted program-wide, incorporating informatics throughout the programs. Ground-breaking on new School of Nursing building!

Summer 2009 Dr. Gregory Gray appointed Chancellor, RCCD. Song-Brown Nursing Grant awarded ($200,000) to add 10 additional students to ADN program over 2-year period.

Fall 2008 New ADN Assistant Director/Program Chair Tammy Vant Hul. TEAS test instituted for enrollment.

Spring 2008 Awarded California Community College Capacity Building and Enrollment Grant ($1.4 million) as well as the Song Brown Nursing Practice Grant ($200,000) to continue enrollment increases.

January 2008 Nursing Simulation Lab Specialist hired with Enrollment Growth funds. Dr. Jan Muto appointed RCC President. Inland Empire Consortium for clinical placement established, with Dr. Baker as founding President and Dr. Anita Kinser as founding Clinical Placement Coordinator.

Fall 2007 ADN Program enrollment all time high 390 students. BRN Site Visit with continuing BRN approval granted. RCCD Nursing Program receives statewide recognition earning the California Community College Chancellor's Technology Access Award. 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. New Assistant Director/Program Chair Dr. Anita Kinser.

Summer 2007 President of City Campus, Dr. Linda Lacy; Interim RCCD Chancellor, Dr. James Buysse. 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. Web testing initiated.

Summer 2006 New position of Associate Dean, Nursing (full-time), Dr. Lisa Howard-York. Assistant Director/LVN to RN Flexible Program, Dr. Marie Colucci. Nursing Simulation Lab opened. Dr. Anita Kinser appointed NERS in charge of implementation of project.

Fall 2005 Successful NLNAC Reaccreditation through 2013. ADN Program enrollment at all time high 280 students. Nursing Workforce Initiative Grant for $71,969 awarded will fund faculty position. 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. Nursing 1 program enrollments increased from 50 to 60 in response to nursing shortage. Measure C passed. Bond provides funds for facility improvements on District campuses, RCC, Moreno Valley, and Norco. Funding for School of Nursing Building.

June 2003 Sandra Baker appointed Interim Associate Dean/Director, Nursing Education. Evangeline Fawson elected ADN Program Chair.

Spring 2003 Successful BRN Site Visit, with continuing approval granted.

Fall 2002 Nursing Enrollment Growth Funds granted to department for two more years. 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 *"Nursing Education Celebrating Fifty Years 1952-2002"* given to Dr. Rotella. Sharon Angrimson appointed Project Coordinator for the H-1B Grant.

Winter 2002 Riverside County Economic Development Agency awarded H-1B Grant of $2.3 million to facilitate career ladder in nursing.

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. Kathryn Meglitsch-Tate elected Program Chair (Assistant Director of the ADN Program).

1997/1998 NLN and BRN approval/accreditation granted.

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.

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. A greater number of multicultural students applied to the nursing program.

1986-1987 Dr. Dorothy Steck was the Dean of Nursing Education. 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).

1984 BRN Reaccreditation.

1981 First NLN Accreditation.

1980-1984 Dr. Brenda Davis was the Dean of the Nursing Program and Allied Health (ADN, VN, EMT, and NA). Mr. Timothy Matthews (1980-1982) and Mrs. JoAnn Chasteen (1982-1983) were Assistant Directors.

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. Dr. Charles A. Kane was President of the College. A curriculum was developed and implemented based upon the Life Cycle Model vs. the Stress-Adaptation Model.

1976-1977 Dr. Brenda Davis was the Director and Chairperson of the Division of Nursing. During the second semester nursing courses were developed which utilized multi- media learning modules.

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 Ralph Bradshaw was President of the College. Mrs. Margaret Naegle Colangelo was Director and Chairperson of the Division of Nursing. The faculty implemented an integrated curriculum based upon the Stress- Adaptation Model vs. the Systems-Disease oriented model.

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.

RCC SCHOOL OF NURSING MISSION

The RCC School of Nursing aims to serve our diverse community of learners by providing excellence in nursing education through certificates and degrees that support students in achieving their healthcare career goals. We commit to improving social and economic mobility within healthcare by meeting nursing students where they are, valuing each individuals' journey towards successful professional practice, and promoting an inclusive, equity-focused nursing environment.

RCC SCHOOL OF NURSING VISION

The RCC School of Nursing is committed to providing excellent nursing education opportunities that are responsive to the diverse needs of our students and the healthcare community, by empowering our graduates to be active participants in shaping the future of healthcare, valuing scholarship, lifelong learning, and leadership in a dynamic environment.

RCC SCHOOL OF NURSING VALUES

The School of Nursing embraces the values of RCC, RCCD, and the National League for Nursing (NLN).

Tradition and Innovation: We embrace change and respect our legacy and are committed to excellence in developing creative solutions for the evolving healthcare needs.

Integrity and Transparency: We foster trust through honesty, fairness, and equity in our nursing education and practices. Open communication, ethical decision-making, and humility are encouraged, expected, and demonstrated consistently.

Growth and Continual Learning: We are dedicated to the professional and personal development of our faculty, staff, and students, promoting equitable opportunities and outcomes in nursing education. We commit to continuous growth, improvement, and understanding, where transformation is embraced, and the status quo and mediocrity are not tolerated.

Commitment to Caring: We support a culture of caring, based on concern and consideration for the whole person, our commitment to the common good, and our outreach to those who are vulnerable. In a person-centered way, we demonstrate the ability to understand the needs of others and a commitment to act always in the nest interests of all stakeholders. The faculty serves as one of many support systems available for students in their pursuit of academic achievement.

Respect for Collegiality: We value the contributions of all students, faculty members, college, and community partners as we strive for collegial dialogue and collaborative decision-making.

Commitment to Accountability: We are accountable to our profession, college, students, and community for vigilantly maintaining the highest standards of instruction and nursing practice to meet student learning outcomes.

Appreciation of Diversity: We promote inclusiveness, openness, and respect for the uniqueness of and differences among persons, ideas, values, and ethnicities. A culture of inclusive excellence encompasses many identities, influenced by the intersections of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious and political beliefs, or other ideologies. Diversity involves understanding both ourselves and others, moving beyond simple tolerance, to celebrating the richness that differences bring forth.

Equity-Mindedness: We are committed to social justice and equity in healthcare, transforming our approaches to support every student's success.

Responsiveness: We actively engage with and respond to the healthcare needs of our communities in collaboration with community partners.

Student-Centeredness: In creating meaningful learning environments, we prioritize the strengths and experiences of our students, supporting them in achieving their personal, educational, and career objectives in nursing.

Created: 9/6/11
Revised: 11/20; 4/24; 8/25

RCC SCHOOL OF NURSING GOALS

Goal 1: Commitment to Student Access

- To serve a diverse student population with an equitable and inclusive focus.
- To offer affordable student-centered curricula that facilitates professional career advancement and meets the needs of our community.

Goal 2: Commitment to Student Success

- To explore and implement a multitude of seamless pathways for students to reach their personal and professional goals.
- To provide a learner-centered, inclusive environment that enhances students' ability to become competent practitioners in a vibrant healthcare arena by decreasing barriers to success.

Goal 3: Institutional Effectiveness

- To be leaders in nursing education and recognized for excellence.
- To be at the forefront of nursing education with dynamic evidence-based curricula, technology, and innovation.

Goal 4: Resource Development

- To develop and empower a highly qualified nursing faculty and classified professionals.
- To promote the continuous professional development of faculty as educators, scholars, and leaders.
- To secure funding to facilitate the development, implementation, and ongoing sustainability of healthcare pathways.

Goal 5: Community Engagement

- To assess and address community healthcare needs.
- To establish and maintain strategic partnerships with community organizations, academic institutions, and healthcare agencies to improve public health.

Created: 6/11
Revised: 11/20; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ADN (RN) PROGRAM PHILOSOPHY

The Riverside City College (RCC) Associate Degree Nursing (ADN) Registered Nursing (RN) program is a vital component of RCC and embraces the mission, values, and traditions of both the Riverside Community College District (RCCD) and the College. The RCC ADN (RN) program prepares qualified nursing workforce using a student-centered approach through teaching excellence in an environment conducive to learning. The program prepares individuals for professional nurse generalist roles, collaboration with other members of the healthcare team, and consumers in the delivery of holistic healthcare.

The curriculum framework is designed with the RCC ADN (RN) graduate at its core. The curriculum is grounded in the nursing metaparadigm: patient, nurse, environment, and healthcare system through which seven (7) major curriculum concepts emerge. These integrated nursing concepts revolve in a circular pattern within the nursing metaparadigm and culminate to the Course Student Learning Outcomes (CSLOs), End-of-Program Student Learning Outcomes/Terminal Objectives (EPSLOs/TOs), and Program Outcomes (POs). The seven (7) concepts, which are reflective of current healthcare trends and initiatives, include: *quality, safe, patient-centered nursing care using evidence-based practice; professionalism; leadership; caring; communication/collaboration; critical thinking;* and *informatics.*

The sequencing of ADN (RN) program courses promotes the development of higher cognitive thinking, address differing patient populations, and focus on increasing complexities in patient care needs which are delivered in a variety of healthcare settings. Courses build in complexity to allow students to progress from novice to advanced beginner by the conclusion of the program, thus preparing them with the knowledge, skills, and attitudes necessary to become competent nurses during their first two years of practice (Benner, Tanner, & Chelsea, 2009).

The nursing faculty acknowledge the diverse and dynamic roles of the nurse generalist in providing direct-patient care. Nurses serve as patient advocates, providing direct and indirect care throughout the lifespan in a variety of healthcare settings for diverse individuals, families, and communities. Nursing practice is based on nursing knowledge, theory, and research, as well as knowledge and evidence from other disciplines that are adapted and applied as appropriate. The professional nurse generalist practices from a holistic caring framework which is comprehensive and focuses on the patient's body, mind, and spirit. Nurses assess the health status of the patient within the context of the patient's environment incorporating differences, values, preferences, and expressed needs in planning nursing care as the patient moves along the health-illness continuum. The nursing curriculum incorporates various innovative context-based teaching methodologies such as simulation and deliberate practice to foster clinical judgment and clinical decision-making to produce competent nursing graduates for the healthcare workforce. The nursing faculty are committed to advance nursing education in integrating concepts of a competency-based model into the ADN (RN) curriculum.

The nursing faculty recognize the registered nurse as a leader within the healthcare environment ensuring equitable access to healthcare services and minimize systemic barriers in healthcare. Nurses are accountable for their own professional practice, functioning both autonomously and interprofessionally as a member of the healthcare team. Nurses possess the knowledge and authority to safely delegate nursing tasks to designated team members, assuming accountability and responsibility for all delegated care. Nurses use research findings and other evidence to design, coordinate, and supervise care that is multi-dimensional, high quality, equitable and cost-effective. Current healthcare trends require that nurses ethically manage data, information, knowledge, and technology to effectively communicate, inform decision-making, and support safe nursing practice.

Nurses promote the image of nursing by modeling the professional values, standards, behaviors, and attitudes reflective of nursing standards of practice. Professional nursing requires competent assessment

skills, critical thinking, clinical reasoning and judgment, communication, and teaching. Nurses incorporate quality improvement concepts, processes, and outcome measures to ensure quality, safe, patient-centered care. The professional nurse generalist is prepared for ethical dilemmas that arise in practice and facilitates collaborative decision-making within a professional ethical framework.

The nursing faculty recognize teaching and learning are dynamic processes that occur within a fluid, innovative, and integrated curriculum, that is based on current nursing concepts. The curriculum is regularly evaluated and revised based on evidence-based research, needs of diverse community groups, advances in technology, and the ever-changing healthcare system (Billings & Halstead, 2023). The faculty is committed to modeling caring behaviors and developing a meaningful connection that inspires and provides opportunities for students in developing and accomplishing personal, educational, and career goals. The faculty is committed to promoting student exploration of various pathways, providing students with opportunities of intellectual inquiry and reflection. The faculty believe learning is a continuous lifelong process and a personal responsibility that promotes autonomy and encourages self-directed learning. The faculty recognize the individuality of each nursing student including differences in culture, ethnicity, gender identity, sexual orientation, along with academic learning styles, goals, and support systems, by embracing these differences to enhance individual and professional growth.

Adhering to educational principles from adult learning and social cognitive theories, faculty encourage students to be actively engaged in the educational process assisting them in developing clinical proficiency, gaining cultural sensitivity, and becoming socialized into nursing practice roles. The educational process facilitates the attainment of each student's potential, allowing nursing program graduates to effectively achieve EPSLOs and POs, obtain nursing licensure, and practice in the community as a safe provider and manager of professional nursing care.

RIVERSIDE CITY COLLEGE
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ADN (RN) MAJOR CURRICULUM CONCEPTS/SUBCONCEPTS

1. Quality, Safe, Evidence-Based Patient-Centered Care
   - Evidence-based practice (EBP)
   - Safety (clinical competency)
   - Nursing process
   - Patient education
   - Diversity
   - Advocacy
   - Patient-centered care

2. Professionalism
   - Ethical behavior
   - Standards of practice/legal principles
   - Accountability
   - Role socialization
   - Professional boundaries

3. Leadership
   - Management of care
   - Delegation/supervision
   - Quality improvement

4. Caring
   - Relationship-centered care
   - Collegiality
   - Cultural sensitivity
   - Spirituality

5. Collaboration/Communication
   - Inter/intra professional communication skills
   - Conflict resolution
   - Documentation

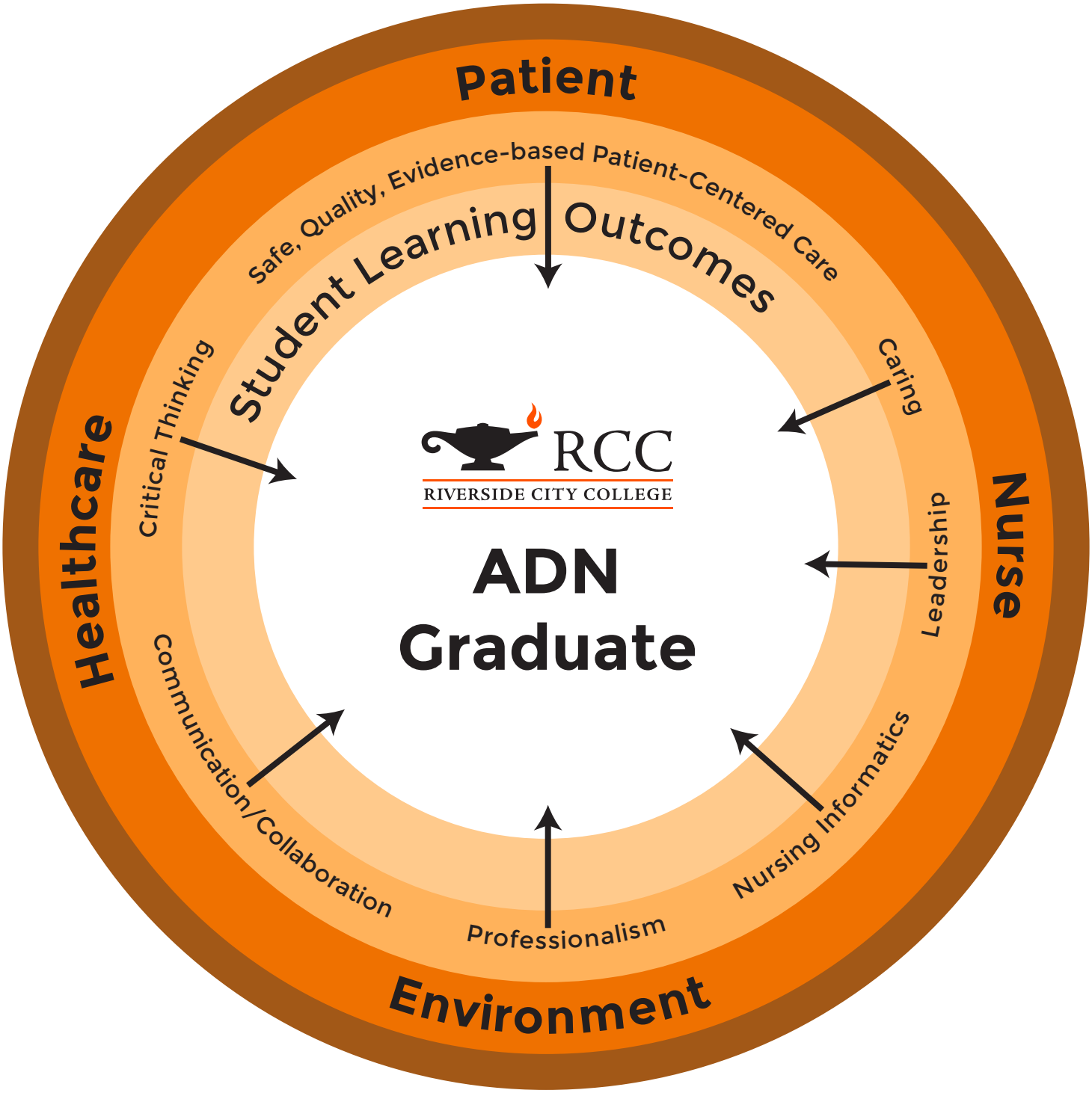
6. Critical Thinking
   - Clinical reasoning/decision making
   - Clinical judgment

7. Informatics
   - Patient care technologies
   - Technology and information systems
   - Computer skills

* NCLEX-RN client need categories and subcategories are integrated throughout each major curriculum concept as appropriate.

Created 9/6/11

ADN Curriculum Framework



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SCHOOL OF NURSING

ADN (RN) PROGRAM END-OF-PROGRAM STUDENT LEARNING OUTCOMES (EPSLOs)

Upon completion of the RCC ADN (RN) program, the graduate will:

1. Provide quality, safe, patient-centered nursing care using evidence-based practices as a competent, entry-level professional nurse generalist.

2. Function within the scope and standards of practice as a competent, entry-level professional nurse generalist while assimilating all ethical and legal principles.

3. Function as a leader, assimilating leadership principles in a variety of healthcare settings for diverse patient populations as a competent, entry-level professional nurse generalist.

4. Exemplify caring through behaviors that support relationship-centered care and demonstrate respect and sensitivity to others as a competent, entry-level professional nurse generalist.

5. Assimilate communication principles to foster collaborative relationships using effective communication with the interprofessional healthcare team for the purpose of providing and improving patient outcomes as a competent, entry-level professional nurse generalist.

6. Assimilate critical thinking principles using clinical reasoning to make sound clinical judgments necessary for providing safe patient care and promoting quality improvement as a competent, entry-level professional nurse generalist.

7. Integrate nursing informatics and competently demonstrate the use of technology to effectively communicate, enhance knowledge, manage and analyze data, prevent errors, and support decision-making as a competent, entry-level professional nurse generalist.

Revised 8/21; 5/26

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ADN (RN) PROGRAM END-OF-PROGRAM STUDENT LEARNING OUTCOMES (EPSLOs) RATIONALES AND EVIDENCE

1. Provide quality, safe, patient-centered nursing care using evidence-based practices as a competent, entry-level professional nurse generalist.

This outcome integrates the core concepts of quality, safety, patient-centeredness, and evidence-based practice (EBP) using multiple national and regional standards of quality, safe, patient-centered nursing practices. The American Nurses Association (ANA, 2021) notes that the registered nurse is responsible for systematically enhancing the quality and effectiveness of nursing practice. Further, the National League for Nursing (NLN) Education Competencies Model highlights the integrating concepts of "knowledge and science" and "quality and safety" (NLN, 2022). These NLN nurse graduate competencies are extended in this outcome to incorporate the work of the Quality, Safety, and Education in Nursing (QSEN) group, formed to build upon the work of the Institute of Medicine (IOM) studies, which focused on patient safety, quality of care, patient-centeredness, and the use of evidence-based practices in health care (AHRQ, 2024). This outcome also articulates regulations from the California Nursing Practice Act: Standards of Competent Performance, which outlines the ability of the nurse to transfer scientific knowledge to the application of the nursing process in delivering patient-centered care (California Board of Registered Nursing [BRN], 2011). By anchoring entry-level competence in quality, safe, patient-centered, evidence-based practices, graduates are uniquely prepared to meet the Future of Nursing 2020-2030 report's mandate: addressing the social determinants of health (SDOH), promoting health equity, and leveraging diverse clinical experiences to deliver high-quality care across increasingly complex, community-facing healthcare landscapes (National Academy of Medicine, 2021).

Sub-concepts for this outcome include:

- Evidence-based practice (EBP)
- Safety (clinical competency)
- Nursing process
- Patient education
- Diversity
- Advocacy
- Patient-centered care

NCLEX categories and subcategories:

- Client Needs Categories
  - Safe and effective care environment
    - Management of care
    - Safety and infection prevention and control
  - Health promotion and maintenance
  - Psychosocial integrity
  - Physiological integrity
    - Basic care and comfort
    - Pharmacological and parenteral therapies
    - Reduction of risk potential
    - Physiological adaptation
- Integrated Processes
  - Caring
  - Clinical Judgment
  - Culture and spirituality
  - Nursing process

- Teaching/learning

Related Graduate Competencies:

a. Develop, prioritize, and implement a comprehensive patient-centered plan of care, using the nursing process, that addresses the psychosocial and physiological integrity, including health promotion and maintenance as a competent, entry-level professional nurse generalist within a variety of health care systems.
b. Perform patient-centered assessments that encompass values, preferences, expressed needs, and the impact of developmental, emotional, cultural, religious, and spiritual influences on the patient's health status, adapting and evaluating nursing care as a competent, entry-level professional nurse generalist within a variety of health care systems.
c. Formulate, provide, and document patient-centered health teaching interventions for patients across the lifespan that address such topics as healthy lifestyles, risk- reducing behaviors, developmental needs, activities of daily living, and preventative self- care as a competent, entry-level professional nurse generalist within a variety of health care systems.
d. Provide and evaluate individualized, patient-centered care interventions that demonstrate sensitivity and respect for the diversity of the human experience as a competent, entry-level professional nurse generalist within a variety of health care systems.
e. Incorporate, analyze, and integrate evidence-based practices to support clinical decision-making in the delivery of quality, safe nursing care as a competent, entry-level professional nurse generalist within a variety of health care systems.
f. Safely perform all psychomotor nursing skills, as a competent, entry-level professional nurse generalist, within the context of the patient situation in a variety of health care settings.
g. Advocate for patients and their families across the lifespan, within a variety of health care systems, as a competent, entry-level professional nurse generalist.

2. Function within the scope and standards of practice as a competent, entry-level professional nurse generalist while assimilating all ethical and legal principles.

The foundation for this outcome is built on the NLN Education Competencies Model (NLN, 2022) which focuses on the core value of ethics and the integrating concept of professional development. This outcome is further supported by the ANA Scope and Standards of Practice (ANA, 2021), the ANA Code of Ethics for Nurses (2021), and the California Nurse Practice Act (BRN, 2026). The ANA Scope and Standards of Practice (ANA, 2021) describe the responsibilities for which all nurses are held accountable. The standards "serve as evidence of the standard of practice, with the understanding that application of the standards depends on context. The standards are subject to change with the dynamics of the nursing profession as evidence is discovered and new patterns of professional practice are developed and accepted by the nursing profession and the public" (ANA, 2021, p. 4). To be effective, nurse graduates must understand the values and priorities of the profession and integrate these values into their professional practice. As a member of the nursing profession, self-regulated nurse graduates attain and maintain knowledge and competency that reflects current nursing practice to ensure patient safety and quality care (ANA, 2021). Nurse graduates recognize their responsibility toward continued lifelong learning to keep current with the continuously changing health care environment, developments in technology, and evidence-based practices.

Registered nurses must also integrate the ethical provisions delineated in the ANA Code of Ethics for Nurses (ANA, 2021). Nurse graduates are expected to have a clear understanding of their accountability and responsibility for public safety, deliverance of quality care, and patient outcomes. Accountability for nursing judgment and action means that nurses act under a code of ethical conduct that is grounded in moral principles of fidelity (faithfulness) and respect for dignity, worth, and self-determination of patients (ANA, 2021). The nurses' ethical responsibilities include protecting patient autonomy, dignity, and rights; maintaining patient confidentiality; serving as a patient advocate; maintaining professional patient-nurse boundaries; practicing self-care; resolving ethical issues in health care; and reporting illegal, incompetent, or impaired practices (ANA, 2021).

Sub-concepts for this outcome include:

- Ethical behavior
- Standards of practice/legal principles
- Accountability
- Role socialization
- Professional boundaries

NCLEX categories and subcategories:

- Client Needs Categories
  - Safe and effective care environment
    - Management of care
- Integrated Processes
  - Clinical Judgment
  - Nursing Process

Related Graduate Competencies:

a. Practice within the professional standards, ethical behaviors, and legal principles within the profession of nursing as a competent, entry-level professional nurse generalist.
b. Exemplify the image of nursing by modeling the values and articulating the knowledge, skills, and attitudes
of the nursing profession as a competent, entry-level professional nurse generalist.
c. Exhibit professional attitudes and behaviors including attention to appearance, demeanor, and respect for self and others while maintaining professional boundaries with patients, families, and caregivers.
d. Demonstrate practice excellence, lifelong learning, and engagement in activities that foster professional growth and development as a competent, entry-level professional nurse generalist.

3. Function as a leader, assimilating leadership principles in a variety of health care settings for diverse patient populations as a competent, entry-level professional nurse generalist.

This outcome focuses on the core concept of leadership and flows from the NLN Education Competencies Model's (NLN, 2022) integrating concept of Personal/Professional Development, as well as the ANA's Standards of Professional Performance (Leadership) (ANA, 2021). The ANA (2021) notes that the registered nurse will provide leadership in both the professional practice setting and within the profession of nursing. Nursing leadership encompasses such values as genuineness, trustworthiness, reliability, compassion, and believability. Nursing leaders convey a strong sense of advocacy and support on behalf of the patient and their families, staff, and community members in diverse health care settings. Nurse graduates must have leadership skills that emphasize ethical and critical decision-making, prioritization, coordination and management of patient care, delegation of nursing activities, and developing resolution strategies (American Association of Colleges of Nursing [AACN], 2026). The nurse remains accountable for any decision to delegate activities and remains responsible for supervising or monitoring those to whom tasks are delegated (ANA, 2021; BRN, 2026). As a member of a health care team, nurse graduates must understand and use quality improvement concepts, processes, and outcome measures (AACN, 2026).

Sub-concepts for this outcome include:

- Management of care
- Delegation/supervision
- Quality improvement

NCLEX categories and subcategories:

- Client Needs Categories
  - Safe and effective care environment
    - Management of care

Related Graduate Competencies:

a. Demonstrate effective use of organizational and time management skills to safely manage and coordinate care as a competent, entry-level professional nurse generalist.
b. Function as a leader in managing, coordinating, and supervising care as a competent, entry-level professional nurse generalist.
c. Accept accountability and responsibility for nursing care as a competent, entry-level professional nurse generalist in a variety of health care settings, including the care delegated to licensed and unlicensed health care team members.
d. Participate in quality improvement processes and effectively implement patient safety initiatives to improve patient outcomes.

4. Exemplify caring through behaviors that support relationship-centered care and demonstrate respect and sensitivity to others as a competent, entry-level professional nurse generalist.

This outcome focuses on the core value of caring and flows from the NLN Education Competencies Model's (NLN, 2022) integrating concept of Relationship-Centered Care. The art of nursing is based on a framework of caring and respect for human dignity (ANA, 2021). Establishing trusting relationships with patients grounded in a philosophy of 'being with' rather than 'doing to' directs nursing care. Caring relationships enhance the quality of human interactions that provide feedback about life experiences and human advancement. The foundation for care provided by nurses is the personal relationship between the nurse and the patient. It is through this relationship that information is exchanged, feeling and concerns are shared, interventions are provided, and outcomes are attained.

By cultivating relationship-centered care, respect, and sensitivity, entry-level nurses are equipped to build trust within diverse and historically underserved populations. This focus directly mirrors the Future of Nursing 2020-2030 report's emphasis on the value of empathy, cultural humility, and compassionate communication as essential tools for understanding the social determinants of health and delivering equitable care across all communities (National Academy of Medicine, 2021).

Relationship-centered care is a paradigm founded on four principles: 1) Relationships include the personhood of the participants; 2) Affect and emotion are important components of these relationships; 3) All health care relationships occur in the context of reciprocal influence; and 4) Formation and maintenance of genuine relationships in health care is morally valuable (Kirkegaard & Ring, 2017). Relationship-centered care to diverse populations includes knowledge of and sensitivity to variables such as age, gender, culture, health disparities, socioeconomic status, race, and spirituality (AACN, 2026). Collegiality is a mindset characterized by having authority vested equally among colleagues or members of the same profession. It includes sharing knowledge, making decisions corroboratively, and commitment to respectfully working with interprofessional team members. The nurse maintains compassionate and caring relationships with colleagues and others, committed to fair treatment of all individuals, seeking integrity-preserving compromise when conflicts arise (Duffy, 2008).

Sub-concepts for this outcome include:

- Relationship-centered care
- Collegiality
- Cultural Sensitivity
- Spirituality

NCLEX categories and subcategories:

- Client Needs Categories
  - Safe and effective care environment
    - Management of care
  - Psychosocial integrity
  - Physiological integrity
    - Basic care and comfort

- Integrated Processes
  - Caring
  - Culture and spirituality

Related Graduate Competencies:

a. Integrate patient needs and contributions from the health care team when planning or providing nursing care in a variety of health care settings.
b. Prioritize and implement patient-centered nursing interventions that integrate the patient's developmental level; physical and psychological needs; spiritual beliefs; and culture as a competent, entry-level professional nurse generalist.
c. Prioritize and evaluate nursing care to facilitate the achievement of expected patient outcomes in a collaborative and caring manner that provides direction for continuity of care as a competent, entry-level professional nurse generalist.
d. Exemplify relationship-centered care behaviors when caring for self and interacting with patients, families, peers, and other members of the health care team as a competent, entry-level professional nurse generalist.

5. Assimilate communication principles to foster collaborative relationships using effective communication with the interprofessional health care team for the purpose of providing and improving patient outcomes as a competent, entry-level professional nurse generalist.

This outcome focuses on the concept of collaboration/communication and flows from the NLNs integrating concept of Teamwork (NLN, 2022), as well as the ANA Standards of Professional Performance (Collaboration), and the ANA Standards of Nursing Practice (Coordination of Care and Consultation) (ANA, 2021). Collaboration is based on the complementarities of roles and the understanding of these roles by all members of the health care team (AACN, 2026). The complexity of health care delivery systems requires an interprofessional approach to the delivery of services that has the strong support and active participation of all the health professions. Effective inter/intraprofessional communication and collaboration are imperative to the provision of high quality and safe patient-centered care (AACN, 2026). The graduate nurse must be able to collaborate in creating a documented plan, focused on outcomes and decisions related to care and delivery of services that indicate communication with patients, families, and the interprofessional health care team (ANA, 2021). For conflict resolution to occur, it is important that mechanisms are in place that facilitates open communication and support in an environment where issues can be addressed and resolved appropriately.

Sub-concepts for this outcome include:

- Inter/intraprofessional communication skills
- Conflict resolution
- Documentation

NCLEX categories and subcategories:

- Client Needs Categories
  - Safe and effective care environment

        - Management of care
        - Safety and infection prevention and control
    - Psychosocial integrity
    - Physiological integrity
        - Basic care and comfort
        - Pharmacological and parenteral therapies
        - Reduction of risk potential
        - Physiological adaptation

- Integrated Processes
    - Communication and documentation
    - Teaching/learning

Related Graduate Competencies:

a. Integrate and adapt effective communication techniques to foster positive professional working relationships as a competent, entry-level professional nurse generalist.
b. Interject the unique nursing perspective when collaborating with the health care team, adapting communication skills as needed, to improve patient outcomes and ensure the delivery of evidence-based patient-centered care.
c. Prioritize, perform, and evaluate interventions that promote quality, safe patient-centered care as a member of the health care team that contribute to improving patient care outcomes as a competent, entry-level professional nurse generalist.
d. Analyze, prioritize, and document patient care data to inform the health care team and contribute to clinical decision-making as a competent, entry-level professional nurse generalist.
e. Discern, prioritize, and report relevant information to an appropriate health care team member to improve patient outcomes.

6. Assimilate critical thinking principles using clinical reasoning to make sound clinical judgments necessary for providing safe patient care and promoting quality improvement as a competent, entry-level professional nurse generalist.

This outcome focuses on the concept of critical thinking which is a necessary process for formulating clinical reasoning and rendering sound clinical judgment. Critical thinking in nursing is an essential component of professional accountability and quality nursing care (ANA, 2021). Critical thinking is the deliberate nonlinear process of collecting, interpreting, analyzing, drawing conclusions about, presenting, and evaluating information that is both factually and belief based. In nursing, critical thinking is demonstrated through the development of clinical reasoning skills, which incorporate ethical, diagnostic, and therapeutic dimensions while utilizing current, evidence- based nursing knowledge to guide practice (Alfaro-Lefevre, 2020). The ANA (2021) standards state that the nursing process can be used as a critical thinking model that promotes a competent level of care. Nurses are required to use their holistic nursing knowledge base to think through each situation to provide individualized, effective, and safe nursing care (Billings & Halstead, 2023). Clinical judgment is defined as an application of both critical thinking and clinical reasoning processes, using in-depth analysis and evaluation of knowledge and skills (Alfaro-Lefevre, 2020; Dickison et al., 2019). The National Council of State Boards of Nursing (NCSBN) characterizes clinical judgement as an iterative process that uses nursing knowledge to observe and access presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solutions to deliver safe client care (Dickison et al., 2019).

Sub-concepts for this outcome include:

- Clinical reasoning/decision-making
- Clinical judgment

NCLEX categories and subcategories:

- Client Needs Categories
  - Safe and effective care environment
    - Management of care
    - Safety and infection prevention and control
  - Psychosocial integrity
  - Physiological integrity
    - Basic care and comfort
    - Pharmacological and parenteral therapies
    - Reduction of risk potential
    - Physiological adaptation

- Integrated Processes
  - Clinical Judgment
  - Nursing Process
  - Teaching/learning

Related Graduate Competencies:

a. Accept responsibility for clinical reasoning and judgment when providing quality, safe patient-centered care to assigned patients as a competent, entry-level professional nurse generalist.
b. Individualize assessments, prioritize problems, establish goals, and plan comprehensive interventions based on the patient's immediate or anticipated needs as a competent, entry-level professional nurse generalist.
c. Monitor, synthesize, and adapt nursing care, as needed, based on ongoing evaluation data as a competent, entry-level professional nurse generalist.
d. Engage in self-reflection and inquiry as a competent, entry-level professional nurse generalist.
e. Create and execute quality improvement activities to prevent potential problems that may interfere with the delivery of safe patient care as a competent, entry-level professional nurse generalist in a variety of health care settings.

7. Integrate nursing informatics and competently demonstrate the use of technology to effectively communicate, enhance knowledge, manage and analyze data, prevent errors, and support decision-making as a competent, entry-level professional nurse generalist.

This outcome focuses on the concept of informatics. The ANA's Nursing Informatics: Scope and Standards of Practice (2022) notes that the goal of nursing informatics is to improve the health of populations, communities, families, and individuals by optimizing information management and communication. These activities include the use of informatics to support all areas of nursing including the direct provision of care, managing and delivering educational experiences, enhancing lifelong learning and supporting nursing research (ANA, 2022).

The AACN (2026) reinforces the integration of nursing informatics and technology in nursing education programs as knowledge and skills in information management and patient care technologies are critical in the delivery of quality patient care. Graduate nurses must have basic competence in technical skills, which includes the use of computers as well as the application of patient care technology (AACN, 2026).

Sub-concepts for this outcome include:

- Patient care technologies
- Technology and information systems
- Computer skills

NCLEX categories and subcategories:

- Client Needs Categories
  - Safe and effective care environment
    - Management of care

- Integrated Processes
  - Communication & documentation

Related Graduate Competencies:

a. Employ computer skills and mobile technology to promote effective communication and support decision-making.
b. Competently use patient care technologies, information systems, and mobile technology to support safe nursing care as a competent, entry-level professional nurse generalist in a variety of the health care settings.
c. Competently use and integrate information technology systems to prevent the risk of errors and improve clinical outcomes in the delivery of safe patient care.
d. Access relevant data and document using the nursing process via electronic health record, abiding by all ethical and legal standards as a competent, entry-level professional nurse generalist in a variety of health care settings.

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GLOSSARY

Accountability: To be answerable to one's self and others for one's own actions. Nurses are accountable for judgments made and actions taken in their nursing practice (ANA, 2021; ANA, 2025).

Advocacy: Protects and supports the rights, health, and safety of the patient (Taylor et al., 2023).

Autonomy: The right to self-determination. Professional practice reflects autonomy when the nurse respects patients' rights to make decisions about health care (AACN, 2026).

Caring: Caring is the essence of nursing. It is relationship-centered and requires both an intention and a moral/ethical commitment to care for the patient. It involves sensitivity, respect, the preservation of human dignity, and the incorporation of caring physical acts into therapeutic interventions (Watson, 1999; Duffy, 2018).

Clinical Judgment: An application of clinical reasoning, using in-depth analysis and evaluation of knowledge and skills, whereby the nurse knows why an intervention is needed, how to perform the intervention competently, and can justify clinical decision-making; allowing the clinician to fit his or her knowledge and experience to an individual patient (Dickison et al., 2019).

Clinical Reasoning: An in-depth mental process of analysis and evaluation of knowledge and skills; the process of arriving at problem identification (Dickison, et al., 2019).

Collaboration: An intra or interprofessional process by which healthcare providers come together to form highly effective teams to solve patient care or healthcare system problems with members of the team respectfully sharing knowledge and resources (Taylor et al., 2023).

Collegiality: Interacts with and contributes to the professional development of peers and colleagues (ANA, 2021).

Communication: Communication is a process by which the nurse assigns and conveys meaning to create shared understanding. This process requires skills in intrapersonal and interpersonal processing, listening, observing, speaking, questioning, analyzing, and evaluating. It is through communication that collaboration and cooperation occur (Taylor et al., 2023).

Competency: 'An expected level of performance that integrates knowledge, skills, abilities and judgment based on established scientific knowledge and expectations for nursing practice (ANA, 2021, p. 110).

Computer Skills: Ability to physically operate a device and utilize software programs to complete nursing tasks. They encompass everything from basic digital literacy to advanced technical expertise.

Conflict Resolution: A cooperative and constructive solution to a problem that empowers those involved, leading to improved relationships and positive outcomes (Cherry and Jacobs, 2026).

Critical Thinking: The deliberate nonlinear process of collecting, interpreting, analyzing, drawing conclusions about, presenting, and evaluating information that is both factually and belief based (Alfaro-LeFevre, 2020; Dickison et al., 2019). The ANA (2021) standards state that the nursing process can be used as a critical thinking model that promotes a competent level of care.

Cultural Humility: "An ongoing, lifelong process of self-reflection and self-critique. It requires individuals to examine their own cultural identities, biases, and privileges while maintaining an open, respectful, and non-paternalistic stance toward the unique lived experiences of others." (AACN, 2026).

Cultural Sensitivity: Awareness, understanding, and respect of cultural differences and similarities between people, without assigning them a value (positive/negative or right/wrong). It involves modifying your behavior to accommodate diverse beliefs and effectively communicating with people from different backgrounds (Taylor et al., 2023).

Delegation: The transfer of responsibility for the performance of an activity from one individual to another while retaining accountability for the outcome (Taylor et al., 2023).

Diversity: "A broad range of individual, population and social characteristics, including but not limited to age; sex; race; ethnicity; sexual orientation; gender identity; family structures; geographic locations; national origin; immigrants and refugees; language; any impairment that substantially limits a major life activity; religious beliefs; and socioeconomic status" (AACN, 2021, p. 13).

Documentation: Written or electronic communication and record keeping that facilitates information flow to support continuity, quality, and safety of care (Cherry & Jacobs, 2026).

Environment: Totality of all internal and external conditions, circumstances, and physical, social, cultural, economic, and political factors that influence the health, development, and behavior of individuals, families, and communities (Purisima et al., 2024).

Ethical Behavior: The integration of ethical provisions in all areas of nursing practice (ANA, 2025).

Evidence-based Practice (EBP): A scholarly and systematic problem-solving paradigm that results in the delivery of high-quality healthcare (ANA, 2021)

Health: State of optimal functioning or well-being inclusive of a person's physical, social, and mental components (Taylor et al., 2023).

Healthcare Team: The patient plus all the healthcare professionals who provide care for the patient. The patient is an integral member of the healthcare team (AACN, 2026).

Informatics: Informatics refers to the use of information and technology to communicate, manage knowledge, mitigate error, and support decision making (ANA, 2022; Cherry and Jacobs, 2026).

Interprofessional: Working across healthcare professions to cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable. The team consists of the patient, the nurse, and other healthcare providers as appropriate (AACN, 2026).

Intraprofessional: Working with healthcare team members within the profession to ensure that care is continuous and reliable (AACN, 2026).

Leadership: The ability to direct or motivate an individual or group to achieve set goals (Taylor et al., 2023).

Management of Care: Prioritizing, organizing, and coordinating the intra- and interprofessional services to meet the holistic needs of the patient in diverse health care settings (Taylor et al., 2023).

Nurse: An individual who is licensed by a state agency to practice as a registered or licensed vocational nurse (Cherry & Jacobs, 2026).

Nursing: Nursing is the "protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations" (ANA, 2021, p. 1).

Nursing Process: A critical thinking model that encompasses all significant actions taken by registered nurses and forms the foundation of the nurses' decision-making. It includes the components of assessment, diagnosis, outcomes, identification, planning, implementation, and evaluation (ANA, 2021).

Patient: The recipient of nursing care or services. Patients may be individuals, families, groups, communities, or populations. Patients may function in independent, interdependent, or dependent roles, and may seek or receive nursing interventions related to disease prevention, health promotion, or health maintenance, as well as illness and end-of-life care (AACN, 2021).

Patient Care Technologies: Information and communication technologies and informatics processes used to provide care, gather data, form information to drive

decision-making, and support professionals as they expand knowledge and wisdom for practice. These technologies range from simple direct-care devices (like biomedical equipment) to complex systems like electronic health records (EHRs), telehealth systems, and clinical decision support tools. Their purpose is to manage and improve the delivery of safe, high-quality, and efficient healthcare services (ANA 2026).

Patient-Centered Care: Patient-centered care includes actions to identify, respect and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering, coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health (Taylor et al., 2023).

Patient Education: The process of influencing the patient's behavior to effect changes in knowledge, attitudes, and skills needed to maintain and improve health (Taylor et al., 2023).

Professional Boundaries: Professional boundaries separate therapeutic behavior of the nurse from any behavior which, well intentioned or not, could lessen the benefit of care to clients, families, and communities. Boundaries give each person a sense of legitimate control in a relationship (Cherry & Jacobs, 2026).

Professionalism: Formation and cultivation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values (AACN, 2026).

Quality: The degree to which nursing services for healthcare consumers, families, groups, communities, and populations increase the likelihood desirable outcomes and are consistent with evolving nursing knowledge (ANA, 2021).

Quality Improvement: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems (Cherry & Jacobs, 2026).

Registered Nurse: An individual who is educationally prepared and then licensed by a state, commonwealth, territory, or government regulatory body to practice as a registered nurse (ANA, 2021)

Relationship-Centered Care: A paradigm founded on four principles: 1) Relationships include the personhood of the participants; 2) Affect and emotion are important components of these relationships; 3) All health care relationships occur in the context of reciprocal influence; and 4) Formation and maintenance of genuine relationships in health care is morally valuable (Kirkegaard & Ring, 2017).

Role Socialization: Continuous process by which students internalize the professions core values, ethics, and behaviors to develop a strong professional identity (ANA, 2021).

Safety: Safety minimizes risk of harm to patients through both system effectiveness and

individual performance (Taylor et al., 2023).

Spirituality: A person's relationship with a nonmaterial life force or higher power. It is experienced as a unifying force, life principle, essence of being; expressed through connectedness with nature, the earth, the environment, cosmos, and in and through connectedness with other people; shapes self-becoming and is reflected in the person's being, knowing, and doing; and permeates life, providing purpose, meaning, strength, guidance, and shaping the journey (Taylor et al., 2023).

Standards of Practice: Authoritative statements that describe a competent level of nursing care, demonstrated through the critical thinking model known as the nursing process (ANA, 2021).

Supervision: Directly overseeing the work or performance of others (Cherry & Jacobs, 2026).

Technology and Information Systems: Includes the use of technology in education, research, and quality improvement using databases, repositories, and online sources to support evidence-based safe practice. Information systems and technology are used to communicate, manage knowledge, prevent error, and support decision-making in accordance with best practice and professional and regulatory standards (ANA, 2021; Cherry & Jacobs, 2026).

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ADN (RN) CURRICULUM

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

NURSING 11 - FOUNDATIONS OF NURSING PRACTICE ACROSS THE LIFESPAN
COURSE STUDENT LEARNING OUTCOMES (CSLOs) AND ASSOCIATED COMPETENCIES

At the beginner novice level, the student will:

1. Provide quality, safe, patient-centered nursing care at a foundational level, using evidence-based practices for individuals and families across the lifespan.

    a. Develop a patient-centered plan of care, using the nursing process, that addresses the psychosocial and physiological needs of the patient within the health care system.
    b. Perform and document a fundamental assessment for patients across the lifespan encompassing values, preferences, expressed needs, and the impact of developmental, emotional, cultural, religious, and spiritual influences on the patient's health status.
    c. Select and incorporate patient-centered interventions that demonstrate sensitivity and respect for the diversity of the human experience.
    d. Identify and incorporate evidence-based practices to guide clinical decision-making in the delivery of quality, safe nursing care.
    e. Safely perform fundamental psychomotor nursing skills within the context of the patient situation.
    f. Safely prepare and administer medications, including the accurate calculation of drug dosages.
    g. Incorporate patient-centered teaching interventions into the delivery of nursing care.
    h. Demonstrate patient advocacy skills in the care of assigned patients and their families.

2. Identify the scope and standards of practice of the professional nurse generalist, including a foundational understanding of ethical and legal principles in health care.

    a. Understand and demonstrate professional standards, ethical behaviors, and legal principles of nursing practice.
    b. Establish professional attitudes and behaviors, including attention to appearance, demeanor, respect for self and others, and attention to professional boundaries with patients and families as well as caregivers.
    c. Develop a nursing philosophy statement that includes an individualized plan for lifelong learning in preparation for becoming a professional nurse generalist.

3. Recognize leadership principles in select health care settings for diverse patient populations.

    a. Develop and use organizational and time management skills to safely manage the health care needs of assigned patients.
    b. Recognize the leadership roles of the professional nurse in health care settings.
    c. Demonstrate accountability and responsibility for nursing care provided and identify situations when care can be delegated to other members of the health care team.
    d. Identify quality improvement principles and practices used in the health care setting and how they contribute to improving patient outcomes.

4. Identify caring behaviors that support relationship-centered care and demonstrate respect and sensitivity to others in preparation for becoming a competent, entry-level professional nurse generalist.

    a. Involve the patient and family when planning or providing patient-centered care.
    b. Select nursing interventions appropriate to the patient's developmental level; physical and psychological needs; spiritual beliefs; and culture.
    c. Identify and develop expected patient outcomes in a collaborative and caring manner that provides direction for continuity of care.
    d. Demonstrate relationship-centered care principles when caring for self and interacting with patients, families, peers, and other members of the health care team.

5. Identify the role of the registered nurse in collaborative relationships using effective communication with the interprofessional health care team, at a foundational level, for the purpose of providing & improving patient outcomes.

    a. Demonstrate effective communication techniques to foster positive professional working relationships.
    b. Recognize the role of the registered nurse in fostering collaborative relationships with the health care team in improving patient outcomes.
    c. Use effective communication and collaborative skills with the health care team to deliver evidence-based patient-centered care.
    d. Select interventions that promote quality, safe patient-centered care as a member of the health care team that contribute to improving patient care outcomes.
    e. Use and document basic patient care data to inform the health care team and contribute to clinical decision-making.
    f. Identify and report relevant information to an appropriate health care team member to improve patient outcomes.

6. Demonstrate foundational principles of critical thinking that begin to develop clinical reasoning and judgment necessary for providing safe patient care and promoting quality improvement.

    a. Use beginning clinical reasoning and judgment skills when providing quality, safe patient-centered care.
    b. Begin to collect data to assist in problem identification, goal attainment, and the selection interventions based on the patient's health care needs.
    c. Perform ongoing evaluation of expected outcomes and interventions and revise the individualized plan of care as needed.
    d. Participate in guided self-reflection activities to identify professional learning needs.
    e. Use quality improvement principles to identify potential problems that may interfere with the delivery of safe patient care.

7. Understand the principles of nursing informatics and the use of technology to effectively communicate, enhance knowledge, manage and analyze data, prevent errors, and support decision-making in preparation for becoming a competent, entry-level professional nurse generalist.

    a. Demonstrate basic computer literacy, including the ability to use desktop applications and mobile technology to promote communication and support decision-making.
    b. Establish foundational skills using patient care technologies, information systems, and communication devices that support safe nursing care.
    c. Use of information technology systems, at a foundational level, to prevent the risk of errors and improve clinical outcomes in the delivery of safe patient care.
    d. Begin to access data and document using the nursing process via electronic health record, abiding by all ethical and legal standards.

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RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

NURSING 12 - ACUTE AND CHRONIC MEDICAL-SURGICAL NURSING PRACTICE ACROSS THE LIFESPAN AND MATERNITY NURSING
COURSE STUDENT LEARNING OUTCOMES (CSLOs) AND ASSOCIATED COMPETENCIES

At the novice level, the student will:

1. Provide quality, safe, patient-centered nursing care using evidence-based practices for healthy patients and those with specific alterations in health across the lifespan.

    a. Develop and initiate a patient-centered plan of care, using the nursing process, that addresses the psychosocial and physiological needs for patients with chronic illness(es) across the lifespan and those with acute health care needs in a variety of health care systems.
    b. Perform and document an assessment of specific patient populations encompassing values, preferences, expressed needs, and the impact of developmental, emotional, cultural, religious, and spiritual influences on the patient's health status.
    c. Select patient-centered health teaching interventions that address such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventative self-care.
    d. Incorporate patient-centered care interventions that demonstrate sensitivity and respect for the diversity of the human experience.
    e. Use evidence-based practices to guide clinical decision-making in the delivery of quality, safe nursing care.
    f. Safely perform psychomotor nursing skills, as outlined in the *Nursing Skills Across the Curriculum*, within the context of the patient situation.
    g. Demonstrate patient advocacy skills in the care of assigned patients and their families.

2. Integrate the scope and standards of practice of the professional nurse generalist, applying ethical and legal principles, when providing care to healthy patients and those with specific alterations in health.

    a. Incorporate professional standards, ethical behaviors, and legal principles of nursing practice.
    b. Support the image of nursing by modeling the values and articulating the knowledge, skills, and attitudes of the nursing profession.
    c. Demonstrate professional attitudes and behaviors, including attention to appearance, demeanor, respect for self and others, and attention to professional boundaries with patients and families as well as caregivers.
    d. Value the pursuit of practice excellence, lifelong learning, and engagement in activities that foster professional growth and development in preparation for becoming a professional nurse generalist.

3. Implement leadership principles in select health care settings for diverse patient populations.

    a. Implement organizational and time management skills to safely manage the health care needs of assigned patients.
    b. Begin to assume a leadership role as a member of the health care team in a variety of patient care settings.
    c. Demonstrate accountability and responsibility for nursing care provided and identify situations when care can be delegated, in a variety of health care settings, to other members of the health care team.
    d. Explain quality improvement principles and processes to effectively implement patient safety initiatives and how they contribute to improving patient care outcomes.

4. Initiate caring behaviors that support relationship-centered care and demonstrate respect and sensitivity to others in preparation for becoming a competent, entry-level professional nurse generalist.

    a. Incorporate interventions to address patient and family needs that include input from other health care team members when planning or providing patient-centered care.
    b. Implement nursing interventions appropriate to the patient's developmental level; physical and psychological needs; spiritual beliefs; and culture.
    c. Plan nursing care to facilitate the achievement of expected patient outcomes in a collaborative and caring manner that provides direction for continuity of care.
    d. Incorporate relationship-centered care principles when caring for self and interacting with patients, families, peers, and other members of the health care team.

5. Initiate collaborative relationships using effective communication with the interprofessional health care team for the purpose of providing and improving patient outcomes in preparation for becoming a competent, entry-level professional nurse generalist.

    a. Incorporate effective communication techniques to foster positive professional working relationships.
    b. Foster collaborative relationships with the health care team, using appropriate communication skills, to improve patient outcomes and ensure the delivery of evidence-based patient-centered care.
    c. Select and perform interventions that promote quality, safe patient-centered care as a member of the health care team that contributes to improving patient care outcomes.
    d. Summarize and document patient care data to inform the health care team and contribute to clinical decision-making.
    e. Summarize and report relevant information to an appropriate health care team member to improve patient outcomes.

6. Demonstrate critical thinking and clinical reasoning to form clinical judgments necessary for providing safe patient care and promoting quality improvement in a variety of health care settings.

    a. Demonstrate clinical reasoning and judgment skills in providing quality, safe patient-centered care to assigned patients.
    b. Collect data, identify problems, establish goals, and select interventions based on the patient's immediate or anticipated needs of the patient and situation.
    c. Perform ongoing evaluation of expected outcomes and interventions for assigned patients and revise the individualized plan of care as needed.
    d. Participate in self-reflection strategies to identify professional learning needs.
    e. Incorporate quality improvement activities to identify and prevent potential problems that may interfere with the delivery of safe patient care in a variety of health care settings.

7. Apply nursing informatics and technology to effectively communicate, enhance knowledge, manage and analyze data, prevent errors, and support decision-making when providing care for healthy patients and those with specific alterations in health.

    a. Demonstrate computer literacy, including the ability to use desktop applications and mobile technology to promote effective communication and support decision-making.
    b. Competently use patient care technologies, information systems, and mobile technology to support safe nursing care for assigned patients in a variety of health care settings.
    c. Demonstrate the use of information technology systems to prevent the risk of errors and improve clinical outcomes in the delivery of safe patient care.
    d. Access data and documents using the nursing process via electronic health record, abiding by all ethical and legal standards.

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RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

NURSING 21 - ACUTE ADULT MEDICAL-SURGICAL AND MENTAL HEALTH NURSING COURSE STUDENT LEARNING OUTCOMES (CSLOs) AND ASSOCIATED COMPETENCIES

At the intermediate novice level, the student will:

1. Provide quality, safe, patient-centered nursing care using evidence-based practices for patients with acute and chronic alterations in health.

    a. Develop and implement a comprehensive patient-centered plan of care, using the nursing process, that addresses the psychosocial and physiological integrity, including health promotion and maintenance of acute and chronic health care needs in a variety of health care systems.
    b. Perform and document a patient-centered assessment for specific patient populations with complex health care needs encompassing values, preferences, expressed needs, and the impact of developmental, emotional, cultural, religious, and spiritual influences on the patient's health status.
    c. Implement and document patient-centered health teaching interventions for patient populations with complex health care needs that address such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventative self-care.
    d. Implement patient-centered care interventions that demonstrate sensitivity and respect for the diversity of the human experience.
    e. Investigate available resources and implement evidence-based practices to support clinical decision-making in the delivery of quality, safe nursing care.
    f. Safely perform psychomotor nursing skills, as outlined in the *Nursing Skills Across the Curriculum*, within the context of the patient situation.
    g. Demonstrate patient advocacy skills in the care of assigned patients with complex health care needs and their families.

2. Assimilate the scope and standards of practice in preparation for becoming a competent, entry-level professional nurse generalist, applying ethical and legal principles when providing care for patients with acute and chronic alterations in health.

    a. Embody professional standards, ethical behaviors, and legal principles in nursing practice.
    b. Model a positive image of nursing by embracing the values and articulating the knowledge, skills, and attitudes of the nursing profession.
    c. Embody professional attitudes and behaviors, including attention to appearance, demeanor, respect for self and others, and attention to professional boundaries with patients and families as well as caregivers.
    d. Demonstrate practice excellence, lifelong learning, and engagement in activities that foster professional growth and development in preparation for becoming a professional nurse generalist.

3. Provide leadership in select health care settings for diverse patient populations.

    a. Demonstrate effective use of organizational and time management skills to safely manage the complex health care needs of assigned patients.
    b. Assume a leadership role as a member of the health care team in a variety of patient care settings.
    c. Accept accountability and responsibility for nursing care of multiple patients with complex health care needs in a variety of settings, including licensed and unlicensed health care team members, in assigned or delegated tasks.
    d. Contribute to quality improvement processes to effectively implement patient safety initiatives and monitor performance outcomes.

4. Model caring behaviors that support relationship-centered care and demonstrate respect and sensitivity to others in preparation for becoming a competent, entry-level professional nurse generalist.

    a. Incorporate interventions that address patient and family needs, including input from other health care team members when planning or providing care to patients with complex health care needs.
    b. Implement comprehensive nursing interventions that integrate the patient's developmental level; physical and psychological needs; spiritual beliefs; and culture.
    c. Prioritize nursing care to facilitate the achievement of expected patient outcomes in a collaborative and caring manner that provides direction for continuity of care.
    d. Embody relationship-centered care behaviors for self-care and when interacting with patients, families, peers, and other members of the health care team.

5. Apply communication principles to foster collaborative relationships using effective communication with the interprofessional health care team for the purpose of providing and improving patient outcomes in preparation for becoming a competent, entry-level professional nurse generalist.

   a. Demonstrate effective communication techniques to foster positive professional working relationships.
   b. Actively participate in collaborative relationships with the health care team, using appropriate communication skills, to improve patient outcomes and ensure the delivery of evidence-based patient-centered care.
   c. Prioritize and perform interventions that promote quality, safe patient-centered care as a member of the health care team that contributes to improving patient care outcomes.
   d. Analyze and document patient care data to inform the health care team and contribute to clinical decision-making.
   e. Prioritize and report relevant information to an appropriate health care team member to improve patient outcomes.

6. Apply critical thinking and clinical reasoning to form clinical judgments necessary for providing safe patient care and promoting quality improvement in a variety of health care settings.

   a. Apply clinical reasoning and judgment skills in providing quality, safe patient-centered care to assigned patients.
   b. Individualize data collection, prioritize problems, establish goals, and select comprehensive interventions based on the patient's immediate or anticipated needs of the patient and situation.
   c. Conduct ongoing evaluation of expected outcomes and interventions for patients with complex health care needs by analyzing assessment data to revise the individualized plan of care as needed.
   d. Engage in self-reflection and inquiry to examine professional learning needs.
   e. Implement quality improvement activities to prevent potential problems that may interfere with the delivery of safe patient care in a variety of health care settings.

7. Expand the use of nursing informatics and technology to effectively communicate, enhance knowledge, manage and analyze data, prevent errors, and support decision-making in preparation for becoming a competent, entry-level professional nurse generalist.

   a. Expand computer literacy, including the ability to use desktop applications and mobile technology to promote effective communication and support decision- making.
   b. Competently use patient care technologies, information systems, and mobile technology to support safe nursing care for assigned patients in a variety of health care settings.
   c. Proficiently use information technology systems to prevent the risk of errors and improve clinical outcomes in the delivery of safe patient care.
   d. Access relevant data and proficiently document using the nursing process via electronic health record, abiding by all ethical and legal standards.

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RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

NURSING 22 - ADVANCED MEDICAL-SURGICAL NURSING PRACTICE ACROSS THE LIFESPAN AND ACUTE PEDIATRICS

COURSE STUDENT LEARNING OUTCOMES (CSLOs) AND ASSOCIATED COMPETENCIES

At the advanced beginner level, the student will:

1. Provide quality, safe patient-centered nursing care using evidence-based practices for patients with complex alterations in health across the lifespan in preparation for becoming a competent, entry-level professional nurse generalist.

    a. Develop, prioritize, and implement a comprehensive patient-centered plan of care, using the nursing process, that addresses the psychosocial and physiological integrity, including health promotion and maintenance for a patient with complex alterations in health within a variety of health care systems.
    b. Perform, interpret, and evaluate patient-centered assessments of specific patient populations encompassing values, preferences, expressed needs, and the impact of developmental, emotional, cultural, religious, and spiritual influences on the patient's health status.
    c. Formulate, provide, and document patient-centered health teaching interventions for patients with complex alterations in health across the lifespan that address such topics as healthy lifestyles, risk- reducing behaviors, developmental needs, activities of daily living, and preventative self- care.
    d. Provide individualized, patient-centered care interventions that demonstrate sensitivity and respect for the diversity of the human experience.
    e. Incorporate and integrate evidence-based practices to support clinical decision-making in the delivery of quality, safe nursing care.
    f. Safely perform all psychomotor nursing skills, as outlined in the *Nursing Skills Across the Curriculum*, within the context of the patient situation.
    g. Advocate for patients with complex alterations in health and their families across the lifespan.

2. Function within the scope and standards of practice in preparation for becoming a competent, entry-level professional nurse generalist, applying ethical and legal principles when providing care for patients with complex alterations in health across the lifespan.

    a. Practice within the professional standards, ethical behaviors, and legal principles within the profession of nursing.
    b. Exemplify the image of nursing by modeling the values and articulating the knowledge, skills, and attitudes of the nursing profession.
    c. Exhibit professional attitudes and behaviors including attention to appearance, demeanor, and respect for self and others while maintaining professional boundaries with patients, families, and caregivers.
    d. Demonstrate practice excellence, lifelong learning, and engagement in activities that foster professional growth and development in becoming a competent professional nurse generalist.

3. Function as a leader, using leadership principles in a variety of health care settings for diverse patient populations in preparation for becoming a competent, entry-level professional nurse generalist.

    a. Demonstrate effective use of organizational and time management skills to safely manage and coordinate care for multiple patients with complex alterations in health across the lifespan.
    b. Function as a leader in managing and coordinating care for multiple patients as a member of the health care team.
    c. Demonstrate accountability and responsibility for the nursing care of multiple patients with complex alterations in health in a variety of settings, including the care delegated to licensed and unlicensed health care team members.
    d. Apply quality improvement processes and effectively implement patient safety initiatives to improve patient outcomes.

4. Exemplify caring through behaviors that support relationship-centered care and demonstrate respect and sensitivity to others in preparation for becoming a competent, entry-level professional nurse generalist.

    a. Prioritize and demonstrate interventions that address patient needs and contributions from the health care team when planning or providing care to patients with complex alterations in health across the lifespan.
    b. Prioritize and implement comprehensive nursing interventions that integrate the patient's developmental level; physical and psychological needs; spiritual beliefs; and culture.
    c. Prioritize and evaluate nursing care to facilitate the achievement of expected patient outcomes in a collaborative and caring manner that provides direction for continuity of care.
    d. Exemplify relationship-centered care behaviors when caring for self and interacting with patients, families, peers, and the

interprofessional health care team.

5. Integrate communication principles to foster collaborative relationships using effective communication with the interprofessional health care team for the purpose of providing and improving patient outcomes in preparation for becoming a competent, entry-level professional nurse generalist.

   a. Integrate and adapt effective communication techniques to foster positive professional working relationships.
   b. Contribute the unique nursing perspective when collaborating with the health care team, adapting communication skills as needed, to improve patient outcomes and ensure the delivery of evidence-based patient-centered care.
   c. Prioritize, perform and evaluate interventions that promote quality, safe patient-centered care as a member of the interprofessional health care team that contributes to improving patient care outcomes in preparation for becoming a competent, entry-level professional nurse generalist.
   d. Analyze, prioritize, and document patient care data to inform the interprofessional health care team and contribute to clinical decision-making in preparation for becoming a competent, entry-level professional nurse generalist.
   e. Prioritize and report relevant information to an appropriate interprofessional health care team member to improve patient outcomes.

6. Apply critical thinking and clinical reasoning to make sound clinical judgments necessary for providing safe patient care and promoting quality improvement in a variety of health care settings.

   a. Justify clinical reasoning and judgment skills when providing quality, safe patient-centered care to assigned patients.
   b. Individualize data collection, prioritize problems, establish goals, and plan comprehensive interventions for patients with complex health care needs across the lifespan based on the assessed immediate or anticipated needs.
   c. Monitor, analyze, and adapt nursing care, as needed, based on ongoing evaluation data for patients with complex alterations in health across the lifespan.
   d. Engage in self-reflection and inquiry to assume the role of a competent, entry-level professional nurse generalist.
   e. Execute quality improvement activities to prevent potential problems that may interfere with the delivery of safe patient care in a variety of health care settings.

7. Implement nursing informatics and technology to effectively communicate, enhance knowledge, manage and analyze data, prevent errors, and support decision-making in preparation for becoming a competent, entry-level professional nurse generalist.

   a. Demonstrate computer skills and mobile technology to promote effective communication and support decision-making.
   b. Competently use patient care technologies, information systems, and mobile technology to support safe nursing care for patients with complex alterations in health across the lifespan in a variety of health care settings.
   c. Competently use information technology systems to prevent the risk of errors and improve clinical outcomes in the delivery of safe patient care.
   d. Access relevant data and competently document using the nursing process via electronic health record, abiding by all ethical and legal standards.

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RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

NURSING SKILLS ACROSS THE CURRICULUM – ADN (RN) PROGRAM (Semester-Level Scope of Practice)

Nursing 11	Nursing 12	Nursing 21	Nursing 22
Safety *Safety & Infection Control* ▪ Body mechanics ▪ Restraints **Infection Control & Isolation** *Safety & Infection Control* ▪ Hand washing ▪ Donning gloves (medical/surgical) ▪ Personal protective equipment ▪ Isolation precautions **Medication Administration** *Pharmacological & Parenteral Therapies* ▪ Dosage calculation ▪ Non-parenteral/parenteral ▪ NGT/PEG tube **Mobility** *Basic Care & Comfort* ▪ Turning & positioning ▪ Transferring ▪ TEDs/SCDs ▪ ROM **Assessment/Vital Signs** *Health Promotion & Maintenance* ▪ Height/weight ▪ Vital signs ▪ Physical (across life span) – head-to-toe & focused	**Psychosocial Concepts of Nursing Practice** *Basic Care & Comfort* ▪ Post-mortem care **Surgical Client** *Physiological Adaptation* ▪ Removing sutures/staples ▪ Traction ▪ Pin care ▪ Managing surgical drains **Medication Administration** *Pharmacological & Parenteral Therapies* ▪ IVPB (including syringe pump) ▪ Maintaining and a ▪ IV push ▪ PCA **Fluid, Electrolyte, Acid-Base Regulation** *Pharmacological & Parenteral Therapies* ▪ Venipuncture ▪ IV insertion ▪ Blood product administration **Maternal-Newborn Care** *Health Promotion & Maintenance* ▪ Intra-/Post-partum assessment ▪ Fetal monitoring	**Fluid, Electrolyte, Acid-Base Regulation** *Pharmacological & Parenteral Therapies* ▪ Accessing central venous devices/ PICC lines for IV maintenance fluids ▪ Parenteral nutrition (central/peripheral) *Reduction of Risk Potential* ▪ Drawing specimens from CVADs *Physiological Adaptation* ▪ CVAD care **Medication Administration** *Pharmacological & Parenteral Therapies* ▪ Accessing central venous devices/ PICC lines for IV push & IVPB medications ▪ Titration of drips (based on labs/diagnostics) **Gas Exchange & Oxygenation** *Physiological Adaptation* ▪ Chest tubes (care & management) ▪ Trach care ▪ In-line suctioning	**Comprehensive Physical Assessment of a Child** *Health Promotion and Maintenance* ▪ Acutely ill patient ▪ Physical measurements ▪ Vital signs ▪ Pulse oximetry *Basic Care & Comfort* ▪ Non-pharmacologic measures **Safety** *Safety and Infection Control* Pediatric ▪ Security tags ▪ Emergent airway management ▪ Environment **Medication Administration** *Pharmacological & Parenteral Therapies* Pediatric ▪ Parenteral & non-parenteral ▪ NGT/PEG tube ▪ Dosage calculation ▪ Management of IV therapy Adult ▪ Titration of drips (based on hemodynamics)

Bold text = Concepts *Italicized text* = NCLEX category

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

NURSING SKILLS ACROSS THE CURRICULUM – ADN (RN) PROGRAM (Semester-Level Scope of Practice)

Nursing 11	Nursing 12	Nursing 21	Nursing 22
Elimination *Physiological adaptation* ▪ Specimen collection (urine/stool) *Basic Care & Comfort* ▪ Bedpans/urinals ▪ External urinary catheters ▪ Insertion of indwelling & intermittent catheters ▪ Bladder scanning *Reduction of Risk Potential* ▪ Enemas **Fluid, Electrolyte, Acid-Base Regulation** *Health Promotion & Maintenance* ▪ Assessment of IV site *Pharmacological & Parenteral Therapies* ▪ Removing IV/saline lock ▪ Primary IV infusion (starting/maintaining/ troubleshooting) **Gas Exchange & Oxygenation** *Physiological Adaptation* ▪ Incentive spirometer ▪ Sputum culture ▪ O2 delivery devices ▪ Suctioning o Nasopharyngeal o Oropharyngeal	▪ Newborn assessment/care ▪ Infant warmer safety	**Elimination** *Basic Care & Comfort* ▪ Ostomy care	**Fluid, Electrolyte, Acid-Base Regulation** *Pharmacological & Parenteral Therapies* Pediatric ▪ Fluid maintenance requirements **Elimination** Pediatric *Health Promotion and Maintenance* ▪ Specimen collection *Basic Care & Comfort* ▪ Catheterization **Nutrition** Pediatric *Basic Care and Comfort* ▪ Feeding ▪ I & O **Gas Exchange & Oxygenation** *Physiological Adaptation* Pediatric ▪ Pulse ox monitoring ▪ Suction ▪ Oxygen delivery ▪ Airway management Adult ▪ Mechanical ventilation ▪ Airway management

Bold text = Concepts *Italicized text* = NCLEX category

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

NURSING SKILLS ACROSS THE CURRICULUM – ADN (RN) PROGRAM (Semester-Level Scope of Practice)

Nursing 11	Nursing 12	Nursing 21	Nursing 22
Hygiene *Basic Care & Comfort* ▪ Pre-packaged baths (i.e. CHG) ▪ Changing gown with IV ▪ Oral care ▪ Peri-care ▪ Bed making **Nutrition** *Health Promotion & Maintenance* ▪ Blood glucose monitoring ▪ I & O *Basic Care & Comfort* ▪ Feeding assistance (aspiration precautions, swallow evaluation) ▪ Enteral feeding (bolus & continuous) *Reduction of Risk Potential* ▪ Insertion & removal of NGT ▪ Care & management of NGT/PEG/small bore tubes *Pharmacological & Parenteral Therapies* ▪ Insulin			**Perfusion** *Physiological Adaptation* Adult ▪ Telemetry

Bold text = Concepts *Italicized text* = NCLEX category

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

NURSING SKILLS ACROSS THE CURRICULUM – ADN (RN) PROGRAM (Semester-Level Scope of Practice)

Nursing 11	Nursing 12	Nursing 21	Nursing 22
Tissue Integrity *Health Promotion & Maintenance* ▪ Braden scale ▪ Waffle mattress/heel protectors/Prafo boots *Physiological Adaptation* ▪ Bandaging ▪ Dressing changes/wound management o Clean vs. sterile o Negative pressure wound therapy output management o Packing a wound o Irrigating wound ▪ Wound culture ▪ Preventing/managing pressure ulcers			

Rev. 7/26

Bold text = Concepts *Italicized text* = NCLEX category

SON SIMULATION PROGRAM

REGIONAL SIMULATION PROGRAM PURPOSE

To offer a premier, state-of-the-art, regional, accredited simulation center and program that allows participants access to current simulation technologies and other innovations in healthcare sciences.

REGIONAL SIMULATION PROGRAM MISSION

The RCC SON Regional Simulation Program (RSP) will provide participants with opportunities to engage in practical and meaningful experiential learning to facilitate their growth in skill acquisition across the novice-to-expert continuum.

REGIONAL SIMULATION PROGRAM VISION

The facilitators and support staff of the RCC SON RSP are committed to advancing the art and science of nursing and other healthcare professions, through the use of simulation and other innovative technologies, by empowering the participants to value scholarship, lifelong learning, and leadership in dynamic healthcare settings.

REGIONAL SIMULATION PROGRAM VALUES

Tradition of Excellence: We embrace the School of Nursing's rich tradition of excellence, innovation, and technology to uphold the highest standard of education we provide our participants. We are committed to building the future on the foundation of the past.

Passion for Learning: The School of Nursing espouses a learner-centered approach to interactive learning. The facilitators support knowledge acquisition through incorporating evidence-based research and practice. Learner self-efficacy is supported through self-regulated learning and reinforced by facilitator guidance. The facilitator instills a passion for learning in participants by fostering the application of scientific knowledge through the use of sound clinical reasoning, clinical judgment and critical thinking. We value a learning environment in which facilitators, support staff, and participants find enrichment in their work and achievements.

Respect for Collegiality: We value the contributions of all participants, facilitators, support staff, and community partners as we strive for collegial dialogue and collaborative decision-making.

Appreciation of Diversity: We promote inclusiveness, openness, and respect for differing viewpoints. A culture of diversity embraces acceptance and respect. Diversity involves understanding ourselves and others, moving beyond simple tolerance, and celebrating the richness of each individual.

Transparency: We promote an environment of trust by being honest, fair, transparent, and equitable. We honor our commitments to our students, staff, and communities.

Dedication to Integrity: Integrity and honesty in action and word are promoted, expected, and practiced.

Commitment to Caring: We support a culture of caring, based on mutual respect, embraced by facilitators and participants, reflected in the community served. The facilitator serves as one of many support systems available for participants in their pursuit of academic achievement.

Commitment to Accountability: We are accountable to our profession, college, participants, and community for vigilantly maintaining the highest standards of instruction and clinical practice to meet participant learning outcomes.

Equity-Mindedness: We promote social justice and equity through reframing our operational mindset of student-deficit thinking to one of institutional transformation where each student is valued and supported in their goals with programs and activities that are intentionally created to support their needs.

Student-Centeredness: We create meaningful learning environments that value the strengths and experiences our students bring and that support students in developing and accomplishing their personal, educational, and career goals.

Rev. 10/18; 1/19; 1/21

REGIONAL SIMULATION PROGRAM GOALS

Goal 1: Commitment to a diverse participant population with an equitable and inclusive focus:

Provide learner-centered inclusive environment that enhances participants' ability to become competent practitioners in a vibrant healthcare arena.

- Simulation activities are designed to address high-risk, low-volume situations.
- Each course has specific simulation educational activities designed to correlate with course student learning outcomes (see *Simulation Inventory*).
- All participants are provided an opportunity to be an active participant and observer in all simulation educational activities to ensure equitable learning experiences.
- Simulation educational activities are structured to include a pre-brief (orientation), a contextualized scenario, and a debriefing opportunity for participants to reflect and discuss their experience.

Goal 2: Commitment to community healthcare needs:

Offer affordable participant-centered curricula that facilitates professional career path advancement to meet the needs of our community.

- Simulation educational activities are incorporated as part of the School of Nursing (SON) program curricula. Participants are not charged additional fees for simulation educational activities.
- Simulation educational activities are diverse and provide participants the opportunity to provide quality, safe, patient-centered care, develop critical thinking, communication, teamwork/collaboration, and leadership skills, while gaining experience with informatics.

Goal 3: Commitment to leadership in healthcare education:

Be recognized for excellence, at the forefront of healthcare education, with dynamic curricula, evidence-based practice, technology, and innovation.

- Obtain and maintain accreditation of the RSP by the Society for Simulation Healthcare (SSH).
- Ensure simulation educational activities are current and updated to reflect best practices.
- Continue to develop simulation educational activities to incorporate standardized patients, virtual reality simulations, etc.

Goal 4: Commitment to empowered and highly qualified facilitators:

Promote the continuous development of facilitators as educators, scholars, and leaders.

- Simulation training for new facilitators provided once a year.
- Maintenance of SON Simulation Collaborative site on Canvas (provides educational resources for simulation for facilitators).

- Simulation facilitators required to complete one continuing education activity related to simulation annually.
- Simulation facilitators peer-evaluation to provide feedback for improvement annually.
- Simulation facilitators encouraged to obtain CHSE and/or CHSE-A certification from SSH.

Goal 5: Commitment to interprofessional education experiences:

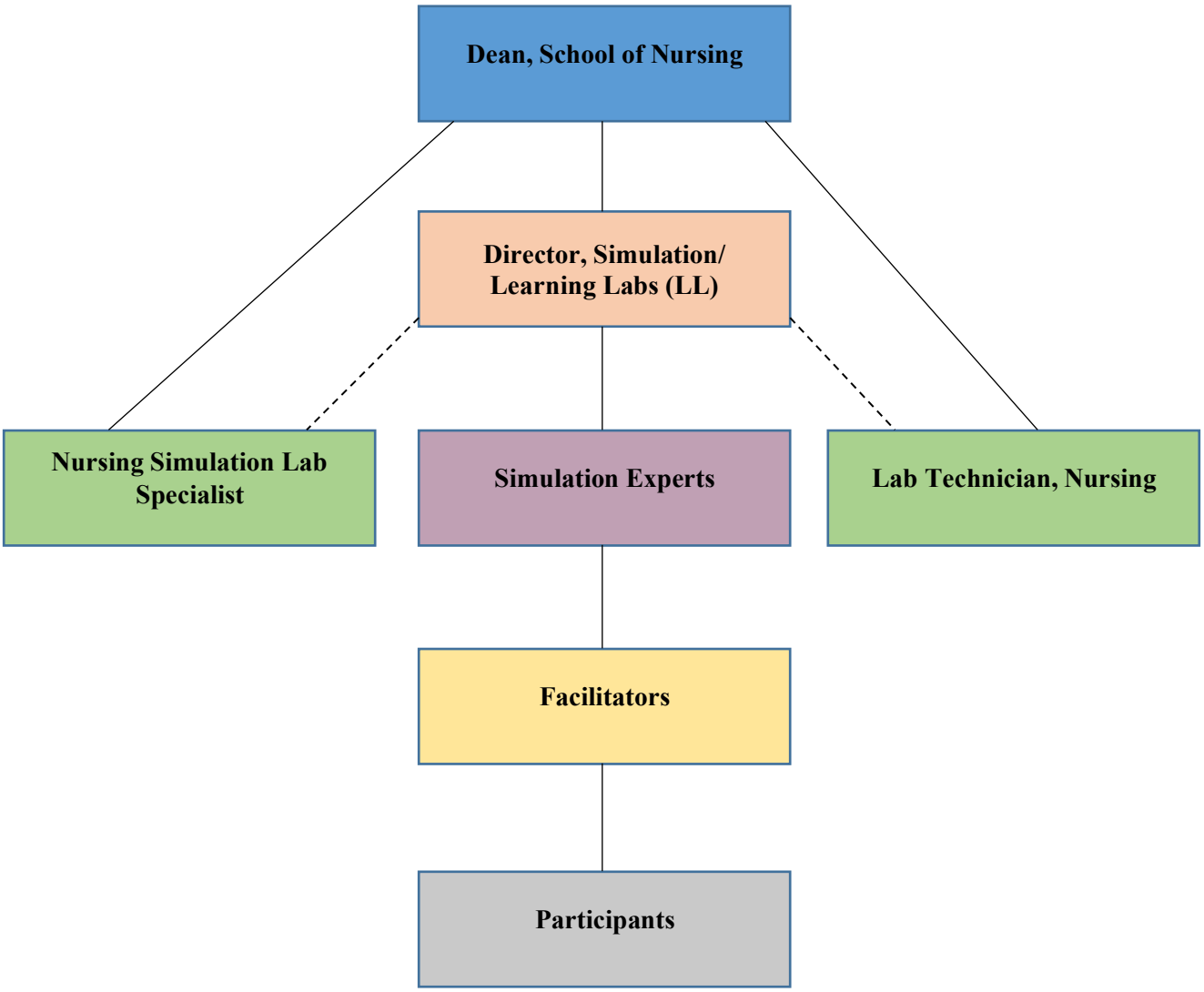
Promote interprofessional collaboration education experiences, by forming collaborative practice teams, to improve health outcomes of the community.

- All participants in SON programs participate in Interprofessional Education simulation activities four times a year with medical, physician assistant, pharmacy, and paramedic participants from external institutions.

Revised: 10/19; 1/21

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

Regional Simulation Program Organizational Chart



RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY AND PROCEDURE: PARTICIPANT RULES FOR SIMULATION EDUCATIONAL ACTIVITIES

Those participating in simulation educational activities will be required to comply with the following rules:

1. Have an activated account for the required Electronic Health Record (EHR)and have entered the class code corresponding to their course prior to their scheduled simulation educational activity. Participants are required to bring their log in information and log in to the EHR during simulated educational activities. If a participant is not able to log in to the EHR, they will not be allowed to participate in the simulation educational activity.

2. Complete pre-assignment(s), if applicable, prior to participating in a scheduled simulation educational activity. Pre-assignments are designed to reinforce knowledge necessary to participate in the simulation educational activity. If a pre-assignment is not completed, the participant will be dismissed from the simulation educational activity.

3. Be on time for scheduled simulation educational activities. Participants who are tardy will be dismissed from the simulation educational activity and will be required to complete make-up work.

4. Be in full uniform according to the SON *Uniform Policy*. Participants not in full uniform will be dismissed from the simulation educational activity and will be required to complete make-up work.

5. Maintain a professional demeanor when participating in simulation educational activity.

6. Actively participate in a simulation scenario and contribute to discussion during debriefings.

7. Abide by FERPA and HIPAA guidelines related to peer performance and simulation scenario. Failure to comply may result in disciplinary action.

8. Complete an evaluation of the simulation educational activity following the experience. Evaluations are confidential and completed on SurveyMonkey. The link to the evaluation is located on Canvas under the Simulation Content folder.

All participants dismissed from simulation will earn a Nursing Progress Report (NPR) and be required to complete make-up work that is equivalent to the hours missed.

Created 9/14/19

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

Policy and Procedure: Simulation Audio-Video (AV) Capture Recording

The Simulation Experts, Simulation Facilitators, and course-level faculty will determine if AV recording of a simulation experience is appropriate based on the learning outcomes and objectives of the simulation educational activity. AV recording may be for the purposes of, including but not limited to, providing participants an opportunity to review their individual performance at a later time, examine team dynamics, remediation, or to improve the reflective process in debriefing. Any AV recording will be conducted by the PCMCVH AV software and/or designated RCC/RCCD personnel. No photography or video recording by participants will be permitted during a simulation educational activity.

The NSLS will oversee the AV capture process and assist Simulation Experts and Simulation Facilitators with the recording software, positioning of cameras, playback, and saving and deleting recordings.

If video recording is going to be done, based on the outcomes and objectives of the simulation educational activity, participants will be notified in advance and the following rules will apply:

- Participants will sign consent giving permission for the simulation educational activity to be AV recorded.
- Only participants who participated in a simulation educational activity will be provided password-protected access to view the AV video of their simulation educational activity.
- Participants do not have authorization to share or post any recorded simulation educational activity on social media platforms or with anyone.
- AV recordings will be stored on a protected server and accessible to the participant until the end of the corresponding semester.
- At the end of the semester all AV video recordings will be deleted from the server by the NSLS.

In the event video recording is to be conducted for research purposes, approval from the Educational Resource and Technology Committee (ERTC) and Institutional Review Board (IRB) will be obtained.

Created: 10/19

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

Policy and Procedure: Simulation Confidentiality

All simulation educational activities taking place in the Parkview Community Medical Center Virtual Hospital (PCMCVH) and School of Nursing (SON) Learning Labs (LL) are considered clinical experiences and are subject to the same confidentiality and behavior standards as of those occurring in the clinical practice environment. Simulation-based training involves immersion of the participant in realistic clinical situations. This training may involve communication, administration of simulated medications, and performance of necessary therapies and treatments. During participation in such simulated educational activities, participants will observe the performance of their peers in making clinical judgments and managing clinical situations.

Each participant in simulation is required to abide by the *Confidentiality Policy* and *Lab Code of Conduct* outlined in the *ADN/VN/NATP Student Handbooks*. In addition, participants must abide by RCC's FERPA policy that provides protection of a student's information and performance in simulation. As part of the simulation educational activity's pre-brief and debrief, Simulation Facilitators should remind participants of these policies prior to the simulated educational activity. The simulation educational activity's instructions and pre-briefing script have been developed to incorporate these policies and expectations.

In order to create a safe learning and a constructive debriefing environment for the participant, strict confidentiality of what transpires on both a clinical and interpersonal level throughout the simulated educational activity must be maintained. Participants must feel free to make errors without the risk of repercussions. Feedback provided to participants during the debriefing process must be constructive and remain confidential. Facilitators are also expected to abide by the same confidentiality practices.

To ensure the integrity of the simulation educational activities for future participants, participants in the pre-briefing process will be instructed that they are not permitted to share details or any associated documents related to the simulation educational activity with anyone outside of the room. This is a violation of HIPAA regulation and violation of this policy may result in disciplinary action.

Created: 10/19

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

Policy and Procedure: Psychological and Physical Safety

Psychological:

In the event that a participant, Facilitator, or visitor is experiencing undo stress, anxiety, or emotional distress, a member of the RCC SON faculty or staff will intervene to assist the participant in reaching the appropriate campus service. If this occurs during a simulated clinical experience the Facilitator will notify Director of Simulation/Learning Lab (LL), available nursing faculty or staff, Department Chair, or Dean, School of Nursing.

Campus Resources:

- RCCD Campus Police: (951) 222-8171
- Medical Emergency: 9-1-1
- Student Health & Psychological Services: (951) 222-8151

The Pre-brief and orientation to the Parkview Community Hospital Virtual Hospital (PCHVH) will set the foundation and expectations to ensure psychological safety during simulated clinical experiences.

The safety precautions enforced in the RCC SON and other clinical settings follow the *ADN, VN, and NATP Handbooks* and include the *Student Health Requirements, ADA Compliance, and Core Performance Standards*.

Participants have access to the PCHVH based on their semester-level simulation schedule. The PCHVH remains locked during scheduled simulation experiences. Any guest observers must be approved by the Director of Simulation/LL or Simulation Experts along with participants in the simulation activity.

Physical:

Good body mechanics are imperative when dealing with heavier equipment. Individuals within the PCHVH and LL are trained to move the heavy equipment and mannikins.

In all simulation rooms and learning labs Sharps containers are available for use. Sharps are to be disposed of in the red Sharps containers (colors may vary). When free-standing sharps container(s) that have been utilized for simulation activities, the Nursing Skills Lab Technician (NSLT) must be notified to arrange for pick up by RCC Facilities. When the wall-mounted sharps containers are full, per manufacturer, the NSLT must be notified to remove, replace, and arrange for pick up by RCC Facilities.

All heavy foot traffic areas are to be free of clutter to prevent the risk of falling. This includes electrical wires, chairs, personal property such as book bags, handbags, and nursing supply bags.

If an accident occurs it is to be immediately reported to the Director of Simulation/LL, Department Chair, Dean, School of Nursing or another designee. Please see *Accident/Injury* policy.

Created 10/19

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

Policy and Procedure: Use of Augmented Reality (AR) and Virtual Reality (VR) in Simulation Education

Purpose

To ensure the safe, effective, and evidence-based use of AR and VR technologies in the Regional Simulation Program (RSP) at Riverside City College School of Nursing. This policy outlines operational procedures, facilitator expectations, and integration guidelines consistent with the Healthcare Simulation Standards of Best Practice (HSSOBP).

Scope

This policy applies to all simulation facilitators, staff, and participants involved in simulations that incorporate AR/VR technologies.

Policy Statement

The RSP recognizes AR and VR as valuable educational tools that enhance realism, engagement, and transfer of learning in simulated healthcare environments. Facilitators must be trained and approved to utilize AR/VR technologies. All AR/VR-based simulations must align with course objectives, uphold psychological safety, and follow the same standards of pre-briefing, debriefing, and evaluation as other simulation modalities.

Facilitator Competency Requirements

- All facilitators using AR/VR must complete a one-time *AR/VR Training Module* available through the Simulation Collaborative Canvas course or attend a designated in-person training session.
- Facilitators are encouraged to pursue additional AR/VR-focused professional development, including attendance at workshops, conferences, or vendor-specific training (e.g., SIMX, Oxford Medical Simulation, BodySwaps, XREAL).
- Documentation of AR/VR training must be submitted to the Director of Simulation/Learning Labs or designated Simulation Expert and maintained in the facilitator's file.

Operational Guidelines

- AR/VR simulations must be integrated with a standard pre-brief, including orientation to the device, safety expectations, and instructions on use.
- A debrief must follow all AR/VR simulations using the PEARLS framework or other approved reflective practice models.
- Participants must be screened for physical limitations or motion sensitivity before engaging in VR simulations. Participants may opt out without penalty.
- Devices must be disinfected between uses according to infection control protocols.
- All software platforms used must be reviewed and approved by the Director of Simulation/Learning Labs to ensure FERPA, ADA, and HIPAA compliance where applicable.

Use of AR/VR During Simulation

- AR/VR experiences must directly support Course Student Learning Outcomes (CSLOs).
- Facilitators are encouraged to use AR for bedside review or layered overlays during post-simulation walkthroughs.
- VR scenarios should be goal-oriented, time-limited, and focused on specific skill acquisition, communication, or decision-making outcomes.

Evaluation

- AR/VR simulation activities will be evaluated using the *NLN Simulation Design Tool* and/or activity-specific rubrics adapted for immersive technology.
- Participant feedback will be collected anonymously and reviewed for quality improvement.
- Facilitators are encouraged to reflect on AR/VR simulations during annual peer reviews and revise based on learner outcomes and engagement.

Created 5/2025

GENERAL STUDENT INFORMATION

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

NCLEX-RN ELIGIBILITY: FELONY NOTIFICATION

According to the *California Business and Professions Code (Licensee: Division 1.5. Denial, Suspension, and Revocation of Licenses; Chapter 2. Denial of Licenses), Section 480:*

(a) A board may deny a license regulated by this code on the grounds that the applicant has one of the following:

(1) Been convicted of a crime or has been subject to formal discipline . . .

(1a) Convicted of a serious felony, as defined in Section 1192.7 of the Penal Code or a crime for which registration is required…

(1b) Convicted of a financial crime currently classified as a felony that is directly and adversely related to the fiduciary qualifications, functions, or duties of the profession for which the application is made. . .

(2) Professional misconduct that is substantially related to the qualifications, functions, or duties of the profession for which the application is made…

(2e) The board may deny a license . . . if applicant knowingly made a false statement of fact on the license application and only if the crime or act is substantially related to the qualifications, functions or duties of the . . . profession for which the application is made.

(2b) Notwithstanding any other provision of this code, a person shall not be denied a license on the basis that the person has been convicted of a crime, or on the basis of acts underlying a conviction for a crime, if that person has obtained a certificate of rehabilitation under Chapter 3.5 (Section 4852.01) of Title 6 of Part 3 Penal Code, has been granted clemency or a pardon by a state or federal executive, or has made a showing of rehabilitation pursuant to Section 482.

(2c) Notwithstanding any other provisions of this code, a person shall not be denied a license on the basis of a conviction, or on the basis of the acts underlying the conviction, that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41 or 1203.425 of the Penal Code or a comparable dismissal or expungement. An applicant who has a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code shall provide proof of the dismissal if it is not reflected on the report furnished by the Department of Justice.

Graduates of the ADN (RN) program are eligible to apply to take the National Council Licensing Examination (NCLEX-RN) for licensure as a Registered Nurse. Applicants must submit Live Scan fingerprints and report convictions of any offenses other than minor traffic violations. Failure to report such convictions will be grounds for denial of license. The Board of Registered Nursing investigates convictions by obtaining information on the underlying facts of the case, dates and disposition of the case, and subsequent rehabilitation.

Questions pertaining to the legal limitations of licensure for such convictions should be addressed by the student to the Board of Registered Nursing (BRN) prior to beginning the ADN (RN) program: *Board of Registered Nursing, P. O. Box 944210, Sacramento, CA 94244-2100, (916) 574-7693*.

Applicants for licensure must notify the BRN of any situation which meets the criteria cited above. Notification of the need to provide this information is provided to potential and current ADN (RN) students via the following:

1. Pre-Nursing Information Workshop.

2. *ADN (RN) Traditional/CEP/Advanced Placement Program Information Sheets*.

3. *ADN (RN) Nursing Program Student Handbook*.

4. Introductory Nursing Courses.

Revised: 5/26/96; 6/13/96; 8/15/96; 11/8/96; 6/07; 8/07; 6/12; 6/18; 1/26
Reviewed: 7/17/96; 8/97; 1/10/02; 10/03; 5/05; 7/13

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY & PROCEDURE: BACKGROUND CHECK/DRUG SCREEN

Nursing students must have a clear background check and drug screen for courses that include clinical experiences outside of the School of Nursing (SON). Anytime a student has a break in enrollment in the SON due to withdrawing or failing a course, a new background check and drug screen will be required.

Background Check/Drug Screen results, while confidential, will be reviewed by the Program Specialist and Dean, School of Nursing. Additionally, results may be reviewed by the Clinical Placement Coordinator, Nursing Enrollment Committee members, and clinical agency personnel, as needed.

Background Check Requirements

1. Students must have a clear background check and will be provided instructions upon admission to the SON. Students may have to have additional background clearance requirements, upon admission or readmission, to attend clinical based on clinical agency guidelines.

2. Students will be provided a deadline date by which the background check results must be submitted to the Dean, School of Nursing.

3. Students who do not complete a background check by the deadline date will not be allowed to register for classes. Students must provide consent to allow the SON and clinical agencies, as necessary, access to the background check results.

4. Background checks will minimally include the following:
    - Seven years history
    - Address verification
    - Sex offender search
    - Two names (current legal and one other name)
    - All counties
    - Office of Inspection General (OIG) search
    - Social Security Number verification

5. Students may be denied enrollment in the School of Nursing who have felony and/or related misdemeanor convictions on their record(s). Convictions will be evaluated on a case-by-case basis.

6. Students denied enrollment due to criminal convictions may reapply to the program when it has been seven (7) years since the conviction date, or when they receive a dismissal, expungement, or certificate of rehabilitation from the court. However, even with a dismissal, expungement, or certificate, students may still be denied access by clinical facilities, based on the nature of the convictions even though the convictions may have occurred more than seven (7) years ago. Clinical rotations are a mandatory part of required coursework in the ADN (RN) and VN programs. If a student cannot participate in clinical, they will be denied enrollment into the program they were accepted to as they will be unable to complete the nursing program. The SON must abide by each clinical agency's requirements for students to participate in clinical experiences. Clinical agencies may have different requirements, thus have the authority to approve or disapprove a student's participation at the clinical agency.

7. Students on probation, parole, or who have outstanding bench warrants or any unpaid citations, restitution, etc., will not be permitted to enroll in the program until all outstanding issues are resolved.

8. The following convictions, even if they have been dismissed, will prevent the student from being able to participate in clinical rotations:

    - Murder
    - Assault/battery

- Sexual offenses/sexual assault/abuse
- Certain drug or drug related offenses
- Alcohol-related offenses (without certificate of rehabilitation)
- Other felonies involving weapons and/or violent crimes
- Class B and Class A misdemeanor theft
- Felony theft
- Fraud

9. Although students have passed the *Riverside City College, School of Nursing Background Check* for entry into the Nursing program, this does not guarantee students will pass a background check for the National Council Licensure Examination (NCLEX) or future employment. Any convictions (expunged or dismissed) can be a reason to deny or delay licensure by the California Board of Registered Nursing (BRN) or Board of Vocational Nursing Psychiatric Technicians (BVNPT).

Drug Screen

1. Students must have a negative drug screen (10 panel) and will be provided instructions upon admission to the SON. Students may have to have additional drug screen requirements, upon admission or readmission, to attend clinical based on clinical agency guidelines.

2. Students will be provided a deadline date by which the drug screen results must be submitted to the Dean, School of Nursing.

3. Students who do not complete a drug screen by the deadline date will not be allowed to register for classes. Students must provide consent to allow the SON and clinical agencies, as necessary, access to the drug screen results.

4. Clinical rotations are a mandatory part of required coursework in the ADN (RN) and VN programs. If a student cannot participate in clinical, they will be denied enrollment into the program they were accepted to as they will be unable to complete the nursing program. The SON must abide by each clinical agency's requirements for students to participate in clinical experiences. Clinical agencies may have different requirements, thus have the authority to approve or disapprove a student's participation at the clinical agency.

Approved: 11/22/04
Revised: 12/07, 06/09, 12/10; 6/12; 7/13; 7/17; 8/17; 1/21; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

LETTERS OF RECOMMENDATION

Students requesting a letter of recommendation must complete the *Request for Letter of Recommendation* form located on the RCC School of Nursing Student Resource Canvas page. Students should provide the *Request for Letter of Recommendation* form to nursing faculty either via email or in person.

Letters of recommendation for nursing scholarships must be written by Riverside City College School of Nursing full- and/or associate (PT) faculty.

Rev. 7/26

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

GENERAL INFORMATION

The School of Nursing (SON) office hours are 8:00 a.m. to 4:30 p.m. Monday – Friday, unless otherwise specified. Students are required to activate and utilize their assigned *RCCD e-mail* account. Program and course specific information is available on the *RCC Nursing* website and online learning management system.

APPOINTMENTS WITH NURSING FACULTY

Faculty is available to students during posted office hours. Students are encouraged to make appointments with faculty when needed. If you are having difficulty, please reach out to your faculty to assist you in exploring resources for your success.

STUDENT SUCCESS

Succeeding in your ADN (RN) or VN program is a rewarding journey, and we're here to support you every step of the way. We understand these are significant commitments, and we encourage you to consider these demands carefully as you prepare for your nursing education. To ensure a smooth transition and progression throughout your studies, please be aware of the following requirements:

Your Well-being and Readiness

1. **Physical Condition:** You need to be in satisfactory physical condition. A physician's signature on your *Health Examination Form*, submitted to Complio confirms you can handle the program's activities and meet our *Core Performance Standards*.

2. **Mental and Emotional Stability:** Nursing school can be demanding, especially when balancing family, work, and studies. Demonstrating mental stability and emotional maturity is crucial. We encourage you to honestly assess your current commitments. If you're feeling overwhelmed, consider reducing some demands before starting the program or delaying your entrance until you can. Please refer to our *Substance Use Disorder and Mental Illness* policy for more details.

3. **Freedom from Drug and Alcohol Abuse:** Being free from drug and alcohol abuse is both a legal requirement and essential for acting responsibly as a nursing student. Our *Substance Use Disorder and Mental Illness* policy provides further information.

Managing Your Responsibilities

1. **Balancing Responsibilities:** It is often not advisable to maintain a full-time work schedule during semesters due to the intensive nature of our programs.

2. **Reliable Transportation:** You will need reliable transportation for both on-campus and clinical experiences. It is a good idea to have a backup transportation plan in case your usual arrangements fall through.

3. **Flexible Schedule:** Class schedules will vary from semester to semester and may include evenings and weekend hours. Effective time management is key for managing classroom,

clinical, and related activities. Plan for significant out-of-class work: for every hour of seminar, anticipate a minimum of 3-6 hours for organization and preparation, plus study time. Clinical labs also require substantial preparation outside of class.

CPR CERTIFICATION / HEALTH REQUIREMENTS/ BACKGROUND CHECK/DRUG SCREEN

Current *American Heart Association Basic Life Support for the Healthcare Provider* certification and a compliant *Complio* account must be maintained throughout the program for participation in clinical experiences. Students may not participate in clinical experiences or provide patient care if documentation is not current or missing in *Complio*, resulting in a noncompliant status. Documentation is required to be submitted upon admission and maintained throughout the program.

MALPRACTICE INSURANCE POLICY

Nursing students are held legally responsible for all nursing actions. Therefore, it is important that students follow nursing principles carefully in clinical practice. Riverside Community College District's (RCCD) malpractice insurance protects nursing students against the financial burdens of litigation. RCCD provides malpractice insurance, at no cost to students and only covers the nursing students during their assigned clinical experiences. Nursing students can obtain personal malpractice insurance at a nominal fee through National Student Nurses' Association (NSNA) or other professional organizations; however, this is not a requirement.

LOST AND FOUND

The SON faculty and classified professionals are not responsible for any loss of personal belongings. If items are found, they will be placed at the Reception Desk in the SON.

STUDENT EMERGENCIES

If the SON receives an emergency call on behalf of a student, attempts will be made to reach the student based on emergency information provided by the student. The student is responsible for ensuring that all emergency information remains updated while enrolled in the program.

Please provide your person(s) of contact with the following information:

1. SON main phone number (951) 222-8407.

2. An alternate person to call in case you cannot be contacted by the SON.

3. Clinical rotation schedule, including the name of your faculty, name and telephone number of the clinical agencies.

Rev. 8/25; 8/26

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

GIFTS AND GRATUITIES

It is against School of Nursing policy for students to accept gifts, gratuities or payment for meals from patients. Cards and letters of appreciation are appropriate. Gifts to faculty at the end of clinical rotations and courses are not expected. Students are requested not to give gifts.

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

STUDENT NURSES' ORGANIZATION (SNO) CONSTITUTION

ARTICLE I: NAME OF ORGANIZATION

SECTION 1: This organization shall be known as the Student Nurses' Organization (SNO).

ARTICLE II: PURPOSE AND FUNCTION

SECTION 1: The purpose of this organization shall be to:

A. Provide support and guidance for students enrolled in Pre-Nursing courses and the School of Nursing (SON).
B. Offer learning experiences outside of the classroom for personal and professional growth.
C. Participate in college and community activities.
D. Promote the achievement and maintenance of health and wellness within the community.
E. Assume responsibility for contributing to nursing education in order to provide for the highest quality of health care.
F. Participate in programs that represent the fundamental interests and concerns of our community and community partners.
G. Assist students in the development of their professional role and responsibility for health care in all populations regardless of a person's race, color, creed, sex, lifestyle, national origin, age, or economic status.
H. Promote development of leadership skills.
I. Serve as the Riverside City College Chapter of the National Student Nurses' Association (NSNA) and the California Nursing Students' Association (CNSA).

SECTION 2: The function of this organization shall be to:

A. Have input into standards of nursing education and influence the educational process at the college, state, and national levels.
B. Influence health care, nursing education, and evidence-based practice through legislative activities.
C. Promote and encourage participation in community activities that emphasize health care and address health disparities.
D. Represent Riverside City College nursing students at the community, college, state, and national level.
E. Promote and encourage student participation in interdisciplinary activities.
F. Promote and encourage recruitment efforts, participation in student activities, and educational opportunities regardless of a person's race, color, creed, sex, lifestyle, national origin, age, or economic status.
G. Promote and encourage collaborative relationships with nursing and health related organizations.

ARTICLE III: MEMBERSHIP

SECTION 1: School Constituent

A. School constituent membership is composed of active or associate members who are members of the NSNA and CNSA.
B. In order to qualify as an NSNA Chapter, SNO shall be composed of at least 10 active/associate members. There shall be only one chapter on this school campus.
C. For recognition as a constituent, the ADN Vice President (VP) of SNO shall submit annually the Official Application for NSNA constituency status which shall include the

following areas of conformity: purpose and function, membership, dues, and representation.

D. A constituent association which fails to comply with the bylaws and policies of NSNA shall have its status as a constituent revoked by a 2/3 vote of the Board of Directors (BOD), provided that written notice of the proposed revocation has been given at least two months prior to the vote and the constituent association is given an opportunity to be heard.

E. SNO is an entity separate and apart from NSNA and its administration of activities, with NSNA and CNSA exercising no supervision or control over SNO's immediate daily and regular activities. NSNA and CNSA have no liability for any loss, damages, or injuries sustained by third parties as a result of the negligence or acts of SNO or the members thereof. In the event any legal proceeding is brought against SNO, NSNA and/or CNSA, the Student Nurses' Organization will indemnify and hold harmless the NSNA and CNSA from any liability.

SECTION 2: Categories of Constituent Membership
Members of the constituent associations shall be:

A. Active Members:
   1. Students enrolled in state approved programs (RCC ADN or LVN or CNA program) leading to licensure in nursing.
   2. Active members shall have all privileges of membership.

B. Associate members:
   1. Students enrolled in prerequisite nursing courses at all RCC campuses that will lead to entrance into the CNA, VN or ADN Program.
   2. Associate members shall have all of the privileges of membership except the right to hold a position on the BOD at the school, state, and national levels.

C. SNO encourages all participants to hold an active membership with NSNA.
   1. Active and associate membership can be renewed annually.
   2. Active and associate NSNA membership may be extended six months beyond graduation, providing membership was renewed while enrolled in the nursing program.

SECTION 3: Active members of the organization have the following rights, including:

A. The right to fair and impartial election of representatives.
B. The right to be present at any BOD's meeting.
C. The right to inspect the minutes from the BOD's meeting.
D. The right to inspect the financial records of the Organization.
E. The right to access the Constitution of this organization, which is available in the RCC SON Student Handbook, the SON website, and the SNO Bulletin Board.

ARTICLE IV: DUES

SECTION 1: There are no dues for membership in SNO; however, SNO encourages active NSNA membership.

A. The NSNA dues for active and associate members joining for one or two years shall be specified by NSNA to cover a period of twelve or twenty-four consecutive months.

B. National and state dues shall be payable directly to NSNA. NSNA shall remit to CNSA the dues received on behalf of the constituent. NSNA shall not collect nor remit school chapter dues.

ARTICLE V: MEETINGS

SECTION 1: Regularly scheduled meetings will be arranged by majority vote of the BOD. Meetings are generally held the first and third Mondays of each month in the morning for one hour (generally 9:30-9:45 start time) but is subject to adjustments based on room availability.

SECTION 2: Special meetings may be called by the President, who must have the ADN VP contact all members of the BOD or all active members at least 72 hours in advance.

A. A special meeting is defined as any meeting that is outside of the regularly scheduled meetings (e.g. the first and third Monday at 8 a.m.).
B. A special meeting may consist of a meeting of the BOD, SNO officers, or the general student body.

SECTION 3: For the meeting to be official, at least 50% of the members of the BOD must be present.

SECTION 4: For a proposed motion to be ratified, at least 51% of the membership must vote in favor of the motion.

A. In the event that the vote of the membership is equally split for or against the motion, the President shall cast the deciding vote.
B. The President shall have no veto power.

SECTION 5: Robert's Rules of Order shall be used for all meetings.

ARTICLE VI: NOMINATIONS AND ELECTIONS

SECTION 1: Elections

A. All SNO members-shall be eligible to vote.
B. The following year-long positions will constitute the Board of Directors (BOD) and will be elected at the end of spring semester and transition during the summer with full duties beginning in the fall.
    1. President
    2. ADN Vice President (VP)
    3. VN Vice President (VP) which will be elected in the Fall Semester
    4. Secretary
    5. *Treasurer (to be held by a Faculty Advisor (s)*
C. The following positions will be elected at the end of every semester.
    1. Breakthrough to Nursing (BTN) Chairperson
    2. Fundraising Committee
    3. Events Committee
    4. SON Outreach/Opportunities (Class visitation, Professional organization awareness)
    5. SNO Class Representatives
D. The following position will be elected at the fall semester and held until the following year.
    1. VN Vice President (VP)
E. The members of the BOD must have concurrent enrollment in the nursing program with good academic standing. NSNA membership is mandatory.
F. Only one BOD position will be held at any given time.
G. SNO positions will require students to participate in activities that are outside normal semester level requirements.
H. If an elected SNO member is unable to perform his/her duties, written notification must be submitted to the SNO President.
    1. In this event, the BOD and advisors will appoint an interim member.

I. If at any time a member of the BOD is not performing the responsibilities as specified in this constitution, members may be impeached by a petition of 2/3 members of the SNO constituency.

ARTICLE VII: BOARD OF DIRECTORS (BOD)

SECTION 1: SNO shall be under the direction of the BOD, which has the authority to:

A. Organize, direct, and represent SNO members on campus and in the community.
B. Allocate finances in accordance with the SNO voting body.
C. Impeach officers in accordance with the provisions of the organization constitution and in consultation with the SNO Faculty Advisor(s).

SECTION 2: Members of the Board of Directors (BOD):

A. President:
   1. Presides over the BOD and SNO meetings:
      a. Adheres to the Constitution.
      b. Represents this organization in all matters to the local state nursing associations, the local league for nursing, CNSA, NSNA, and other professional and student organizations.
      c. In conjunction with the BOD, develops a master plan for the semester's activities.
      d. Assures that an agenda for each meeting is consistent with organization guidelines.
      e. Serves as ex-officio member of committee meetings.
   2. Liaison between the SNO BOD and the Dean, School of Nursing.
   3. Role model:
      a. Welcomes all new nursing students at orientation sessions and introduces SNO, its purposes, organization, and election procedures.
      b. Is impartial, fair, and courteous. Carries out the organization's purposes and decisions.
   4. Miscellaneous:
      a. Keeps Faculty Advisor(s) informed of all meetings and activities.
      b. Works toward providing opportunities for community involvement.

B. Vice President: ADN Program
   1. Assumes the duties of the president in the absence or disability of the president.
   2. In the event of a vacancy occurring in the office of the president, assumes the duties of the president.
   3. In conjunction with the BOD, ensures biennial review of the Constitution and reports recommended changes back to the Student Body for approval.
   4. Performs all duties as assigned by the president.
   5. Maintains all service hour log records.
   6. Prepares agenda for SNO meeting with the President.
      a. Provides a copy of the agenda prior to the meeting to the Faculty Advisor(s) and BOD. Standard agenda items include reports from members of the BOD.
      b. Any SNO member may place an item on the agenda prior to the SNO meeting.

C. Vice President: VN Program
   1. Acts as the liaison between the CNA, VN and ADN program.
   2. Collaborates with the President and ADN VP and gives input into the master plan for the semester's activities.
   3. Participates in the following committees:

a. Events
b. Fundraising
c. Communications

4. Collaborates with ADN VP on upcoming SNO activities.
5. Performs all duties as assigned by the President or Faculty Advisor(s).

D. Secretary
1. Prepares the minutes of all business meetings of the organization.
   a. Distributes a copy of the SNO minutes to the BOD and Faculty Advisor(s) prior to the beginning of the next SNO meeting.
2. Maintains records:
   a. SNO Constitution for reference during meetings.
   b. Current contact list of all semester level and CNA, VN class officers, SNO BOD, and other elected SNO members.

ARTICLE VIII: COMMITTEES AND OTHER ELECTED OFFICERS

SECTION 1: SNO leadership also consists of additional committees and elected officers that operate under the BOD and Faculty Advisor(s).

SECTION 2: Members of Committees and other Elected Officers:

A. Breakthrough to Nursing (BTN) Chairperson
1. Collectively work with the SON Enrollment Counselors to participate in recruitment and retention events such as career days, new student orientation, and other events designated by SNO and Faculty Advisor(s).
2. Seeks out opportunities that foster the growth of "Men in Nursing" within the RCC SON.

B. Fundraising Committee
1. Searches for fundraising opportunities to be voted on by the SNO student body.
2. Coordinates and facilitates communication for fundraising between SNO and respective community partners.
3. Manages the SNO store and tracks volunteer hours for the SNO store.
4. Coordinates Bootcamp Badge Day with incoming classes to ensure there is adequate assistance. Distributes required materials to each respective program (AT, CNA, VN, ADN).

C. Events Committee
1. Acts as a liaison with faculty and coordinates all outside community health and wellness events and activities.
2. Works in conjunction with BOD to allow timely promotion of events.
3. Works in conjunction with Faculty Advisor(s) to track volunteer hours.

D. SON Outreach
1. Coordinates with lead semester faculty to promote SNO membership and involvement at the beginning of class sessions.
2. Works in conjunction with BOD and events committee to allow timely promotion of events.
3. Responsible for the communication of SNO events through the SNO Flurry (at the beginning of each semester) and SON social media.

E. Scholarship
   1. Reports on scholarship availability on regular basis to SNO.
   2. Posts scholarship material on SNO Bulletin Board when available.

F. SNO Class Representatives
   1. Liaison between nursing students and SNO.
   2. Keeps nursing students aware of SNO activities and encourages their participation.
   3. Notifies BOD of any community activities they feel SNO could participate in.
   4. SNO Representatives are elected by their respective semester classes.

ARTICLE IX: RIVERSIDE FREE CLINIC (RFC)

SECTION 1: Riverside Free Clinic (RFC) is a nonprofit organization that provides free interdisciplinary health and wellness care to the underserved population of the Inland Empire (IE) while providing an effective training environment for future healthcare professional and leaders dedicated to serving the IE.

SECTION 2: RCC SON students participating in RFC do so under all RCC SON policies and procedures outlined in the RCC SON ADN/VN Handbook as well as the guidelines and regulations set forth by SNO.

SECTION 3: RCC SON students participating in RFC will adhere to the policies and procedures of the "Constitution of the RFC at UCR".

SECTION 4: Selection of Officers

A. Due to the complex nature of volunteering at RFC, the existing RCC SON RFC Officers shall determine criteria/minimum qualifications for the future selection of prospective RCC SON RFC Officers. These qualifications will be subject to Faculty Advisor(s) approval.
B. To maintain continuity of personnel at RFC, selection of new RCC SON RFC Officers shall coincide with the selection of new leadership personnel at RFC. As a result, selection of RCC SON RFC Officers will operate separately from general SNO BOD and officer elections. Final selections will require ratification at a general SNO meeting and Faculty Advisor(s) approval.

SECTION 5: RCC SON RFC Officers

A. Clinic Manager(s)
   1. Manages the clinic, supervises, and ensures smooth clinic-to-clinic operations.
   2. Attends monthly board meetings.
   3. Writes and presents proposals to facilitate needed change.
   4. Presides over RCC SON RFC Officers
      a. Fulfills the other officers' duties at the clinic if/when the other officers are unable to attend.

B. Clinic Coordinator
   1. Responsible for staffing RFC, scheduling volunteers, sending bi-weekly emails, and orienting new volunteers.

C. Clinic Secretary
   1. Responsible for keeping accurate record of all volunteers' hours and volunteers' eligibility for "RFC Certificate of Accomplishment."
   2. Maintains record of supplies, responsible for setting up, and works in conjunction with fellow RCC SON RFC Officers for any needed templates/forms.

D. Mentor/Fundraising
   1. Mentors CCAP students at the high school level.
   2. Orients and trains CNA/LVN/RN students to clinic operations.
   3. Collaborates with UCR SOM fundraising committee to plan fundraising activities and the yearly recognition banquet.

E. Research/Fundraising
   1. Collaborates with UCR SOM on implementation and evaluation of hypertension and diabetes studies.
   2. Collaborates with UCR SOM fundraising committee to plan fundraising activities and the yearly recognition banquet.

ARTICLE X: CONVENTION CRITERIA

SECTION 1: SNO members regularly attend the annual CNSA and/or NSNA conventions that are held each fall and spring. The annual CNSA/NSNA convention provides additional networking, leadership, and educational opportunities related to the nursing profession at both the state and national level, respectively.

SECTION 2: SNO generally provides reimbursement/financial support to students that attend the annual CNSA/NSNA convention. Convention reimbursement/financial support will be determined on semester-by-semester basis depending on available funds and provided that the student has met the qualifications set forth by the BOD and Faculty Advisor(s). Criteria for reimbursement/financial support shall be determined by the BOD and Faculty Advisor(s) on a semester-by-semester basis.

SECTION 3: Additional Requirements for Conference:

- Students must be a member of NSNA or CNSA
- For students to be eligible for reimbursement, they must be an active participant in SNO and have a minimum of 10 volunteer hours during the respective semester of conference.
- Students are to maintain their own participation hours that must be submitted with the conference paperwork to verify requirement as stated above. (Date/Hours/Event/Faculty Present)
- Students must have their lead faculty approval (signed acknowledgement form) to miss seminar and or clinical experiences if the conference is held during a school week. The approval form must be turned into the Faculty Advisor(s) during the designated time before conference.
- Students must be in good academic (75% or higher) and Clinical (Satisfactory) standing in order to attend conference.

SECTION 4: Delegates

A. Delegate Representation at NSNA
   1. SNO, when recognized as an official NSNA constituent, shall be entitled to one voting delegate and alternate at the NSNA House of Delegates and shall be entitled to one voting delegate and alternate for every additional 50 members.
   2. The delegate and alternate shall be members in good standing in the chapter and shall be selected and/or elected by members of the school chapter at a regularly scheduled meeting.

B. Delegate Representation at CNSA
   1. Each constituent chapter of CNSA is entitled to be represented at the House of Delegates with two delegates. Chapters with 20 or more active and/or associate members are entitled to additional delegates at a ratio of one delegate for each 20 members. (e.g. chapters with 20-39 members are entitled to a total of 3 delegates; chapters with 40-59 members are entitled to a total of 4 delegates, etc.)

C. The voting body shall elect their allocated delegates prior to the annual CNSA and NSNA conventions of each year to sit in the House of Delegates and vote on behalf of SNO at the state and national level.

ARTICLE XI: FINANCES

SECTION 1: The Treasurer of SNO shall be held by one of the Faculty Advisors. The Faculty Advisor (s) will determine the distribution of funds. Additionally, the faculty advisor (s) will determine the budgetary needs of the organization for the year (s) and create a presentation to be delivered to ASRCC Board of Directors during the budgetary hearings every spring for consideration of line-item funding. Currently the funding will go for community outreach events, including Riverside Free Clinic, Street Medicine Clinic, RUHS Festival of Trees, Health Fairs, State and National Conventions, and Alumni Events.

SECTION 2: Allocation of funds will be in accordance with the SNO voting body.

SECTION 3: SNO will provide financial support for students that become members of NSNA/CNSA or attend CNSA/NSNA conventions provided that the student has met the qualifications set forth by the BOD and Faculty Advisor(s). Criteria for support shall be determined by the BOD and Faculty Advisor(s) on a semester-by-semester basis.

ARTICLE XII: AMENDMENTS TO THE CONSTITUTION

SECTION 1: Amendments may be proposed by:
A. Any member of the Board of Directors.
B. A petition of at least 50% of the active membership.

SECTION 2: An amendment so proposed shall be ratified by a majority vote of the active membership in attendance.

ARTICLE XIII: RATIFICATION

SECTION 1: This Constitution shall be ratified and become effective when approved by at least a 2/3 vote of active SNO members.

ARTICLE XIV: ADHERENCE POLICY

SECTION 1: This organization shall adhere to guidelines set forth by the National Student Nurses' Association (NSNA), California Nursing Students' Association (CNSA), and Associated Students of Riverside Community College (ASRCC).

Revised: 5/00, 8/13,7/17, 1/21, 5/25, 11/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ORGANIZATIONS AND LEADERSHIP OPPORTUNITIES FOR NURSING STUDENTS

A. Associated Students of Riverside City College (ASRCC)

All nursing students are encouraged to become active in Associated Students of Riverside City College (ASRCC) campus activities. This ensures student eligibility for voting, participation in decision-making, and attendance to college activities.

All nursing students are invited and encouraged to become active in college wide clubs and activities (see *Riverside City College Catalog* and *Riverside City College Student Handbook*).

B. RCC Student Nurse Organization (SNO)

1. The Student Nurses Organization (SNO) provides guidance and support to nursing students. SNO activities provide an opportunity for students to participate meaningfully in college and community activities. SNO is a constituent member of the National Student Nurses' Association (NSNA) and California Student Nurses' Association (CSNA).

    a. There are several subcommittees under the umbrella of SNO such as Breakthrough to Nursing, Riverside Free Clinic (RFC), and Inland Empire Street Medicine Clinic (IESMC).

    b. Students are expected to be active participants in the bi-monthly SNO meetings in addition to subcommittee participation and not in place of.

2. SNO meets the first and third Monday of each month from 9:30 a.m. – 10:30 a.m. There may also be other meeting times or events that occur throughout the semester.

3. Each class has two SNO representatives who act as liaisons with the Board of Directors of SNO.

4. The SNO Constitution guides activities.

5. SNO's Constitution and By-laws can be found in the RCC SON Program Handbooks.

6. SNO Activities include:

ELECTED POSITIONS/BOARD MEMBER POSITIONS

- Students must be enrolled in either the ADN (RN) or VN programs and in good academic standing. In addition, NSNA membership is required.
- Please see *SNO Constitution*.

SERVICE HOURS

- Service hours are voluntary; however, a certain level of

participation is expected from all students as part of professional role development.

- Participation in SNO, college, and community activities are eligible for service hours by awarded by ASRCC.
- Students can receive service hours for participating in health fairs and/or community events approved by the SNO Advisor(s).
- Participation is coordinated by the SNO Advisor(s) or designated SNO board member.
- Students are required to submit service hours via the ASRCC computer logging system. Student's hours will be approved by SNO Advisors. Students are required to keep copies of service hour activities in the event there is an error.
- Service Hour Awards are given by ASRCC for 50, 100 and 200 hours of service.

C. Nursing Student Participation in School of Nursing Committees and Meetings

As a part of professional role development, nursing students are encouraged to participate in and actively attend SON standing committees and other designated meetings. Representatives are voted on by their class. Students who accept the responsibility of representing their class at these meetings are required to attend so there is sufficient student input. The following are committees and meetings that require student participation and input:

1. Student representatives from each semester and program for SON Nursing Curriculum, Educational Resources and Technology, and Social Justice standing committees.

2. Student officers/representatives from SNO and class officers attend Dean's Council meetings twice a year.

3. Representatives from SNO attend the annual Joint Faculty/Clinical Agency/Student meetings.

4. Students provide input to BRN/BVNPT/ACEN Self-Study committees.

5. Any nursing student may submit an agenda item for a nursing faculty or standing committee meetings. Agenda items must not be related to an individual academic or clinical performance problem.

D. Nursing Student Participation in the Evaluation Process

1. Students complete course evaluations at the end of each semester.

2. Students participate in faculty evaluations when scheduled each semester.

3. Students participate in end of program evaluations at the end of each program.

E. Class Officers

1. The role of the class officers is the development of a cohesive group to foster completion of course and end-of-program student learning outcomes.

2. Class officers' function in a supportive role involving class members in SNO and other college activities. Fund raising activities for the Pinning Ceremony are carried out as voted upon.

3. Class officers are responsible for attending Dean's Council held each semester.

4. Class officers assist with planning of the class Pinning Ceremony. *Pinning Ceremony Guidelines* are available from the Pinning Advisor(s) and in the RCC SON program student handbooks.

5. Class Officers are elected each semester by the respective class. Elections overseen by the semester-level faculty.

6. Class officers can be impeached by a petition of 2/3 members of the respective class.

7. Roles of Class Officers

President

a. Presides over class meetings.
b. Role model.
    i. Welcomes new students.
    ii. Coordinates activities for the benefit of all nursing students.
    iii. Is fair, impartial, and courteous. Carries out decisions of class.
c. Implements the *Pinning Ceremony Guidelines*.
d. Works toward involvement of class in SNO and college/community activities.

Vice President

a. Presides over class meetings in absence of the President.
b. Notifies class officers of specially called meetings.
c. Oversees fund raising activities. Assures compliance with ASRCC guidelines. Coordinates activities with semester-level faculty.
d. Assists the Treasurer with the class trust account each semester.

Secretary

a. Keeps minutes of all officer and class meetings.
b. Compiles and distributes to class, a phone and address list of class members (voluntary).

Treasurer

a. Two treasurers are elected for each class.
c. Deposits fundraising monies in the class trust account using the attached form for deposit. Maintains records of deposits and withdrawals.
d. Obtains end-of-semester account report from College Bank and

reviews with class Vice- President to ensure accurate accounting of funds every semester.

e. Receives purchase orders and approved bills from all those who are reimbursed out of the class account. Receipts must be provided for reimbursement.

f. Completes the requisition for withdrawal of funds in accordance with account guidelines (including required signatures).

g. Works with Vice President on fundraisers or appointee.

SNO Representatives

a. Liaison between nursing students and the SNO Board of Directors.

b. Keeps class aware of SNO activities and encourages their participation.

TRUST FUND ACCOUNTS

1. Individual trust accounts are maintained in the College Bank in accordance with ASRCC guidelines.

2. Only class presidents and/or treasurers may withdraw funds from accounts. All class presidents and treasurers maintain signature cards on record at the College Bank. Requisitions for withdrawals must be co-signed by the semester lead faculty. Purchase Orders or receipts for services provided must accompany requisitions.

3. Requisitions will be sent to accounting for processing once all required signatures are obtained.

Approved 8/13
Revised 7/18; 1/21; 7/22; 1/23; 8/25; 8/26

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

SON PEER MENTORSHIP OPPORTUNITIES

The School of Nursing's Peer Mentorship Program connects new students with experienced nursing students. The goal is to help incoming students acclimate to the program and succeed academically by providing guidance, support, motivation, and a sense of belonging. Each incoming student is assigned a peer mentor at the start of their first semester. Successful mentorship requires commitment, proactive engagement, and adherence to the expectations.

Big/Little Brother/Sister Program

- Pairs an incoming Nursing 11 (Little Brother/Sister) student with a more experienced Nursing 12 (Big Brother/Sister) student to create a supportive relationship.
- This is facilitated by the Nursing 11 faculty advisor and coordinated by the class officers of Nursing 11 and Nursing 12. The program is student-run with faculty supervision as necessary.
- Expectations:
    - Nursing 11 faculty will provide a list of students, including their email addresses and phone numbers, to the Nursing 12 faculty advisor and/or the class president or secretary, as agreed upon by both parties. All individuals involved must always maintain the confidentiality of this information.
    - Nursing 12 Big Brother/Sister will make initial contact to their assigned Nursing 11 student and facilitate communication with Little Brother/Sister a minimum of once per week through text messaging, email, or face-to-face interactions.
    - Nursing 12 students are to not discuss exam content with Nursing 11 students.

Guiding, Empowering and Mentoring Students (GEMS) Program

The GEMS program helps incoming Nursing 21 Advanced Placement (AP) students transition to the RN role by providing professional guidance, support, and a sense of belonging. The program's primary goal is to assist AP students to acclimate to the nursing program and build upon their knowledge and experience as an LVN.

- Expectations:
    - Nursing 21 faculty will provide a list of AP students, including their email addresses and phone numbers, to the Student Outcome Specialist (SOS), as agreed upon by both parties. All individuals involved must always maintain the confidentiality of this information.
    - Collaborate with the smester-level Student Success Coach and SOS for workshop development.
    - Participate in GEMS workshops and activities such as Boot Camp.
    - Attend GEMS planning sessions and check-in meetings as scheduled.
    - Interact with mentees at least once a week through text messaging, email, or face-to-face interactions.
    - Complete an anonymous end-of-program evaluation to provide feedback and identify opportunities for improvement.

Revised 1/23; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

PINNING CEREMONY GUIDELINES

All class decisions must be approved by the Pinning Ceremony Advisors prior to implementation.

Purpose: Each ADN and VN class participate, with Pinning Advisors, in planning the Pinning Ceremony held at the completion of their respective programs. The Pinning is a long-standing tradition of the College and District held to recognize student's accomplishments. Courteous and respectful behavior by all participants and guests at the Pinning Ceremony will uphold the excellence and tradition of the RCC School of Nursing.

A. Pinning Guidelines

1. One ASRCC account for each graduating class with a signed Trust Card.
2. Fundraising may not begin until NRN-12 and NVN-42. All fundraising activities must be pre-approved by semester-level faculty. No more than one pinning fundraiser per academic semester will be permitted.
    a. At the completion of the program, students will purchase their *Pinning Package* (cap or tie and lamp). The nursing pin will be purchased and provided to students by the SON.
    b. The class will establish a budget for their respective ceremony.
    c. The money fundraised will be used for the following:
        i. Expected expenses
            a. Programs
            b. Scrolls with ribbon
        ii. Optional expenses based on majority class vote
            a. Invitations
            b. Flowers for ceremony
            c. Decorations
            d. Rental equipment

3. Invitations and Programs

    a. Invitations and Programs will be ordered by the Pinning Advisors through RCCD Printing Services-Storefront via MyApps using the standardized program templates.
    b. Prior to printing the final invitations and program, the Pinning Advisors, program Department Chair, and Dean, School of Nursing must proofread and approve for print.
    c. The Pinning Advisors are responsible for sending "Save the Date" e-vites to the College President, Vice Presidents, Chancellor, and each Board of Trustee member one year in advance based on designated processes.
    d. Once Landis Auditorium is confirmed, the Pinning Advisors are responsible for sending an invitation to the College President, Vice Presidents, Chancellor, each Board of Trustee, community partners, and scholarship donors. Please check with Dean, School of Nursing prior to sending.

4. Flowers [Student choice by majority vote, must be approved by Pinning Advisors]

    a. Flowers without thorns must be purchased if the class elects to have this as a part of the ceremony.
    b. Flowers must be purchased for each student.

5. Decorations/Colors of Decorations

    a. The pinning ceremony colors and decorations will be in congruence with RCC colors (black, white, and orange).
    b. All decorations need to be approved by the Pinning Advisors.

6. Music for processional and recessional [Student choice by majority vote, must be approved by Pinning Advisors]

7. Professional Pictures, Slideshow, Streaming of Ceremony

    a. Professional Pictures (completed by the Pinning Advisors)

        i. Arrange for professional headshots to be done by the RCC Marketing Department 2 months in advance using the following form.
        ii. Collaborate with class to determine dates/times of when the photos will take place.
        iii. Ensure that the nursing caps, pins, and ties are available for scheduled photo sessions.
        iv. Arrange with the RCC Marketing Department to take professional photographs at the pinning ceremony 2 months in advance using the following form.
        v. Forward the class composite photo, if applicable, to the appropriate party for inclusion on the SON TV monitors.

    b. Slideshow

        i. Pictures for slide show will be limited to one professional photo. Each student is responsible for approving their photos that are included in the slideshow.
        ii. Slideshow must not exceed 10 minutes. Will begin at the start time of the ceremony.
        iii. Final slideshows must be approved by the Pinning Advisors and program Department Chair at least 2 weeks prior to the ceremony.
        iv. Submit request to Technology Support Services for a projector for the slideshow using this form.

    c. Streaming of Ceremony [Student choice by majority vote; completed by the Pinning Advisors]

        i. Arrange with the Technology Support Services to stream the ceremony.

8. Attire

The following guidelines apply:

a. Professional, white nursing uniform dress, pantsuit (without embellishments), scrubs, or RCC uniform. No colored scrubs, street clothes, capri/crop pants, or jeans are allowed. No low cut, suggestive, or sheer blouses are permitted. Skirt length must not be shorter than knee level. Appropriate undergarments will be worn and will not be visible through the uniform. No cardigans/sweaters, jackets, or white t-shirts are allowed.
b. Students may have makeup and nails appropriate for a professional setting. Jewelry is restricted to what is worn in the clinical setting.
c. White, professional nursing shoes are to be worn. No dress shoes, open toes, or high heels are permitted. If a student has a question as to the appropriateness of their shoes, they must provide a picture or bring the shoes in the Pinning Advisors for approval.
d. White or flesh-colored hosiery must be worn. Bare legs are not permitted.
e. Nursing caps are to be secured with white bobby pins.
f. Black dress slacks with black socks and a white, collared, button down, long-sleeved dress shirt. A black tie will be purchased in the Pinning Package.
g. Students are required to complete and submit the *Pinning Ceremony Professional Attire Guidelines* prior to the ceremony on Canvas.
h. College or SON approved stoles/cords may be worn.

9. Candles/Lamps (completed by the Pinning Advisors)

    a. Pinning Advisors will order candles annually from a specified vendor.
    b. Each graduate will be provided a candle and lamp when they purchase the *Pinning Package*.

10. Nursing Pins

    a. Pinning Advisors will order nursing pins annually from a specified vendor.
    b. Each graduate will be provided a nursing pin from the SON.
    c. The nursing pin signifies attainment of program outcomes and therefore awarded only upon program completion.

11. Scrolls

    a. Class will select what they want printed on the scrolls and submit to the Pinning Advisors.
    b. Pinning Advisors will send to Administrative Support Services for printing.

12. Rehearsal/Ceremony

    a. The dates and times for the pinning rehearsal and ceremony, are determined by the nursing faculty prior to the start of each academic year.
    b. Pinning Advisors will submit pinning rehearsal and ceremony dates for the year to Instructional Department Coordinator to be entered into 25Live. The Pinning Ceremony Advisors confirm that the reservation request has been submitted and confirmed.
    c. The time/date of the rehearsal will be announced to faculty by Pinning Advisors. Arrangements are made for the class to preview the slide show at the beginning of the rehearsal.
    d. All students participating in the Pinning Ceremony are expected to attend the scheduled rehearsal.
    e. Students will be provided tickets for the number guests based on space availability. Pinning Advisors will need to have tickets printed at RCCD Printing Services.

B. **Expenditures/Class Funds**

1. Class monies fundraised are maintained in the College Bank. The class treasurers coordinate the Pinning Ceremony budget; all transfers of funds and reimbursements must be signed by the class president or treasurers, a Pinning Advisor, and Dean, School of Nursing. An itemized receipt must be submitted with each requisition. Requisitions must be submitted within 15 days of the Pinning Ceremony and go through the Adobe Sign process.

2. The following are provided by the College for the Pinning Ceremony (Pinning Advisors are responsible for making arrangements for the space, AV equipment, and facilities):

    a. Auditorium
    b. Tables and folding chairs
    c. SON tablecloth
    d. Lamp of Learning
    e. AV equipment (slideshow projector)
    f. Podium with microphone
    g. Waived parking fees (must submit to Janelle Wortman using the *Request for Waived Parking* form)

3. If there are any remaining class funds, students will be given an opportunity to vote on how they would like their remaining class funds to be disbursed after graduation. The Pinning Advisors will not disburse left over class funds until 90 days after the date of the Pinning Ceremony.

Students will vote on the following options (majority vote will prevail in the decision):

- Student Nurses Organization
- Upcoming graduating class
- RCCD Foundation gift

C. **Pinning Advisors Additional Responsibilities**

1. Selection of Faculty to Participate in Pinning Ceremony

   a. All full-time nursing faculty members will be rotated to participate in the Pinning Ceremony.
   b. Pinning Advisors will maintain an ongoing list of faculty participants. on a rotating basis to present pins, hand out flowers, lead students in the nursing pledge, lighting the Lamp of Learning, and read names and goal statements.

3. Pinning Ceremony Set-up/Break-down

   a. Auditorium
      i. Ensure black SON tablecloth is on stage table
      ii. Ensures baskets for flowers, scrolls, and nursing pins are under the stage table
      iii. Retrieve the Lamp of Learning from Dean, School of Nursing's office and ensure it is taken to the auditorium and returned to the Dean's office at the completion of the ceremony.
      iv. SON gonfalon and stand are returned.
      v. At the end of the pinning ceremony, ensure all materials used for the ceremony are returned to their designated places in the SON.

4. Speeches/Names and Goal Statements

   a. Ensure College President and Vice President, Academic Affairs have script, if needed.
   b. Coordinate with elected class speaker (class president). A 2-minute professional speech must be prepared and submitted to the Pinning Advisors for approval, two weeks prior to the ceremony.
   c. Arrange for graduates who are participating in the Pinning Ceremony to submit a short, professional and/or educational goal statement (3rd person) that will be read during the time he/she is pinned. Graduates should also submit their name, using proper phonetics and punctuation. Goal statements with graduate names must be submitted to designated Pinning Advisors 2 weeks prior to the ceremony. Pinning Advisors will review, edit, and approve goal statements.

5. After 90 days, the Pinning Advisors will submit the signed ASRCC Requisition form to the College Bank so that the funds can be disbursed according to the directions voted by the graduating class.

6. For each Spring ceremony, notify the RCCD Foundation regarding the Becky Wecksler Award Designated Pinning Advisor contacts the Wecksler family and sends an invitation to the Wecksler family. For each Fall ceremony, notify the RCCD Foundation regarding the Dennis Seifert Hawley Award the Foundation contacts the Hawley family and sends an invitation to the Hawley family. Pinning Advisors must email the RCCD Foundation (foundation@rccd.edu) with the scholarship recipient's name, student ID, and address.

7. Send a reminder of rehearsal to faculty participants. Administrators need not attend.

D. **Student Pinning Committee Responsibilities**

1. Designated Pinning Committee Members will collaborate with semester-level officers to get a list of volunteers for the Pinning Ceremony who will be responsible for the following duties:

a. The day of pinning rehearsal, coordinates volunteers to tie scrolls with ribbon.

b. The day of pinning, coordinates with volunteers to bring 8-foot-long School of Nursing tablecloth to Landis and ensure that it is steamed; obtains baskets for pins, flowers, and scrolls and places underneath 8-foot table; brings gonfalon from the School of Nursing to Landis and places on the right side of stage; aid in any last-minute decorating; brings easel and respective plaque for ceremony and places behind curtain on left side of stage.

2. Chair of the Pinning Ceremony Committee

a. A chair of the committee is selected by majority vote of the class and works in collaboration with the semester-level class officers.

b. Chair duties include:

i. Coordination of all sub-committees.
ii. Meeting with Pinning Ceremony Advisors, at least once monthly.
iii. Arrange for class to vote on roles of the assigned faculty participants.

3. Sub-Committees

a. Sub-committees are utilized to complete the preparations for the ceremony and to give all students the opportunity to participate in Pinning Ceremony. Class officers coordinate the committees for the event.
b. Each sub-committee will select a chairperson.
c. Sub-committees include:

i. Picture/Slideshow
    a. Collect pictures from class historians
    b. Develop the class slideshow

ii. Volunteer
    a. Coordinate with NRN-21 Class President (ADN only) to recruit volunteers to assist with set-up and break-down of pinning ceremony.
    b. Arrange for volunteers to arrive 90 minutes prior to the start of the ceremony and remain up to 90 minutes after the completion of the ceremony.
    c. Volunteers who participate during the pinning ceremony will be dressed in black business casual clothing.
    d. Volunteers will assist in greeting and seating guests, procession organization, distributing programs to guests, and ensuring that balloons and strollers are kept in a designated area in the auditorium lobby.

iii. Decorating
    a. Planning and arranging decorations for Auditorium.
    b. Arranges to purchase flowers without thorns for presentation to students during the Pinning Presentation Ceremony.
    c. Reserve area for faculty/guest seating.

ADDENDUM A

Projected Budget Estimates for Pinning Ceremony (per 100 students)

1.	Free	Auditorium for Pinning Ceremony
2.	$75 (Est)	Basic invitation printed by RCCD Printing Services (based on 5-10 invitations/student) (optional)
3.	$150	Basic program printed by RCCD Printing Services (1,000 - 1,500)
4.	$1600	Decorations (optional)
5.	$300	Slide show, if a professional is hired (optional)
6.	$600	Long-stemmed flowers for presentation to students (optional)
7.	$50	Ribbon for the scrolls
8.	Free	Nursing Pin

Individual Student Expenses for Pinning Ceremony

1. Appropriate pinning ceremony attire as outlined above.
2. Pinning Package (cap or tie and lamp), approximately $50-70
3. Additional professional pictures (optional)

Total Estimated Pinning Ceremony Class Costs: Approximately $875 - 2,775

Revised: 1/10; 6/14; 5/19; 1/23; 6/25

Sample Timetable/Due Dates – ADN Program

January

- Order pins, lamps, black ties, and caps for the year.
- Send "Save the Date" e-vites for the year to College President, Vice Presidents, Chancellor, each Board of Trustee based on designated processes.

August/February

- Submit to RCC Marketing Department photography request for professional headshot photos and pinning ceremony.

October / April

- Submit Program/Invitation orders to RCC Printing Services - Storefront via MyApps.
- Students to submit names as too how they will appear in program.
- Submit to Technology Support Services request for streaming Pinning Ceremony.

November / May

- List of all volunteers for decorating, ceremony, and clean-up.
- Invitations sent out to College President, Vice Presidents, Chancellor, each Board of Trustee, and scholarship donors via e-vite.
- Submission of speakers' speeches for approval from Pinning Advisors and Department Chair.
- All decorations must be purchased, if applicable.

December / June

- All scrolls must be rolled and secured with ribbon.
- Rehearsal date /time communicated.
- Two weeks prior to Pinning:
    - Students to sign *Pinning Ceremony Professional Dress Guidelines.*
    - Students submit their name cards and goal statements to Pinning Advisors.
- Pinning Ceremony materials (Lamp of Learning, etc.) returned to proper storage place in School of Nursing.

Sample Timetable/Due Dates – VN Program

January

- Order pins, lamps, black ties, and caps for the year.
- Send "Save the Date" e-vites for the year to College President, Vice Presidents, Chancellor, each Board of Trustee based on designated processes.

April

- Submit to RCC Marketing Department photography request for professional headshot photos and pinning ceremony.

May

- Submit Program/Invitation orders to RCC Printing Services - Storefront via MyApps.
- Students to submit names as too how they will appear in program.
- Submit to Technology Support Services request for streaming Pinning Ceremony.

June

- List of all volunteers for decorating, ceremony, and clean-up.
- Invitations sent out to College President, Vice Presidents, Chancellor, each Board of Trustee, and scholarship donors via e-vite.
- Submission of speakers' speeches for approval from Pinning Advisors and Department Chair.
- All decorations must be purchased, if applicable.

July - August

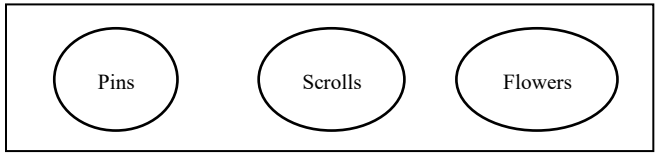
- All scrolls must be rolled and secured with ribbon.
- Rehearsal date /time communicated.
- Two weeks prior to Pinning:
    - Students to sign *Pinning Ceremony Professional Dress Guidelines.*
    - Students submit their name cards and goal statements to Pinning Advisors.
- Pinning Ceremony materials (Lamp of Learning, etc.) returned to proper storage place in School of Nursing.

(Students)

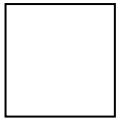
(Students)

Chair for Mistress of Ceremonies (backstage)

Table



Podium



Audience

Revised: 5/19; 1/23

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

PINNING CEREMONY PROFESSIONAL ATTIRE GUIDELINES

I, _____, agree to the following professional guidelines as a participant of the RCC School of Nursing Pinning Ceremony. I understand that any infraction of the following guidelines will prevent me from participating in the Pinning Ceremony.

Only students who are professionally dressed will be allowed to participate.

Professional Attire:

a. Professional, white nursing uniform dress, pantsuit (without embellishments), scrubs, or RCC uniform. No colored scrubs, street clothes, capri/crop pants, or jeans are allowed. No low cut, suggestive, or sheer blouses are permitted. Skirt length must not be shorter than knee level. Appropriate undergarments will be worn and will not be visible through the uniform. No cardigans/sweaters, jackets, or white t-shirts are allowed.
b. Students may have makeup and nails appropriate for a professional setting. Jewelry is restricted to what is worn in the clinical setting.
c. White, professional nursing shoes are to be worn. No dress shoes, open toes, or high heels are permitted. If a student has a question as to the appropriateness of their shoes, they must provide a picture or bring the shoes in the Pinning Advisors for approval.
d. White or flesh-colored hosiery must be worn. Bare legs are not permitted.
e. Nursing caps are to be secured with white bobby pins.
f. Black dress slacks with black socks and a white, collared, button down, long-sleeved dress shirt. A black tie will be purchased in the Pinning Package.
g. College or SON approved stoles/cords may be worn.

Student Signature:_____

Printed Name:_____

Date:_____

Revised: 8/13; 5/19; 6/19; 1/23; 6/25

STUDENT HEALTH POLICIES

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

STUDENT HEALTH

RCC STUDENT HEALTH AND PSYCHOLOGICAL SERVICES

The college maintains a health services for all students to promote health, prevent disease, and to provide care for acute illnesses. The student is responsible for maintaining good health practices. Student Health and Psychological Services are available at all three college campuses. Any illness or injury occurring when school is not in session is the responsibility of the student. If hospitalization, diagnostic tests, medication, or referrals are required, any expense incurred will be the responsibility of the student. Students are encouraged to maintain private medical insurance. Injuries which occur in class or clinical are to be reported immediately to the faculty. All accidents/incidents require completion of written reports by the student and faculty that are required by the health care facility and/or RCC/RCCD.

We understand that students face many pressures, including academic responsibilities, relationships, employment, and family obligations. The classified professionals and faculty of RCC are here to see you succeed academically and care about your emotional and physical health. You can learn more about the broad range of Student Support Services, including confidential counseling and mental health services available on campus by visiting the Student Health and Psychological Services in the Bradshaw building or calling 951-222-8151. Riverside County offers a 24-Hour Crisis and Referral Line simply by dialing 211. The National Suicide Prevention Hotline can be accessed by calling or texting 988. See *RCC website* for in-depth information and resources.

STUDENT HEALTH & PHYSICAL EXAMINATION

Students are required to have a complete health examination prior to starting the ADN (RN) or VN program, which ensures that students are in good health and can perform unrestricted nursing activities. Students are required to remain compliant with all SON physical examination, immunization/titer, and TB requirements outlined in *Complio* throughout the program. Students are encouraged to seek guidance from the SON Health Coordinator at Coordinator@rcc.edu for any health-related questions. If at any time an ADN (RN) or VN student is taking medication, prescribed by a medical professional that may affect the student's performance, the student is required to obtain clearance from their medical provider prior to providing patient care.

A student must be in optimal physical and mental health while in the clinical setting to ensure the delivery of quality, safe, patient-centered care. If a student's physical condition or behavior is symptomatic of substance use disorder and/or mental illness, the policy on *Substance Use Disorder & Mental Illness* will be followed.

Rev. 6/14; 1/15; 7/17; 6/18; 8/20; 7/22; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

PREGNANCY POLICY FOR NURSING STUDENTS

Nursing students who are or become pregnant must have full, unrestricted medical clearance to continue in the nursing program according to the *Core Performance Standards*. Nursing students must also accept full responsibility for any risks to self and fetus associated with any course-related activities (seminar, CNSL, clinical, simulation, etc.). The student is required to inform the semester-level lead and clinical faculty of the pregnancy and obtain a letter from their supervising physician indicating that the student can participate in all course-related activities without restriction according to the *Core Performance Standards*. The completed letter with the physician's signature must be sent to the School of Nursing (SON) Health Coordinator (coordinator@rcc.edu). The student is required to notify the semester-level lead faculty for any change in the status of the pregnancy that may necessitate withdrawal from the program.

Following delivery, written approval from the supervising physician indicating full, unrestricted participation in all course activities according to the *Core Performance Standards* is required before the student will be able to participate in any course and/or SON activities.

Revised: 6/98; 1/02; 1/21; 2/23; 8/25
Reviewed: 5/05; 6/07; 1/09; 8/09; 6/10; 6/12; 8/12 1/13; 8/13

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

PHYSICAL ACTIVITY RESTRICTION POLICY

Students are required to inform the semester-level lead faculty of the change in physical health status and obtain a letter from their supervising physician indicating that the student can participate in all course-related activities (seminar, CNSL, clinical, simulation, etc.) without restriction according to the *Core Performance Standards*. The completed letter with the physician's signature must be sent to the School of Nursing (SON) Health Coordinator (coordinator@rcc.edu).

If the student is unable to obtain a letter from their supervising physician indicating that the student can participate in all course-related activities without restriction, according to the *Core Performance Standards,* the student's ability to achieve course and/or end-of-program student learning outcomes may be impacted. This may delay progression in the nursing program until the restriction is discontinued and the student receives full clearance.

Revised: 11/87; 4/97; 6/97; 6/98; 8/09; 1/13; 1/21; 2/23; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ADA COMPLIANCE STATEMENT

In compliance with the 1990 Americans with Disabilities Act (ADA) and the 2008 ADA Amendments Act, the School of Nursing does not discriminate against qualified individuals with disabilities.

Disability is defined in the Act as a (1) physical or mental impairment that substantially limits one or more of his or her major life activities; (2); a record of such impairment; or (3) being regarded as having such an impairment (Southern Regional Education Board (SREB) Council on Collegiate Education for Nursing (CCEN), 2009).

The nursing faculty endorses the recommendations of the Southern Regional Education Board (SREB) Council on Collegiate Education for Nursing (CCEN) and adopts the *Core Performance Standards* for use by the program. Each standard has an example of an activity that nursing students are required to perform to successfully complete the program.

For the purposes of nursing program compliance, a "qualified individual with a disability is one who, with or without reasonable accommodation or modification, meets the program's essential requirements known as the *Core Performance Standards* impairment (Southern Regional Education Board (SREB) Council on Collegiate Education for Nursing (CCEN), 2009).

Admission to the program is not based on the *Core Performance Standards*. Rather, the standards are used to assist each student in determining the need for ADA related accommodations or medications. The *Core Performance Standards* are intended to constitute an objective measure of 1) a qualified applicant's ability with or without accommodations to meet the program's performance requirements; and 2) accommodations required by a matriculated student who seeks accommodations under the ADA (Southern Regional Education Board (SREB) Council on Collegiate Education for Nursing (CCEN), 2009).

If a student has a physical, psychiatric/emotional, medical, or learning disability that may impact the ability to complete nursing program course work, the student is encouraged to contact the staff in Disability Resource Center (DRC) in the Charles A. Kane (CAK) Building, Room 130B on the Riverside Campus, email drc@rcc.edu, or call 222-8060 (City). DRC staff will review concerns and determine with the student and nursing faculty, what accommodations are necessary and appropriate. All information and documentation are confidential.

Adapted from Southern Regional Education Board (SREB) Council on Collegiate Education for Nursing (CCEN), 2009, https://www.sreb.org/publication/americans-disabilities-act

Core Performance Standards

Requirements	Standards	Examples
Critical thinking	Critical thinking ability for effective clinical reasoning and clinical judgement consistent with level of educational preparation	• Identification of cause/effect relationships in clinical situations • Use of the scientific method in the development of patient care plans • Evaluation of the effectiveness of nursing interventions
Professional Relationships	Interpersonal skills sufficient for professional interactions with a diverse population of individuals, families and groups	• Establishment of rapport with patients/clients and colleagues • Capacity to engage in successful conflict resolution • Peer accountability
Communication	Communication adeptness sufficient for verbal and written professional interactions	• Explanation of treatment procedures, initiation of health teaching. • Documentation and interpretation of nursing actions and patient/client responses
Mobility	Physical abilities sufficient for movement from room to room and in small spaces	• Movement about patient's room, work spaces and treatment areas • Administration of rescue procedures-cardiopulmonary resuscitation
Motor skills	Gross and fine motor abilities sufficient for providing safe, effective nursing care	• Calibration and use of equipment • Therapeutic positioning of patients
Hearing	Auditory ability sufficient for monitoring and assessing health needs	• Ability to hear monitoring device alarm and other emergency signals • Ability to discern auscultatory sounds and cries for help
Visual	Visual ability sufficient for observation and assessment necessary in patient care	• Ability to observe patient's condition and responses to treatments
Tactile Sense	Tactile ability sufficient for physical assessment	• Ability to palpitate in physical examinations and various therapeutic interventions

Revised: 1/13; 8/13; 6/14; 7/17; 8/19; 1/23

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY & PROCEDURE: ACCIDENTS AND INCIDENTS (NURSING STUDENT)

I. Overview

A. Students are required to have a complete health examination prior to starting the ADN (RN) or VN program, which ensures that students are in good health and can perform unrestricted nursing activities. Students are required to remain compliant with all SON physical examination, immunization/titer, and TB requirements outlined in *Complio*. A compliant *Complio* account must be maintained throughout the program for participation in clinical experiences. Students may not participate in clinical experiences or provide patient care if documentation is not current or missing in *Complio*, resulting in a noncompliant status. Documentation is required to be submitted upon admission and maintained throughout the program.

B. Students are encouraged to seek guidance from the SON Health Coordinator at Coordinator@rcc.edu for any health-related questions.

C. If at any time an ADN (RN) or VN student is taking medication, prescribed by a medical professional that may affect the student's performance, the student is required to obtain clearance from their medical provider prior to providing patient care.

D. If there are questions, please contact the RCCD Risk Management (222-8127), BJ Cain (BJ.Cain@rccd.edu).

II. Student Illness

If you are ill, please do not attend class and/or clinical lab/rotation activities and notify your semester-level faculty. You may be asked to have your doctor provide a statement indicating that you are well and can return to class and hospital clinical experience to perform unrestricted activities essential to nursing practice. See *Attendance/Tardy Policy & Procedure*.

A. Prior to the Beginning of Clinical

1. Complete the *Emergency Contact* and *Volunteer Form* each semester.

2. Ensure *Complio* account is compliant.

B. During Clinical

1. Report illness and/or injury to clinical nursing faculty immediately. Refer to *Nursing Student Injury Reporting Process* algorithm.

2. If a student becomes ill during clinical, the student needs to provide hand off report, if able, to the nursing staff and ensure all documentation is complete.

3. The student's emergency contact will be notified if the student cannot leave the facility alone.

4. It is recommended the student be examined by their own healthcare provider, except in instances of severe illness, in which case the student will be referred to the closest emergency room.

5. Upon return to clinical, the student may be required to provide a statement from their healthcare provider that they may return to clinical without restrictions.

III. Student Injury or Exposure to Communicable Disease During Clinical Experience

A. Report *immediately* to your clinical nursing faculty and injury or exposure to communicable disease during clinical.

B. **Serious or Life-Threatening** (refer to *Nursing Student Injury Reporting Process* algorithm)

1. Call **911** or accompany the student to the emergency department if serious or life-threatening.

2. Call Nurse Triage Hotline (833) 284-3670 (RN is available 24/7).

3. Notify the program Department Chair and Dean, School of Nursing (222-8408).

   a. Care and follow-up will be according to the Nurse Triage Hotline nurse and RCCD Risk Management. The case will be under RCCD's Worker's Compensation provider – Athens Administrators.

4. Nursing faculty and student (if able) complete the *Required Documentation* (see below).

5. Contact RCCD Risk Management (222-8127), BJ Cain (BJ.Cain@rccd.edu), via email attaching the RCCD Nursing Student Incident Report and Worker's Compensation forms, copying the program Department Chair and Dean, School of Nursing.

6. Contact the student's emergency contact.

C. **Not Serious or Life-Threatening** (refer to *Nursing Student Injury Reporting Process* algorithm)

1. Call Nurse Triage Hotline (833) 284-3670 (RN is available 24/7).

2. Notify the program Department Chair and Dean, School of Nursing (222-8408).

   b. Care and follow-up will be according to the Nurse Triage Hotline nurse and RCCD Risk Management. The case will be under RCCD's Worker's Compensation provider – Athens Administrators.

3. Nursing faculty and student complete the *Required Documentation* (see below).

4. Contact RCCD Risk Management (222-8127), BJ Cain (BJ.Cain@rccd.edu), via email attaching the *RCCD Nursing Student Incident Report* and *Worker's Compensation Claim (DWC-1*) forms, copying the program Department Chair and Dean, School of Nursing.

5. Contact the student's emergency contact in the event the student cannot leave the facility alone or needs transportation.

IV. Required Documentation in the Event of Student Illness, Injury, of Exposure to Communicable Disease

*All forms are on located on the *SON Faculty Resource* Canvas course.

A. *Riverside City College District (RCCD) Student Accident Insurance* (only complete if injury occurred during seminar, CNSL, open lab, simulation, or other classroom/on-campus activities)

1. Student can see their own doctor and request reimbursement or choose from a list of doctors that take RCCD's insurance (https://www.rccd.edu/admin/bfs/risk/claims/claims/html).

2. Students experiencing an event related solely to a personal medication condition are not required to report the event to CarivaCare unless the medical condition results in a an injury that occurs during classroom or clinical activities.

3. Faculty and student to complete the *Student Accident Insurance Claim Form* and send to the email address listed on the form.

4. Send completed *RCCD Nursing Student Incident Report* form to RCCD Risk Management (222-8127), BJ Cain (BJ.Cain@rccd.edu), via email and copying the program Department Chair and Dean, School of Nursing as soon as possible after the incident.

B. *RCCD Nursing Student Incident Report Form* (only complete for injury or illness that occurs during any classroom//on-campus and clinical activity)

1. Nursing faculty in conjunction with the student will complete and sign the *RCCD Nursing Student Incident Report* form. If incident involves a patient, only the patient's initials will be used. Make sure to include the case/claim number provided by Nurse Triage Hotline (833) 284-3670.

2. Prior to leaving the facility, nursing faculty in conjunction with the student will complete the clinical agency incident form, according to agency protocol.

3. Send completed form to RCCD Risk Management (222-8127), BJ Cain (BJ.Cain@rccd.edu), via email and copying the program Department Chair and Dean, School of Nursing as soon as possible after the incident.

4. RCCD Risk Manager may contact the clinical agency if further confidential information is needed.

C. *Worker's Compensation Claim Form (DWC-1)*

1. Nursing faculty in conjunction with the student will complete and sign the *Worker's Compensation Claim Form (DWC-1).*

2. Send completed form to RCCD Risk Management (222-8127), BJ Cain (BJ.Cain@rccd.edu), via email and copying the program Department Chair and Dean, School of Nursing as soon as possible after the incident.

V. Incident Involving a Patient

A. Any incident causing actual or potential harm or injury to a patient must be reported to the clinical nursing faculty immediately.

B. Notify the program Department Chair and Dean, School of Nursing (222-8408).

C. Prior to leaving the facility, nursing faculty in conjunction with the student will complete the clinical agency incident form, according to agency protocol.

D. Nursing faculty in conjunction with the student will complete and sign the *RCCD Accident Form*. Only the patient's initials will be used.

E. Send completed form to RCCD Risk Management (222-8127), BJ Cain (BJ.Cain@rccd.edu), via email and copying the program Department Chair and Dean, School of Nursing as soon as possible after the incident.

F. RCCD Risk Manager may contact the clinical agency if further confidential information is needed.

Revised: 1/94; 6/97; 7/97; 6/98; 11/99; 12/01; 2/02; 4/02; 8/02; 6/03, 11/06; 8/13; 7/14; 7/18; 8/25; 8/26

NURSING STUDENT INJURY REPORTING PROCESS

Because Nursing students participate in both classroom activities and clinical placements, the injury reporting process differs depending on where the injury occurs.

1. INJURED DURING CLASSROOM ACTIVITIES OR ON-CAMPUS INSTRUCTION

Examples: lecture, lab, skills practice, simulation, exams, or other classroom/on-campus activities.

- You are covered under the District's **Student Accident Insurance** program.
- An Incident Report must be completed and submitted as soon as possible.

2. INJURED DURING CLINICAL HOURS OR CLINICAL ROTATIONS

Examples: hospital, clinic, long-term care facility, home health, or other clinical site/rotation.

- You may be covered under **Workers' Compensation** benefits related to your clinical assignment.
- An Incident Report must be completed and submitted as soon as possible.

IF YOU NEED MEDICAL TREATMENT (CLASSROOM OR ON-CAMPUS INJURY)

Use Student Accident Insurance.

You have two options:

1. You can see your **own doctor** and request reimbursement.
2. Or go to the list of doctors that take our insurance: https://www.rccd.edu/admin/bfs/risk/claims/claims.html

IF YOU NEED MEDICAL TREATMENT (CLINICAL HOURS OR ROTATION INJURY)

Call the Athens CarivaCare Nurse Triage Hotline (24/7):

(833) 284-3670

They will help you get appropriate care from an approved provider.

YOU CAN CHANGE YOUR MIND.

If you initially decline treatment but later develop pain, swelling, discomfort, or other symptoms related to the incident, follow the steps for the location where the injury occurred (see above).

3. PERSONAL MEDICAL CONDITIONS

Students experiencing an event related solely to a personal medical condition are **not required** to report the event to CarivaCare unless the medical condition **results in an injury that occurs during classroom or clinical activities.**

Examples may include episodes related to low blood sugar, low blood pressure, or other personal medical conditions that do not result in an injury.

If the medical condition causes the student to sustain an injury, such as a fall or other physical injury, an Incident Report should be completed and the appropriate reporting process should be followed.

EVERYONE: COMPLETE AN INCIDENT REPORT

Whether you are in class, on campus, or in clinical rotations – an Incident Report must be completed and submitted as soon as possible.

4. QUESTIONS OR REPORTING ASSISTANCE

For assistance with injury reporting or questions regarding the process, please contact:

MONICA ESQUEDA
Risk Management
monica.esqueda@rccd.edu

BJ CAIN
Risk Management
bj.cain@rccd.edu

WHEN IN DOUBT: Complete an Incident Report and contact Risk Management for guidance on the appropriate next steps.

PROVIDED TO YOU BY

ATHENS
People, Powered.

INJURED at WORK?

1 FIRST STEP
Contact Your Supervisor

SECOND STEP 2
Call the **CareLine 24/7** to report your injury and obtain treatment advice

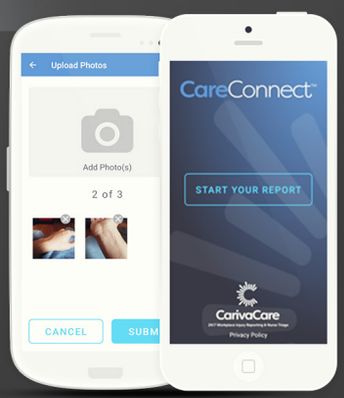
Call the Toll Free number **1-833-284-3670**
1-833-ATHENS0

3 THIRD STEP
Complete all Necessary Forms

CarivaCare™
www.carivacare.com

Download
CarivaCare
Connect

Get the app



IF YOU HAVE SUSTAINED A LIFE THREATENING INJURY OR ILLNESS, CALL 911 IMMEDIATELY.

RCCD | RIVERSIDE COMMUNITY COLLEGE DISTRICT

RISK MANAGEMENT

MORENO VALLEY COLLEGE | NORCO COLLEGE | RIVERSIDE CITY COLLEGE

NURSING STUDENT INCIDENT REPORT

COMPLETE **ALL** SECTIONS – ATTACH ADDITIONAL SHEETS IF NECESSARY. REPORT MUST BE COMPLETED FOR ALL INCIDENTS AND SENT TO RISK MANAGEMENT DEPARTMENT VIA EMAIL TO Bj.Cain@RCCD.EDU WITHIN 24 HOURS OF THE INCIDENT / ACCIDENT

College / District Location:	**Specific Location of Accident, Building & Room#:**	**Date and Time of Incident:**	**Type of Incident:**
Riverside City College	Building: _____ Room: _____ Off site: _____	Date: _____ Time: _____	☐ Student Accident and/or Illness (outside clinical hours) ☐ Student Accident and/or Illness (during clinical hours)
Student Name: Student Phone Number: Student Email Address:	Health Services Department involved: ❑ Yes ❑ No	Were Student Accident Insurance forms provided? ☐ Yes ☐ No ☐ Declined by student College Claim Form For Injuries during Clinical hours that require treatment, was student directed to call CarivaCare 833-284-3670? ☐ Yes ☐ No ☐ Declined by student	
Student Home Address:	Student ID #:	Manager/Faculty Name:	
Accompanied by: ☐ Self ☐ Staff ☐ Student ☐ Other	Minor: ☐ Yes ☐ No	Parent Notified? ☐ Yes ☐ No Method: ☐ Phone ☐ Email ☐ Other	
CARES Referral Trigger If any behavioral or wellbeing concerns are identified: • CARES/CARE/Safe Team Referral Recommended? ☐ Yes ☐ No If yes: • ☐ Referral Submitted • ☐ Student Provided CARES Information • ☐ Warm handoff completed (if applicable) CARES website	Activity student was doing when incident occurred: ☐ In Class ☐ In Lab ☐ Field Trip ☐ Clinical Hours ☐ Other	Disposition: ☐ Treated at Health Clinic where working clinical hours (no further care needed) ☐ Referred to Industrial Clinic ☐ Referred to Primary Care ☐ Referred to Hospital/Emergency Room ☐ EMS Activated (911) ☐ Returned to class ☐ Sent home ☐ Refused care ☐ Other	
Describe how the incident occurred, including specific sequence of events:			
Is the student in a special program: ☐ Yes ☐ No ☐ If yes, name of program: _____	Witnesses' Names:	Witnesses' Phone Numbers:	Witnesses' Email :
Person Completing Report:	Sent to Risk Management on:	Sent to Risk Management by:	

Area for Risk Management/Safety : Corrective/Preventative Actions:		
Were any hazards identified: ☐ Yes ☐ No	Corrective actions/preventive actions:	Who is handling the repairs:
Safety investigation needed: ☐ Yes ☐ No	Who is assigned to the investigation (using the SBN platform) :	Reason the accident happened:
Received by Risk on:	Received by:	
Investigation Photos if applicable:		

ABCover Accident

Student Accident Insurance Claim Form

School Statement

Please complete all areas below in full. If you have any questions, do not hesitate to contact Davies Life & Health at:

(844) 304-3550 | DLHSTMMclaims@us.davies-group.com

Full Legal Name of Claimant _____ Claimant is ☐ Student ☐ Staff ☐ Volunteer ☐ Other _____

Full Address of Claimant _____ Age _____ Date of Birth _____ Grade _____

Is other health coverage for the claimant on file with the school? ☐ Yes ☐ No

If ***Yes*** above, Name of Plan _____ Subscriber Name _____ Policy #_____

Name of School District _____ Name of School Site _____

Address of School _____ School Phone Number _____

Staff Member Supervising at Time of Injury (Name and Title) _____ Did They Witness the Injury? ☐ Yes ☐ No

Injury Occurred During: Interscholastic ☐ Game or ☐ Practice ☐ P.E. ☐ Field Trip ☐ Classroom ☐ Travel ☐ Other _____

Date of Injury _____ Time of Injury _____ ☐ AM ☐ PM Date Injury Was Reported to the School _____ Sport _____

Injured Body Part Area _____ ☐ Right ☐ Left Has This Condition Happened Before? ☐ Yes ☐ No If Yes, When? _____

Please Describe How and Where the Injury Happened

What Immediate Action Was Taken by Staff? ☐ First aid ☐ Called EMS ☐ Escorted to Office ☐ Other _____

Form Completed by (Name and Title) _____ Email _____

Phone Number _____ Signature _____ Date Signed _____

Thank you for your attention to this process. The next section is intended for the parent or guardian of the injured student (or for the student, if they are not a minor). Once the above section is completed, please forward this entire document to them and retain a copy for your records. Whenever possible, we recommend using email, as it creates a documented trail of communication.

Parent, Guardian, or Student — if Not a Minor

We understand how stressful and disorienting a student injury can be. If you have questions or need support at any point, please contact Davies Life & Health for assistance. They may be reached at **(844) 304-3550** or **DLHSTMMclaims@us.davies-group.com**

We also recommend scanning the QR code on the right to instantly save their contact information to your phone, so it is always accessible if needed.

Full Legal Name of Claimant _____ Phone Number _____ Email _____

Name of Claimant's Primary Physician _____ Physician's Phone Number _____

Physician's Address _____ Is Claimant a Medicare Beneficiary? ☐ Yes ☐ No

Any Other Claimant Coverage in Place? ☐ Yes ☐ No If Yes, Name of Plan(s) _____ Policy Number(s) _____

Subscriber Name _____ Subscriber Date of Birth _____

Claimant Employment Status: ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Unemployed Employer's Name _____

Employer's Address _____ Phone Number _____ Email _____

If the claimant is under age 26 and covered by a parent or guardian's health plan, please complete the Parent/Guardian Information section below. If the claimant is age 26 or older, you may skip this section and proceed to the Signature areas below and Authorization.

Name Parent or Guardian #1 _____ Email Address _____

Address _____ Phone Number _____

Employment Status: ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Unemployed If Applicable, Employer's Name _____

Employer's Address _____ Phone Number _____ Email _____

Name Parent or Guardian #2 _____ Email Address _____

Address _____ Phone Number _____

Employment Status: ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Unemployed If Applicable, Employer's Name _____

Employer's Address _____ Phone Number _____ Email _____

Benefit Payment Authorization
I give permission for payment to be made directly to the provider(s) of medical care or services connected to this claim.

Notice Regarding Insurance Fraud
Providing false, incomplete, or misleading information when filing an insurance claim may be considered insurance fraud—a criminal offense that can result in legal prosecution and civil penalties. I have read and acknowledge this notice, including any additional state-specific language on the reverse side.

Name _____ Relationship to Claimant _____ Signature _____ Date _____

What else Is needed to process this claim?

- If your school has not already completed the previous page, please ask them to do so.
- **IMPORTANT:** If there is any primary health coverage in place (other than Medicaid), be sure to file a claim with that plan first and send us any available Explanation of Benefits (EOBs).
- We will need specific documents related to treatment and, in most cases, your provider can send these directly to us. To help with that, we highly recommend providing their billing office with the separate ***"Information For Providers"*** document you should have received. If they are unable to send the required documents directly, you are welcome to request them yourself and we will walk you through exactly what to ask for.
- Be sure to follow any billing instructions or payment deadlines from your provider. If you are ever asked to pay for charges this plan covers, we can reimburse you directly.

Please mail, fax, or email both pages of this completed document, along with all other correspondence to:

Davies Life & Health, Inc., A Third Party Administrator for:
Certain Underwriters at Lloyd's, London
1500 Main Street, Suite 1400, Springfield, MA 01115-5189

Phone: (844) 304-3550 | Fax: (413) 747-1545 | DLHSTMMclaims@us.davies-group.com

Davies Life & Health, Inc., A Third Party Administrator for:
Certain Underwriters at Lloyd's, London
1500 Main Street, Suite 1400
PO Box 15189
Springfield, MA 01115-5189

Phone
(413) 747-0990
(800) 883-0596

Fax
(413) 747-1545

Name of Insured:	Social Security Number: (if applicable) xxx-xx-
Name of Authorized Representative if Insured is a minor:	

HIPAA (Health Insurance Portability and Accountability Act) Compliant Authorization To Obtain Information

I authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance company, employer, school, the Social Security Administration, consumer reporting agency, pharmacy benefit manager, or any other person or organization having any information, whether fact or opinion, regarding illness, injury, medical history, diagnosis, treatment, prescription history, and prognosis with respect to the past, present or future physical or mental condition and treatment, including drug and alcohol abuse treatment, of the insured and any other non-medical information of the insured to give Certain Underwriters at Lloyd's, London, or its authorized representative ("Certain Underwriters at Lloyd's, London") any and all such information required by them to determine my eligibility for policy claim benefits.

I authorize Certain Underwriters at Lloyd's, London to request dates of past and present claims and names of insurers, but not medical or personal information, from the Health Claims Index operated for subscriber insurers by MIB, Inc. ("MIB"), and association of life insurance companies. I understand such information may be reported to MIB. MIB, upon request, may disclose such information about me in its file to: another member company with whom I apply for life or health insurance, or to whom I submit a claim for benefits; a governmental agency; a party to a legal or arbitration proceeding as required by law, or for other purposes as required or permitted by applicable law.

Use and Disclosure

Information obtained by use of the Authorization will be used by Certain Underwriters at Lloyd's, London to determine eligibility for benefits under an insurance policy. Any information obtained will not be released by Certain Underwriters at Lloyd's, London, to any person or organization except to medical professionals who I or Certain Underwriters at Lloyd's, London have asked to assess my medical condition, reinsuring companies, third party administrators, claim consultants or other persons or organizations performing business or legal services in connection with this claim or as may be otherwise lawfully required or as I may further authorize.

Information that I disclose to Certain Underwriters at Lloyd's, London for the purpose of determining my eligibility for coverage may be appropriately re-disclosed to third parties, as described above, and such third parties' subsequent disclosure of the information may not be limited by applicable state and/or federal privacy laws.

Agreement and Acknowledgment

I know that I may request to receive a copy of this Authorization.
I agree that a photocopy of this Authorization shall be as valid as the original.
I agree that this Authorization shall be valid for the duration of my current claim or twenty-four (24) months, whichever is shorter, unless I revoke this Authorization in writing by sending a letter to the claims representative assigned to my claim.
If I revoke this Authorization, I recognize that Certain Underwriters at Lloyd's, London may continue to consider any information that it has already obtained to evaluate my claim and may continue to gather additional information to the extent that this Authorization is not needed to gather such information. However, I understand that as a result of my revocation of this Authorization, Certain Underwriters at Lloyd's, London may be unable to gather sufficient proof to support my claim and therefore may not provide benefits.

Insured's Signature:_____ **Date**:_____
(Insured if over 18 years or age and had legal capacity or Insured's representative)

_____
(Relationship to claimant if authorized representative)

Auth. Form 001 (8/25)

RCCD | RIVERSIDE COMMUNITY COLLEGE DISTRICT

RISK MANAGEMENT, SAFETY & POLICE

MORENO VALLEY COLLEGE | NORCO COLLEGE | RIVERSIDE CITY COLLEGE

Injured person is a: Student Employee ☐ Visitor ☐ Student doing clinical hours			Date of report:
Injured person's name:	Date of birth: _____ Age: _____	Gender ❑ M ❑ F	Telephone:
Injured person's address:	City:	State:	Zip Code:

Date of injury: _____ Time of Injury: _____	Campus: ❑ Riverside ❑ Norco ❑ Moreno Valley	Location: ❑ District Office ❑ Coil ❑ Ben Clark Training Center ❑ Culinary Academy ❑ March ❑ Other_____

Student Information:

Provide instructor's name:_____

Provide class name: _____

Student ID Number:_____

Email Address:_____

Employee Information:

Provide supervisor's name and telephone number _____

Work Schedule: _____

Department:_____ Time work shift began on day of accident _____ ❑ a.m. ❑ p.m.

Date of hire:_____ Job Title:_____ Time injury reported to supervisor:_____

Visitor Information:

Which site(s) were you on _____

Which buidling/room were you in _____

Was the incident an exposure? ☐ yes ☐ no If yes, what type of exposure?_____

Last date on site_____ Sites you were at that day_____

Exact place accident occurred (*provide location name and complete address*):

Specific activity the employee was doing when the event occurred:

Describe how accident occurred:

Specific Body part injured: _____	First aid given: ❑ Yes ❑ No If yes by whom: _____

Name:	Signature:	Date:

Witnesses

Witness name:	Telephone:	Email Address:
_____	_____	_____
_____	_____	_____

Instructions

1. If the injured person is an employee, complete the *Worker's Compensation Claim Form (DWC1)* in addition to the Accident Report, and forward all originals to the Risk Management Office **within 24 hours of the accident**.
2. All employees injured on the job **MUST call Medcor** at 800-775-5866. In cases of serious or life threatening emergencies, the employee should call 911. Please call (951) 222-8127 or (951) 222-8128 for further information in regards to industrial injuries.

Date received by the Risk Management Office	Received by (*printed name*)	Signature

GUIDELINES FOR PROFESSIONAL & ETHICAL ACCOUNTABILITY

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

CHAIN OF COMMAND FOR COMMUNICATION & PROBLEM RESOLUTION

The nursing student experiencing a concern related to the nursing program should:

1. Approach the involved faculty to resolve the problem. The involved faculty may refer the student to college Student Support Services or involve semester-level faculty. The student may also be referred to the Dean, Student Services, Human Resources & Employee Relations, or Disability Resource Center (DRC) if the concern pertains to either of those areas.

2. If the student feels the concern is still unresolved, the student should make an appointment with the Department Chair of the ADN (RN) or VN programs, who will counsel and assist the student in resolving the problem and make appropriate referrals.

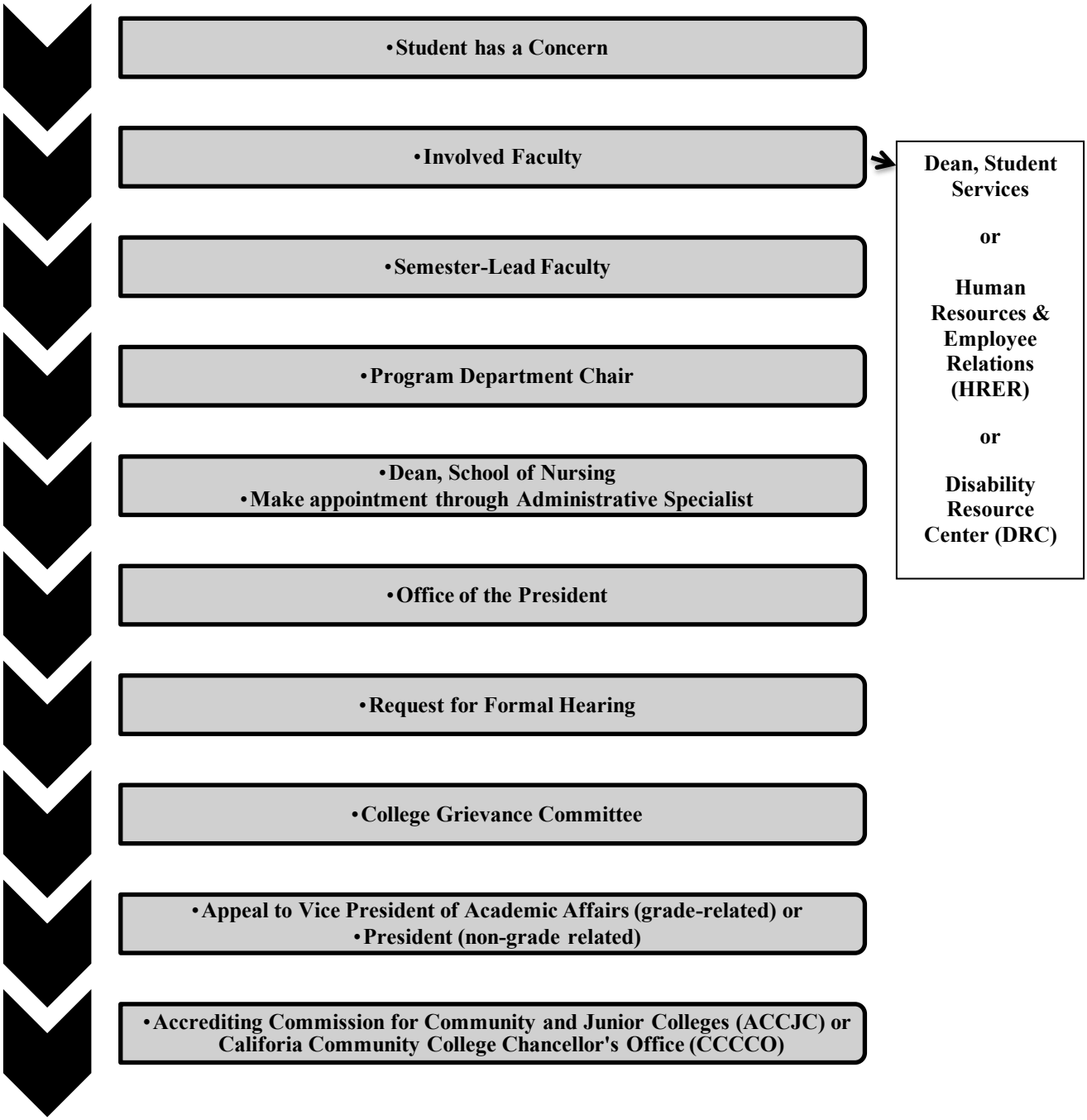
3. If the student feels the concern remains unresolved, the student should contact the Dean, School of Nursing's Administrative Specialist (222-8408) to make an appointment with the Dean, who will counsel and assist the student to resolve the problem, which may include consulting with the Dean, Student Services.

4. If the concern is not resolved through the above process, the student may file a written request for a formal hearing with the Office of the President, as specified in the *Student Grievance Procedure* (*BP 3500[B]/3500[C])* discussed in the *RCC Student Handbook/College Catalog*. (See Diagram: *Chain of Command for Communication & Problem Resolution*).

Rev. 6/14; 7/17; 7/18; 8/20; 7/22; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

CHAIN OF COMMAND FOR COMMUNICATION & PROBLEM RESOLUTION*



***Please see *RCCD Board Policies 3500[B]/3500[C]* for more detailed information.**

Rev. 6/14; 7/17; 7/18; 8/20; 7/22; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY FOR PROFESSIONAL, CIVIL, AND CARING BEHAVIORS

All students and faculty who are representatives of an RCC School of Nursing program are expected to exhibit professional, civil, and caring behaviors. In recognition that communication styles vary among cultures and generations, the following list of behaviors is offered as guidelines for professional, civil, and caring interactions.

ACCEPTABLE PROFESSIONAL, CIVIL, AND CARING BEHAVIORS:

- Unconditional human regard for every person
- Caring
- Compassion, sensitivity, commitment
- Maintains physical safety
- Maintains emotional safety
- Serious purpose
- Positive attitude
- Therapeutic communication with patient's family, staff, peers, faculty
- Smiles appropriately
- Appropriate eye contact
- Appropriate assertiveness
- Maintains personal & professional boundaries
- Appropriate independence & autonomy
- Accurate decision-making
- Accountable
- Trustworthy
- Punctual
- Follows directions
- Follows rules
- Compartmentalizes own thoughts, feelings & values
- Strives to meet program & course learning outcomes
- Self –evaluation congruent with performance
- Effective conflict resolution
- Consistently puts forth best effort
- Positive growth in clinical performance
- Respectful

UNACCEPTABLE BEHAVIORS:

- Discourteous, rude
- Deliberate lack of consideration of others
- Surly, haughty, arrogant, sullen
- Showing resentment or defiance
- Resisting authority
- Insubordination
- Not submitting to authority
- Flippant
- Dishonest
- Harassment
- Bullying including cyberbullying
- Lack of punctuality or timeliness
- Eye rolling
- Smirking
- Spreading rumors, gossiping
- Excluding or marginalizing others
- Disrespectful
- Brusque
- Ill-tempered
- Unwilling to work with others
- Abusive
- Mistreatment of others
- Mean Spirited
- Malicious
- Intimidating
- Incivil
- Raising voice or yelling
- Uses profanity
- Threatening (physical and/or emotional)
- Walking away in disgust
- Demeaning
- Failing to act when action is warranted
- Refusing to share important information

RN3:19238:8/13; 7/18; 8/18

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

PROFESSIONAL CONDUCT AND LEGAL RESPONSIBILITIES

Students in nursing education have accepted a great responsibility for themselves and their profession in the maintenance of high standards. It is essential that each student make a personal commitment to practice unquestionable integrity and honesty. Students must exercise a high standard of ethics demanded of all members of the healthcare team while maintaining an attitude of dignity and respect towards patients, members of the inter/intraprofessional healthcare team, faculty, classified professionals, and fellow students always, and in all areas of instruction. Therefore, it is essential to understand and practice the following set forth to achieve competency in the *Professionalism* course and end-of-program student learning outcomes.

General

A. Professional communication is expected in all college and clinical settings (see *RCC Student Handbook, Standards of Student Conduct (BP 3500),* and *Policy for Professional, Civil, and Caring Behaviors).*

B. Professional matters concerning the hospital, medical care, and patients are confidential.

C. Attendance and tardies are part of your Professionalism grade. In the event of absence, the student must notify the teaching faculty for the assigned educational activity as outlined in the *Attendance/Tardy Policy and Procedure for ADN (RN) or VN Program*.

D. Demonstrate professional, civil, and caring behaviors in all academic and clinical settings as defined in the *Policy for Professional, Civil, and Caring Behaviors*.

E. Direct any concerns related to the program or patient care to the faculty, Department Chair, or to the Dean, School of Nursing using the *Chain of Command for Communication & Problem Resolution* policy.

F. Comply with the *Standards of Student Conduct (BP 3500)* as written in the *RCC Student Handbook and College Catalog*.

G. Comply with the *Professional Use of Electronic Devices* and *Students' Use of Social Media* policies.

H. Adhere to *Professional and Ethical Standards* policy.

Conduct in the Classroom and Clinical

A. Be prepared and on time for all clinical and classroom activities.

B. Course and clinical grades are based on individual achievement of course and end-of-program student learning outcomes. Individual effort is required, even in group assignments.

C. All written work must be the student's own work. Appropriate APA guidelines, including use of Artificial Intelligence (AI) (citing, reference page, etc.), must be used to prevent plagiarism, if applicable. Any student turning in written work that is not their own work is demonstrating behavior indicative of dishonesty, cheating, and lack of integrity. Students may not use Artificial Intelligence (AI) technology or anything of the like to complete any course-related assignments for a grade unless otherwise directed by the nursing faculty.

D. Students are not allowed to be in any clinical setting except for scheduled or faculty approved activities. This includes any patient contact (face-to-face, phone, text, social media, etc.) outside the students assigned clinical activities.

E. Clinical setting supplies and equipment are not to be taken for personal use.

F. No student is to leave the clinical facility without prior faculty approval.

G. No student may perform any patient care activity without their faculty or preceptor in the building. Additionally, students must comply with semester-level policies regarding supervision of patient care activities.

H. Students will be professional in appearance as per SON *Uniform Policy*. Students are only allowed to wear uniforms when participating in RCC SON activities.

I. The student must be in complete uniform for any clinical experiences which include but are not limited to Clinical Nursing Skills Labs, clinical rotations, assigned simulations, deliberate practice, and Clinical Competency Assessments.

J. Maintain integrity during testing procedures. Any student found cheating will be disciplined according to the procedure for *Disciplinary Action* as outlined in the *RCC Student Handbook/College Catalog and Nursing Student Integrity* policy.

Legal Responsibilities

A. At no time should a student assume responsibility for nursing care without the knowledge and supervision of their faculty. In addition, a student must never perform functions beyond that which are permitted by the state law as stated in the *BRN and BVNPT Nursing Practice Acts*.

B. Report to appropriate authorities any conditions or actions that may jeopardize the safety or health of a patient.

C. Maintain HIPAA and FERPA requirements. See *Confidentiality* policy.

D. Any student demonstrating unethical and/or illegal behaviors, including but not limited to falsification of medical records or falsification of verbal reports or other behaviors indicative of dishonesty or lack of integrity, will be dropped from the program with no readmission privileges.

Professional Boundaries

Students must maintain professional boundaries as outlined by the *National Council of State Boards of Nursing (NCSBN)* (NCSBN, 2024). The following guiding principles for determining professional boundaries and the continuum of professional behavior are as follows (NCSBN, 2024, p. 6):

A. The nurse's responsibility is to delineate and maintain boundaries.

B. The nurse should work within the therapeutic relationship.

C. The nurse should examine any boundary crossing, be aware of its potential implications and avoid repeated crossings.

D. Variables such as the care setting, community influences, client needs, and the nature of therapy affect the delineation of boundaries.

E. Actions that overstep established boundaries to meet the needs of the nurse are boundary violations.

F. The nurse should avoid situations where he or she has a personal, professional, or business relationship with the patient.

G. Post-termination relationships are complex because the patient may need additional services. It may be difficult to determine when the nurse-client relationship is completely terminated.

H. Be careful about personal relationships with patients who might continue to need nursing services (such as those with mental health issues or oncology patients).

NCSBN (2024). A nurse's guide to professional boundaries. Retrieved from, https://www.ncsbn.org/nursing-regulation/practice/professional-boundaries.page

Personal Conduct Outside of College

RCC nursing students are expected to demonstrate a high standard of professional conduct in all aspects of their academic work and college life. Nursing students must conduct themselves in a way that is always good for the profession. Students are expected to:

A. Refrain from wearing their RCC nursing uniforms unless scheduled for a clinical or on-campus experience.

B. Abstain from using disrespectful or unprofessional verbal/nonverbal communications, profanity or degrading comments or actions with patients, hospital, college staff, and other RCC students and faculty.

C. Adhere to *Students' Use of Social Media* policy to avoid disrespectful or inappropriate online posting, including social media or email communications.

D. Adhere to local, county, state, and federal laws. If a student is charged with any misdemeanor or felony crime while in nursing school, they are expected to disclose this information to their faculty, program department chair, or Dean, School of Nursing.

Definitions Related to Professional/Ethical Behavior Less-than-Satisfactory Performance Grades:

A. ***Minimal* Grade for Professional/Ethical Behaviors**

1. Definition: the student demonstrates inconsistencies in their professional/ethical behavior(s) and action(s) when compared to the performance of other students at the same level.

2. Behavior(s) may include but are not limited to:

    a. Inconsistent in identifying areas for growth.
    b. Shows minimal improvement when given opportunities to demonstrate appropriate professional/ethical behavior(s).
    c. Inconsistent in assuming accountability and/or responsibility for their own actions and/or judgement.
    d. Inconsistent attendance and punctuality

3. Students who earn a *Minimal* performance grade for professional/ethical behavior(s) will be required to meet with the semester-level faculty to develop a *Performance Improvement Plan (PIP)* to correct inconsistent behaviors.

4. Students may be required to meet with the program Department Chair and/or Dean, School of Nursing as appropriate.

5. If a *Minimal* clinical and/or professional/ethical behavior performance grade is earned at the end of the course/program and the student is unable to satisfy their remediation requirements by Week 15, the student will be unable to progress and/or complete the program. The *Minimal* will convert to an *Unsatisfactory* grade since the student is unable to demonstrate achievement of course/end-of-program student learning outcomes.

6. If a student earns a second *Minimal* performance (in clinical and professional/ethical behaviors) within the same course, the student will be ineligible to progress in the course/program and will have earned an *Unsatisfactory* performance grade. Readmission is dependent on the *Eligibility for Readmission* and

Prioritization of Readmission policies and space availability.

B. ***Unsatisfactory*** **Grade for Professional/Ethical Behaviors**

1. Definition: the student fails to demonstrate professional/ethical behavior(s) and/or values of the nursing profession despite repeated opportunities for improvement.

2. Behavior(s) may include but are not limited to:

    a. Unable to identify behavior(s) that need improvement.
    b. Fails to seek necessary guidance from the faculty.
    c. Lacks self-regulated behavior(s) and action(s).

3. Students may earn an *Unsatisfactory* performance grade for professional/ethical behavior(s) in the following ways:

    a. Has earned two *Minimal* performance grades (in clinical and professional/ethical behaviors) within the same course.

    b. Fails to meet the *Professionalism* course and/or end-of-program student learning outcome and associated competencies despite repeated opportunities for improvement and/or has inadequate time to remediate because it is earned at the end of the semester.

4. Students who earn an *Unsatisfactory* performance grade for professional/ethical behavior(s) will be required to meet with semester-level faculty to collaboratively develop an *Exit Interview/Contract for Success*.

5. Students are required to meet with the program Department Chair and/or Dean, School of Nursing, as appropriate.

6. The student will be ineligible to progress in the course/program. Readmission is dependent on the *Eligibility for Readmission* and *Prioritization of Readmission* policies and space availability.

7. Students who are readmitted following an *Unsatisfactory* clinical and/or professional/ethical behavior grade must maintain satisfactory clinical progress and/or professional ethical behaviors to earn *Satisfactory* clinical and professional/ethical behavior grades in all subsequent clinical rotations. Failure to meet these criteria will result in immediate dismissal from the program with no readmission privileges.

C. ***Gross Misconduct*** **Grade for Professional/Ethical Behaviors**

1. Definition: wrongful, improper, or unlawful conduct motivated by premeditated or intentional purpose; or by obstinate indifference to the consequences of one's act(s).

2. Students who earn a *Gross Misconduct* performance grade for professional/ethical behavior(s) will be required to meet with semester-level faculty to collaboratively develop an *Exit Interview*.

3. Students are required to meet with the program Department Chair and/or Dean, School of Nursing, as appropriate.

4. The student will be ineligible for readmission to the School of Nursing.

Consequences:

If at any time the violation of professional/ethical conduct, legal responsibilities, and/or academic dishonesty is severe, a student may be dismissed from the School of Nursing and/or RCC.

When a student violates any portion of policy expectations set forth above (except *Academic Dishonesty- see Consequences of Academic Dishonesty*), the consequences outlined below will be followed:

First Occurrence

A. Receive a verbal warning using the *Verbal Acknowledgement Form*.

B. Provide make-up work congruent with the time missed. It is the student's responsibility to obtain the make-up work from the faculty and complete it by the assigned due date.

Second Occurrence

A. Receive a written *Performance Improvement Plan (PIP)* indicating an *Area for Development* with remediation related to lack of professional/ethical behaviors.

B. Provide make-up work congruent with the time missed. It is the student's responsibility to obtain the make-up work from the faculty and complete it by the assigned due date.

Third Occurrence

1. Receive a written *Performance Improvement Plan (PIP)* indicating a *Continued Area for Development* with remediation related to lack of professional/ethical behaviors. Remediation will include a detailed *Resolution Plan* to address the lack professional/ethical behaviors.

2. Provide make-up work congruent with the time missed. It is the student's responsibility to obtain the make-up work from the faculty and complete it by the assigned due date.

3. Student will be required to meet with semester-level faculty to discuss *Resolution Plan*.

Fourth Occurrence

1. Receive a written *PIP* indicating a *Minimal** related to lack of professional/ethical behaviors.

2. Provide make-up work congruent with the time missed. It is the student's responsibility to obtain the make-up work from the faculty and complete it by the assigned due date.

3. Student will be required to meet with the program Department Chair.

* If a student earns a second *Minimal* performance (in clinical and professional/ethical behaviors) within the same course, the student will be ineligible to progress in the course/program and will have earned an *Unsatisfactory* performance grade. Readmission is dependent on the *Eligibility for Readmission* and *Prioritization of Readmission* policies and space availability.

Fifth Occurrence

A. Receive a written *PIP* indicating an *Unsatisfactory* related to lack of professional/ethical behaviors. Students earning an *Unsatisfactory* will be dropped from the program.

B. Student will be required to meet with the program Department Chair and Dean, School of Nursing.

C. Readmission is dependent on the *Eligibility for Readmission* and *Prioritization of Readmission* policies and space availability.

Academic Dishonesty

RCCD defines and outlines academic dishonesty *in Standards of Student Conduct (BP 3500/3500A)* define academic dishonesty in the following:

A. Plagiarism: Presenting another person's language (spoken or written), ideas, artistic works, or thoughts as if they were one's own.

B. Cheating: Use of information not authorized by the instructor for the purpose of obtaining a grade. Examples include, but are not limited to, notes, recordings, internet resources, and other students' work.

C. Furnishing false information to the district for purposes such as admission, enrollment, financial assistance, athletic eligibility, transfer, or alteration of official documents.

D. Forging, altering or misusing District or College documents, keys (including electronic key cards), or other identification instruments.

E. Attempting to bribe, threaten, or extort a faculty member or other employee for a better grade.

F. Buying or selling authorization codes for course registration.

G. Preparing, giving, selling, transferring, distributing, or publishing, for any commercial purpose, of any contemporaneous recording of an academic presentation in a classroom or equivalent site of instruction, including but not limited to handwritten or typewritten class notes, and/or online resources intended for faculty use (i.e. faculty test banks, instructor only resources).

H. Using electronic recording or any other communication devices (such as mP3 players, cell phones, pagers, recording devices, etc.) in the classroom without the permission of the instructor. See *Professional Use of Electronic Devices* and *Audio Recording* policies.

I. Any falsification of lab hours or logging in or out of the attendance tracking software (aPlus+ Attendance) and/or manual log on behalf of oneself or another student to earn credit for lab courses. See *Lab Code of Conduct* and *Earning Lab Credit Hours* policies.

Consequences for Academic Dishonesty (*Standard of Student Conduct, BP 3500A*):

In cases of academic dishonesty by a student, a faculty member may take any one of the following actions:

A. Reduce the score on test(s) or assignment(s) according to the weight of the test or assignment;

B. Reduce the grade in the course if the weight of the test or assignment warrants grade reduction; or,

C. Fail the student in the course if the weight of the test or assignment warrants course failure.

The faculty member may recommend to the College Dean of Instruction that the student be suspended from the course. If course suspension is recommended, the Dean of Instruction will review the information regarding the charge of academic dishonesty, notify the student, consult with the faculty member regarding the recommendation for suspension and turn the matter over to the Vice President, Student Services who will take appropriate action.

Rev. 12/14; 7/15; 7/17; 7/18; 1/21; 1/23; 8/23; 8/25; 8/26

BP 3500 STANDARDS OF STUDENT CONDUCT

References:
Education Code Sections 66300, 66301, and 76033;
ACCJC Accreditation Standards I.C.8 and 10
34 C.F.R. Part 86, et seq.

The Chancellor shall establish procedures for the imposition of discipline on students in accordance with the requirements for due process set forth in federal and state law and regulations.

The procedures shall clearly define the conduct that is subject to discipline, and shall identify potential disciplinary actions, including but not limited to the removal, suspension, or expulsion of a student.

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

The procedures shall be made widely available to students through the college catalog(s) and other means.

The following conduct shall constitute good cause for discipline, including but not limited to the removal, suspension, or expulsion of a student, except for conduct that constitutes sexual harassment under Title IX, which shall be addressed under Board Policy 6433 Prohibition of Sexual Harassment under Title IX.

1. Causing, attempting to cause, implying, or threatening to cause, assault, battery, or any other injury to another person whether or not the threat is in writing, by electronic means (including social media) or in person. Injury is defined as physical harm, harm to profession (defamation), or psychological harm.

   Threats of any kind directed at anyone on District property or one of its approved educational sites will not be tolerated. District Police shall be called by the receiver of the threat or anyone on behalf of the receiver.

2. Possessing, selling or otherwise furnishing any firearm, knife, explosive or other dangerous object, including but not limited to any facsimile firearm, knife or explosive, unless, in the case of possession of any object of this type, the student has obtained written permission to possess the item from a District employee, which is concurred by the Chancellor or College President.

3. Unlawfully engaging in any of the following: possessing, using, selling, offering to sell, furnishing, or being under the influence of, any controlled substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the California Health and Safety Code, marijuana, an alcoholic beverage, or an intoxicant of any kind; or unlawful possession of, or offering, arranging or negotiating the sale of any drug paraphernalia, as defined in California Health and Safety Code Section 11014.5.

4. Committing or attempting to commit robbery, bribery, or extortion.

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

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

7. Willfully or persistently smoking, including e-cigarettes and vapors, in any area where smoking has been prohibited by law or by policy or procedure of the District.

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

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

10. Engaging in harassing or discriminatory behavior based on ethnic group identification, national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, ancestry, genetic information, sexual orientation, physical or mental disability, pregnancy, military and veteran status, or any other status protected by law.

11. Engaging in intimidating conduct or bullying against another student through words or actions, including direct physical contact; verbal

assaults, such as teasing or name-calling; social isolation or manipulation; and cyberbullying.

12. Engaging in misconduct which results in injury or death to a student or to District personnel or which results in cutting, defacing, or other destruction or damage to any real or personal property owned by the District or on campus.

13. Engaging in disruptive behavior, willful disobedience, habitual profanity or vulgarity, or the open and persistent defiance of the authority of, or persistent abuse of, District or college personnel.

14. Engaging in Dishonesty

    Forms of Dishonesty include, but are not limited to:

    a. Plagiarism, defined as presenting another person's language (spoken or written), ideas, artistic works or thoughts, as if they were one's own;
    b. Cheating, defined as the use of information not authorized by the Instructor for the purpose of obtaining a grade. Examples include, but are not limited to, notes, recordings, internet resources and other students' work;
    c. Knowingly furnishing false information to the District for purposes such as admission, enrollment, financial assistance, athletic eligibility, transfer, or alteration of official documents;
    d. Forging, altering or misusing District or college documents, keys (including electronic key cards), or other identification instruments.
    e. Attempting to bribe, threaten or extort a faculty member or other employee;
    f. Buying or selling authorization codes for course registration.

15. Entering or using District facilities without authorization.

16. Engaging in lewd, indecent or obscene conduct on District-owned or controlled property, or at District-sponsored or supervised functions.

17. Engaging in expression which is obscene; defamatory; or which so incites students to imminent lawless action on college premises, or the violation of lawful District administrative procedures, or the substantial disruption of the orderly operation of the District.

18. Engaging in persistent, serious misconduct where other means of correction have failed to bring about proper conduct.

19. Preparing, giving, selling, transferring, distributing, or publishing, for any commercial purpose, of any contemporaneous recording of an academic presentation in a classroom or equivalent site of instruction, including but not limited to handwritten or typewritten class notes, except as permitted by any District policy or administrative procedure without authorization.

20. Using, possessing, distributing or being under the influence of alcoholic beverages, controlled substance(s), or poison(s) classified as such by Schedule D, Section 4160 of the Business and Professions Code, while at any District location, any District off- site class, or during any District sponsored activity, trip or competition.

    a. In accordance with Section 67385.7 of the Education Code and in an effort to encourage victims to report assaults, the following exception will be made: The victim of sexual violence will not be disciplined for the use, possession, or being under the influence of alcoholic beverages or controlled substances at the time of the incident if the assault occurred on District property or during any of the aforementioned District activities.

21. Violating the District's Computer and Network Use Policy and Administrative Procedure No. 2720 in regard to their use of any of the District's Information Technology resources.

22. Using electronic recording or any other communication devices (such as cell phones recording devices, etc.) in the classroom without the permission of the instructor.

23. Eating (except for food that may be necessary for a verifiable medical condition) or drinking (except for water) in classrooms.

24. Gambling, of any type, on District property.

25. Bringing pets (with the exception of service animals) on District property.

26. Distributing printed materials without the prior approval of the Student Activities Office. Flyers or any other literature may not be placed on vehicles parked on District property.

27. Riding/using bicycles, motorcycles, or motorized vehicles (except for authorized police bicycles or motorized vehicles) outside of paved streets or thoroughfares normally used for vehicular traffic.

28. Riding/using any and all types of skates, skateboards, scooters, or other such conveyances is prohibited on District property, without prior approval.

29. Attending classrooms or laboratories (except for those individuals who are providing accommodations to students with disabilities) when not officially enrolled in the class or laboratories and without the approval of the faculty member.

30. Abuse of process, defined as the submission of malicious or frivolous complaints.

31. Violating any District Board Policy or Administrative Procedure.

Responsibility

A. The Chancellor shall establish procedures for the administration of disciplinary actions. In this regard, please refer to Administrative Procedure 3500[A] Student Discipline Procedures, which deal with matters of student discipline and student grievance.
B. The Vice President of Student Services of each College shall be responsible for the overall implementation of the procedures which are specifically related to all nonacademic, student related matters contained in Administrative Procedure 3500[A] Student Discipline Procedures.
C. The Vice President of Academic Affairs of each College shall be responsible for the overall implementation of the procedures which are specifically related to class activities or academic matters contained in Administrative Procedure 3500[B] Student Grievance Process for Instruction and Grade-Related Matters.
D. For matters involving the prohibition of discrimination and harassment, the concern should be referred to the District's Diversity, Equity and Compliance Office.
E. The definitions of cheating and plagiarism and the penalties for violating standards of student conduct pertaining to cheating and plagiarism will be included in all schedules of classes, the college catalog, the student handbook, and the faculty handbook, all of which are produced and posted to the college websites. Faculty members are encouraged to include the definitions and penalties in their course syllabi.

Date Adopted: May 15, 2007
Revised: May 17, 2011
Revised: August 20, 2013
Revised: September 15, 2015
Revised: May 17, 2022

(Replaces the Standards of Student Conduct portion of Policy 6080)
Revised: June 20, 2023
Formerly: 5500

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

PROFESSIONAL AND ETHICAL STANDARDS

As you enter the nursing program with the goal of becoming a professional nurse, you not only accept the responsibilities and trust accrued to nursing but also the obligation to adhere to the profession's code of conduct and relationships for ethical practice.

The *ANA Code of Ethics for Nurses* is the definitive standard for ethical nursing practice. The *Code* serves as an essential resource to guide nurses as they make patient care and practice decisions in today's complex healthcare environment. It supports nurses in maintaining their professional integrity in all care settings. Anchored in nursing's moral traditions, the *Code* emphasizes the professions 21st Century imperative to advance social justice and health equity. The *Code* outlines the fundamental moral and ethical values necessary in the practice of nursing. This *Code* serves as the basis for evaluation of the personal qualities that students are expected to develop throughout the RCC School of Nursing.

ANA Code of Ethics for Nurses: Overview

The *Code of Ethics for Nurses with Interpretive Statements* (the *Code*) establishes the ethical foundation of the nursing profession. Grounded in nursing's enduring commitment to health and social justice, the Code serves as a timeless yet dynamic foundation to nursing theory, practice, and praxis, expressing the values, virtues, ideals, and obligations that shape and guide the profession.

The provisions focus on practicing with compassion and respect, emphasizing the nurse's role in advocating for patient rights and self-determination. Nurses are encouraged to maintain professional boundaries effectively while handling conflicts of interest. The Code mandates establishing trusting relationships and advocating for care recipients' rights, health, and safety, with stronger emphasis on privacy and confidentiality. Nurses must have greater authority over their practice, promoting responsibility, accountability, and ethical discernment in all aspects of nursing care.

Individuals who become nurses, as well as the professional organizations that represent them, are expected not only to adhere to the values, moral norms, and ideals of the profession but also to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing is self-reflective, enduring, and distinctive. A code of ethics for the nursing profession makes explicit the primary obligations, values, and ideals of the profession. In fact, it informs every aspect of the nurse's life.

Provisions:

1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

2. The nurse's primary commitment is to the recipient(s) of nursing care, whether an individual, family, group, community, or population.

3. The nurse establishes a trusting relationship and advocates for the rights, health, and safety of recipient(s) of nursing care.

4. Nurses have authority over nursing practice and are responsible and accountable for their practice consistent with their obligations to promote health, prevent illness, and provide optimal care.

5. The nurse has moral duties to self as a person of inherent dignity and worth including an

expectation of a safe place to work that fosters flourishing, authenticity of self at work, and self-respect through integrity and professional competence.

6. Nurses, through individual and collective effort, establish, maintain, and improve the ethical environment of the work setting that affects nursing care and the well-being of nurses.

7. Nurses advance the profession through multiple approaches to knowledge development, professional standards, and the generation of policies for nursing, health, and social concerns.

8. Nurses build collaborative relationships and networks with nurses, other healthcare and non-healthcare disciplines, and the public to achieve greater ends.

9. Nurses and their professional organizations work to enact and resource practices, policies, and legislation to promote social justice, eliminate health inequities, and facilitate human flourishing.

10. Nursing, through organizations and associations, participates in the global nursing and health community to promote human and environmental health, well-being, and flourishing.

Reference:
American Nurses Association. (2025). *Code of ethics for nurses with interpretive statements*. Retrieved https://codeofethics.ana.org/provisions.

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ACADEMIC ENGAGEMENT CENTER CONDUCT

The SON Academic Engagement Center serves nursing and health-related science students. The engagement center supports students by creating access to resources, fostering relationships through collaborative learning, and eliminating equity gaps, which promotes economic and social mobility. The engagement center is a place where students can study, relax, and collaborate with other students. All students in the engagement center are expected to exhibit professional, civil, and caring behaviors.

1. **Hours of Operation:** The engagement center will have scheduled activities throughout the semester. These activities will be posted on a calendar located in the engagement center. The engagement center coordinator, nursing counselor, and educational advisor will have scheduled, weekly office hours, which will also be posted on the calendar.

2. **Guidelines Regarding Patient Confidentiality:** Recognizing that many nursing students will be studying and collaborating with other nursing students in the engagement center, all students must adhere to strict confidentiality of all patient/client/resident, agency, and healthcare team information at all times without exception, including but not limited to social media sites. No individually identifiable health information may be discussed or verbalized in the engagement center area.

3. **Guidelines Regarding Student Confidentiality:** Students are protected by Family Educational Rights and Privacy Act (FERPA) and should not be discussing academic and/or clinical performance of other students with anyone. Students are prohibited from sharing student ID numbers, usernames, and passwords with anyone as this information links to a student's academic record and/or personally identifiable information.

4. **Guidelines for Use of Engagement Center Computers & Printing**

    a. Use of the engagement center computers is governed by the *Riverside Community College District Administrative and Board Policy 2720 Computer and Network Use*. The computers are to be used only for academic purposes. Personal use for other means, use of social media, inappropriate use of Internet access, or purposefully changing/interfering with operations of the computer systems will result in appropriate corrective actions, from restriction of use and disciplinary action.

    b. Printing: Students can request to have documents printed pertaining to their coursework by going to the Reception Desk in the SON.

    c. Storage of work: Personal work should be stored on the student's own online or USB storage device rather than the computer hard drive. Student work stored on the hard drive is deleted when the computer is shut down for any reason.

    d. Bring your own earphones/buds to listen to educational media.

5. **Guidelines for Food and Drink**: There is no food allowed in the engagement center. Water is the only drink permissible in the engagement center.

6. Nursing students enrolled in "A" learning lab course may not use hours spent in the engagement center towards their required hours for the course. All "A" course hours must be completed according to course requirements in the Learning Labs and/or Virtual Hospital.

Created 8/19
Revised 2/21; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

CONFIDENTIALITY POLICY

All nursing students must adhere to strict confidentiality of all patient/client/resident, student, agency, and healthcare team information always without exception, including but not limited to social media and other internet sites. Failure to maintain the confidentiality of others will not be tolerated and may lead to immediate dismissal from the program without readmission privileges.

1. The third provision of the *ANA Code of Ethics for Nurses* (2025) addresses the nurse's responsibility to protect patients' privacy and confidentiality.

   Provision 3: The nurse established a trusting relationship and advocates for the rights, health, and safety of recipient(s) of nursing care.

   3.1 Privacy and Confidentiality: Within the context of the nurse-patient relationship, information about the whole of a patient's life may be communicated to nurses. Nurses exercise moral discernment to distinguish between clinically relevant information and personal information that does not need to be shared. Nurses protect recipients of care from unwanted or unwarranted intrusion. Privacy is the right of the recipient of care to control access to, and to disclose or not disclose, information pertaining to oneself and to control the circumstances, timing, and extent to which information may be disclosed. Nurses safeguard the right to privacy for individuals, families, and communities. The nurse creates an environment that provides sufficient physical privacy, including privacy for discussions of a personal nature. Recipients of care may disclose sensitive information regarding abuse or trauma during clinical care or research processes. With consent from the patient, the nurse may advocate for a referral for supportive services. Nurses also participate in the development and maintenance of policies and practices that protect both personal and clinical information within organizational and public domains.

   Confidentiality pertains to the nondisclosure of personal information that has been communicated within the nurse-patient relationship. Central to that relationship is an element of trust and an expectation that personal information will not be divulged without consent. The nurse has a duty to maintain confidentiality of all patient information, both personal and clinical, in the work setting and off duty in all venues, including social media or any other means of communication. Because of rapidly evolving communication technology and the porous nature of social media, nurses maintain vigilance regarding all forms of media that intentionally or unintentionally breach their obligation to maintain and protect patients' rights to privacy and confidentiality.

   Personal information relevant to clinical care may need to be disclosed for continuity of care under defined practices, policies, or protocols. Information disclosed for education, peer review, professional practice evaluation, and other quality improvement or risk management mechanisms may be disclosed once anonymized, if anonymization does not hinder required processes. When using electronic communications or working with electronic health records, nurses make every effort to maintain security related to items within their control, including preventing external attempts to breach data security and adhering to best practices by using secure internal portals.

   Public health-related mandatory reporting is designed to protect the public from communicable or contagious diseases and a broad range of abuse, neglect, or other safety issues for individuals, families, and communities. Prior to reporting safety concerns, nurses carefully consider potential ramifications and the context and impact of social determinants of health when assessing criteria and consequences of reporting.

   Nurses increasingly encounter legislation regarding mandatory reporting, unrelated to public health, that may conflict with a patient's best interest. While the law in some states mandates the nurse report, it is ethically justified for the nurse to protect the privacy and confidentiality of the patient seeking care.

Nurses may find themselves in situations in which they face conflicting interests between ethical constructs of the profession and state and/or institution's reporting mandates. In these situations, the nurse understands either decision holds consequences for the patient and the nurse. Nurses' ought to be compassionate, truthful, forthcoming, and transparent when communicating their mandatory reporting obligations with recipients of nursing care.

2. Advances in technology, including computerized medical databases, the internet, artificial intelligence, social media sites, and telehealth have opened the door to potential, unintentional breaches of private/confidential health information. Protection of privacy/confidentiality is essential to the trusting relationship between the healthcare provider and patient, as well as the student and nursing faculty.

3. Maintaining confidentiality of the patient/client/resident information supersedes the student's personal, religious, or cultural obligations.

4. The nursing student is required to carry out the provisions of the Health Insurance Portability and Accountability Act (HIPAA) 2003. The privacy and security of an individual's Protected Health Information (PHI) must be protected. No PHI may be removed from the clinical area.

    a. PHI includes the following patient identifiers:

        i. Name & initials
        ii. Geographic subdivisions smaller than a state (includes street address, city, county, precinct, zip code and equivalent geo codes - except the first three digits of zip codes unless the population density is under 20,000).
        iii. All date elements, other than year, related to an individual (includes birth date, admission date, discharge date, date of death).
        iv. Telephone numbers
        v. Fax numbers
        vi. E-mail addresses
        vii. Social Security numbers
        viii. Medical record numbers
        ix. Health plan beneficiary numbers
        x. Account numbers
        xi. Certificate/license numbers
        xii. Vehicle identifiers and serial numbers (includes license plate numbers)
        xiii. Device identifiers and serial numbers
        xiv. Web universal resource locators (i.e., URLs)
        xv. Patient-related photos/images

5. Students are protected by Family Educational Rights and Privacy Act (FERPA) and should not be discussing the performance of other students with anyone. Students should not share student ID numbers, usernames, and passwords with anyone as this information links to a student's personally identifiable information.

Revised 1/14; 6/14; 7/15; 7/17; 4/18; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

NURSING STUDENT INTEGRITY POLICY

It goes without saying that every nurse must have unquestionable integrity and honesty at both personal and professional levels as outlined in the *American Nurses Association (ANA) Code of Ethics (2025).* The American Association of Colleges of Nursing (AACN) describe nursing as a caring profession in which nurses demonstrate empathy, as they embody the five core values of professional nursing: human dignity, integrity, autonomy, altruism, and social justice (Devine & Chin, 2018, p. 135). The profession and practice of nursing is dependent upon these values being always demonstrated to preserve one's character and integrity. Nurses are required to demonstrate the knowledge, skills, and attitudes related to moral, ethical, and legal behaviors in providing quality, safe, patient-centered care (Devine & Chin, 2018). Nursing students must not only possess personal integrity but also academic and professional integrity.

Definitions of Integrity

Nursing integrity: firm adherence to a code that espouses strong moral principles; 'implies trustworthiness and incorruptibility to a degree that one is incapable of being false to a trust, responsibility, or pledge' (Devine & Chin, 2018, p. 134).

Academic integrity: "a commitment to five fundamental values: honesty, trust, fairness, respect, and responsibility and the courage to act on these values, even in the face of adversity" (Devine et al, 2021, p. 221). In healthcare, academic integrity is frequently referred to as professional conduct that demonstrates ethical behavior in both the classroom and clinical settings.

Clinical integrity: "honest, ethical, accountable behavior in the context of caring for patients and communicating with faculty and staff nurses" (Devine et al, 2021, pg. 223).

Characteristics of Nursing Integrity include but are not limited to

- Honesty
- Morality
- Ethics
- Honor
- Trustworthiness
- Accountability for one's judgment and actions
- Responsibility
- Remedying errors made by self or others
- Professionalism
- Respectfulness
- Responsiveness
- Compassion

Violations of Nursing Integrity include but are not limited to

- Cheating on exams
- Plagiarizing written assignments
- Lying
- Inadequate preparation for classroom and clinical assignments
- Falsification of documentation of a patient's chart
- Modifying online assignments to earn points (i.e. PrepU results)
- Falsifying lab hours
- Failure to take accountability and responsibility for one's judgments and actions
- Lack of professionalism
- Violation of HIPAA and FERPA regulations

- Unpermitted use of Artificial Intelligence (AI) software or anything of the like to complete any course-related assignments for a grade (see *Artificial Intelligence (AI) Policy & Procedure*)
- Use of an exam cheating service or proxy test taker (on behalf of the student) engaging in proxy testing

Devine, C. A., Chin, E. D., Sethares, K. A., & Asselin, M. E. (2021). Nursing student perceptions of academic and clinical integrity. Nursing Education Perspectives, 42(4), 221-226.

Devine, C. A., & Chin, E. D. (2018). Integrity in nursing students: A concept analysis. *Nurse Education Today, 60,* 133-138. *http://dx.doi.org/10.1016/j.nedt.2017.10.005.*

Collaboration with others is valued and encouraged in the SON as part of the learning process, however, each student must complete and submit their own work unless otherwise stated. It is considered plagiarism and a breach of integrity to submit the same assignment as another student(s).

Students who are granted readmission privileges to the program must complete all assignments previously submitted for grading. A readmitted student may not submit previously graded assignments such as "A" course assignments, PrepU, Nursing Plans of Care/Clinical Judgement Assignment, Passports, etc.

The *Nursing Student Integrity* policy is aligned with *RCCD Board Policies (3500 and 3500[A])* and RCC SON policies *(Policy for Professional, Civil, and Caring Behaviors, Professional Conduct and Legal Responsibilities, Confidentiality, Examination Policy and Exam Rules, Artificial Intelligence, and Professional Ethical Standards).* Please see these policies for details regarding potential violations.

Definitions Related to Professional/Ethical Behavior Less-than-Satisfactory Performance Grades:

A. ***Minimal*** **Grade for Professional/Ethical Behaviors**

1. Definition: the student demonstrates inconsistencies in their professional/ethical behavior(s) and action(s) when compared to the performance of other students at the same level.

2. Behavior(s) may include but are not limited to:

    a. Inconsistent in identifying areas for growth.
    b. Shows minimal improvement when given opportunities to demonstrate appropriate professional/ethical behavior(s).
    c. Inconsistent in assuming accountability and/or responsibility for their own actions and/or judgement.

3. Students who earn a *Minimal* performance grade for professional/ethical behavior(s) will be required to meet with the semester-level faculty to develop a *Performance Improvement Plan (PIP)* to correct inconsistent behaviors.

4. Students may be required to meet with the program Department Chair and/or Dean, School of Nursing as appropriate.

5. If a *Minimal* clinical and/or professional/ethical behavior performance grade is earned at the end of the course/program and the student is unable to satisfy their remediation requirements by Week 15, the student will be unable to progress and/or complete the program. The *Minimal* will convert to an *Unsatisfactory* grade since the student is unable to demonstrate achievement of course/end-of-program student learning outcomes.

6. If a student earns a second *Minimal* performance (in clinical and professional/ethical behaviors) within the same course, the student will be ineligible to progress in the course/program and will have earned an *Unsatisfactory* performance grade. Readmission is dependent on the *Eligibility for Readmission* and *Prioritization of Readmission* policies and space availability.

B. ***Unsatisfactory*** **Grade for Professional/Ethical Behaviors**

1. Definition: the student fails to demonstrate professional/ethical behavior(s) and/or values of the nursing profession despite repeated opportunities for improvement.

2. Behavior(s) may include but are not limited to:

    a. Unable to identify behavior(s) that need improvement.
    b. Fails to seek necessary guidance from the faculty.
    c. Lacks self-regulated behavior(s) and action(s).

3. Students may earn an *Unsatisfactory* performance grade for professional/ethical behavior(s) in the following ways:

    a. Has earned two *Minimal* performance grades (in clinical and professional/ethical behaviors) within the same course.

    b. Fails to meet the *Professionalism* course and/or end-of-program student learning outcome and associated competencies despite repeated opportunities for improvement and/or has inadequate time to remediate because it is earned at the end of the semester.

4. Students who earn an *Unsatisfactory* performance grade for professional/ethical behavior(s) will be required to meet with semester-level faculty to collaboratively develop an *Exit Interview/Contract for Success*.

5. Students are required to meet with the program Department Chair and/or Dean, School of Nursing, as appropriate.

6. The student will be ineligible to progress in the course/program. Readmission is dependent on the *Eligibility for Readmission* and *Prioritization of Readmission* policies and space availability.

7. Students who are readmitted following an *Unsatisfactory* clinical and/or professional/ethical behavior grade must maintain satisfactory clinical progress and/or professional ethical behaviors to earn *Satisfactory* clinical and professional/ethical behavior grades in all subsequent clinical rotations. Failure to meet these criteria will result in immediate dismissal from the program with no readmission privileges.

C. ***Gross Misconduct*** **Grade for Professional/Ethical Behaviors**

1. Definition: wrongful, improper, or unlawful conduct motivated by premeditated or intentional purpose; or by obstinate indifference to the consequences of one's act(s).

2. Students who earn a *Gross Misconduct* performance grade for professional/ethical behavior(s) will be required to meet with semester-level faculty to collaboratively develop an *Exit Interview*.

3. Students are required to meet with the program Department Chair and/or Dean, School of Nursing, as appropriate.

4. The student will be ineligible for readmission to the School of Nursing.

Consequences:

If at any time the violation of professional/ethical conduct, legal responsibilities, and/or academic dishonesty is severe, a student may be dismissed from the School of Nursing and/or RCC.

When a student violates any portion of policy expectations set forth above (except *Academic Dishonesty- see Consequences of Academic Dishonesty*), the consequences outlined below will be followed:

First Occurrence

A. Receive a verbal warning using the *Verbal Acknowledgement Form*.

B. Provide make-up work congruent with the time missed. It is the student's responsibility to obtain the make-up work from the faculty and complete it by the assigned due date.

Second Occurrence

A. Receive a written *Performance Improvement Plan (PIP)* indicating an *Area for Development* with remediation related to lack of professional/ethical behaviors.

B. Provide make-up work congruent with the time missed. It is the student's responsibility to obtain the make-up work from the faculty and complete it by the assigned due date.

Third Occurrence

1. Receive a written *Performance Improvement Plan (PIP)* indicating a *Continued Area for Development* with remediation related to lack of professional/ethical behaviors. Remediation will include a detailed *Resolution Plan* to address the lack professional/ethical behaviors.

2. Provide make-up work congruent with the time missed. It is the student's responsibility to obtain the make-up work from the faculty and complete it by the assigned due date.

3. Student will be required to meet with semester-level faculty to discuss *Resolution Plan*.

Fourth Occurrence

1. Receive a written *PIP* indicating a *Minimal** related to lack of professional/ethical behaviors.

2. Provide make-up work congruent with the time missed. It is the student's responsibility to obtain the make-up work from the faculty and complete it by the assigned due date.

3. Student will be required to meet with the program Department Chair.

* If a student earns a second *Minimal* performance (in clinical and professional/ethical behaviors) within the same course, the student will be ineligible to progress in the course/program and will have earned an *Unsatisfactory* performance grade. Readmission is dependent on the *Eligibility for Readmission* and *Prioritization of Readmission* policies and space availability.

Fifth Occurrence

A. Receive a written *PIP* indicating an *Unsatisfactory* related to lack of professional/ethical behaviors. Students earning an *Unsatisfactory* will be dropped from the program.

B. Student will be required to meet with the program Department Chair and Dean, School of Nursing.

C. Readmission is dependent on the *Eligibility for Readmission* and *Prioritization of Readmission* policies and space availability.

Academic Dishonesty

RCCD defines and outlines academic dishonesty *in Standards of Student Conduct (BP 3500/3500A)* define academic dishonesty in the following:

A. Plagiarism: Presenting another person's language (spoken or written), ideas, artistic works, or thoughts as if they were one's own.

B. Cheating: Use of information not authorized by the instructor for the purpose of obtaining a grade. Examples include, but are not limited to, notes, recordings, internet resources, and other students' work.

C. Furnishing false information to the district for purposes such as admission, enrollment, financial assistance, athletic eligibility, transfer, or alteration of official documents.

D. Forging, altering or misusing District or College documents, keys (including electronic key cards), or other identification instruments.

E. Attempting to bribe, threaten, or extort a faculty member or other employee for a better grade.

F. Buying or selling authorization codes for course registration.

G. Preparing, giving, selling, transferring, distributing, or publishing, for any commercial purpose, of any contemporaneous recording of an academic presentation in a classroom or equivalent site of instruction, including but not limited to handwritten or typewritten class notes, and/or online resources intended for faculty use (i.e. faculty test banks, instructor only resources).

H. Using electronic recording or any other communication devices (such as mP3 players, cell phones, pagers, recording devices, etc.) in the classroom without the permission of the instructor. See *Professional Use of Electronic Devices* and *Audio Recording* policies.

I. Any falsification of lab hours or logging in or out of the attendance tracking software (aPlus+ Attendance) and/or manual log on behalf of oneself or another student to earn credit for lab courses. See *Lab Code of Conduct* and *Earning Lab Credit Hours* policies.

Consequences for Academic Dishonesty (*Standard of Student Conduct, BP 3500A*):

In cases of academic dishonesty by a student, a faculty member may take any one of the following actions:

A. Reduce the score on test(s) or assignment(s) according to the weight of the test or assignment;

B. Reduce the grade in the course if the weight of the test or assignment warrants grade reduction; or,

C. Fail the student in the course if the weight of the test or assignment warrants course failure.

The faculty member may recommend to the College Dean of Instruction that the student be suspended from the course. If course suspension is recommended, the Dean of Instruction will review the information regarding the charge of academic dishonesty, notify the student, consult with the faculty member regarding the recommendation for suspension and turn the matter over to the Vice President, Student Services who will take appropriate action.

Revised: 10/93; 6/97; 6/98; 11/99; 2/00; 5/00; 11/00; 2/02; 11/02; 1/12; 2/13; 8/13; 1/14; 7/14; 12/14; 7/17; 7/18; 8/20; 8/21; 1/23; 8/23; 8/25; 8/26

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

MANDATORY REPORTING REQUIREMENT

In California, nurses are legally required to report certain types of abuse, and failing to do so can have serious consequences. This isn't just an ethical duty—it's a legal one.

Key Laws for Mandatory Reporting

The mandate for nurses to report abuse comes from several different state codes. The *California Penal Code* and the *California Welfare and Institutions Code* are the primary sources that define what a nurse must report. The *California Business and Professions Code* provides nursing boards with the authority to enforce these rules.

- *California Penal Code, Sections 11165.7 and 11166*: These sections establish child abuse as a mandatory reportable offense. They explicitly list nurses as required to report any known or suspected instances of child abuse or neglect.

- *California Welfare and Institutions Code, Section 15630*: This section mandates the reporting of elder and dependent adult abuse. It requires nurses to report any physical, emotional, or financial abuse they suspect or witness in these vulnerable populations.

- *California Business and Professions Code, Sections 2761 and 2878(a)*: These sections are for the Board of Registered Nursing (BRN) and the Board of Vocational Nursing and Psychiatric Technicians (BVNPT), respectively. They grant the boards the power to take disciplinary action, including license suspension or revocation, against any nurse who fails to make a required report.

The Nurse's Role as an Advocate

By law, nurses are considered client advocates, and reporting abuse is a fundamental part of that role. The duty to report extends beyond children, the elderly, and dependent adults to include any known or suspected abuse, such as domestic violence or partner abuse. This means nurses must report any observed or suspected abuse that occurs in their professional capacity.

Nursing Students as Mandated Reporters

Nursing students are required to abide by the above laws while in the nursing program. In alignment with the SON program philosophy’s, all students are required to understand and comply with these reporting mandates to ensure they are prepared to act as responsible and ethical healthcare providers.

Revised: 6/10; 1/13; 1/21; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY & PROCEDURE: SUBSTANCE USE DISORDER AND MENTAL ILLNESS

A. To ensure patient safety and professional conduct, a nursing student must maintain emotional and mental wellness and be unimpaired by alcohol or any substance, including marijuana and prescribed medication, while in the academic and clinical setting. Students are required to comply with all drug-free workplace policies of RCC/RCCD (*Board Policy 3500*) and clinical agencies, regardless of state or local laws.

B. School of Nursing (SON) faculty concur with the *California Board of Registered Nursing* and *Board of Vocational Nursing and Psychiatric Technicians* statements regarding substance use disorder and/or mental illness and recognize that:

1. These are diseases and should be treated as such.

2. Personal and health problems involving these diseases can affect one's academic and clinical performance. These conditions can impair the nurse's ability to practice safely.

3. Students who develop these diseases can be helped to recover.

4. It is the responsibility of the student to voluntarily seek diagnosis and treatment of any suspected substance use disorder and/or mental illness.

5. Students are required to report any change in health status and provide clearance to participate in unrestricted activities essential to nursing practice.

6. Confidential handling of the diagnosis and treatment of these diseases is essential.

7. Students must be free of any evidence of impairment.

8. Patient safety is always the number one priority.

C. In compliance with the guidelines from the *California Board of Registered Nursing* and *Board of Vocational Nursing and Psychiatric Technicians*, nursing faculty will address any student suspected of being impaired by alcohol or any other substance, and/or mental illness. The faculty's response will include:

1. **Providing support and resources.** The student will be offered appropriate assistance, either directly or through a referral to other resources.

2. **Requiring impairment testing.** The student may be required to undergo impairment testing at their own expense. This testing must be conducted at a lab approved by the School of Nursing or by the clinical agency.

3. **Taking immediate corrective action.** Faculty have the authority and responsibility to take immediate action regarding a student's conduct and performance in the clinical setting.

4. **Educating students on voluntary assistance.** During each semester's course orientation, students will be informed about the importance of seeking voluntary help

for any condition that could lead to disciplinary action or prevent them from being licensed to practice nursing in California.

D. **Procedure for Voluntary Self-Disclosure of Substance Use Disorder and/or Mental Illness of Student Enrolled in SON** (no documented impairment):

1. Conference between the student, program Department Chair, Dean, School of Nursing, and semester-level nursing faculty to develop an action plan to support the student.

2. Remediation (if applicable) and consultation with Student Health & Psychological Services.

E. **Procedure for Students Suspected of Being Impaired** (Classroom or Clinical Setting)

1. Initial Incidence of Suspected Impairment and/or Mental Illness

a. Identify the problem behavior or warning signs of substance use disorder and/or mental illness.

These behaviors may include, but are not limited to, the following:

<u>Physiologic</u>
- slurred or rapid speech
- trembling hands
- persistent rhinorrhea (excessive nasal discharge)
- altered pupil dilation
- flushed face
- red eyes
- odor of alcohol
- tachycardia
- somnolence (drowsiness/sleepiness)
- unsteady gait
- declining health

<u>Behavioral</u>
- irritability and mood swings
- isolation or avoidance of group work
- pattern of absenteeism and tardiness
- decreased clinical and academic productivity
- fluctuating clinical and academic performance
- change in dress or appearance
- inappropriate or delayed responses
- elaborate excuses for behavior
- decreased alertness/falling asleep in class/clinical
- dishonesty
- inappropriate joking about drug and alcohol use
- paranoia
- delusions
- hallucinations

(Videbeck, 2023)

b. If a student is exhibiting behavior(s) that suggests impairment from substance use and/or mental illness, the nursing faculty will:

i. Always maintain confidentiality.

ii. Remove the student from patient care immediately and report the removal of the student to the clinic/hospital staff, so that patient care can be maintained.

ii. Require blood and/or urine testing in an approved lab immediately at the student's expense. Refusal to provide a specimen when requested will result in immediate dismissal from the program without readmission privileges. These labs are in:

1. The Emergency Department at the assigned clinical agency.
2. The closest SON approved lab (contact Dean, School of Nursing's office).

iii. Notify the Dean, School of Nursing (222-8408), and/or the appropriate program Department Chair. In a facility without a lab on-site, arrangements will be made by the SON to the student with transportation to an approved lab. The Dean, School of Nursing's office will then notify the student's emergency contact person to take the student home after blood and/or urine testing has been completed.

iv. Document the incident on a *Performance Improvement Plan* and on an *RCCD Accident Report.* The nursing faculty will send the RCCD Accident Report to RCCD Risk Management (222-8127) via email to BJ Cain (BJ.Cain@rccd.edu) and copy the Department Chair and Dean, School of Nursing.

v. Inform the student, prior to leaving the facility, that they may not return to any course-related activities (didactic and clinical) until they have met with the program Department Chair and Dean, School of Nursing to:

1. Review the incident, including the documentation of behaviors, signs and symptoms of impairment exhibited by the student necessitating action.

2. Provide student with the opportunity to offer further explanation and additional relevant information.

3. Review results of the student's impairment screen.

4. Review with student the SON's policy for *Substance Use Disorder and Mental Illness* and potential academic/clinical consequences.

vi. The Dean, School of Nursing will consult with semester-level faculty, mental health expert(s), RCCD Legal Counsel, RCCD Risk Manager, and/or the appropriate Department Chair regarding whether a policy violation has occurred and whether a policy violation has occurred.

vii. If it is determined that a policy violation has occurred, the Dean, School of Nursing or program Department Chair will notify student of the decision and obtain a written agreement from the student that they will seek comprehensive substance use and/or mental illness evaluation and treatment, if necessary, by a medical or mental health professional licensed to practice in the State of California. The student will be asked to sign a release(s) of medical information to allow the medical or mental health professional to share the student's completion of treatment and test results with the SON or allow the SON to share any medical information with the medical or mental health professional.

c. Inform student they may not continue in the nursing program until an evaluation by a medical or mental health professional is obtained. Refusal to obtain an evaluation, as required, will result in dismissal from the program without readmission privileges.

d. Substance Use Impairment Identified:

i. If the impairment screen comes back positive for any substance, the student will be required to have an evaluation and treatment plan developed by a medical professional licensed in California in the field of chemical dependency and/or addiction medicine.

The student may select a professional of their own choosing or from a list of licensed professionals available from the RCC SON office. The treatment plan must include random impairment testing twice per month. A minimum of six months of treatment and negative impairment tests must be documented by the licensed professional and submitted to the SON, with a letter from the treatment program indicating the student is fully released to return, before consideration will be given for readmission. Readmission is not guaranteed but is based on space availability. Upon readmission, the student will be required to continue to submit to random impairment tests when requested by the SON, at the student's expense.

ii. If the student fails to abide by the above, the student will be dismissed from the program without readmission privileges.

iii. If the evaluation does not substantiate substance use, the student will be able to return to course-related activities without any academic/clinical consequences.

iv. A student previously identified as impaired will voluntarily be expected to abstain from alcohol or any substance for the duration of the nursing program.

e. Student Suspected of Experiencing Mental Illness

i. If the impairment screen is negative, but the student's behavior is indicative of an emotional or mental illness that may impact the student's performance in the program, the student will be required to have a comprehensive evaluation by a third-party mental health professional identified and paid for by the college.

ii. The student, working with the mental health professional, will agree to adhere to all recommended treatment, including the use of psychotropic medications, if prescribed, and agree to random impairment testing to monitor compliance, if indicated. After the initial evaluation, the student will be responsible for any treatment costs and may go to a mental health provider of their choice for implementation of their treatment plan.

iii. Once the student is provided clearance from a mental health professional, the student may apply for readmission, provided the student has a documented history of treatment adherence, and a letter from the treating mental health professional fully releasing the student to return to the academic and clinical setting without restrictions.

iv. If the evaluation does not substantiate an emotional or mental illness that might impact the student's performance, the student will be able to return to course-related activities without any academic/clinical consequences. A behavioral contract will be developed by the semester-level faculty and program Department Chair or Dean, School of Nursing, if indicated.

2. Second Incident of Suspected Impairment and/or Mental Illness

a. The procedure for the first incident will be followed.

b. If the professional evaluation substantiates substance use and/or mental illness, the student will be dropped from the program immediately to allow for further treatment:

i. The student will be required to have a designated amount of documented impairment-free results as per the treating mental health professional, using random impairment testing (in the case of substance use), before being eligible for readmission. Upon readmission, the student must register for a clinical rotation with a full-time faculty member. The student will continue to be required to submit random impairment tests when requested, at the student's own expense.

3. Third Incident of Suspected Impairment and/or Mental Illness

A further incident of impairment and/or mental illness after readmission will result in being dropped from the nursing program without readmission privileges. The student will be counseled regarding rehabilitation.

F. Refusal to Obtain Treatment

1. If a student is determined to be impaired from either a substance use disorder and/or mental illness and refuses assistance/treatment, the nursing faculty will:

a. immediately dismiss the impaired student from the clinical setting for patient safety;

b. meet with the student to determine the extent of the problem and document the student meeting including consequences and program progression;

c. offer appropriate assistance, either directly or by referral;

d. drop student from nursing program due to unsafe practice with no readmission privileges unless the student provides the SON with documentation that they have received and completed treatment two-years from the date they were dropped from the program. Remediation may be required for readmission.

Rev. 8/17; 1/21; 1/23; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

CONTRACT FOR SUBSTANCE USE DISORDER AND MENTAL ILLNESS

I, _____, will receive a comprehensive substance use disorder and/or mental illness evaluation conducted by _____. I understand that payment for the evaluation, treatment, and follow-up care will be my responsibility. If no treatment is recommended, evidence of such will be provided to the Dean, School of Nursing, before I return to any RCC School of Nursing course-related activities (didactic and clinical). If treatment is recommended, I must complete the program determined by the evaluator. Written evidence of my treatment program completion, ability to return safely without impairment to the nursing program, and my after-care treatment and monitoring plan will be submitted to the Dean, School of Nursing.

It has been explained to me that the grade of I (Incomplete) or W (Withdrawal) will be awarded for courses interrupted by my treatment. I understand that further evidence of substance use and/or mental illness during any RCC School of Nursing classroom, laboratory, clinical, or volunteer activity may result in dismissal from the program.

Student Signature:_____ Date:_____

Witness Signature:_____ Date:_____

Dean, School of Nursing:_____ Date:_____

Rev. 7/16; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

BOARD OF REGISTERED NURSING (BRN) INTERVENTION PROGRAM

What is the BRN's Intervention Program?

The BRN is one of several professional regulatory boards and bureaus that exist within the Department of Consumer Affairs. The BRN has the primary responsibility of licensing and regulating Registered Nurses (RNs) in California. The BRN's responsibilities come from the Nursing Practice Act, which is composed of California statutes that give the BRN, among other functions, the authority to manage an Intervention Program for registered nurses.

The Intervention Program is a voluntary and confidential recovery and monitoring program for RNs whose practice may be impaired by substance use disorder or mental illness. The Intervention Program protects the public by providing RNs access to effective treatment services, monitoring their recovery through an individualized plan, and returning them to safe practice.

What are the Goals and Objectives of the Intervention Program?

The goal of the Intervention Program is to protect the public. This goal is achieved through the following objectives:

1. Promoting early identification of nurses with substance use disorder (SUD) or mental illness.
2. Encouraging intervention of impaired nurses through effective planning and implementation.
3. Providing help and hope for nurse participants.
4. Effectively monitoring the recovery of nurses who have an SUD or mental illness.
5. Ensuring rehabilitated nurses are returned to safe nursing practice.
6. Reduce the gap between nurses with untreated SUD or mental illness and nurses rehabilitated through a comprehensive recovery program.

What are the benefits of the Intervention Program?

For the Public:

1. Early intervention of RNs impacted by SUD or mental illness, providing an effective alternative to a more time-consuming disciplinary process.
2. Confidential consultation with the concerned public, employers, co-workers, family members, friends, and consumers.
3. Assistance in preparing to talk to a registered nurse about an observed problem.
4. Consultation with employers to assure a safe and smooth transition back to nursing practice for nurse participant.

For the RN in the Program:

1. Alternative to license discipline: in most situations, the Intervention Program allows RNs to obtain recovery services in lieu of disciplinary proceedings.
2. Confidential consultation when considering program enrollment.
3. Development of a specialized rehabilitation plan.

4. Monitoring the nurse's progress with the rehabilitation plan.
5. Encouragement, support, and guidance.
6. Successful return to the nursing profession in a safe manner.

Who is Eligible for the Intervention Program?

To be eligible for the Intervention Program, an applicant must:

1. Be licensed and reside in California.
2. Be mentally ill or have abused alcohol and/or drugs.
3. Voluntarily request admission to the Program
4. Agree to undergo reasonable medical and/or psychiatric evaluations.
5. ***Not*** be disciplined by the Board for substance abuse or mental illness.
6. ***Not*** been terminated from the Intervention Program or any other intervention program for non-compliance.

How Does an RN get into the Intervention Program?

Nurses may be referred to the Intervention Program in one of two ways:

1. Self-Referral: The RN directly contacts the Intervention Program for assistance.

2. Board-Referral: The Board refers RNs to the Program as a result of receiving a complaint related to controlled substance, alcohol and/or mental illness. Such complaints may come from co-workers, employers, government agencies or a concerned consumer.

How does an RN Enroll in the Intervention Program?

To request admission into the Program, an RN must call the Program contractor directly. The Board currently contracts with Premier Health Group to administer the Intervention Program. Their 24-hour, toll-free telephone number is 1-800-522-9198 or email RecoveryProgram@premierhealthgroup.net.

Where Can I find Additional Information on the Intervention Program?

For general information about the Intervention Program, please refer to the *General Information* page. For additional resources, please refer to the *Additional Resources* page. For frequently asked questions, please refer to the *FAQs* page. Website: https://www.rn.ca.gov/intervention/intreq.shtml#info

For general questions about the Intervention Program or the Board of Registered Nursing's role in protecting public safety and identifying impaired practitioners, contact the Board's Intervention Program at (916) 574-7692 or BRN-Intervention@dca.ca.gov.

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY: PROFESSIONAL USE OF ELECTRONIC DEVICES

RCC

The RCC nursing faculty members concur with the District policy concerning use of audible devices discussed under *Standards of Student Conduct (BP3500)* printed in the *RCC Student Handbook/College Catalog*. Excerpts of this policy are cited below.

I. Standards of Student Conduct

A. Student conduct must conform to District policy and regulations and College procedures.

B. Violations of such regulations and procedures for which students are subject to disciplinary action include, but are not limited to, the following:

a. Preparing, giving, selling, transferring, distributing, or publishing for any commercial purpose, of any contemporaneous recording of an academic presentation in a classroom or equivalent site of instruction, including but not limited to handwritten or typewritten class notes, except as permitted by any District policy or administrative procedure without authorization.

b. Using electronic recording or any other communications device (such as cell phone recording devices, smart watches, smart glasses, smart pens, etc.) in the classroom without the permission of the instructor (*RCC Student Handbook/College Catalog*).

c. Using audio and/or video recordings from class seminar, seminar discussions, virtual simulations, study sessions, and other educational learning activities for any other reason than what is outlined in the *RCC School of Nursing Audio and Visual Recording Agreement*.

d. Causing, attempting to cause, implying, or threatening to cause, harm to another person whether or not the threat is in writing, by electronic means (including social media) or in person. Harm is defined as, but not limited to, physical harm, harm to profession (defamation) or psychological harm.

e. Engaging in harassing or discriminatory behavior toward an individual or group based on ethnic group identification, national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, ancestry, genetic information, sexual orientation, physical or mental disability, pregnancy, military or veteran status, or any other characteristic listed or defined in *Section 11135* of the Government code.

II. Disciplinary Action

A. Any student who disrupts the orderly operation of a District campus, or who violates the standards of student conduct, is subject to disciplinary action. Such action may be implemented by the College President or designee.

B. The various types of disciplinary actions are set forth hereafter:

The District may utilize any level of discipline without previously using a lower level of discipline and may use more than one type of discipline in a case, if appropriate.

C. Removal from Class – Any instructor may order a student removed from his or her class for the day of the removal and the next class meeting (*RCC Student Handbook/College Catalog*). If such removal occurs, the instructor will immediately notify the appropriate Department Chair and/or Dean, School of Nursing, who shall in turn notify the college Dean, Student Services or designee.

School of Nursing

To maintain a learning environment that is conducive to learning, the nursing faculty have set forth the following guidelines related to electronic devices:

1. Students must sign the *Audio and Visual Recording Agreement* to be able to audio and video record any course-related activities.

2. Students do not have the permission of faculty, staff, patients and/or community healthcare agencies regarding the use of names, likenesses, recordings, and documentation on any internet or social media site.

3. No electronic devices, including smart watches, smart glasses, or smart pens whatsoever are allowed during nursing exams and finals.

4. Smart watches must be put in *Airplane mode* and silenced when in clinical facilities. Students may not text or receive phone calls on smart watches while in clinical. In addition, students may not use smart glasses or pens in the clinical agencies.

5. Students agree to abide by *Professional Conduct and Legal Responsibilities, Policy for Professional, Civil, and Caring Behaviors, Confidentiality*, *Students' Use of Social Media*, and *Nursing Student Integrity* policies.

Consequences

1. The student may be asked to immediately leave class or clinical for the day for any violation set forth in this policy, including exams. In cases of academic dishonesty by a student, a faculty member may take any one of the following actions:

    A. Reduce the score on test(s) or assignment(s) according to the weight of the test or assignment;

    B. Reduce the grade in the course if the weight of the test or assignment warrants grade reduction; or,

    C. Fail the student in the course if the weight of the test or assignment warrants course failure

2. The student may be referred to the Dean, Student Services, or designee.

3. The incident will be documented on a *Performance Improvement Plan* and placed in the student's file.

The faculty member may recommend to the College Dean of Instruction that the student be suspended from the course. If course suspension is recommended, the Dean of Instruction will review the information regarding the charge of academic dishonesty, notify the student, consult with the faculty member regarding the recommendation for suspension and turn the matter over to the Vice President, Student Services who will take appropriate action.

Revised: 12/00; 4/03; 6/2/03; 7/03; 9/06; 6/10, 11/10; 8/13; 6/14; 7/17; 12/19; 1/21; 1/23; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

AUDIO AND VISUAL RECORDING AGREEMENT

I understand that, as a student enrolled in the Riverside City College School of Nursing, I may record my class seminar, seminar discussions, simulations, deliberate practice, CNSL, study sessions, and other course-related learning activities, with the permission and knowledge of the faculty, for use in my personal studies only. I understand that class seminar, seminar discussions, virtual simulations, study sessions, and other online learning activities recorded for this reason may not be shared with other people without the written consent of the faculty and my nursing classmates. I understand that recorded seminars, seminar discussions, virtual simulations, study sessions, and other online learning activities may not be used in any way against the faculty member or other nursing students whose comments are recorded as part of the learning activity. I am aware that the information contained in the audio-visual recordings is protected under federal copyright laws and may not be published or quoted without the expressed written consent of the faculty and without giving proper identity and credit to the faculty.

I understand that it is NOT permissible to audio or video record any one-on-one counseling sessions between semester-level faculty and students. This is to include, but not limited to, office hours, student evaluations and *Performance Improvement Plan (PIP)* conferences.

I agree to abide by these guidelines regarding any class seminar, seminar discussions, simulations, deliberate practice, CNSL, study sessions, and other course-related learning activities I record while enrolled as a student in the Riverside City College School of Nursing. I understand that failure to comply in any manner with this *Audio and Visual Recording Agreement* will result in disciplinary action and may result in dismissal from the program without readmission privileges.

Student's Printed Name: _____

Student's Signature: _____ Date: _____

Approved 11/16; 3/20; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY AND PROCEDURE: STUDENTS' USE OF SOCIAL MEDIA

The use of social media by Riverside City College (RCC) nursing students presents concerns for the privacy and confidentiality of patients, other students, and faculty. The following policy is specific to confidential information regarding the RCC School of Nursing (faculty, classified professionals, students, patients, or clinical affiliates) and is not applicable to the general personal use of social media by nursing students.

The faculty and administration of the RCC School of Nursing (SON) recognize that nurses and nursing students have an ethical and legal obligation to maintain privacy and confidentiality of those entrusted to our care and to those individuals who share in our academic experiences. Inappropriate disclosure of confidential information is considered a breach of integrity and damages the individuals involved as well as the general trustworthiness of the nursing profession.

Social media are defined as, but not limited to, web-based or mobile technologies used for interactive communication. Examples of social media include, but are not limited to, collaborative projects (e.g., Wikipedia), blogs and microblogs, content communities (e.g., YouTube), social networking sites (e.g., Facebook, X, Instragram, Threads, LinkedIn, Twitch, Discord), virtual game worlds (e.g., World of Warcraft), and virtual social worlds (e.g., Second Life). Regardless of how these forms of media are used, students are responsible for the content they post or promote. Content contributed on these platforms is immediately searchable and shareable, regardless of whether that is the intention of the contributor. Once posted online, the content leaves the contributing individuals' control forever and may be traced back to the individual in perpetuity. Prior to engaging in social network communication, students should thoughtfully and purposefully remind themselves that they represent the college, SON, and nursing profession.

Nursing students must abide by the *Standards of Student Conduct (BP 3500)* related to electronic communication and social media. The following actions may result in removal, suspension, or expulsion from the college:

1. Causing, attempting to cause, implying, or threatening to cause, harm to another person whether or not the threat is in writing, by electronic means (including social media) or in person. Harm is defined as, but not limited to, physical harm, harm to profession (defamation) or psychological harm.

2. Engaging in harassing or discriminatory behavior toward an individual or group based on ethnic group identification, national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, ancestry, genetic information, sexual orientation, physical or mental disability, pregnancy, military or veteran status, or any other characteristic listed or defined in *Section 11135* of the Government code.

Communication

Official RCC SON communication regarding academic courses will occur only through RCC-sanctioned channels, e.g., RCCD student email, online course management system, Pronto). Electronic communications outside these channels are not endorsed for academic courses (e.g. GroupMe, etc.). Conversations on the online course management system through Discussion, Chat, and Pronto are visible to nursing faculty and students are expected to behave professionally in their communication

Social Media

SON students are prohibited from disclosing any of the following information through social media or internet sites:

- Protected Health Information, as defined by the Health Insurance Portability and Accountability Act (HIPAA). For example, individuals may not disclose patient names or otherwise refer to patients in any way that identifies them, including their initials or by their location (e.g., hospital name or unit).
- Clinical discussions that include any identifiable information related to patients or RCC SON-affiliated clinical facilities is strictly prohibited.
- Using or posting any RCC logos.
- Education Record Information, as defined by the Family Educational Rights and Privacy Act (FERPA). No FERPA protected information can be disclosed (e.g., pictures of nursing students without the proper written authority, academic grades or progress of other students, student email addresses and/or telephone information without written consent by the student[s]). See *Confidentiality* policy.
- Copyrighted or intellectual property (e.g., recordings/videos from class or clinical, seminar/clinical documents).
- Comments that express or imply sponsorship or endorsement by the RCC SON.

Nursing students have a duty to report any breach of confidentiality or privacy, either by their own volition or by others, to the appropriate nursing faculty member.

Expected Best Practices for E-Professionalism

- Do not share any clinically related information about patients, families, working conditions, staff, colleagues, or incidents at clinical or academic settings.
- Do not "friend" or contact patients or families you are caring for or are likely to be caring for in the future.
- Remember that nursing students engaging in clinical practicums are held to the same professional, legal, and ethical standards as licensed nurses.
- Nursing students are subject to and must follow all agency policies and restrictions while practicing at the clinical site.
- "Off-duty" conduct will be scrutinized and evaluated against professional standards.
- Know and follow explicit SON and agency policies and restrictions for cellphone use, photography, and electronic communications.
- Do not share any information that you would not want others to know. Posting information online is the equivalent of posting information on a public bulletin board.
- Always consider your audience and the context of your postings--others may misinterpret your meaning. Stop and think before you post any information.
- Follow the guidelines on social media use put forth by the ANA and the NCSBN.
- Know and follow the social media policies of the RCC SON and clinical agencies and follow e-etiquette principles for all professional communications.
- Do not discuss school or work-related issues online, including complaints about others. This includes not criticizing or presenting unflattering images of your educational institution faculty, or fellow classmates.

Consequences

Students in violation of this policy will have also violated the *RCC SON Integrity*, *Confidentiality, Professional Conduct and Legal Responsibilities*, *Professional Use of Electronic Devices, and RCC Student Handbook* policies. The following will result from such a breach:

- Students who share confidential information will be subject to disciplinary action, up to and including, failure in a course and/or dismissal from the program.
- Violations of patient privacy will be subject to the clinical agency's HIPAA procedures/guidelines and disciplinary consequences.
- Violations of other student's privacy may be subject to the RCCD FERPA procedures/guidelines and consequences.
- Each student is legally responsible for individual postings related to peers and SON personnel (faculty, classified professionals, Dean) and may be subject to financial liability if postings are found defamatory, harassing, or in violation of any other applicable law. Students may also be financially liable if postings include confidential or copyrighted information.

Additional References

National Council State Board of Nursing's (NCSBN) (2024). A nurse's guide to the use of social media. https://www.ncsbn.org/Social_Media.pdf

Westrick, S. (2016). Nursing students' use of electronic and social media: Law, ethics, and e-professionalism. *Nursing Education Perspectives, 37*(1), 22.

Revised: 4/18; 8/20; 1/23; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY AND PROCEDURE: USE OF ARTIFICIAL INTELLIGENCE (AI)

What is Artificial Intelligence (AI)?

The National Institute for Health (2018) defines AI as the power machine to copy intelligent human behaviors. These tools and techniques teach computers to mimic human-like cognitive functions, including learning, reasoning, communicating, and decision-making (Riley, 2024). Generative AI is a subset of AI that can create text or media from prompts written by humans and form large language models (LLMs). While AI has the capability of performing very specific tasks well, it is unable to replicate human intelligence and creativity or combine tasks and conduct each one at the same ability of a human (MVC, 2023).

AI and Nursing

AI has the potential of transforming how nurses provide individualized patient-centered care using evidence-based practice to meet unique care needs of patients. While the field is expanding at a rapid rate and in multiple care settings, AI does not replace a nurses' skills, knowledge, decision-making, judgment, critical thinking, or assessment skills. Nurses remain responsible for remaining informed and ensuring appropriate use of AI to optimize the health and well-being for those in their care. In addition, nurses must remain accountable for their practice and for the information they disseminate (ANA, 2022). As lifelong learners, we must embrace evolving technologies and how they will impact the ever-changing healthcare environments.

Positive and Negative Impacts of AI

Positive Impacts of AI	Negative Impacts of AI
• Immediate individualized feedback • Immediate individualized tutoring & support • Aid in critical thinking & decision-making • Aid in transcription of notes • Generate study tools, such as case studies • Practice NCLEX-style questions • Support clinical decision-making • Engage in lifelong learning	• Overreliance on technology inhibiting critical thinking, clinical judgment, & decision-making • Privacy & security concerns (FERPA, HIPAA) • Academic dishonesty (plagiarism, cheating) • Cultural & social biases, perpetuating/causing injustices and inequities • Lacks human interaction and emotions • Incorrect or misinformation

(ANA, 2022; Glauberman, Ito-Fujita, Katz, & Callahan, 2023; MVC, 2023; Riley, 2024)

Guidelines AI Use

1. Learning how to thoughtfully and strategically use AI-based tools may help you to develop your critical thinking and clinical judgment skills and supplement your studying in a contextualized manner. Please note that AI results can be biased and inaccurate. It is your responsibility to ensure that the information you use from AI is accurate and verified using credible resources (seminar materials, credible websites, textbooks, etc.).

2. It is the student's responsibility to contact the semester-level faculty if you are unsure if the use of AI is appropriate to ensure they are not violating RCCD's academic dishonesty policy.

3. It is important to pay attention to the privacy of your data. Many AI tools will incorporate and use any content you share, so be careful not to unintentionally share copyrighted materials, original work, personal or patient information.

4. Students are not required to pay for any AI platform.

5. Students must abide by all FERPA and HIPAA guidelines as outlined in the *SON Confidentiality* policy.

6. Common AI platforms:

    - ChatGPT (only paid version searches the internet for information)
    - Copilot (Microsoft – searches the internet)
    - Gemini (Google – searches the internet)

Permitted and Unpermitted Use of AI

1. Permitted Use (list is not exhaustive, when in doubt always ask first)
    - Brainstorming
    - Creating case studies for use when studying
        - Suggestion for Use: Create the case study in AI and analyze whether the information is accurate or not using your seminar notes, textbook resources, and other credible resources. Based on the case study, determine what information is missing and use the 6 categories of the NCSBN Clinical Judgment Model to "care" for the patient in the case study and create an SBAR based on the information
        - Prompt Example: *I am a pre-licensure (RN/VN) student. Create a case study on (insert disease process) and include lab and diagnostic results and medications.*
    - Creating learning/study tools
        - Suggestion for Use: Create outlines of your notes, flashcards, priorities of care
    - Creating/practicing NCLEX-style questions
        - Suggestion for Use: Have AI create NCLEX-style questions and provide rationales for the correct & incorrect answers. Verify AI's accuracy on correct answer choice and rationales using credible resources
        - Prompt Example: *Create 5 NCLEX (RN or PN) questions on (insert disease process) with answers and rationales.*
    - Improve your grammar based on AI-generated suggestions.
    - Individualized tutoring
    - Faculty-assigned activities that require AI use in the instructions.

2. Unpermitted Use (list is not exhaustive)
    a. Use of AI tools to create content for course assignments that have points associated with them for a course grade is prohibited. Such assignments include:
        i. *Nursing Plans of Care (NPOCs)/Clinical Judgment Assignments (CJAs)*
        ii. *Clinical Judgment Medication Checklists*
        iii. *Passports for Entry*
        iv. Written papers (may use grammar suggestions)
        v. Discussion questions
        vi. Course-graded notes/worksheets

Consequences:

The use of AI for graded course-related assignments (see *Unpermitted Use*) demonstrates behaviors indicative of dishonesty, cheating, and lack of integrity. Any violation of academic dishonesty, as defined by RCCD Board Policy (6080) will result in the consequences outlined in *Board Policy (6080), RCC SON Professional Conduct and Legal Responsibilities*, RCC *SON Nursing Integrity,* and *Professional Use of Electronic Devices* policies. Any HIPAA violations related to patient information will be addressed based on the *RCC SON Confidentiality* policy.

References:

American Nurses Association (ANA). (2023). Position statement: The ethical use of artificial intelligence in nursing practice. https://www.nursingworld.org/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/the-ethical-use-of-artificial-intelligence-in-nursing-practice_bod-approved-12_20_22.pdf

Glauberman, G., Ito-Fujita, A., Katz, S., & Callahan, J. (2023). Artificial intelligence in nursing education: Opportunities and

challenges. *Hawai'i Journal of Health & Social Welfare, 82*(12), 302-305.

Moreno Valley College (MVC). (2023). Artificial intelligence faculty guide.

Riley, C. (2024, Spring). Incorporating artificial intelligence into nursing education: Challenges and recommendations. *National Council of State Boards of Nursing Leader to Leader,* 1-5.

Created: 1/25; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

Family Educational Rights and Privacy Act (FERPA) WAIVER

I, _____, Student ID_____
(Print Name)

grant my permission to allow my _____,_____,
(Relationship[s]) (Printed Name[s])

whose occupation(s) is/are _____ to speak openly about my academic, clinical, and or my professional performance and/or behaviors with the Dean/Department Chair/Faculty_____.
(RCC SON Personnel)

This document serves as a Waiver of my FERPA rights to privacy.

Student's Signature: _____ Date:_____

Approved 11/16

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

PURCHASE OF REQUIRED LEARNING RESOURCES

To enhance student learning and success in RCC's School of Nursing (SON) programs, students will be required to purchase resources outlined in the *Pre-Program Checklist* that is in place at the time the student is accepted and admitted to a nursing program (ADN or VN). Each semester level of the nursing program(s) has required assignments using these learning resources. A list of the required learning resources will be provided admission.

It is the responsibility of all students to ensure that their accounts for these products are paid in full each semester so that required course assignments using these resources can be completed to assist students in meeting course and program student learning outcomes. If a student fails to complete course assignments due to deactivation of their account because of "non-payment," and/or the required products are not purchased, the student will earn an Incomplete ("I") grade for the course. Students will not be allowed to progress to the next course until they meet the requirements outlined in the *Incomplete Grade Contract* within one year from the date of the contract. The faculty member issuing the *Incomplete* grade will convert the incomplete to a letter grade when contract requirements have been completed.

If the *Incomplete Grade Contract* requirements are not completed prior to the student progressing to the next semester, an *Exit Interview* and *Contract for Success* will be developed. The student may be eligible for readmission, in accordance with the RCC School of Nursing *Eligibility for Readmission and Prioritization of Readmission* policies and space availabiity. The student is required to complete a *Petition for Readmission* to the program.

Approved 6/17; 7/19
Revised 7/18; 8/20; 1/23; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

TECHNOLOGY REQUIRMENTS

Purpose: To ensure that all students enrolled in the ADN (RN) and Vocational Nursing (VN) programs have clear, equitable, and timely access to the minimum technology specifications required for academic success, remote learning (if applicable), electronic testing, and digital clinical simulation.

The SON requires all enrolled students to have an Apple iPad and internet connectivity that meet the minimum technical specifications of the program.

- These requirements apply equally to all students regardless of program option (RN or VN).
- Technology requirements are reviewed annually by the nursing faculty and the Department Chairs to ensure alignment with instructional platforms and external testing vendors.
- Any modifications to technology requirements will be published and communicated to prospective and current students before the start of the academic term.

The technology requirements outlined in this policy are published and accessible through:

1. **Enrollment Handbook:** Nursing program webpages on the RCC website.
2. **Information Sheets:** All pathway options for the ADN (RN) and VN programs.
3. **Student Handbooks:** ADN (RN) and VN Student Handbooks (updated annually) on the SON Student Resource Canvas course and nursing program webpages on the RCC website.
4. **Course Syllabi:** Included in the standard syllabus template for all nursing courses.
5. **Pre-Program Checklist:** Provided to all newly admitted students based on their program option prior to the start of the semester.

Operating Procedures

1. Minimum Hardware and Software Specifications

Students must have access to an Apple iPad that supports iOS 24 or above. Students do have the option to participate in the SON iPad Loaner program if they are unable to purchase an iPad, as funding is available. A desktop or laptop computer (Windows or macOS) is optional and meet the following criteria:

Component	Minimum Requirement	Recommended Specification
Operating System	Windows 10 / macOS 11 (Big Sur) or newer	Windows 11 / macOS 14 (Sonoma)
Processor	Intel Core i5 / AMD Ryzen 5 or equivalent	Intel Core i7 / AMD Ryzen 7 or higher
Memory (RAM)	8 GB	16 GB
Hard Drive	128 GB available space (SSD preferred)	256 GB+ Solid State Drive (SSD)
Connectivity	Wi-Fi capability; Reliable broadband internet (Minimum 10 Mbps download / 3 Mbps upload)	Hardwired Ethernet; High-speed broadband (50+ Mbps download)
Peripherals	Functional webcam, microphone, and integrated or external speakers	Noise-canceling headset with microphone
Browser	Latest version of Google Chrome or Mozilla Firefox	Google Chrome (Primary)

2. Program-Specific Digital Platforms

Students are required to maintain access and user accounts for the following specialized academic software utilized throughout the RN and VN curricula:

- **Learning Management System (LMS):** Canvas (accessible via web browser; app version is for supplemental use only).
- **Electronic Testing & Proctoring:** ExamSoft/Examplify and ATI
- **Clinical Simulation & Virtual Charts:** Lippincott vSim for corresponding required textbooks and DocuCare.
- **Microsoft Office 365:** Email, word processing, presentation software, and Teams (free to students and downloadable up to 5 devices using RCCD email address)

3. Student Orientation and Technical Support

To support student readiness and compliance with each program's technology requirements, the following orientation and supports are provided:

- **Boot Camp:** All incoming ADN (RN) and VN students receive initial orientation to Wolters Kluwer/Lippincott, Elsevier, and ATI required resources at Boot Camp. The Director, Simulation & Learning Labs introduces the use of the Apple iPad and provides students will additionally resources on the SON Student Resource Canvas course. All incoming students are offered additional training for Wolters Kluwer/Lippincott and ATI resources in the first three weeks of the semester by the vendors.

- **On-Campus Alternatives:** Students who face unexpected hardware failure or lack home internet access may utilize the campus wi-fi, desktop computers in the SON's Engagement Center, Digital Library, SON loaner laptops, or check out loaner laptops through the Digital Library, subject to availability.

- **Technical Support:** For Canvas issues students can contact Canvas Help directly through the Canvas platform or RCCD Help Desk Support. For issues related to MyPortal, email access, or Microsoft Office 365, students should contact RCCD Help Desk Support. The RCC Technology Support webpage on the RCC website has information and many resources available for students. For specialized nursing vendor platforms, students must contact the respective vendor's Customer Support team.

4. Contact Information

- RCC Technology Support website
- RCCD IT Help Desk
  - Email: helpdesk@rccd.edu
  - Phone: (951) 222-8388 (option 3)
  - Hours: Monday – Friday 7:00 am – 6:00 pm
- Canvas Help
  - Live chat (24/7 support)
  - Phone: (833) 209-6178
- Wolters Kluwer/Lippincott (thePoint)
  - Live chat (access in the top right of the webpage)
  - Phone: (800) 468-1128
  - Hours: Sunday – Thursday 8:00 am – 1:00 am (EST); Friday 8:00 am – 9:00 pm (EST); Saturday 8:00 am – 8:00 pm (EST)
- ATI
  - Live chat
  - Phone: (800) 667-7531
  - Hours: Monday – Friday 7:00 am – 7:00 pm (CST)
- ExamSoft
  - Phone: (866) 429-8889, ext. 1 (24/7 support)
- Elsevier (Evolve)
  - Chat Bot/Live Chat
  - Email: through Evolve website
  - Phone: (800) 222-9570
  - Hours: Monday – Friday 6:00 am – 12:00 am (CST); Saturday & Sunday 9:00 am – 9:00 pm (CST)

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

SCOPE OF PRACTICE FOR VARIOUS NURSING LICENSURE

LVN/PN Scope of Practice Directed/Supervised Role	ADN or Diploma RN Scope of Practice Independent Role	BSN RN Scope of Practice Independent Role
SUPERVISION: The practice of LVN/PN means the performance for compensation of technical services requiring basic knowledge of biological, physical, behavioral, psychological and sociological sciences and of nursing procedures. The LVN is an individual who is prepared to work in Acute care facilities, skilled nursing facilities, and ambulatory care settings. Usually after completing a 9 month-24 month program at a Community/Junior College or Career College/Technical school .The Vocational Nursing is a member within the profession of nursing. A LVN/PN must ensure that he or she has an appropriate clinical supervisor, i.e. RN, APRN, Physician, PA, Dentist or Podiatrist. The services performed under supervision use standardized procedures leading to predictable outcomes in the observation and care of the ill, in the maintenance of health, or provision of a peaceful death.	**SUPERVISION:** Provides supervision to other RNs, LVN/PNs and UAPs. Supervision of LVN/PN staff is defined as the process of directing, guiding, and influencing the outcome of an individual's performance and activity. The Associate Degree Nurse is an individual who is prepared to work within a defined technical scope of practice. Usually after completing a 2-year program at a Community/Junior College. The Associate Degree Nurse is a member within the profession of nursing.	**SUPERVISION:** Provides supervision to other RNs, LVN/PNs and UAPs. Supervision of LVN/PN staff is defined as the process of directing, guiding, and influencing the outcome of an individual's performance and activity. The Bachelor of Science in Nursing is an individual who is prepared at a professional nurse level after completing 4-years at a college or university.

SETTING: Provides focused nursing care to individual patients with common, well defined health problems, in structured health care settings. The setting may include areas with well defined policies, procedures and guidelines with assistance and support from appropriate clinical supervisors, i.e. nursing home, hospital, rehabilitation center, skilled nursing facility, clinic, or a private physician office.	**SETTING:** Provides independent, direct care to patients and their families who may be experiencing complex health care needs that may be related to multiple conditions. Provides healthcare to patients with predictable and unpredictable outcomes in various settings.	**SETTING:** Provides independent, direct care to patients, families, populations, and communities experiencing complex health care needs that may be related to multiple conditions. Provides healthcare to patients with predictable and unpredictable outcomes in various settings.
ASSESSMENT: Assists, contributes and participates in the nursing process by performing a focused assessment on individual patients to collect data and gather information. A focused assessment is an appraisal of the situation at hand for an individual patient and may be performed prior to the RN's initial and comprehensive assessment. The LVN/PN assesses the basic needs of individuals. The collection of data for assessment purposes is to identify deviations from normal. The LVN/PN communicates/reports and documents the assessment information and changes in patient conditions to an appropriate clinical supervisor.	**ASSESSMENT:** Independently performs an initial or ongoing comprehensive assessment (Extensive data collection). Anticipates changes in patient conditions to include emergent situations. Reports and documents information and changes in patient conditions to a health care practitioner and or a responsible party. Determines the physical and mental health status, needs, and preferences of culturally diverse patients and their families.	**ASSESSMENT:** Independently performs an initial or ongoing comprehensive assessment (Extensive data collection). Anticipates changes in patient conditions to include emergent situations. Reports and documents information and changes in patient conditions to a health care practitioner and or a responsible party. Determines the physical and mental health status, needs, and preferences of culturally diverse patients and their families.
DIAGNOSIS: An LVN/PN may not establish a plan of care by selecting nursing diagnoses, but they do contribute to the established plan of care.	**DIAGNOSIS:** Unlike the LVN/PN, the ADN has the educational preparation to analyze and interpret data, identifying actual or potential health care needs and selecting nursing diagnoses for individuals and families.	**DIAGNOSIS:** The BSN has the educational preparation to analyze and interpret data, identifying potential health care needs and selecting diagnoses for those who are served as individuals, families, or communities.
PLANNING: Uses clinical reasoning based on established evidence-based policies, procedures and guidelines for decision-making.	**PLANNING:** Uses clinical reasoning based on established evidence-based policies, procedures and guidelines for decision-making. Analyzes assessment data to identify problems, formulate goals and	**PLANNING:** Uses clinical reasoning based on established evidence-based practice outcomes and research for decision-making and comprehensive care. Synthesizes comprehensive

The LVN/PN contributes to the development of nursing care plans, determines patient care need priorities, and assists in revising care plans. The LVN/PN uses the established nursing diagnoses in the planning process for patients with common, well defined health problems. May assign specific daily tasks and supervise nursing care to other LVN/PNs or UAPs.	outcomes, and develops nursing plans of care for patients and their families. May assign tasks and activities to other nurses. May delegate tasks to UAPs.	data to identify problems, formulate goals and outcomes, and develop nursing plans of care for patients, families, populations, and communities.[13] May assign tasks and activities to other nurses. May delegate tasks to UAPs.
IMPLEMENTATION: Provides safe, compassionate and focused nursing care to patients with predictable health care needs. Implements aspects of the nursing care plan, including emergency interventions under the direction of the RN or another appropriate clinical supervisor. Effective communication and collaboration with other health care team members, assists in revising care plans. The LVN/PN instructs patients regarding health maintenance. Contributes to the development and implementation of teaching plans for patients and their families with common health problems and well-defined health needs.	**IMPLEMENTATION:** Provides safe, compassionate, comprehensive nursing care to patients, and their families through a broad array of health care services. Implements the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles. Develops and implements teaching plans to address health promotion, maintenance, and restoration.	**IMPLEMENTATION:** Provides safe, compassionate, comprehensive nursing care to patients, families, populations, and communities through a broad array of health care services. Implements the plan of care for patients, families, populations, and communities within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles. Develops and implements teaching plans to address health promotion, maintenance, restoration, and population risk reduction.
EVALUATION: LVN/PN seeks guidance and continues to collaborate with healthcare team members modifying nursing approaches and revising nursing care plans. Participates in evaluating effectiveness of nursing interventions. Participates in making referrals to resources to facilitate continuity of care.	**EVALUATION:** Evaluates and reports patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plans follow-up nursing care to include referrals for continuity of care.	**EVALUATION:** Evaluates and reports patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice and research, and plans follow-up nursing care to include referrals for continuity of care.

Roles and Responsibilities

The stated objectives for the LVN/PN practice include education to acquire specialized knowledge and skills necessary to meet the health needs of individuals in a variety of health care settings. The LVN/PN must be a graduate of a state approved vocational/practical nursing program; to become a candidate and pass the NCLEX-PN examination; and earn a state license to practice as an LVN/PN.

To accomplish the objectives for LVN/PN practice the lifelong learner must assume responsibility for his/her own education, intensive study, and dedication to duty. The lifelong learner who pursues nursing licensure must organize their time effectively to accomplish these objectives and ultimately assure the patient receives safe and competent care (Harrington & Terry, 2024).

Can an LVN initiate and monitor IV therapy?

Yes. An LVN/PN can be certified to Initiate Intravenous fluid therapy including Blood Products. A LVN may also perform venous blood draws. Certification may be obtained by attending a 54 hour BVNPT approved course which must include IV therapy/products and venous puncture techniques.

Summary

The LVN/PN, with a focus on patient safety, is required to function within the parameters of the legal scope of practice and in accordance with the federal, state, and local laws, rules, regulations, and policies, procedures and guidelines of the employing health care institution or practice setting. The LVN/PN functions under his or her own license and assumes accountability and responsibility for quality of care provided to patients and their families according to the standards of nursing practice. The LVN/PN demonstrates responsibility for continued competence in nursing practice, and develops insight through reflection, self-analysis, self-care, and lifelong learning.

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Revised: 7/18; 1/21; 1/23; 8/25

A PATIENT'S BILL OF RIGHTS

The American Hospital Association presents a Patient's Bill of Rights with the expectation that it will contribute to more effective patient care and be supported by the hospital on behalf of the institution, its medical staff, employees, and patients. Effective health care requires collaboration between patients and physicians and other health care professionals. Open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to optimal patient care. As the setting for the provision of health services, hospitals must provide a foundation for understanding and respecting the rights and responsibilities of patients, their families, physicians, and other caregivers. Hospitals must ensure a health care ethic that respects the role of patients in decision making about treatment choices and other aspects of their care. The AHA recommends that health care institutions tailor this bill of rights to their patient community by translating and/or simplifying the language as may be necessary to ensure that patients and their families understand their rights and responsibilities

1. The patient has the right to considerate and respectful care.

2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.

3. Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.

4. Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees.

5. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.

6. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or transfer to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution.

7. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.

8. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.

9. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.

10. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.

11. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.

12. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.

13. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.

14. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.

15. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

Revised: 7/19

STUDENT PROGRESSION IN THE ADN PROGRAM:

ACADEMIC & CLINICAL POLICIES

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

PROGRESSION POLICY: ADN (RN) PROGRAM

If a student earns less than a 75% ("C") grade in any course required for the ADN (RN) program (Nursing 11, 12, 21 or 22), the student will be ineligible to continue in the ADN (RN) program and must reapply to ADN (RN) program and complete a *Petition for Readmission*. Readmission will be based on the *Eligibility for Readmission* policy and space availability.

Revised: 7/14; 8/20; 1/21; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ADN (RN) PROMOTION POLICY

Promotion from one semester to the next semester is dependent upon successful completion of all course requirements and achievement of course student learning outcomes from the previous semester.

Students will be required to:

A. Meet the minimum requirements to be eligible for the licensure examination administered by the National Council of State Boards Nursing. A minimum grade of "C" (75%) in seminar and a *Satisfactory* clinical performance grade in each nursing course is required for a student to advance from one course to the next (refer to prerequisites for each nursing course). An overall "C" (75%) grade is required for the student to progress or complete the ADN (RN) program.

   Students need to be cognizant of their status throughout each course and the entire ADN (RN) program. Necessary steps should be taken to use available resources to ensure academic and clinical success.

B. Earn a *Satisfactory* clinical performance grade during *Medication Intensive* and on all *Clinical Competency Assessments* is required.

C. Earn a 100% on the summative *Dosage Calculation Competency Exam*.

D. Have a satisfactory attendance record (see *Attendance/Tardy Policy and Procedure for the ADN (RN) Program).*

E. Earn a *Satisfactory* in professional/ethical behaviors (see *Professional Conduct and Legal Responsibilities and Policy for Professional, Civil, and Caring Behaviors* policies).

Approved 1/13
Revised 7/17; 7/18; 1/20; 8/20; 1/23; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ADN (RN) RETENTION POLICY

Success, retention, and program completion are the highest priorities for the School of Nursing (SON). To support student success, nursing faculty will work with students to create a personalized plan using all available resources.

Support Resources include:

Academic Support

1. *School of Nursing Student Outcomes Specialist (SOS)*

   Get one-on-one and group support to boost your academic skills. The SOS helps with strategies for test-taking, time management, and study skills to ensure you excel in your coursework. A variety of workshops are offered throughout the academic year.

2. *Semester-Level Student Success Coaches*

   Work with a success coach who can help you navigate the challenges of your specific semester and keep you on track. A variety of workshops are offered throughout the academic year in collaboration with the SOS.

3. *Disability Resource Center (DRC)*

   DRC provides comprehensive support services and academic accommodations for students with various disabilities, including psychological, medical, mobility, learning, and ADHD.

   - **Location:** Charles A. Kane Student Services building, Room 130
   - **Email:** DRC@rcc.edu

4. *Tutorial Services*

   This free service offers a supportive environment where you can get academic assistance to prepare for classes in the areas of math, reading, writing, and science and develop the skills needed for a successful college career.

   - **Location:** Martin Luther King (MLK) building, Room 232
   - **Writing and Reading Center:** For English and ESL tutoring, visit MLK building, Room 119

5. *Health-Related Sciences Engagement Center*

   This center is a dedicated space for nursing and health-related students to study, collaborate, and relax. You'll have access to you Student Success Team that includes a Faculty Coordinator, Program Specialists, Counselors, and Peer Mentors, all focused on helping you succeed and building a strong community.

Counseling & Health Services

1. *Nursing Counselor*

   Meet with a counselor to develop a Student Educational Plan (SEP) tailored to your nursing career goals. They can also assist with planning for a bachelor's or master's degree after graduation.

2. *Student Health and Psychological Services (SHPS)*

   SHPS provides short-term medical care for injuries and illnesses, psychological counseling, and crisis intervention.

   - **Location:** Bradshaw building, below the bookstore
   - **Contact:** (951) 222-8151

Financial Support

1. *Student Financial Services*

   Explore various financial aid options to help cover the cost of your education.

   - **Location:** Charles A. Kane Student Services building, 1st floor

2. *Scholarships*

   Find out about scholarships specifically for nursing students by visiting the Student Financial Services office.

3. *Veterans Services*

   Support for veterans, reservists, active-duty military, and their dependents. Get assistance with VA benefits and resources to help you thrive in the program.

   - **Location:** Charles A. Kane Student Services building, Room 104.

Mentorship

1. *Peer-to-Peer*

   Connect with experienced nursing students who can provide guidance and support.

2. *Supplemental Instructors (SIs)*

   Experienced nursing students who have successfully completed the course they are now supporting. They serve as peer leaders, guiding students through challenging course material in collaborative, small-group sessions. SIs don't re-lecture but rather facilitate active learning by using a variety of strategies such as group discussions, practice problems, and concept mapping. Their role is to help students better understand complex topics, improve critical thinking skills, and ultimately succeed in the course.

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ATTENDANCE/TARDY POLICY AND PROCEDURE - ADN (RN) PROGRAM

The ADN (RN) program at Riverside City College is a concentrated course of study. To ensure academic success and the achievement of course and program student learning outcomes, students are expected to demonstrate responsible professional behaviors throughout the program. Attendance and timeliness are part of the professional behaviors exhibited by the nurse. Attendance and punctuality are integral to the profession of nursing and in promoting safe patient care.

Expectations:

The ADN (RN) program conforms to the RCC's policy on attendance:

> *It is the responsibility of all students to attend classes regularly. When students have been absent due to illness, they should report to their instructor to explain the absence as soon as possible. Your instructors reserve the right to administratively withdraw students who do not regularly attend or who miss the first day of class. However, it is ultimately the student's responsibility to officially withdraw from a class if they do not plan to complete a course (RCC Student Handbook).*

As a part of the program's *Professionalism* outcome, it is an expectation that the teaching faculty for the assigned educational activity will be notified prior to a student's absence or tardy. When an unexpected absence or event occurs, students should notify their faculty and explain the incident resulting in their absence as soon as possible. Any time within the program that a student's lack of attendance and/or punctuality occurs at either a classroom or clinical session, additional course work will be required. Extended absences may require medical clearance before the student is able to return to class and/or clinical. Religious observances may be accommodated, if possible, and only if course/clinical outcomes can be met. The student may receive an incomplete, failing grade, or may be dropped from the program for absences/tardies that result in an inability to meet course and/or end-of-program student learning outcomes.

Seminar: A student who is absent or tardy misses theoretical content related to the student learning outcomes of the course. It is the responsibility of the student to demonstrate professional behaviors to meet the student learning outcomes of the course. Make-up work will be assigned in accordance with *RCCD Positive Attendance* and *Board of Registered Nursing* requirements.

Clinical: The faculty plans clinical learning experiences related to the student learning outcomes of the course. It may not be possible to provide these experiences a second time within the available time frame of the rotation. Students will be required to make-up missed clinical outcomes which may include attending a clinical experience on an alternate day that may not correspond with their regular clinical assignment. Students who are absent or tardy from any clinical experience (hospital/clinic, CNSL, simulation, deliberate practice, etc.) may be unable to achieve the course and/or end-of-program student learning outcomes, which may result in an incomplete or failing grade for the course or completion of the program.

Student-related absence(s) due to military service will not be required to make-up time missed or complete make-up work. Students will be required to provide proof of service to semester-level faculty.

Procedure for Absence and Tardies:

When a student violates any portion of policy expectations set forth above, the consequences outlined below will be followed:

First Occurrence

1. Receive a verbal warning using the *Verbal Acknowledgement Form*.

2. Provide make-up work congruent with the time missed. It is the student's responsibility to obtain the

make-up work from the faculty and complete it by the assigned due date.

Second Occurrence

1. Receive a written *Performance Improvement Plan (PIP)* indicating an *Area for Development* with remediation related to lack of professional/ethical behaviors.

2. Provide make-up work congruent with the time missed. It is the student's responsibility to obtain the make-up work from the faculty and complete it by the assigned due date.

Third Occurrence

1. Receive a written *Performance Improvement Plan (PIP)* indicating a *Continued Area for Development* with remediation related to lack of professional/ethical behaviors. Remediation will include a detailed *Resolution Plan* to address the lack professional/ethical behaviors.

2. Provide make-up work congruent with the time missed. It is the student's responsibility to obtain the make-up work from the faculty and complete it by the assigned due date.

3. Student will be required to meet with semester-level faculty to discuss *Resolution Plan*.

Fourth Occurrence

1. Receive a written *PIP* indicating a *Minimal** related to lack of professional/ethical behaviors.

2. Provide make-up work congruent with the time missed. It is the student's responsibility to obtain the make-up work from the faculty and complete it by the assigned due date.

3. Student will be required to meet with the program Department Chair.

*If a student earns a second *Minimal* performance (in clinical and professional/ethical behaviors) within the same course, the student will be ineligible to progress in the course/program and will have earned an *Unsatisfactory* performance grade. Readmission is dependent on the *Eligibility for Readmission* and *Prioritization of Readmission* policies and space availability.

Fifth Occurrence

1. Receive a written *PIP* indicating an *Unsatisfactory* related to lack of professional/ethical behaviors. Students earning an *Unsatisfactory* will be dropped from the program.

A. Student will be required to meet with the program Department Chair and Dean, School of Nursing.

B. Readmission is dependent on the *Eligibility for Readmission* and *Prioritization of Readmission* policies and space availability.

Revised: 11/81; 11/82; 12/82; 3/83; 6/87; 10/88; 7/92; 6/97; 12/99; 6/00; 7/00; 11/00; 3/01; 7/03, 11/06; 8/09; 1/12; 5/12; 6/12; 1/13; 8/13; 7/14; 2/16; 7/17; 7/18; 1/23; 6/23; 8/24; 2/25; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

RCCD/RCC GRADING POLICY

Grading

Riverside Community College District/Riverside City College uses a letter system for the accomplishment in coursework and is indicated by the following symbols:

Symbol	Definition	Grade Point
A	Excellent	4
B	Good	3
C	Satisfactory	2
D	Passing, less than satisfactory	1
F	Failing	0
FW	Fail – did not withdraw	0
P	Pass (at least satisfactory, the equivalent of a 'C' or better. Not computed in GPA)	0
NP	No Pass (less than satisfactory or failing. Not computed in GPA)	0
I	Incomplete	0
MW	Military Withdrawal	0
EW	Excused Withdrawal	0

Withdrawals

A 'W' on your transcript does not compute into your GPA, but excessive withdrawals will result in progress probation/dismissal and may affect a student's eligibility for financial aid. Please refer to MyPortal/WebAdvisor at www.rcc.edu for withdrawal deadlines.

Incomplete

Students are not to re-enroll for a course in which a grade of 'I' has been recorded. Incomplete academic work for unforeseeable, emergency and justifiable reasons at the end of the term may result in an 'I' symbol being entered on the student's record. The condition for removal of the 'I' shall be stated by the instructor on the Incomplete Contract. Students receiving an Incomplete ('I') may print out the Incomplete Contract on MyPortal/WebAdvisor at www.rcc.edu. Students have up to one year to complete an incomplete or the grade will become an 'F' or whatever grade the instructor puts on the Incomplete Contract form.

Good Standing

Students are in good standing when they achieve a cumulative grade point average of 2.0 or higher and earn grades of 'A', 'B', 'C', or 'P' (pass) in 50% or more in all coursework attempted.

Probation

Students who have attempted 12 semester units or more will be placed on academic probation if their grade point average is below 2.0. Students will be placed on progress probation if they have attempted 12 or more semester units and have an excessive number of 'W', 'I', 'NP', 'F', or 'FW' grades. "Excessive" is defined as 50% or more. Students placed on probation will be notified through their RCCD email account. Students on academic or progress probation are encouraged to complete the online probation workshop (https://launch.comevo.com/rcc/3948/-/pub/Intake) and/or attend a PAWS (Pause, Assess, Work, Succeed) workshop offered by the Counseling Center. Students on probation may enroll for a maximum of 13 units in the spring and fall semesters and seven units in the summer and winter terms.

Dismissal

Students who maintain less than a 2.0 GPA for two consecutive semesters are subject to academic dismissal. Students shall also be subject to progress dismissal if the number of 'W', 'I', 'NP,' 'F,' or 'FW' entries reaches or exceeds 50% for two consecutive semesters. Students placed on dismissal will be notified of their next steps through their RCCD email account.

Waiver of Dismissal

Students may re-enter the semester following dismissal after successful petition to Counseling at the student's home college. All re-admit students must go through the on-line dismissal workshop and meet with a counselor to complete a *Readmit Commitment* to register for classes. However, re-admit student's academic status remains "dismissal" until their cumulative GPA is 2.0 or higher and the percentage of 'W', 'I', 'NP', 'F', or 'FW' entries is less than 50%.

NOTE: *Students enrolled in the nursing program must maintain a GPA of at least 2.0 to continue in the program. Students shall also be subject to dismissal if the number of "F", "FW", "W", "I", and "NP" entries exceeds 50% for two consecutive semesters (fall/spring)*

Revised: 1/13; 8/13; 7/17; 7/18; 1/23; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

EVALUATION POLICY

Evaluation is the appraisal of the student's attainment of the identified course and end-of-program student learning outcomes. Each nursing faculty has the responsibility to determine if the student has achieved the required course and end-of-program student learning outcomes.

A. **Assessment:**

1. Each nursing faculty measures the quality of learning by means of seminar exams, projects, portfolio/passport-for-entry assignments, written papers, and competency assessment. A student's final course grade is the culmination of multiple measures.

2. All course and exams must be taken within the time frame given by the nursing faculty.

3. Standardized Testing

   a. Standardized proctored content exams are aligned with the curriculum and are given throughout each program. These exams are required and assist the student in identifying their strengths and areas needing improvement. Students can earn points towards their course grade based on taking each content area practice assessment and corresponding remediation; their performance on each proctored exam; and remediation on each proctored exam (see course grading rubric and *Standardized Testing Policy & Procedure*).

   b. An NCLEX Comprehensive Predictor examination is given in the last semester of the ADN (RN) and VN programs. This exam is required and assists the student in determining their predictability score of passing the NCLEX exam. Students can earn points towards their course grade based on taking the practice assessment with corresponding remediation and their performance on the predictor exam (see course grading rubric and *Standardized Testing Policy & Procedure*).

   c. The student is required to purchase these exams as outlined in the *Purchase of Required Learning Resources* policy.

   d. Students are required to take all standardized exams seriously. These exams are crucial for developing the knowledge and critical thinking skills necessary to succeed on the NCLEX exam. Furthermore, student performance on these exams is a key component of the program's accreditation process and helps us evaluate and improve course and program outcomes. Professionalism is a major curriculum concept in the SON, and a lack of effort on these exams will be addressed according to the P*rofessional Conduct and Legal Responsibilities Policy & Procedure*.

B. **Academic Performance:**

1. Letter grades are used in recording the final grade for each course. A student must earn a letter grade of "C" (75%) or higher to successfully pass the course.

2. Semester letter grades are determined by seminar achievement percentage and a *Satisfactory* clinical performance evaluation grade. Grades are recorded according to the following seminar percentages:

A	=	90	-	100%
B	=	80	-	89%
C	=	75	-	79%
D	=	65	-	74%
F	=	below	65%	

3. Final overall course grades are rounded up or down based on the figure in the tenths place being 0.5 or above (i.e., 74.4% equals a 74% or a "D" grade; 74.5% rounds up to a 75% or a "C" grade).

C. **Clinical Performance:**

1. *Medication Intensive, Clinical Competency Assessment,* and *Dosage Calculation Competency Assessments* are conducted each semester. Students must earn a *Satisfactory* grade on each course's summative *Clinical Competency Assessment* and *Dosage Calculation Competency Assessment*.

2. A *Satisfactory* clinical performance evaluation grade must be achieved by the end of each course to progress to the next course or complete the program.

3. Student performance will be evaluated, either formally or informally, during each clinical experience by qualified clinical nursing faculty.

4. Formal clinical performance evaluations will occur at the midpoint (if applicable) and at the end of each clinical rotation, to ensure that course and end-of-program student learning outcomes have been achieved.

5. Clinical performance evaluations are discussed formally with the student during scheduled conferences. Assessment of the student's progress will also be done formatively throughout the semester.

6. Whenever the student is not performing at a *Satisfactory* level in the clinical area, the nursing faculty will meet with the student to discuss areas needing improvement and assign remediation, as appropriate.

7. If a *Minimal* clinical and/or professional/ethical behavior performance grade is earned at the end of the course/program and the student is unable to satisfy their remediation requirements by Week 15, the student will be unable to progress and/or complete the program. The *Minimal* will convert to an *Unsatisfactory* grade since the student is unable to demonstrate achievement of course/end-of-program student learning outcomes.

8. A clinical and/or professional/ethical behavior grade of *Unsatisfactory*, a second *Minimal* performance in the same course, and/or *Unsafe* or *Gross Misconduct* will result in an "F" grade for the course, regardless of the student is passing theory, because theory and clinical are concurrent and results in a combined grade. Readmission is dependent on the *Eligibility for Readmission* and *Prioritization of Readmission* policies and space availability.

Revised: 7/17; 7/18; 7/19; 8/20; 8/21; 7/22; 2/23; 8/24; 8/25; 8/26

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

EXAMINATION POLICY

General Guidelines

1. Students are expected to be present in seminar and/or clinical the day before or the day of the scheduled exam.

2. Students who have testing accommodations with Disability Resource Center (DRC) are required to request their testing accommodations through DRC Connect at least 5 business days before the exam so that semester-level faculty can appropriately coordinate. Accommodations must be renewed every semester/intersession.

3. Students will be held to the *RCC School of Nursing Integrity and Professional Use of Electronic Devices* policies regarding testing.

4. Exam guidelines may be found in the *SON Exam Day Rules* policy which were adapted by the faculty from the National Council of Student Boards of Nursing (NCSBN) guidelines for licensure examination. Students will be held to the rules set forth in the policy.

5. To maintain congruence with the standards of the *National Council of State Boards of Nursing (NCSBN)*, the faculty expect confidentiality related to exam content. Students are not to divulge any questions on any nursing examinations to any individual or entity. The student understands that the unauthorized possession, reproduction, or disclosure of any examination materials, including the nature of content of examination materials before, during, or after the examination, is in violation of the *RCC Nursing Student Integrity* policy.

6. Students will be provided with a pencil, one single 4x6 inch blank sheet of scratch paper, and college-issued ear plugs (if requested) by the exam proctor. Students must put their name on the scratch paper and turn in scratch paper to the exam proctor at the end of the exam. Writing on scratch paper may not be visible to others. Students will earn a zero on their exam if they do not turn in their scratch paper and/or writing is visible to others.

7. Students are required to have all usernames/passwords and be computer literate before coming into the testing environment. Computer literacy means you can turn on a computer, access the correct web page, sign on with an accurate username/password and cause no disruption to the class due to not understanding how to use a computer.

8. In alignment with the NCLEX testing procedures, students will not be allowed to backtrack (revisit questions) on exams.

9. Course and final exam grades are not rounded.

10. Students are required to download their exam within the allotted timeframe. If a student does not download the exam within the allotted download period, the student will not be able to download exam until the day of the exam after all other students have been started. Additional time on the exam will not be given to a student who has not downloaded the exam by the download deadline.

11. Students are required to bring their RCC SON calculator to all *Dosage Calculation, Medication Intensive,* and *Clinical Competency Assessment* exams.

12. Spelling must be correct to earn associated points with exam questions. If incorrect spelling, answers will be counted as incorrect, and no points will be earned.

13. Alternative test items, such as case study, multiple-response, fill-in-the-blank, etc. may use +/- partial credit scoring. +/- partial credit scoring allows students to earn partial credit for correct answers but be penalized for any incorrect answers selected. The minimum possible score on these items is 0.

14. Keys, cells phones, smart watches, smart glasses, and all other personal items must be placed in the designated area.

15. Students must come to every exam with a fully charged device and ensure that they have installed all operating system and software updates.

16. Use of an exam cheating service or proxy test taker (on behalf of the student) engaging in proxy testing is prohibited.

17. If exams are delivered in a remote environment, students are

    a. required to have two devices, fully charged, and updated - one device for proctoring (audio and video) and one device to take the exam on. Students must remain on camera the entire duration of the exam.

    b. only able to privately chat with the exam proctor using Zoom and may not correspond with another student using any other platform or technology during an exam.

    c. required to view detailed instructions via the course online learning management system prior to any exam.

    d. will use the testing platform whiteboard or note section in place of scratch paper.

    e. required to verify submission of their exam to the proctor prior to exiting the exam environment.

Make-up Exams

1. Make-up for quizzes, course exams, and final exams will not be considered unless the student:

    a. Notifies the semester lead or designated faculty member prior to the exam and provides the reason for the absence.

    b. Brings in a statement on the next day of attendance from a qualified healthcare provider verifying an illness, or a statement from another appropriate authority verifying the student's inability to attend the exam at the scheduled day and/or time.

2. If the student is given the privilege of making-up their exam, the semester-level faculty will arrange a date and time for student to complete the make-up exam. Make-up exams may be outside of the normal class day and time.

3. Make-up exams may or may not be in the same format as the original exam.

Revised: 1/13; 2/13; 1/14; 6/14; 7/17; 7/18; 7/19; 8/20; 1/21; 7/22; 1/23; 6/23; 2/25; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

EXAM DAY RULES

To ensure all students' results are earned under comparable conditions and represent a fair and accurate measurement, it is necessary to maintain a standardized testing environment. Below you will find standardized rules for all students that must be adhered to.

If you do not adhere to these rules or the instructions from your faculty/proctor, your exam will be shut down and you will not be able to complete the exam. These rules have been adapted from the *National Council of State Boards of Nursing (NCSBN)*. Your signature on the *Acknowledgement of Forms* indicates that you will abide by the above rules.

1. Personal items are not allowed in the testing environment. Personal items include, but are not limited to:

    a. Bags/Purses/Wallets/Backpacks
    b. Books/Study materials
    c. Cameras of any kind
    d. Coats/Hats/Scarves/Hooded Sweatshirts/ Sweaters/Gloves
    e. Food or Drink
    f. Gum or Candy
    g. Lip Balm
    h. Watches (including smart watches)
    i. Weapons of any kind
    j. Virtual reality, augmented reality, or recording eyeglasses

    *Devices used for testing purposes (proctoring and taking the exam) may be used according to the *Examination Policy* when testing in a remote environment.

2. If a student is ever found with the listed items on their person or in the testing environment, the student will be immediately dismissed from the exam environment and earn a zero on the exam.

3. In alignment with the NCLEX testing procedures, students will not be allowed to backtrack (revisit questions) on exams or ask questions during the exam (i.e., definition of terms, etc).

4. For each exam, students are required to submit their compliant Complio report per faculty instructions. If a student is not in compliance, their exam score will be withheld until they have submitted the required documentation. If a student has pending immunizations that prevents them from having a compliant report, the student must collaborate with Health Coordinator and provide the faculty with documentation from the Health Coordinator. Students are encouraged to plan accordingly as the Health Coordinator is only on campus 1 – 2 days/week.

5. Students may not access the internet or any electronic device(s) during an exam or while in the testing environment other than that designated by faculty/proctor.

6. Students will be provided with a pencil, one single 4x6 inch blank sheet of scratch paper, and college-issued ear plugs (if requested) by the exam proctor. Students must put their name on the scratch paper and turn in scratch paper to the exam proctor at the end of the exam. Writing on scratch paper may not be visible to others. Students will earn a zero on their exam if they do not

turn in their scratch paper and/or writing is visible to others.

7. Students are required to have all usernames/passwords and be computer literate before coming into the testing environment. Computer literacy means you can turn on a computer, access the correct web page, sign on with an accurate username/password, and cause no disruption to the class due to not understanding how to use a computer.

8. Tampering with the operation of the computer or attempting to use it for any function other than taking an exam will earn the student an automatic dismissal from the exam and possible dismissal from the program.

9. Attempting or actual copying, reconstructing, or removing exam items at any time will earn the student an automatic dismissal from the exam and possible dismissal from the program.

10. Students are required to bring their RCC SON calculator to all *Dosage Calculation, Medication Intensive, and Clinical Competency Assessment* exams.

11. Spelling must be correct to earn associated points with exam questions. If incorrect spelling, answers will be counted as incorrect, and no points will be earned.

12. Keys, cells phones, smart watches, smart glasses, and all other personal items must be placed in the designated area.

13. To maintain congruence with the standards of the *NCSBN,* the RCC School of Nursing faculty expects confidentiality related to exam content. Students are not to divulge any questions on any nursing examinations to any individual or entity. The student understands that the unauthorized possession, reproduction, or disclosure of any examination materials, including the nature of content of examination materials before, during, or after the examination, is in violation of the *RCC Nursing Student Integrity* policy.

14. Students must come to every exam with a fully charged device and ensure that they have installed all operating system and software updates.

15. Use of an exam cheating service or proxy test taker (on behalf of the student) engaging in proxy testing is prohibited.

16. Abide by guidelines set forth in the *Examination Policy*, including make-up exams.

17. During all nursing and final exams there will be:

    a. Absolutely no talking once the exam password has been released or exams have been distributed.

    b. No books or other materials on the desk and surrounding floor.

    c. No looking at another student's exam.

    d. Assigned seating at the instructor's discretion.

    e. Absolutely no use or possession of any electronic device(s) or accessing the internet during testing except for the testing platform and for proctoring purposes.

*16. If exams are delivered in a remote environment, students are

a. required to have two devices, fully charged, and updated - one device for proctoring (audio and video) and one device to take the exam on. Students must remain on camera the entire duration of the exam.

b. only able to privately chat with the exam proctor using Zoom and may not correspond with another student using any other platform or technology during an exam.

c. required to view detailed instructions via the course online learning management system prior to any exam.

d. will use the testing platform whiteboard or note section in place of scratch paper.

e. required to verify submission of their exam to the proctor prior to exiting the exam environment.

f. required to use embedded calculator in designated exam software.

Rev. 6/14; 7/17; 7/18; 2/20; 8/20; 1/21; 4/22; 1/23; 2/25; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY: TEST-ITEM SECURITY AND EXAM INTEGRITY

In order to maintain test-item security, exam integrity, and promote NCLEX success, the following guidelines have been established:

1. Individual exams are not available for students to review regardless of academic status (i.e. less than or greater than 75%).

2. Faculty will address test concepts that the majority of students answered incorrectly.

3. For individual assistance, students may meet with faculty during office hours or during a scheduled appointment.

4. Students who are having difficulties with exams, test-taking strategies, and study skills are encouraged to meet with the Student Outcome Specialist.

Rev. 7/17; 8/17

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ATI STANDARDIZED TESTING POLICY AND PROCEDURE - ADN (RN) PROGRAM

The Riverside City College School of Nursing utilizes multiple measures of assessment to ensure students demonstrate competency in achieving course/program student learning outcomes. Standardized testing is one method used to ensure that RCC nursing student performance is measured and compared to nationally normed data.

1. Standardized proctored content exams are aligned with the curriculum and are given throughout each program. These exams are required and assist the student in identifying their strengths and areas needing improvement. Students can earn points towards their course grade based on taking each content area practice assessment and corresponding remediation; their performance on each proctored exam; and remediation on each proctored exam.

2. An NCLEX Comprehensive Predictor examination is given in the last semester of the ADN (RN) and VN programs. This exam is required and assists the student in determining their predictability score of passing the NCLEX exam. Students can earn points towards their course grade based on taking the practice assessment with corresponding remediation and their performance on the predictor exam.

3. The student is required to purchase these exams as outlined in the *Purchase of Required Learning Resources* policy. In addition, the required standardized testing package includes a Live Review. Students who do not attend the entirety of the Live Review will forfeit assistance from ATI in the event they are not successful on the NCLEX exam.

4. Students are required to take all standardized exams seriously. These exams are crucial for developing the knowledge and critical thinking skills necessary to succeed on the NCLEX exam. Furthermore, student performance on these exams is a key component of the program's accreditation process and helps us evaluate and improve course and program outcomes. Professionalism is a major curriculum concept in the SON, and a lack of effort on these exams will be addressed according to the P*rofessional Conduct and Legal Responsibilities Policy & Procedure*.

5. Students are required to complete for full points (see rubrics below):

    a. *Practice Assessment(s) with Focused Review Remediation*
        i. Students must earn a minimum of 75% or greater on each *Practice Assessment* to earn points.
        ii. *Practice Assessments* can be taken multiple times to achieve the minimum score.
    b. *Standardized Proctored Assessment(s)* [meets national benchmark]
    c. *Focused Review Remediation* based on the *Standardized Proctored Assessment(s)* results (optional but is required to earn points)
        i. Students in the last semester of the program are not required to remediate on the proctored *NCLEX Comprehensive Predictor* exam.
        ii. Remediation is required for all other exams to earn points.
    d. *Remediation:* Students must download/print the *Remediation Activities/Individualized Performance Report* from ATI as evidence and upload to Canvas.
        i. Full screen shots are required if the report is not downloaded. Partial screenshots will not be accepted, and points will be forfeited if the full report is not visible.
        ii. If ALTs are done as part of the remediation, they must demonstrate effort and depth related to the concept being remediated.

6. Standardized assessment points will represent 10% of the student's overall course grade (except Nursing 11).

7. *Focused Review Remediation* Requirements:

    a. Complete 1-hour time requirement outlined on the rubric. Points are determined by the focused review time completed in ATI.
    b. Any remediation activities within ATI (i.e. ALTs, Claire AI flashcards, etc.) outlined on the student's

Remediation Activities/Individualized Performance Report will count towards the 1-hour time requirement. See above *Remediation* requirements.

Grading Rubrics

Critical Thinking Entrance & Exit Grading Rubric

- Students whose score at or above the national mean will earn 5 points on each normed exam in the *Passport* grading category.
- There are no practice exams or remediation for these exams.

Standardized Assessment Grading Rubric

The following rubric applies to every standardized exam required within the specified semester. This rubric does not apply to the Critical Thinking Entrance/Exit or NCLEX Comprehensive Predictor exams (see *Critical Thinking Entrance/Exit Grading* & *NCLEX Comprehensive Predictor Grading Rubrics*)

PRACTICE ASSESSMENT + FOCUSED REVIEW REMEDIATION *4 points*

• Completed assigned Practice Assessment.
• Completed 1-hour *Focused Review* remediation.
  o It is recommended that students start with their lowest scoring areas under "Topics to Review."
  o Any remediation activities within ATI (i.e. ALTs, Claire AI flashcards, etc.) outlined on the student's *Remediation Activities/Individualized Performance Report* will count towards the 1-hour time requirement.
  ▪ Students must download/print the *Remediation Activities/Individualized Performance Report* from ATI as evidence and upload to Canvas.
  • Full screen shots are required if the report is not downloaded. Partial screenshots will not be accepted, and points will be forfeited if the full report is not visible.
  • If ALTs are done as part of the remediation, they must demonstrate effort and depth related to the concept being remediated.

STANDARDIZED PROCTORED ASSESSMENT		
Score	**AT OR ABOVE NATIONAL MEAN** *3 points*	**BELOW NATIONAL MEAN** *0 points*
FOCUSED REVIEW REMEDIATION FOR STANDARDIZED PROCTORED ASSESSMENT *(*Optional for all students, regardless of whether they scored at, above, or below the national mean)*		

Remediation (to earn points in this section) *	*Remediation = 3 points*
	• Completed 1-hour *Focused Review* remediation.
	  o It is recommended that students start with their lowest scoring areas under "Topics to Review."
	  o Any remediation activities within ATI (i.e. ALTs, Claire AI flashcards, etc.) outlined on the student's *Remediation Activities/Individualized Performance Report* will count towards the 1-hour time requirement.
	  ▪ Students must download/print the *Remediation Activities/Individualized Performance Report* from ATI as evidence and upload to Canvas.
	  • Full screen shots are required if the report is not downloaded. Partial screenshots will not be accepted, and points will be forfeited if the full report is not visible.
	  • If ALTs are done as part of the remediation, they must demonstrate effort and depth related to the concept being remediated.	

Possible Points**	**10 points**	

***Example: Fundamental Content Mastery Exam*

4 points (*Practice Assessment* with *Focused Review Remediation*) +
3 points (Score at or above national mean) +
3 points (Completed *Focused Review Remediation* for the *Fundamentals Proctored Assessment*)
TOTAL = **10 points**

Comprehensive Predictor Grading Rubric

PRACTICE ASSESSMENT + FOCUSED REVIEW REMEDIATION *4 points**

• Completed assigned Practice Assessment.
• Completed 1-hour *Focused Review* remediation.
  o It is recommended that students start with their lowest scoring areas under "Topics to Review."
  o Any remediation activities within ATI (i.e. ALTs, Claire AI flashcards, etc.) outlined on the student's *Remediation Activities/Individualized Performance Report* will count towards the 1-hour time requirement.
  ▪ Students must download/print the *Remediation Activities/Individualized Performance Report* from ATI as evidence and upload to Canvas.
  • Full screen shots are required if the report is not downloaded. Partial screenshots will not be accepted, and points will be forfeited if the full report is not visible.
  • If ALTs are done as part of the remediation, they must demonstrate effort and depth related to the concept being remediated.

Passing Predictability	**≥90% Passing Predictability** *6 points*	**≥85% Passing Predictability** *4 points*	**≤84% Passing Predictability** *0 points*
Possible Points Earned**	**10 points**	**8 points**	**4 points**

***Example:* **4 points** (*Practice Assessment* with *Focused Review Remediation*)
4 points (≥85% Passing Predictability on *NCLEX Comprehensive Predictor* exam)
TOTAL = **8 points**

Created 6/23
Rev. 12/2; 8/25; 2/26; 8/26

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ACADEMIC SUCCESS PLAN POLICY AND PROCEDURE

An *Academic* Success *Plan* (*ASP*) is a mechanism whereby the nursing faculty assist the student in identifying specific areas needing improvement to achieve course and program student learning outcomes.

1. An *ASP* will be initiated by the faculty when a student's overall exam grade average is less than a "C" (75%) in a nursing course after the second course exam (fall/spring semesters) or after the first course exam in the winter/summer intersessions.

2. The *Academic Success Plan* will include but is not limited to:

    a. Weekly meetings with assigned full-time faculty mentor.

    b. Completing activities and/or assignments to aid in the achievement of course and program student learning outcomes.

    c. Attending at least one Student Outcomes Specialist (SOS) workshop and one semester-level Student Success Coach session.

    d. Completing a Learning Style quiz (if haven't previously done so). Based on your Learning Style(s)/Preference(s), write out activities that can be used to support your learning.
        i. Learning Style Quiz
        ii. VARK
        iii. Education Planner

    e. Developing a study plan to organize study time and learning activities.

    f. Meeting with SOS and bringing to the appointment the results of the Learning Style Quiz and study plan. The SOS will help to develop a strategic plan for study skills and testing. Students will report back to the SOS on their progress implementing suggested strategies.

    g. Submitting proof of four hours per week of activities/assignments designated on the *ASP* to assigned full-time faculty mentor. The student is required to be registered in a "B" or "C" learning lab course to complete the required hours (fall/spring semesters). Students will submit documentation weekly on the *Academic Success Plan Completion Form* (see *RCC-SON Student Resource Canvas* course).

3. Students below a "C" (75%) will be required to meet with the Department Chair if they are in danger of earning a second failing course grade or will withdraw following the third exam of the course and/or before the last date to withdraw from the course with a "W."

4. Signed copies of the *ASP* and *Academic Success Plan Completion Form* will be placed in the student's file in the School of Nursing.

5. At any point during the course, a student whose overall exam score is <75% ("C") an *ASP* will be initiated by the faculty to assist in the student's success.

6. A student who acheives an overall exam score of 75% ("C") or higher, has successfully completed the ASP requirements. If the student's exam average subsequently drops below 75%, the ASP will be reinstated.

Revised: 6/09; 12/95; 6/97; 1/03; 6/04; 2/13; 8/1; 6/14; 7/17; 1/23; 8/25

RCC
RIVERSIDE CITY COLLEGE
School of Nursing

CLEAR FORM

Academic Success Plan

Student Name: Date: RCCID#:

Faculty: Nursing Course:

Theory Grade Average:

To assure your academic success in the School of Nursing, it has become necessary to develop a plan to assist you in achieving your course and end-of-program student learning outcomes. It is required that you maintain an overall exam average of at least **75%** to complete the course, program, and success on NCLEX.

Process:

1. Make an appointment with your assigned full-time faculty mentor by to discuss areas for improvement and develop your individualized plan.

2. Attend at least one Student Outcomes Specialist (SOS) workshop and one semester-level Student Success Coach session.

3. Make an appointment with the Student Outcome Specialist. Bring to the meeting the results of the Learning Style Quiz and study plan showing how study time will be organized and learning activities.

4. Students below a “C” (75%) will be required to meet with the Department Chair if they are in danger of earning a second failing course grade or will withdraw following the third exam of the course and/or before the last date to withdraw from the course with a “W.”

5. Register and complete a minimum of four hours/week in a “B” or “C” learning lab course. May not be applicable for an intersession course.

6. A student who achieves an overall exam score of 75% ("C") or higher, has successfully completed the *ASP* requirements. If the student's exam average subsequently drops below 75%, the *ASP* will be reinstated.

7. Submit proof of four hours per week of activities/assignments designated on the *ASP* to assigned full-time faculty mentor. The student is required to be registered in a “B” or “C” learning lab course to complete the required hours (fall/spring semesters). Students will submit documentation weekly on the *Academic Success Plan Completion Form* (see *RCC-SON Student Resource* Canvas course).

RCC
RIVERSIDE CITY COLLEGE
School of Nursing

Academic Success Plan

Strategies for Academic Success

To be done in collaboration with your faculty mentor ***(Select all that apply)***:

- ☐ A. Take a Learning Style Assessment survey to identify learning style and techniques.
- ☐ B. Use focused remediation product reviews and content-focused practice exams pertinent to course content.
- ☐ C. Join a study group/teach-back sessions.
- ☐ D. Use nursing process, clinical judgment model, and/or concept mapping frameworks to assist in the organization and application of seminar concepts, incorporation of color, images, videos, etc.
- ☐ E. Create patient case studies in AI and care for the patient in the Learning Lab applying seminar concepts.
- ☐ F. Complete virtual simulations related to course concepts to assist with application of knowledge.
- ☐ G. Use AI to create podcasts of seminar content.
- ☐ H. Refer to Disability Resource Center (DRC).
- ☐ I. Relisten/view seminars.
- ☐ J. Practice NCLEX-RN or NCLEX-PN test questions for specific semester level content.
- ☐ K. Create own NCLEX style questions.
- ☐ L. Refer to Student Health & Psychological Services (SHPS).
- ☐ M. Identify competing demands such as employment and family obligations, etc.
- ☐ N. Other (describe):

Signed:

Instructor / Date

Student / Date

Revised: 7/97, 1/00, 8/01, 5/06, 11/06, 4/09, 7/09, 8/11, 4/13, 7/14; 7/17; 1/23; 8/25

RCC
RIVERSIDE CITY COLLEGE
School of Nursing

CLEAR FORM

Academic Success Plan Completion Form

Student Name: Semester Level:

Instructions: Describe below in detail the activities that have been completed to satisfy the 4 hours/week required based on your *Academic Success Plan*. You may attach documentation to this form that supports your *Academic Success Plan*.

Week #/Date	Summarize Activities Completed that Support Your *Academic Success Plan*

The above is an accurate account of activities completed based on my *Academic Success Plan* to assist me in improving my academic performance.

Student Signature/Date

Graduation Requirements – Associate Degree Nursing Program

Important Information Before You Apply

- If you do not meet graduation requirements, your application will be canceled, and you will need to reapply later.
- It is strongly recommended that you meet with a Nursing Counselor if you have questions.
- Your Home College must be Riverside City College (RCC) before you apply.
    - If your home college is Norco or Moreno Valley submit a Request for Home College Change Form
- There is no fee to apply for graduation. However, if you owe fees to Riverside Community College District, your diploma will not be mailed until your balance is paid in full.

Academic Program Codes	When to Apply
AS921 (Traditional/AP) AS921C (CEP)	**SPRING** – Application is open first day of Spring term through April 1st **Please apply mid to late March.** NRN-21 Grad Checks will be completed in May.
	FALL - Application is open first day of Fall term through October 15th **Please apply mid to late September.** NRN-21 Grad Checks will be completed in November.

How to Apply for Your Degree (Degree and/or Certificate Application Video)

1. Log into MyPortal
2. Select Graduation Overview
3. Click Apply next to your program of study

If your Academic Program Code is not listed:

- Submit a Program of Study Changes Form
- Enter your Academic Program code. This will update your program of study
- Program changes are typically processed by Admissions & Records within 24–48 hours
- Once updated, log back into MyPortal and complete your graduation application

If you receive the following error code when applying for graduation, "*You have not completed enough units to apply for graduation*", please email the Evaluations Office at Evaluations@rcc.edu.

Transcripts

- You must have official transcripts on file from every college, university, and/or institution previously attended.
- If you have received course credit by examination (ex: AP test scores, CLEP, IB) you must submit your official scores to RCC Admissions.

Important reminders:

- Transcripts cannot show in-progress courses.
- If you applied while courses were in progress, you must submit updated transcripts once grades are posted. In-progress grades will delay your graduation.

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY & PROCEDURE FOR CLINICAL PERFORMANCE EVALUATION- ADN (RN) PROGRAM

A. Clinical Expectations

Students are expected to demonstrate growth in their clinical performance as they progress throughout the program. In each nursing course, students must achieve course/end-of-program student learning outcomes and related competencies that demonstrate a safe level of clinical performance in all assigned clinical-related activities.

Clinical performance is based on:

- Demonstration of safe nursing skills that ensure quality, safe, patient-centered nursing care
- Display of professional/ethical behaviors, attitudes, and leadership principles in all clinical settings
- Preparedness for clinical practice
- Utilizes caring behaviors for oneself and others
- Understanding one's limitations and boundaries to prevent avoidable errors
- Accepting responsibility and accountability for the nursing care provided
- Demonstration of sound clinical reasoning and clinical judgment
- Interaction with the healthcare team using therapeutic communication principles
- Demonstrate use of nursing informatics and patient care technologies

B. Clinical Performance Evaluation

1. Student performance will be evaluated, either formally or informally, during each clinical experience by qualified clinical nursing faculty.

2. Formal clinical performance evaluations will occur at the midpoint (if applicable) and at the end of each clinical rotation, to ensure that course and end-of-program student learning outcomes have been achieved.

3. Clinical competency will also be evaluated during *Medication Intensive, Clinical Competency Assessment,* and *Dosage Calculation Competency Assessments* that occur at specified times during each nursing course. The results of the *Medication Intensive Assessment*, *Clinical Competency Assessment,* and *Dosage Calculation Competency Assessment* are part of the student's overall clinical performance evaluation grade.

4. A *Satisfactory* clinical performance evaluation grade must be achieved by the end of each course to progress to the next course or complete the program.

5. Clinical performance evaluations are discussed formally with the student during scheduled conferences. Assessment of the student's progress is done formatively throughout the semester.

6. Whenever the student is not performing at a *Satisfactory* level in the clinical area, the nursing faculty will meet with the student to discuss areas needing improvement and assign remediation, as appropriate.

7. At any time during a clinical rotation or activity, the nursing faculty may identify a less-than-satisfactory clinical performance or behavior demonstrated by a student (see *Less-than-Satisfactory Clinical Performance Definitions* below).

8. Students who do not demonstrate consistent clinical growth in a course may be unable to achieve their course/end-of-program student learning outcomes, resulting in an inability to progress and/or complete the program.

C. **Clinical Performance Evaluation Definitions**

1. **Satisfactory:** The student consistently demonstrates the actions and behaviors outlined below:

- Provides quality, safe, competent, professional nursing skills, or behavior(s).
- Arrives prepared, inquisitive, and engages in learning opportunities that are available.
- Plans and implements nursing care based on relevant and current evidence-based nursing practices and standards of care.
- Identifies areas needing development and seeks guidance from the faculty or another appropriate member of the healthcare team.
- Assumes responsibility and accountability for their own behavior and the care they provide for patients and the community.
- Participates as an active member of the intra/interprofessional healthcare team, communicating collaboratively and collegially with other members of the team.
- Demonstrates appropriate level of clinical reasoning and judgment on which to base their clinical decision-making.
- Confidently uses nursing informatics systems and patient care technologies to effectively communicate, manage and analyze data, prevent errors, and support decision-making.
- Demonstrates self-regulated learning behaviors and independently seeks additional learning opportunities or experiences.
- Completes clinical assignments and activities in a timely manner and demonstrate higher-order thinking.

2. **Area(s) for Development:**

Definition: The student can demonstrate a satisfactory level of competency, but to do so requires more guidance or assistance from the faculty than other students performing at the same level. The student may lack consistency in one, some or all the action(s) and behavior(s) necessary for a *Satisfactory* clinical performance grade (see *Satisfactory* definition above).

- Students who earn an *Area(s) for Development* clinical performance grade in any course/end-of-program student learning outcome(s) will be required to complete remediation as determined by the clinical and/or semester-level faculty to achieve a *Satisfactory* clinical performance grade.
    - If the required remediation is not completed within the designated time frame, this may result in a student earning a *Minimal* clinical performance grade and/or interrupt the student's progression in the program. If a student is unable to progress in the program, readmission will be determined based on the *Eligibility for Readmission and Prioritization for Readmission* policies and space availability.
- Consequences of an Unresolved *Area(s) for Development* clinical performance evaluation grade:
    - Students who continue to demonstrate inconsistent clinical growth in any course/end-of-program student learning outcome(s), despite remediation and additional guidance, will earn a *Minimal* clinical performance grade in that course/end-of-program student learning outcome(s) and will be unable to progress and/or complete the program.
    - Progressing students who have earned a *Satisfactory* clinical performance grade throughout a course but earn an *Area(s) for Development* in their final clinical rotation, will receive remediation activities that must be completed prior to progressing to the next course.
    - If the required remediation is not completed by the end of the course, this may result in a student earning a *Minimal* clinical performance grade and/or interrupt the student's progression in the program. If a student is unable to progress in the program,

readmission will be determined based on the *Eligibility for Readmission and Prioritization for Readmission* policies and space availability.

3. **Continued Area(s) of Development**

Definition: The student shows some progress in previously identified area(s) but despite remediation, still requires frequent and ongoing faculty guidance to perform satisfactorily compared to students at the same level. The student needs additional time and opportunities to demonstrate competency. The student lacks consistency in one, some or all the action(s) and behavior(s) necessary for a *Satisfactory* clinical performance grade (see *Satisfactory* definition above).

- Students who earn a *Continued Area(s) for Development* clinical performance grade in any course/end-of-program student learning outcome(s) will be required to complete remediation as determined by the clinical and/or semester-level faculty to achieve a *Satisfactory* clinical performance grade.
    - If the required remediation is not completed within the designated time frame, this may result in a student earning a *Minimal* clinical performance grade and/or interrupt the student's progression in the program. If a student is unable to progress in the program, readmission will be determined based on the *Eligibility for Readmission and Prioritization for Readmission* policies and space availability.
- Consequences of an Unresolved *Continued Area(s) for Development* clinical performance evaluation grade:
    - Students who continue to demonstrate inconsistent clinical growth in any course/end-of-program student learning outcome(s), despite remediation and additional guidance, will earn a *Minimal* clinical performance grade in that course/end-of-program student learning outcome(s) and will be unable to progress and/or complete the program.
    - Progressing students who have earned a *Satisfactory* clinical performance grade throughout a course but earn a *Continued Area(s) for Development* in their final clinical rotation, will receive remediation activities that must be completed prior to progressing to the next course.
    - If the required remediation is not completed by the end of the course, this may result in a student earning a *Minimal* clinical performance grade and/or interrupt the student's progression in the program. If a student is unable to progress in the program, readmission will be determined based on the *Eligibility for Readmission and Prioritization for Readmission* policies and space availability.

4. **Minimal:**

Definition: The student demonstrates repeated inconsistencies in their action(s) and/or behavior(s), requiring a significant amount of guidance or supervision from the from the faculty compared to other students performing satisfactorily at the same level. Despite assistance, the student continues to demonstrate one, some, or all the action(s) and/or behavior(s) outlined below:

- Inconsistently identifies areas for growth.
- Demonstrates minimal improvement when given repeated opportunities to demonstrate competency.
- Inconsistently assumes accountability and responsibility for their own actions and clinical judgment.
- Knowingly violates or neglects any designated clinical agency policies and/or procedures.

- All course/end-of-program student learning outcomes are equally important in assessing a student's clinical competency. Earning a *Minimal* clinical performance grade for any course/end-of-program student learning outcome(s) will result in earning an overall *Minimal* clinical performance evaluation grade for the clinical rotation.

- A *Minimal* clinical performance evaluation grade can be issued during the last clinical rotation only if a student has adequate time to remediate and complete the remediation requirements by Week 15, otherwise the student will earn an *Unsatisfactory*. If the student earns an *Unsatisfactory*, the student will be unable to progress and/or complete the program as they have not demonstrated achievement of the course/end-of-program student learning outcomes.

- Consequences of a *Minimal* clinical performance evaluation grade:

    - If a *Minimal* clinical and/or professional/ethical behavior performance grade is earned at the end of the course/program and the student is unable to satisfy their remediation requirements by Week 15, the student will be unable to progress and/or complete the program. The *Minimal* will convert to an *Unsatisfactory* grade since the student is unable to demonstrate achievement of course/end-of-program student learning outcomes.

    - The student earning a *Minimal* clinical performance evaluation will be assigned to a clinical group with full-time faculty member. This may result in the student having to change clinical rotations, clinical days, and/or clinical agencies.

    - All students receiving a *Minimal* clinical performance evaluation will be required to meet with the Department Chair.

- A clinical and/or professional/ethical behavior grade of *Unsatisfactory*, a second *Minimal* performance in the same course, and/or *Unsafe* or *Gross Misconduct* will result in an "F" grade for the course, regardless of the student is passing theory, because theory and clinical are concurrent and results in a combined grade. Readmission is dependent on the *Eligibility for Readmission* and *Prioritization of Readmission* policies and space availability.

5. **Unsatisfactory Clinical Performance:**

Definition: The student fails to demonstrate quality, safe, competent, professional nursing action(s) and/or behavior(s) during clinical-related activities. Despite repeated opportunities for improvement and additional guidance from the faculty, the student continues to demonstrate one, some, or all the action(s) and/or behavior(s) outlined below:

- Repeatedly lacks preparation and/or knowledge necessary for providing safe, competent nursing care.
- Unable to identify areas needing improvement and fails to seek necessary guidance from the faculty or other members of the health care team.
- Does not assume responsibility and accountability for their own behavior and the care they provide for patients and the community.
- Places the patient's and/or other's safety in jeopardy.
- Fails to actively participate as a member of the interprofessional healthcare team and in doing so jeopardizes a patient's safety.
- Lacks appropriate level of clinical reasoning and judgment on which to base their clinical decision-making.
- Fails to utilize nursing informatics systems to effectively communicate, manage and analyze data, prevent errors, and support decision- making.
- Lacks self-regulated learning behaviors and fails to seek additional learning opportunities or experiences.

- Required clinical assignments and activities are inconsistently completed, not completed in a timely manner, and/or do not demonstrate higher-level thought processes, despite repeated and documented opportunities for improvement.

- A student may earn an *Unsatisfactory* clinical performance evaluation grade based on the following criteria:

    - A *Minimal* clinical and/or professional/ethical behavior grade is earned during the last clinical rotation of the course, and the student has inadequate time to remediate.

    - Has earned two *Minimal* performance grades (in clinical and professional/ethical behaviors) within the same course.

    - The student's clinical performance is at an *Unsatisfactory* level when repeated documentation and remediation strategies demonstrate that the student continues to be unable to meet the course/end-of-program student learning outcomes.

- Consequences of an *Unsatisfactory* clinical performance evaluation grade:

    - The student will be ineligible to progress in the course program and will receive an "F" grade in the course because theory and clinical are concurrent and results in a combined grade.

    - Students who earn an *Unsatisfactory* clinical and/or professional/ethical behavior grade will be required to meet with semester-level faculty to collaboratively develop an *Exit Interview/Contract for Success*.

    - The student will be required to meet with the Department Chair and/or the Dean, School of Nursing.

    - When a student is unable to progress in the program, readmission will be determined based on the *Eligibility for Readmission and Prioritization for Readmission* policies, space availability, and if the terms of the readmission contract have been met.

    - Students who are readmitted following an *Unsatisfactory* clinical and/or professional/ethical behavior grade must maintain satisfactory clinical progress and/or professional ethical behaviors to earn *Satisfactory* clinical and professional/ethical behavior grades in all subsequent clinical rotations. Failure to meet these criteria will result in immediate dismissal from the program with no readmission privileges.

5. **Unsafe Clinical Performance:**

Definition: A student's action(s) or pattern(s) of behavior(s) reflect a substantial departure from that which is expected of students at the same level under similar circumstances and when the student's action(s) and/or behavior(s) have or could have resulted in physical or emotional jeopardy to the patient (as defined in the *BRN Rules/Regulations 1442*). If at any time a student's clinical performance is evaluated by the faculty to be *Unsafe* or grossly negligent, the student will:

- Be dismissed from the clinical area.
- Earn an "F" grade for the course because theory and clinical are concurrent and results in a combined grade.
- Be ineligible for readmission to the program.

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY AND PROCEDURE: MEDICATION INTENSIVE COMPETENCY ASSESSMENT- ADN (RN) PROGRAM

The *Medication Intensive Competency Assessment* has three identified purposes based on the semester-level clinical competencies:

1. Evaluation of student learning
2. Mastery of skills based on the identified expected level of achievement as outlined in the *Clinical Judgment Rubric*.
3. Prevention of skill loss.

Procedure for Medication Intensive Competency Assessment

1. Each semester students will be assessed for competency in medication preparation and administration skills. These evaluations will occur at the beginning of each semester so that competency can be assessed prior to the student's clinical rotation. Students in Nursing 11 will be assessed within the first 5 weeks of the semester. Students will be informed of *the Medication Intensive Competency Assessment* dates at the beginning of the semester.

2. Evaluation of medication preparation and administration competencies will be conducted in a clinically contextualized manner, using realistic clinical scenarios. Contextualized clinical scenarios allows students to be assessed not only on mastery of medication preparation and administration skills, but also on their clinical judgment, reasoning, time management, and documentation skills.

3. In preparation, students should not only regularly practice their skills in the Learning Lab but do so in a contextualized manner using the *Medication Intensive Instructions, Guidelines, & Clinical Judgment Rubric (CJR)*. Students must thoroughly understand the rationale and integrate the nursing process in all skills as they will be required to justify their decision-making during the assessment.

4. The *Medication Intensive Competency Assessment* is incorporated as part of the student's overall course *Clinical Performance Evaluation* grade.

5. The *Clinical Judgment Rubric* will be used to assess student competency.

6. Students will have 1-hour to complete the *Medication Intensive Competency Assessment* which includes the preparation (completion of the *Clinical Judgment Medication Checklist* on each medication) and administration of medications based on assigned simulated time in the electronic health record.

7. As students' progress through the program, each *Medication Intensive Competency Assessment* will increase in complexity (i.e. administering 1-2 meds per patient to 5-6 meds per patient [may include multiple routes].

8. At the completion of the *Medication Intensive Competency Assessment*, nursing faculty will review with the students their strengths and areas needing improvement based on the areas of the

Clinical Judgment Rubric. Students will complete the *Plus-Delta Debriefing Tool* and upload to Canvas at the completion of their assessment.

9. Students will not earn points for the *Medication Intensive Competency Assessment*.

10. Formative Assessment

    a. The formative *Medication Intensive Competency Assessment* is intended to ensure competency for the purpose of patient safety and identify strengths and areas for improvement.

    b. To prioritize patient safety and foster continuous learning, students who miss any *Critical Element (denoted with an asterisk)* or do not complete Medication Prep and Administration within the 1-hour time frame, will receive a *PIP* with required remediation to support their development and progress.

    c. Students will not be able to pass medications in the clinical setting until they have successfully earned a *Satisfactory* on the *Medication Intensive Competency Assessment*.

    d. If a student does not earn a *Satisfactory* on the *Medication Intensive Competency Assessment*, achievement of course/program student learning outcomes will be impacted, and the student will be unable to progress in the program.

    e. The following process will be following if the student does not successfully pass the *Medication Intensive Competency Assessment* on their first attempt:

        i. First Attempt

            a. If the student is unsuccessful in demonstrating *Satisfactory* medication preparation and administration competency assessment grade, a *Performance Improvement Plan (PIP)* indicating an *Area(s) for Development* and a *Contract for Success* will be developed.

            b. The student must complete the required remediation prior to scheduling their second attempt with the semester-level faculty. Students need to keep in mind that they must pass the *Medication Intensive Competency Assessment* with a *Satisfactory* and administer medications at least once with nursing faculty in the clinical setting by either the midpoint or end of the clinical rotation, whichever comes first.

            c. In the clinical setting, the student must complete all preparation for medication administration, however, the student is prohibited from administering medications until they successfully pass the *Medication Intensive Competency Assessment* with a *Satisfactory*.

        ii. Second Attempt

            a. If the student is not successful on the second attempt, a *PIP* indicating a *Continued Area(s) of Development* and additional remediation will be

assigned.

b. The student must complete the required remediation prior to scheduling their third attempt with the semester-level faculty. Students need to keep in mind that they must pass the *Medication Intensive Competency Assessment* with a *Satisfactory* and administer medications at least once with nursing faculty in the clinical setting by either the midpoint or end of the clinical rotation, whichever comes first.

c. A student's inability to administer medications in the clinical setting may lead to a *Minimal** clinical performance grade for the rotation as they are unable to successfully meet course/end-of-program student learning outcomes.

iii. Third Attempt

a. If the student is not successful on the third attempt, a *PIP* indicating a *Minimal** clinical performance grade will be earned and additional remediation will be assigned.

b. The student must complete the required remediation prior to scheduling their fourth attempt with the semester-level faculty. Students need to keep in mind that they must pass the *Medication Intensive Competency Assessment* with a *Satisfactory* and administer medications at least once with nursing faculty in the clinical setting by either the midpoint or end of the clinical rotation, whichever comes first.

c. In the clinical setting, the student must complete all preparation for medication administration, however, the student is prohibited from administering medications until they successfully pass the *Medication Intensive Competency Assessment* with a *Satisfactory*.

d. A student's inability to administer medications in the clinical setting may lead to an *Unsatisfactory* clinical performance grade for the rotation as they are unable to successfully meet course/end-of-program student learning outcomes.

*If a student earns a second *Minimal* performance (in clinical and professional/ethical behaviors) within the same course, the student will be ineligible to progress in the course/program and will be issued an *Unsatisfactory* clinical performance grade. Readmission is according to the *Eligibility for Readmission* and *Prioritization of Readmission* policies, and space availability.

iv. Fourth Attempt

a. If the student is not successful on the fourth attempt an *Unsatisfactory* clinical performance grade will be earned, and the student will be unable to progress in the course/program.

b. Readmission is according to the *Eligibility for Readmission* and

Prioritization of Readmission policies and space availability.

1. Remediation

    a. Remediation assignments/requirements will be determined by the semester-level full-time faculty.

    b. Re-testing appointments will be scheduled at the discretion of the semester-level faculty and may occur outside of normally scheduled hours.

    c. Students will need to self-assess and determine when they are ready to be retested and schedule their re-testing with nursing faculty.

    d. At the scheduled time of re-testing, the student will be required to provide documentation of assigned remediation activities.

    e. Students will be unable to re-test if they fail to complete assigned remediation activities which may result in the student's inability to meet course/end-of-program student learning outcomes.

Created:1/25; 8/25; 2/26

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY AND PROCEDURE: CLINICAL COMPETENCY ASSESSMENT-ADN (RN) PROGRAM

The *Clinical Competency Assessment* has three identified purposes based on the semester-level clinical competencies:

1. Evaluation of student learning
2. Mastery of skills based on the identified expected level of achievement
3. Prevention of skill loss.

Clinical competency is based on:

- Demonstration of safe nursing skills that ensure quality, safe, patient-centered nursing care
- Display of professional/ethical behaviors, attitudes, and leadership principles in all clinical settings
- Preparedness for clinical practice
- Utilizes caring behaviors for oneself and others
- Understanding one's limitations and boundaries to prevent avoidable errors
- Accepting responsibility and accountability for the nursing care provided
- Demonstration of sound clinical reasoning and clinical judgment
- Interaction with the healthcare team using therapeutic communication principles
- Demonstrate use of nursing informatics and patient care technologies

Procedure for Clinical Competency Assessment of Nursing Skills

1. Each semester students will be assessed for their competency of assigned nursing skills. These evaluations may occur at the beginning of the semester so that previously learned nursing skills can be assessed at midterm, and/or at the end of the semester. Students will be informed of *Clinical Competency Assessment* dates at the beginning of the semester.

2. Evaluation of skill competency will be conducted in a clinically contextualized manner, in which multiple nursing skills will be integrated into realistic clinical scenarios. Contextualizing the skills allows students to be assessed not only on nursing skill mastery, but also on their clinical reasoning and judgment, time management, and documentation skills.

3. In preparation, students should not only regularly practice their skills in the Learning Lab but do so in a contextualized manner. Students must thoroughly understand the rationale and integrate the nursing process and clinical judgment in all skills as they will be required to justify their decision-making during the assessment.

4. **Formative Assessment**

    a. The formative clinical competency assessment is intended to identify strengthens and areas for improvement.

    b. If a student is unable to demonstrate satisfactory clinical competency during the assessment, a suggested remediation plan will be provided.

5. **Summative Assessment**

    a. The summative clinical competency assessment performance is incorporated as part of the student's overall course *Clinical Performance Evaluation* grade.

    b. Students should be prepared to competently demonstrate all skills acquired throughout the course.

c. Students must achieve a *Satisfactory* clinical performance evaluation grade in all nursing skills to achieve course/end-of-program student learning outcomes. Clinical grades are not final until the student has earned a *Satisfactory* grade on their *Clinical Competency Assessment.*

d. The following process will be following if the student does not successfully pass the *Clinical Competency Assessment* on their first attempt:

i. First Attempt

a. If the student is unsuccessful in demonstrating *Satisfactory* clinical competency assessment grade, a *Performance Improvement Plan (PIP)* indicating an *Area(s) for Development* and a *Contract for Success* will be developed.

b. The student must complete the required remediation prior to scheduling their second attempt with the semester-level faculty. Students need to keep in mind that they must pass the *Clinical Competency Assessment* with a *Satisfactory* by the end of Week 15.

ii. Second Attempt

a. If the student is not successful on the second attempt, a *PIP* indicating a *Continued Area(s) of Development* and additional remediation will be assigned.

b. The student must complete the required remediation prior to scheduling their second attempt with the semester-level faculty. Students need to keep in mind that they must pass the *Clinical Competency Assessment* with a *Satisfactory* by the end of Week 15.

iii. Third Attempt

a. If the student is not successful on the third attempt an *Unsatisfactory* clinical performance grade will be earned, and the student will be unable to progress in the course/program due as they are unable to achieve course/end-of-program student learning outcomes.

b. Readmission is according to the *Eligibility for Readmission* and *Prioritization of Readmission* policies and space availability.

6. Remediation

a. Remediation assignments/requirements will be determined by the semester-level full-time faculty.

b. Re-testing appointments will be scheduled at the discretion of the semester-level faculty and may occur outside of normally scheduled clinical hours.

c. Students will need to self-assess and determine when they are ready to be retested.

d. At the scheduled time of re-testing, the student will be required to provide documentation of assigned remediation activities.

e. Students will be unable to re-test if they fail to complete assigned remediation activities which may result in the student's inability to meet course/end-of-program student learning outcomes

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

DOSAGE CALCULATION COMPETENCY ASSESSMENT

1. A formative dosage calculation competency assessment will be given in Nursing 11 and Nursing 42 to allow faculty and students to assess their process prior to medication preparation and administration in the clinical setting.

2. A summative dosage calculation competency assessment will be given in every course in the program; this practice may vary during the intersession courses.

3. Students may only use a designated RCC SON calculator. A passing score of 100% is required.

4. Students who have testing accommodations will be allowed to use their approved accommodations for the formative and summative dosage calculation competency assessments. It is the student's responsibility to request accommodations through DRC Connect at least 5 business days before the exam.

5. The formative and summative dosage competency assessment is incorporated into the student's overall course *Clinical Performance Evaluation* grade.

6. Students who do not pass the formative and/or summative dosage calculation competency assessment will be permitted to review their exam using the following process:

    a. The student will be notified that they did not pass the formative and/or summative dosage calculation competency assessment.
    b. Under supervision of the faculty, the student will be allowed to review their exam prior to their assigned remediation or retake.
    c. Semester-faculty will determine the process for exam review, including a pre-determined published date and time that the review will take place.
    d. Upon completion of the assigned remediation, the student will re-take a different version of the 10-question dosage calculation competency assessment on the designated day.

7. **Formative Assessment** (Nursing 11 and Nursing 42 students only)

    a. The exam will consist of ten (10) contextualized clinical dosage calculation competency assessment questions. Students will have thirty (30) minutes to complete the exam.

    b. Students will not be allowed to make any corrections to their *Dosage Calculation Competency Assessment* once it has been submitted to the faculty for grading.

    c. For a student to prepare and administer medications, the student must successfully pass the course *Dosage Calculation Competency Assessment* with 100%.

    d. The student must successfully pass the *Dosage Calculation Competency Assessment* with 100% and administer medications at least once with nursing faculty in the clinical setting by either the midpoint or end of the clinical rotation, whichever comes first to achieve the course/end-of-program student learning outcomes.

    e. The following process will be initiated if the student does not successfully pass the *Dosage Calculation Competency Assessment* on their first attempt:

        i. First Attempt

            a. If the student is unsuccessful in demonstrating dosage calculation competency on the

first exam, a *Performance Improvement Plan (PIP)* indicating an *Area(s) for Development* and a *Contract for Success* will be developed.

b. The student must complete the required remediation prior to scheduling their second attempt with the semester-level faculty. Students need to keep in mind that they must pass the *Dosage Calculation Competency Assessment* with 100% and administer medications at least once with nursing faculty in the clinical setting by either the midpoint or end of the clinical rotation, whichever comes first.

c. In the clinical setting, the student must complete all preparation for medication administration, however, the student is prohibited from administering medications until they successfully pass the *Dosage Calculation Competency Assessment* with 100%.

ii. Second Attempt

a. If the student is not successful on the second attempt, a *PIP* indicating a *Continued Area(s) of Development* and additional remediation will be assigned.

b. The student must complete the required remediation prior to scheduling their third attempt with the semester-level faculty. Students need to keep in mind that they must pass the *Dosage Calculation Competency Assessment* with 100% and administer medications at least once with nursing faculty in the clinical setting by either the midpoint or end of the clinical rotation, whichever comes first.

c. In the clinical setting, the student must complete all preparation for medication administration, however, the student is prohibited from administering medications until they successfully pass the *Dosage Calculation Competency Assessment* with 100%.

d. A student's inability to administer medications in the clinical setting may lead to a *Minimal** clinical performance grade for the rotation as they are unable to successfully meet course/end-of-program student learning outcomes.

iii. Third Attempt

a. If the student is not successful on the third attempt, a *PIP* indicating a *Minimal** clinical performance grade will be earned and additional remediation will be assigned.

b. The student must complete the required remediation prior to scheduling their third attempt with the semester-level faculty. Students need to keep in mind that they must pass the *Dosage Calculation Competency Assessment* with 100% and administer medications at least once with nursing faculty in the clinical setting by either the midpoint or end of the clinical rotation, whichever comes first.

c. In the clinical setting, the student must complete all preparation for medication administration, however, the student is prohibited from administering medications until they successfully pass the *Dosage Calculation Competency Assessment* with 100%.

d. A student's inability to administer medications in the clinical setting may lead to an *Unsatisfactory* clinical performance grade for the rotation as they are unable to successfully meet course/end-of-program student learning outcomes.

*If a student earns a second *Minimal* performance (in clinical and professional/ethical behaviors) within the same course, the student will be ineligible to progress in the course/program and will be issued an *Unsatisfactory* clinical performance grade. Readmission is according to the *Eligibility for Readmission* and *Prioritization of Readmission* policies, and space availability.

iv. Fourth Attempt

a. If the student is not successful on the fourth attempt an *Unsatisfactory* clinical performance grade will be earned, and the student will be unable to progress in the course/program.

b. Readmission is according to the *Eligibility for Readmission* and *Prioritization of Readmission* policies and space availability.

8. **Summative Assessment** (all ADN (RN) and VN courses)

a. The exam will consist of ten (10) contextualized clinical dosage calculation competency assessment questions reflective of the semesters' content (see *Semester-Level Dosage Calculation Competency* below). Students will have thirty (30) minutes to complete the exam.

b. Students will not be allowed to make any corrections to their *Dosage Calculation Competency Assessment* once it has been submitted to the faculty for grading.

c. For a student to continue to prepare and administer medications in the clinical setting, the student must successfully pass the course *Dosage Calculation Competency Assessment* with 100%.

d. The student must successfully pass the *Dosage Calculation Competency Assessment* with 100% and administer medications at least once with nursing faculty in the final clinical rotation of the course. to achieve the course/end-of-program student learning outcomes.

e. Students must achieve a *Satisfactory* clinical performance evaluation grade in all nursing courses to demonstrate achievement of course/end-of-program student learning outcomes. Clinical grades are not final until the student has earned 100% on the summative *Dosage Calculation Competency Assessment*.

f. The following process will be initiated if the student does not successfully pass the *Dosage Calculation Competency Assessment* on their first attempt:

i. First Attempt

a. If the student is unsuccessful in demonstrating dosage calculation competency on the first exam, a *Performance Improvement Plan (PIP)* indicating an *Area(s) for Development* and a *Contract for Success* will be developed.

b. The student must complete the required remediation prior to scheduling their second attempt with the semester-level faculty. Students need to keep in mind that they must pass the *Dosage Calculation Competency Assessment* with 100% and administer medications at least once with nursing faculty in the final clinical rotation of the course.

c. In the clinical setting, the student must complete all preparation for medication administration, however, the student is prohibited from administering medications until they successfully pass the *Dosage Calculation Competency Assessment* with 100%.

ii. Second Attempt

a. If the student is not successful on the second attempt, a *PIP* indicating a *Continued Area(s) of Development* and additional remediation will be assigned.

b. The student must complete the required remediation prior to scheduling their third attempt with the semester-level faculty. Students need to keep in mind that they must pass the *Dosage Calculation Competency Assessment* with 100% and administer

medications at least once with nursing faculty in the final clinical rotation of the course.

c. In the clinical setting, the student must complete all preparation for medication administration, however, the student is prohibited from administering medications until they successfully pass the *Dosage Calculation Competency Assessment* with 100%.

d. A student's inability to administer medications in the clinical setting may lead to a *Minimal** clinical performance grade for the rotation as they are unable to successfully meet course/end-of-program student learning outcomes.

iii. Third Attempt

a. If the student is not successful on the third attempt an *Unsatisfactory* clinical performance grade will be earned, and the student will be unable to progress in the course/program due as they are unable to achieve course/end-of-program student learning outcomes.

b. Readmission is according to the *Eligibility for Readmission* and *Prioritization of Readmission* policies and space availability.

9. Remediation

a. Remediation assignments/requirements will be determined by the semester-level full-time faculty.

b. Re-testing appointments will be scheduled at the discretion of the semester-level faculty and may occur outside of normally scheduled hours.

c. Students will need to self-assess and determine when they are ready to be retested and schedule their re-testing with nursing faculty.

d. At the scheduled time of re-testing, the student will be required to provide documentation of assigned remediation activities.

e. Students will be unable to re-test if they fail to complete assigned remediation activities which may result in the student's inability to meet course/end-of-program student learning outcomes.

10. **Semester-Level Dosage Calculation Competency**
*****NOTE: Students are responsible for competencies from all previous semesters.

a. *Nursing 11/NVN-42*

1. Calculate equivalent quantities from the metric and household system of measurement from a memorized list of basic equivalencies.
2. From the physician's order and a labeled container, calculate how many tablets or milliliters to administer.
3. For parenteral fluids, calculate the basic infusion rate in mL/hour, gtts/ml, gtts/minute according to the healthcare provider's order.
4. Calculate dosage of oral and parenteral medications to administer after confirming the safety of the dose according to mg/kg.

b. *Nursing 12/NVN-43/NVN-44/NVN-45*

1. Calculate dosage of oral and parenteral medications to administer to pediatric clients after confirming the safety of the dose according to mg/kg.
2. Calculate infusion rate of basic intravenous medications for administration.
3. For parenteral fluids, calculate the basic infusion rate in mL/hour, gtts/ml, gtts/minute

according to the health care provider's order.

c. Nursing 12, 21 & 22

1. Calculate rate of administration and dilution for intravenous piggyback medications.
2. Determine rate of administration and dilution for IV push medications.
3. Calculate titrated IV medications according to physician's orders (ex: mcg/kg/minute).
4. Calculate infusion rates for administration of blood and blood products.

Rev. 6/23; 7/24; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY AND PROCEDURE FOR LESS-THAN-SATISFACTORY CLINICAL PERFORMANCE – ADN (RN) PROGRAM

A. Clinical Expectations

Students are expected to demonstrate growth in their clinical performance as they progress throughout the program. In each nursing course, students must achieve course/end-of-program student learning outcomes and related competencies that demonstrate a safe level of clinical performance in all assigned clinical-related activities.

Clinical performance is based on:

- Demonstration of safe nursing skills that ensure quality, safe, patient-centered nursing care
- Display of professional/ethical behaviors, attitudes, and leadership principles in all clinical settings
- Preparedness for clinical practice
- Utilizes caring behaviors for oneself and others
- Understanding one's limitations and boundaries to prevent avoidable errors
- Accepting responsibility and accountability for the nursing care provided
- Demonstration of sound clinical reasoning and clinical judgment
- Interaction with the healthcare team using therapeutic communication principles
- Demonstrate use of nursing informatics and patient care technologies

B. Clinical Performance Evaluation

1. Student performance will be evaluated, either formally or informally, during each clinical experience by qualified clinical nursing faculty.

2. Formal clinical performance evaluations will occur at the midpoint (if applicable) and at the end of each clinical rotation, to ensure that course and end-of-program student learning outcomes have been achieved.

3. Clinical competency will also be evaluated during *Medication Intensive, Clinical Competency Assessment,* and *Dosage Calculation Competency Assessments* that occur at specified times during each nursing course. The results of the *Medication Intensive Assessment*, *Clinical Competency Assessment,* and *Dosage Calculation Competency Assessment* are part of the student's overall clinical performance evaluation grade.

4. A *Satisfactory* clinical performance evaluation grade must be achieved by the end of each course to progress to the next course or complete the program.

5. Clinical performance evaluations are discussed formally with the student during scheduled conferences. Assessment of the student's progress is done formatively throughout the semester.

6. Whenever the student is not performing at a *Satisfactory* level in the clinical area, the nursing faculty will meet with the student to discuss areas needing improvement and assign remediation, as appropriate.

7. At any time during a clinical rotation or activity, the nursing faculty may identify a less-than-satisfactory clinical performance or behavior demonstrated by a student (see *Less-than-Satisfactory Clinical Performance Definitions* below).

8. Students who do not demonstrate consistent clinical growth in a course may be unable to achieve their course/end-of-program student learning outcomes, resulting in an inability to progress and/or complete the program.

C. **Less-than-Satisfactory Clinical Performance Definitions & Consequences**

1. **Minimal Clinical Performance:**

Definition: The student demonstrates repeated inconsistencies in their action(s) and/or behavior(s), requiring a significant amount of guidance or supervision from the from the faculty compared to other students performing satisfactorily at the same level. Despite assistance, the student continues to demonstrate one, some, or all the action(s) and/or behavior(s) outlined below:

- Inconsistently identifies areas for growth.
- Demonstrates minimal improvement when given repeated opportunities to demonstrate competency.
- Inconsistently assumes accountability and responsibility for their own actions and clinical judgment.
- Knowingly violates or neglects any designated clinical agency policies and/or procedures.

- All course/end-of-program student learning outcomes are equally important in assessing a student's clinical competency. Earning a *Minimal* clinical performance grade for any course/end-of-program student learning outcome(s) will result in earning an overall *Minimal* clinical performance evaluation grade for the clinical rotation.

- A *Minimal* clinical performance evaluation grade can be issued during the last clinical rotation only if a student has adequate time to remediate and complete the remediation requirements by Week 15, otherwise the student will earn an *Unsatisfactory*. If the student earns an *Unsatisfactory*, the student will be unable to progress and/or complete the program as they have not demonstrated achievement of the course/end-of-program student learning outcomes.

- Consequences of a *Minimal* clinical performance evaluation grade:

    - If a *Minimal* clinical and/or professional/ethical behavior performance grade is earned at the end of the course/program and the student is unable to satisfy their remediation requirements by Week 15, the student will be unable to progress and/or complete the program. The *Minimal* will convert to an *Unsatisfactory* grade since the student is unable to demonstrate achievement of course/end-of-program student learning outcomes.

    - The student earning a *Minimal* clinical performance evaluation will be assigned to a clinical group with full-time faculty member. This may result in the student having to change clinical rotations, clinical days, and/or clinical agencies.

    - All students receiving a *Minimal* clinical performance evaluation will be required to meet with the Department Chair.

- A clinical and/or professional/ethical behavior grade of *Unsatisfactory*, a second *Minimal* performance in the same course, and/or *Unsafe* or *Gross Misconduct* will result in an "F" grade for the course, regardless of the student is passing theory, because theory and clinical are concurrent and results in a combined grade. Readmission is dependent on the *Eligibility for Readmission* and *Prioritization of Readmission* policies and space availability.

2. **Unsatisfactory Clinical Performance:**

Definition: The student fails to demonstrate quality, safe, competent, professional nursing action(s) and/or behavior(s) during clinical-related activities. Despite repeated opportunities for improvement and additional guidance from the faculty, the student continues to demonstrate one, some, or all the action(s) and/or behavior(s) outlined below:

- Repeatedly lacks preparation and/or knowledge necessary for providing safe, competent nursing care.
- Unable to identify areas needing improvement and fails to seek necessary guidance from the faculty or other members of the health care team.
- Does not assume responsibility and accountability for their own behavior and the care they provide for patients and the community.
- Places the patient's and/or other's safety in jeopardy.
- Fails to actively participate as a member of the interprofessional healthcare team and in doing so jeopardizes a patient's safety.
- Lacks appropriate level of clinical reasoning and judgment on which to base their clinical decision-making.
- Fails to utilize nursing informatics systems to effectively communicate, manage and analyze data, prevent errors, and support decision- making.
- Lacks self-regulated learning behaviors and fails to seek additional learning opportunities or experiences.
- Required clinical assignments and activities are inconsistently completed, not completed in a timely manner, and/or do not demonstrate higher-level thought processes, despite repeated and documented opportunities for improvement.

- A student may earn an *Unsatisfactory* clinical performance evaluation grade based on the following criteria:

    - A *Minimal* clinical and/or professional/ethical behavior grade is earned during the last clinical rotation of the course, and the student has inadequate time to remediate.

    - Has earned two *Minimal* performance grades (in clinical and professional/ethical behaviors) within the same course.

    - The student's clinical performance is at an *Unsatisfactory* level when repeated documentation and remediation strategies demonstrate that the student continues to be unable to meet the course/end-of-program student learning outcomes.

- Consequences of an *Unsatisfactory* clinical performance evaluation grade:

    - The student will be ineligible to progress in the course program and will receive an "F" grade in the course because theory and clinical are concurrent and results in a combined grade.

    - Students who earn an *Unsatisfactory* clinical and/or professional/ethical behavior grade will be required to meet with semester-level faculty to collaboratively develop an *Exit Interview/Contract for Success*.

    - The student will be required to meet with the Department Chair and/or the Dean, School of Nursing.

    - When a student is unable to progress in the program, readmission will be determined based on the *Eligibility for Readmission and Prioritization for Readmission* policies, space availability, and if the terms of the readmission contract have been met.

    - Students who are readmitted following an *Unsatisfactory* clinical and/or professional/ethical behavior grade must maintain satisfactory clinical progress and/or professional ethical behaviors to earn *Satisfactory* clinical and professional/ethical behavior grades in all subsequent clinical rotations. Failure to meet these criteria will result in immediate dismissal from the program with no readmission privileges.

5. **Unsafe Clinical Performance:**

Definition: A student's action(s) or pattern(s) of behavior(s) reflect a substantial departure from that which is expected of students at the same level under similar circumstances and when the student's action(s) and/or behavior(s) have or could have resulted in physical or emotional jeopardy to the patient (as defined in the *BRN Rules/Regulations 1442*). If at any time a student's clinical performance is evaluated by the faculty to be *Unsafe* or grossly negligent, the student will:

- Be dismissed from the clinical area.
- Earn an "F" grade for the course because theory and clinical are concurrent and results in a combined grade.
- Be ineligible for readmission to the program.

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Revised 8/13; 6/14; 3/16; 7/17; 8/21; 1/23; 8/23; 8/25; 8/26

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

DISMISSAL POLICY

In accordance with the *Riverside City College Student Handbook*, the faculty reserves the right to dismiss a student who does not meet the academic, clinical performance, professional, and/or ethical standards of the RCC School of Nursing and nursing regulatory agencies.

When a student exits the program, faculty will develop an *Exit Interview and Contract for Success* (if applicable) in collaboration with the student and meet with the student to discuss remediation requirements.

Any student who is dismissed for academic, clinical performance, and/or professional/ethical behavior(s) may be eligible for readmission one time only, pending space availability. Readmission will be based on the current *Eligibility for Readmission and Prioritization of Readmission* policies and only when the terms of the readmission contract have been met.

Dismissal Criteria:

Academic

- A seminar grade of less than 75% ("C") in any nursing course.

Clinical

- A clinical and/or professional/ethical behavior grade of *Unsatisfactory*, a second *Minimal* performance in the same course, and/or *Unsafe* or *Gross Misconduct* will result in an "F" grade for the course, regardless of the student is passing theory, because theory and clinical are concurrent and results in a combined grade. Readmission is dependent on the *Eligibility for Readmission* and *Prioritization of Readmission* policies and space availability.

Less-than-Satisfactory Performance: Minimal

- If a *Minimal* clinical and/or professional/ethical behavior performance grade is earned at the end of the course/program and the student is unable to satisfy their remediation requirements by Week 15, the student will be unable to progress and/or complete the program. The *Minimal* will convert to an *Unsatisfactory* grade since the student is unable to demonstrate achievement of course/end-of-program student learning outcomes.

Less-than-Satisfactory Performance: Unsatisfactory

- Students earning an *Unsatisfactory* for professional and/or ethical behaviors will be unable to progress in the course and/or program but will have readmission privileges (see *Professional Conduct and Legal Responsibilities, Policy for Professional, Civil, and Caring Behaviors, and Professional Ethical Standards* policies).

- An *Unsatisfactory* grade in clinical and/or professional/ethical behaviors will result in an "F" grade for the course because theory and clinical are concurrent and result in a combined grade.

- A student may earn an *Unsatisfactory* clinical performance evaluation grade based on the following criteria:
    - A *Minimal* clinical and/or professional/ethical behavior grade is earned during the last clinical rotation of the course, and the student has inadequate time to remediate.
    - Has earned two *Minimal* performance grades (in clinical and professional/ethical behaviors) within the same course.

- The student's clinical performance is at an *Unsatisfactory* level when repeated documentation and remediation strategies demonstrate that the student continues to be unable to meet the course/end-of-program student learning outcomes.

- Students who are readmitted following an *Unsatisfactory* clinical and/or professional/ethical behavior grade must maintain satisfactory clinical progress and/or professional ethical behaviors to earn *Satisfactory* clinical and professional/ethical behavior grades in all subsequent clinical rotations. Failure to meet these criteria will result in immediate dismissal from the program with no readmission privileges.

Less-than-Satisfactory Performance: Unsafe or Gross Misconduct

- If at any time a student's clinical performance is evaluated by the nursing faculty to be *Unsafe* or grossly negligent, the student will be dismissed from the clinical area, receive an "F" grade for the course because theory and clinical are concurrent and results in a combined grade, and be ineligible for readmission to the program.

  Unsafe Clinical Performance Grade:

  - Overall clinical performance is considered *Unsafe* when a student's action(s) or pattern(s) of behaviors reflects a substantial departure from that which is expected of students at the same level under similar circumstances and when the student's actions have or could have resulted in physical or emotional jeopardy to the patient (as defined in the *BRN Rules/Regulations 1442-Gross Negligence for Practicing Nurses/ BVNPT Rules/Regulations 2519-Gross Negligence for Practicing Nurses*).

  - If at any time a student's clinical performance is evaluated by the nursing faculty to be *Unsafe* or grossly negligent, the student will be dismissed from the clinical area, receive an "F" grade for the course because theory and clinical are concurrent and results in a combined grade, and be ineligible for readmission to the program.

  - A student who withdraws from any nursing course due to or following an *Unsafe* clinical performance incident will also be ineligible for readmission into the program.

- Students earning a *Gross Misconduct* for professional and/or ethical behaviors will be dismissed from the course, receive an "F" grade for the course because theory and clinical are concurrent and results in a combined grade, and be ineligible for readmission to the program (see *Professional Conduct and Legal Responsibilities, Policy for Professional, Civil, and Caring Behaviors, and Professional Ethical Standards* policies).

Revised: 1/13; 8/13; 6/14; 7/17; 1/21; 8/21; 1/23; 8/23; 8/25; 8/26

RCC
RIVERSIDE CITY COLLEGE
School of Nursing

CLEAR FORM

Exit Interview / Contract for Success

A student who exits the program prior to completion is responsible for scheduling an *Exit Interview* and developing a *Contract for Success* in collaboration with a semester-level faculty. This is an important step for on-going review of the nursing program and provides students and faculty an opportunity to identify steps for the student to take to maximize success in the future.

Student Name: Student ID: Date:

Address: City: State:

Zip: Phone Number: Email:

Faculty: Semester Level-RN: Semester Level-VN:

Drop: ☐ Faculty-initiated ☐ Student-initiated Attendance: Hours Absent
Theory: Clinical:

Theory Percentage Grade Upon Drop: **%**

Last Earned Clinical Performance Grade: ☐ Satisfactory ☐ Area(s) for Development ☐ Continued Area(s) of Development
☐ Minimal ☐ Unsatisfactory ☐ Unsafe

Last Earned Professional/Ethical Behavior Performance: ☐ Satisfactory ☐ Area(s) for Development ☐ Continued Area(s) of Development
☐ Minimal ☐ Unsatisfactory ☐ Gross Misconduct

Number of *Performance Improvement Plans*:

Reason for Drop: Academic ☐ Clinical ☐ Professional/Ethical ☐ Personal Other/Unknown ☐
(Please describe in detail below)

Criteria for Readmission

1. When a student withdraws from the RCC School of Nursing (SON) or fails to earn a grade of "C" (75%) or better, although all efforts are made to offer space to returning students, there is no guarantee as to when there will be space (see *Eligibility for Readmission and Prioritization for Readmission* policies).
2. If the student is seeking readmission, a *Petition for Readmission* to the SON must be completed online by the student at the time of exit.
3. A student who withdraws due to *Unsatisfactory* clinical performance and/or professional/ethical behavior(s) and/or receives a grade of less than "C" (75%) in the nursing program, will be allowed to be **READMITTED ONE TIME ONLY** (see *Eligibility for Readmission and Prioritization for Readmission* policies).
4. A student who earns an *Unsafe* clinical performance grade or a *Gross Misconduct* in professional/ethical behavior is ineligible for readmission.
5. Students eligible for readmission will be required to complete a *Contract for Success* that is developed by the faculty and student.
6. Each semester a student is awaiting readmission, the student is responsible to contact semester-level faculty for a new *Contract for Success*. If a student does not contact the semester-level faculty for a new *Contract for Success*, they will not be considered for readmission during the current application period.
7. Readmitted students agree to all SON policies and procedures, including the purchase of all required learning resources, in effect at the time of readmission.
8. Students who earned a passing grade in a semester-level "A" lab course are required to audit the corresponding semester-level "A" lab course upon readmission. All readmitted students are encouraged to also register for a "B" and/or "C" lab courses upon readmission.
9. If a student is not immediately readmitted for the upcoming semester, a new *Background Check* and *Drug Screen* will be required upon readmission.

Success Tools for Readmission (*Select all that apply*)

Completion of each must be documented and submitted by (Date) to .

1. Recommend referral to Disability Resource Center (DRC), if appropriate.
2. Referral to Student Outcome Specialist.
3. Contract for Readmission if planning to reapply to the SON (see attached *Contract for Success*).
4. Enroll in a 0.5-unit (Winter/Summer [27 hour]) and/or 1-unit (Fall/Spring [54 hour]) Learning Lab course.

Faculty Signature/Date

Student Signature/Date

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

SPACE AVAILABILITY

Students who are eligible for readmission will be allowed to be **READMITTED ONE TIME ONLY** according to the *Eligibility for Readmission and Prioritization for Readmission/Transfer/Advanced Placement* policies and space availability. Although all efforts are made to offer space to qualified returning students, there is no guarantee as to when space will be available.

Space availability will be considered in the following instances:

1. A student who withdraws from the ADN (RN) or VN program with approved *RCCD Extenuating Circumstance.*

2. A student withdraws from the ADN (RN) or VN program in good standing or fails to earn a grade of "C" (75%) or better in seminar.

3. A student who withdraws from the ADN (RN) or VN program due to earning an *Unsatisfactory* in clinical or professional/ethical behavior and is unable to progress to the next course or complete the program.

4. Students who earn a second failing grade in NRN-22 or NVN-45, and have *Satisfactory* clinical performance evaluations throughout the program, may be considered for a second readmission into NRN-22 or NVN-45.

Revised: 6/96; 7/96; 3/97; 5/04; 8/09; 12/09; 6/14; 7/17; 8/20; 1/23; 8/23; 8/24; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ELIGIBILITY FOR READMISSION

1. A student who is eligible and applying for readmission to the ADN (RN) or VN program, due to withdrawal or earning a failing grade in a nursing course, must submit an online *Petition for Readmission* immediately after notification of the failing grade. *Petitions for Readmission* must be on file by the final Nursing Enrollment Committee meeting of the semester.

2. Students will be allowed to be **READMITTED ONE TIME ONLY** during their program of study. Readmission is not guaranteed and depends on space availability.

3. Students petitioning for readmission will be ranked according to the *Prioritization of Readmission* policy.

4. If a student withdraws or earns a failing seminar and/or less-than-satisfactory clinical performance grade, the nursing faculty, in collaboration with the student, will develop a *Contract for Success* outlining specific activities to assist the student in strengthening the area(s) of concern and/or less-than-satisfactory clinical performance upon readmission. The goal of the success contract is to improve the student's chances of achieving their course student learning outcomes. The student will provide documentation of successfully having met the recommendations specified in the contract and turn in the completed documentation by the specified due date.

    a. A student who is out more than one semester and was not granted immediate readmission for the subsequent semester must contact the semester-level faculty to develop a new *Contract for Success*.

    b. Each semester a student is out of the program, a new remediation contract must be developed. It is the student's responsibility to maintain contact with the semester-level faculty for renewal of the *Contract for Success* until readmission is granted.

5. A student petitioning for readmission who is placed on the alternate list but not admitted will be granted priority admission the following semester, provided all remediation requirements are met and space availability.

6. A student who has not been readmitted for two semesters will be granted priority admission, provided all remediation requirements are met and space availability.

7. Students who earn an *Unsafe* clinical performance grade or a *Gross Misconduct* for professional/ethical behaviors are ineligible for readmission.

ADN (RN) Program only

1. A student who earns a failing grade in theory and/or withdraws from the ADN (RN) will be allowed to be **READMITTED ONE TIME ONLY.**

    The following are exceptions to this one-time-only readmission policy:

a. A student who petitions to have extenuating circumstances considered. The *RCC Extenuating Circumstances* form from Admissions & Records must be submitted online. The student must complete the *Petition for Readmission* online prior to the final Nursing Enrollment Committee meeting of the semester.

b. A student who earns a second failing grade in their final semester of the ADN (RN) program and has earned *Satisfactory* clinical performance grades throughout the program may be considered for readmission, pending space availability, in congruence with college policy.

VN Program only

1. A student who earns a failing grade in theory and/or withdraws from the VN will be allowed to be **READMITTED ONE TIME ONLY.**

   The following are exceptions to this one-time-only readmission policy:

   a. A student who petitions to have extenuating circumstances considered. The *RCC Extenuating Circumstances* form from Admissions & Records must be submitted online. The student must complete the *Petition for Readmission* online prior to the final Nursing Enrollment Committee meeting of the semester.

   b. A student who earns a second failing grade in their final semester of the VN program and has earned *Satisfactory* clinical performance grades throughout the program may be considered for readmission, pending space availability, in congruence with college policy.

Revised: 7/17/96; 5/01; 1/02; 8/02; 6/03; 5/04; 4/06; 8/06; 6/07; 1/09; 8/09; 1/10; 1/11; 6/11; 7/12; 6/12; 1/13; 7/13, 10/16; 6/23; 8/24; 8/25

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PRIORITIZATION FOR READMISSION

The purpose of this policy is to rank applicants who are applying for transfer, advanced placement, or petitioning for readmission when there are more applicants than enrollment spaces available.

1. At the close of the application periods all fully qualified applicants are ranked according to their points based on the multi-criteria and admitted based on space availability.

2. If additional spaces are available at the end of the semester, those applicants who completed coursework in progress will be considered, thus meeting minimum admission criteria, and will be ranked according to the *Priority for Selection* criteria outlined below and admitted based on space availability.

3. In the event inadequate spaces are available in Nursing 21 for all qualified advanced placement applicants, available Nursing 11 and 12 spaces will be offered to applicants who were successful in passing the *HESI Advanced Placement Exam*, pending space availability. Applicants applying for advanced placement who failed the *HESI Advanced Placement Exam* will have to apply to the ADN (RN) program for Nursing 11.

4. Applicants seeking readmission must meet the criteria outlined in the *Eligibility for Readmission* policy in ordered to be considered.

5. If more than one applicant has the same ranking, and there are insufficient spaces to accommodate all applicants, those petitions will be ranked according to the *Ranking Tied Applicants for Admission* policy. Students who have been called to active military duty will be given priority for readmission.

6. Students petitioning for readmission will be ranked based on the student's seminar grade at the time of withdrawing from the course or at the conclusion of the course.

7. *Priority for Selection*

   A nursing student who:

   a. Withdrew from the ADN (RN) or VN program prior to the first exam and has not been issued a seminar or clinical grade and has not received any *Performance Improvement Plans (PIPs)* during the current semester.

   b. Withdrew from the ADN (RN) or VN program in satisfactory seminar and clinical standing and has not received any *Performance Improvement Plans (PIPs)* during the current semester.

   c. Withdrew from the ADN (RN) or VN program in satisfactory seminar and clinical standing and has received one or more *Performance Improvement Plans (PIPs)* during the current semester.

d. Withdrew or earned a failing seminar grade but earned a *Satisfactory* clinical performance grade. Students in this category, who have not been readmitted for two semesters will be granted priority admission, provided all remediation requirements are met and space availability.

e. Withdrew or earned a "C" (75%) or better seminar grade but has earned a *Minimal Performance* clinical grade during the current semester.

f. Withdrew or earned a "C" (75%) or better seminar grade but has earned an *Unsatisfactory* clinical performance grade as the last earned clinical grade.

g. Earned a failing seminar grade and a *Minimal Performance* clinical grade during the current semester.

h. Earned a failing seminar grade and an *Unsatisfactory* clinical performance grade during the current semester.

j. Earned a second failing seminar grade in their final semester of the ADN (RN) or VN program and has earned *Satisfactory* clinical performance grades throughout the program.

Approved: 11/91
Revised: 1/92, 6/92, 9/93, 2/96, 7/96, 4/99; 12/99; 2/01; 4/01; 5/01; 8/01; 1/02; 6/03; 4/06; 1/09; 8/09; 6/10; 1/11; 6/11; 6/12; 2/13; 7/13, 10/16; 8/20; 6/23; 8/25

CLINICAL INFORMATION AND POLICIES

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

CLINICAL ROTATION REGISTRATION AND AGENCY ONBOARDING POLICY

The following guidelines must be adhered to for all clinical rotations within the School of Nursing (SON) to ensure that paperwork is submitted to clinical agencies by their required deadlines.

Clinical Rotation Registration

1. Students will not be permitted to switch rotations once they have registered. Students will be returned to their original rotation if an unapproved change has been made.

2. The SON maintains the right to place students in clinical rotations, change rotation sites, and/or close clinical rotations at their discretion if needed.

Clinical Agency Onboarding and Orientation

1. Clinical orientation time shall be considered "time that students actually spend with faculty in the clinical agency or on campus."

2. Clinical agency requirements must be completed by the student independently and are not considered part of the clinical orientation time. Students will not receive "time back" for time spent on clinical requirements such as online orientation and fingerprinting/background checks. These requirements are part of the students' clinical responsibilities.

3. Clinical agencies may require additional fees, which may be required to be paid by the student.

4. By the specified deadline at the end of each semester, students must complete the clinical agency onboarding requirements for the upcoming semester. These requirements can be found on the *RCC-SON Student Resource Canvas* page. Students who do no submit clinical agency requirements by the deadline will earn an *Incomplete* grade for the current semester and will not be able to progress to the next semester until the *Incomplete* grade is resolved. Students are required to check their RCCD email during the intersession for additional requirements.

5. Timely completion of all clinical agency onboarding requirements is essential. Failure to do so will compromise a student's ability to meet course and end-of-program student learning outcomes and will impede progression in the program.

Revised 8/25

RIVERSIDE CITY COLLEGE
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SCHOOL OF NURSING UNIFORM POLICY

As a student of the RCC School of Nursing, compliance with the *Riverside City College School of Nursing (RCC SON) Uniform Policy* is essential for maintaining our reputation of excellence within the communities we serve.

Students are required to have their uniforms by the first day of class. Students are required to wear uniforms for Clinical Nursing Skills Labs (CNSL), clinical rotations, scheduled simulation activities, deliberate practice, and Clinical Competency Assessments. When students are in uniform, they must adhere to all requirements of the *RCC SON Uniform Policy*.

To ensure compliance with all federal, state, and local agency policies, students are expected to report for clinical experiences each day in a neat, clean, pressed uniform. This includes:

1. Official RCC nursing uniform. Only SON approved apparel (such as black uniform jacket, semester-level or SNO apparel) can be worn to clinical agencies. No sweaters, sweatshirts, or jackets are allowed to be worn in patient care areas.

2. In certain specialized clinical experiences, the dress code will be determined by the clinical instructor.

3. Students required to visit a cooperating agency on school-related matters, i.e., research or obtaining an assignment, must wear photo ID badges and dress in professional attire (no jeans or sneakers).

4. Fingernails clean and trimmed, short in length, no nail polish. Natural nails only. No artificial or gel nail products.

5. Hair (male or female students): Confined, tidy, and professional (off neck, face, collar). No ornamentations. No unnatural colorations (such as green, blue, pink, etc.).
    a. Moustaches closely trimmed, clean, and appropriate. Beards are not permitted. Sideburns must be above the jaw line.
    b. Hair always contained and off collar.

6. Make-up: Make-up application should be natural and kept to a minimum. Foundational make-up, lip gloss, or lipstick may not be worn. Inappropriate or unprofessional application may result in student being released from clinical and affect the student's ability to meet student learning outcomes. No temporary or false eyelashes.

7. To maintain professional appearance, only discreet, skin-toned acne patches are permitted.

8. Shoes: Black standardized leather-like nursing shoes, to be kept polished; clean black shoelaces, black nylon stockings or socks. No open heels or toes.

9. Jewelry: One plain wedding band only. Professional watch with a second hand. Earrings: small, stud-pierced type in the ear lobe only. All others are to be omitted. Only one earring per ear. No additional jewelry is to be worn. No visible body piercing jewelry other than earrings (including tongue).

10. Compression long-sleeved tee (not thermal or cotton) in black may be worn under RCC uniform top. There should be no color or markings visible on the compression tee. No other garments or styles will be permitted.

11. Undergarments: should not be visible through the uniform. T-shirts or tank tops worn under the uniform must be black and not show below the uniform sleeve line.

12. Masks: A mask may be required depending on public health conditions and infection control practices. Faculty/facility will distribute masks to students. Students are required to maintain/preserve their mask as instructed. Students may wear a solid black or white headband/cap with buttons or ear saver for the purpose of securing an appropriate mask seal.

13. No visible tattoos; all tattoos must be covered by uniform, appropriate skin-colored bandage, or compression long-sleeved tee.

14. Any alterations made to the RCC SON uniform need to be approved by faculty prior to the alterations being made.

15. Uniform and head band (if applicable) will be laundered each day after any clinical education experience. Please follow proper disinfectant procedures after each clinical day.

16. RCC SON issued Photo ID badge and RCC SON badge reel at all times.

17. Students may not use belt bags, have tape on stethoscopes, adornments on badges (i.e. Curos), etc. for infection control purposes. Uniform pockets should not be overstuffed with supplies as it may violate clinical agency infection control policies and for cost containment purposes.

18. Students must have the following for every clinical experience (this list may be adapted for specialty rotations).
    a. Black pen.
    b. Bandage scissors.
    c. Penlight.
    d. Small note pad.
    e. Stethoscope.
    f. Calculator.
    g. Professional watch with a second hand/second marker.

Revised: 6/10; 8/13; 1/14; 6/14; 12/14; 6/15; 9/15; 11/15; 7/17; 3/18; 6/20; 8/20; 11/22; 6/23; 2/24; 4/25

RIVERSIDE CITY COLLEGE
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BVNPT: 54 HOURS OF PHARMACOLOGY

Pursuant to *Section 2516* of the *Board of Vocational Nursing and Psychiatric Technicians, Vocational Nursing Practice Act with Rules and Regulations*, applicants who wish to qualify for the NCLEX-PN/VN on the basis of experience and/or formal nursing education are required to "submit proof of completion of a course of at least 54 theory hours of pharmacology. The course shall include but not be limited to:

A. Knowing of commonly used drugs and their action

B. Computation of Dosages

C. Preparation of Medications

D. Principles of Administration

Therefore, RCC ADN program students who have completed Nursing 21 and Nursing 78 with a minimum "C" (75%) grade in each course shall be eligible to receive credit for the 54 hours of pharmacology.

VN:5668: 1/13; 8/13; 2/21

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

CLINICAL ROTATION GUIDELINES FOR FACULTY AND STUDENTS

Purpose: To provide some consistent direction for students and faculty to follow for their clinical experiences at the hospital.

A. Onboarding:

1. Prior to the start of the semester, students and faculty are expected to complete the onboarding processes as required by their assigned clinical agencies by the deadline.

2. Students who do not have their onboarding completed as required, may be subject to disciplinary action for noncompliance with the clinical site expectations. Despite not starting a rotation until later in the semester, onboarding should be completed as stated above to avoid delays in starting clinical.

3. Resources for hospital specific onboarding platforms can be found on both Faculty/Student Resource courses on Canvas, under *Clinical Site Materials*.

4. Clinical Facilities Used by Semester/Program:

   Riverside Community Hospital (RCH-myClinicalExchange) – NRN-11, NRN-12, NRN-22, CNA
   Riverside University Health System (RUHS- ClinicianNexus) – NRN-11, NRN-12, NRN-21, NRN-22, CNA, VN
   Parkview Community Hospital Medical Center – NRN-11, NRN-12, NRN-21, NRN-22, VN
   St. Bernadine's Medical Center (myClinicalExchange) – NRN-22
   Arrowhead Regional Medical Center (ARMC) – NRN-21, NRN-22, VN
   Corona Regional Medical Center (CRMC) – NRN-11, NRN-21
   Kaiser Permanente Medical Center – NRN-11, NRN-21, NRN-22, VN
   Patton State Hospital – NRN-21
   Telecare Health – NRN-21, VN
   Arlington Gardens – VN, CNA
   Rancho Bellagio – VN, CNA
   Valencia Gardens – VN, CNA
   Riverwalk – VN, CNA
   Community Care and Rehab – CNA
   Riverside Medical Clinic – VN
   MHITF – NRN-21, VN
   The Grove Care & Wellness Center – CAN
   Chino Valley Medical Center (myClinicalExchange) – NRN-11
   Redlands Community Hospital (RCH-ClinicianNexus) – NRN-12, NRN-21, NRN-22

5. The VN faculty will complete a facility evaluation on clinical facilities within the semester rotations on a yearly basis or as needed/determined by the department chair.

B. Professionalism:

1. All students and faculty are expected to always adhere to professional standards while in clinical.

2. Clinical faculty should be in professional attire, with a white lab coat, and name badge while in the clinical facilities.

3. Students must be compliant with the *SON Uniform Policy,* which can be found in the *ADN (RN), VN, or NATP Student Handbooks*.

4. Students should refrain from gathering as a group on the clinical unit or hall and keep personal conversations to a minimum.

5. Students are to be respectful and always adhere to HIPAA guidelines.

6. No food or drink should be consumed outside of designated areas at the facility, and no one should walk into the facility with a beverage in hand.

7. All personal items should be left at home or in your car. Students should not bring anything more than what will fit in their uniform pocket.

C. Expectations:

1. Students are expected to comply with all clinical agency-specific policies and guidelines, which are outlined in the facility's onboarding documents. These will be disseminated by the clinical faculty during clinical orientation.

2. Students are expected to comply with all clinical expectations, policy and procedures, and standards for each semester and/or program as outlined on Canvas and the *ADN (RN), VN, or NATP Student Handbooks*.

3. Students are required to come to clinical with a *Nursing Plan of Care/Clinical Judgment Assignment, Clinical Judgment Medication Checklist,* and other required materials to assist them in achieving their daily objectives as outlined by their faculty. This plan will be utilized by the student to prioritize and guide patient care during clinical. It will be reviewed and discussed with faculty throughout the clinical day.

4. Students are expected to arrive 15 minutes prior to their scheduled clinical start time to ensure they receive their assignment and are ready to receive report on their patient(s) in a timely manner.

5. Clinical faculty should arrive on the unit prior to the students scheduled arrival time to check in with the charge nurse and make student assignments. Student assignments should be based on the student's specific learning objectives for the day, patient diagnosis(es), and medication administration or skills opportunities relevant to their course learning outcomes.

6. All documentation in the patient EHR will be co-signed by the faculty prior to the end of the shift. Students and faculty will report off to the nursing staff at the end of the shift and thank them for their support in achieving their course clinical student learning outcomes.

D. Time off the Unit (Breaks/Lunch):

Hours Worked (Based on CA Labor Law)	**Clinical Hours**	**Break***	**Lunch Break Required***
5 hours, 1 minute – Less than 6 hours	6-hour clinical	1 - 30-minute break	No
More than 6 hours – Less than 10 hours	8-hour clinical 10-hour clinical	1 – 15-minute break	30 minutes
More than 10 hours, 1 minute – Less than 12 hours	12-hour clinical	2 – 15-minute breaks	45 minutes

*Time for breaks and lunch is incorporated into the regular clinical day but may not be taken at the end of the clinical day for early release.

1. All students and faculty are required to breaks and/or lunch during their clinical day based on the number of clinical hours.

2. No more than two students at one time should be leaving the floor for a break, unless otherwise indicated by the clinical agency.

3. All students are required to report off to their nurse and faculty when they are leaving the floor on a break or lunch.

4. Students and faculty may not use food delivery services for breaks and meals.

5. Break times start once you have communicated that you are leaving the unit.

6. Students and faculty will comply with each clinical agencies requirements for how lunch breaks are taken. Some facilities want all students/faculty to have lunch at the same time, whereas others leave it to the discretion of the faculty.

7. Lunch and breaks are not to be combined.

8. Students will check back in with faculty and nurse once they return to the unit after a break or lunch.

E. Debriefing:

1. Clinical time is designed to maximize the time at the bedside with the patient.

2. Students should only be leaving clinical to go to debriefing one day/week for 1-hour.

3. Faculty facilitating students doing 12-hour clinical shifts may choose to schedule debriefing on another day to allow students the experience of giving handoff report at the change of shift.

F. Medication Administration:

1. Safe medication principles must be always adhered to.

2. Students may not give medications if they have not passed their Medication *Intensive* and *Dosage Calculation Competency Assessment*.

3. Students may not give any medication(s) that they are unfamiliar with.

4. Medication administration will follow the specific facility requirements.

    a. Facility Medication Preparation and Administration (the faculty need to ask the Charge Nurse or staff the questions below to ensure faculty and student compliance)

        i. Is there restricted access for students and faculty regarding medications?

        ii. Do students have access to the patient's electronic medical record to view the Medication Administration Record (MAR)?

        iii. Do faculty have access to medications via the automated medication dispensing device (i.e. Pyxis, Accudose) or are faculty required to have nursing staff pull medications?

        iv. Does the facility/unit allow students to do IV push medication administration under the supervision of faculty are there only certain medications that can be administered IV push by students?

5. Students and faculty are expected to communicate with the assigned nurse regarding patient medication administration.

6. All medications are to be administered in the presence of the clinical faculty.

7. No medications are to be administered by students while in the Emergency Department.

8. Please refer to the semester/program-specific medication preparation and administration guidelines in the SON *Policy and Procedure: Dosage Calculation Competency Assessment/Medication Preparation and Administration Guidelines* in the *ADN (RN) and VN Student Handbooks.*

G. Skills:

1. Students may only perform skills that they have previously learned in their semester- level CNSLs.

2. Students will communicate with faculty and the nurse assigned to the patient prior to performing any skills on patients in the clinical setting.

3. Independent performance of skills will be based on the type of skill, semester-level expectations of student performance, and the policies and procedures of the facility.

Created 6/2022
Revised 1/9/24; 3/25/24; 8/25

RIVERSIDE CITY COLLEGE
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MEDICATION PREPARATION AND ADMINISTRATION GUIDELINES

General Guidelines for Preparation and Administration of Medications

1. Students will adhere to safe medication administration guidelines using the *Clinical Judgment Medication Checklist.*

2. All students will be assessed at the beginning of each semester on their medication preparation and administration processes during their scheduled *Medication Intensive Competency Assessment*. The *Medication Intensive Clinical Judgment Rubric* will be used to assess students. Students in NRN-11 and NVN-42 will be assessed within the first 5 weeks of the semester. Please refer to the *Medication Intensive Competency Assessment* policy.

3. Students must earn a *Pass* on each course's *Medication Intensive Competency Assessment* and 100% on the *Dosage Competency Assessment* to administer medications in the clinical setting (see *Medication Intensive Competency Assessment* and *Dosage Competency Assessment* policies).

4. All medications will be verified by the clinical faculty or the assigned patient's nurse prior to administration.

5. When a near-miss or medication error occurs, faculty need to refer to the *Policy and Procedure: Medication Safety Event Tool.*

6. Semester Level Considerations

    a. *Nursing 11/NVN-42/NVN-43*

        1. Preparation and administration of all medications will be directly supervised by the nursing faculty. There are never any exceptions to this standard. The student is never permitted to independently prepare and administer any medications.

        2. Students may never prepare or administer medications with nursing staff.

        3. Students may not independently flush peripheral saline locks without direct supervision of the nursing faculty and in accordance with clinical agency policy.

    b. *Nursing 12*

        1. Preparation and administration of all medications will be directly supervised by the nursing faculty. There are never any exceptions to this standard. The student is never permitted to independently prepare and administer any medications.

        2. Students may never prepare or administer medications with nursing staff.

3. Students may not independently flush peripheral saline locks without direct supervision of the nursing faculty and in accordance with clinical agency policy.

4. Central venous catheters, including PICC, may be used for administration of IVPB medications and IV fluids under the supervision of the nursing faculty and can only by accessed by the faculty.

c. *Nursing 21/22*

1. Preparation and administration of all medications will be directly supervised by the nursing faculty. There are never any exceptions to this standard. The student is never permitted to independently prepare and administer any medications.

2. The student is never permitted to independently prepare and administer any titratable drips. The assigned registered nurse will supervise and document any titratable drip adjustments per hospital policy.

3. Students may be allowed to independently flush peripheral saline locks, with the approval of nursing faculty and in accordance with clinical agency policy.

4. Central venous catheters, including PICC, may be accessed and used for administration of IVPB medications and IV fluids under the direct supervision of the nursing faculty only.

d. *NVN-44/45*

1. Preparation and administration of all medications will be directly supervised by the nursing faculty. There are never any exceptions to this standard. The student is never permitted to independently prepare and administer any medications

Medication Administration "Never" Events

To ensure the SON faculty and students maintain current evidence-based medication safety practices, the following NEVER events have been established based on the basic five rights of medication administration.

Each semester, students will sign the *Medication Administration "Never" Event Acknowledgement Form* and submit on Canvas acknowledging they have read, understand, and agree to abide by the "Never" statements outlined below.

For every medication administered, the *5 Rights of Medication Administration* must be performed a minimum of 3 times (see *Medication Intensive Instructions, Guidelines, & Clinical Judgment Rubric (CJR)* for detailed instructions):

1. Remove or receive medications from medication dispensing system after communicating with nurse.

2. Verify with the eMAR and validate with faculty, prior to administration.
3. Compare med packaging with eMAR and verify accurate documentation, after administration.

- **Right Patient**
  - NEVER scan a patient's sticker in place of their armband and verbal verification at patient's bedside (2 identifiers – name and date of birth).
  - NEVER have more than one patient's meds out on the work surface at a time.

- **Right Medication**
  - NEVER administer a medication without verifying the order.
  - NEVER administer a medication without scanning the medication(s) at the patient's bedside.
  - NEVER administer a medication that you did not prepare and/or draw up (unless prepared and dispensed by pharmacy).
  - NEVER administer a medication without using the RCC SON approved medication preparation and administration tools.
  - NEVER administer a medication(s) without collaborating with the patients assigned nurse FIRST.
  - NEVER administer a medication(s) if you are feeling distracted and overwhelmed and/or intuitively question the safety of any part of the medication administration process.
  - NEVER administer a medication(s) you have not completed and documented the appropriate assessments (vital signs, labs, diagnostics, weight, I&O's, etc.).

- **Right Dose**
  - NEVER administer a medication(s) that you have not verified and calculated the single and daily safe dose.
  - NEVER administer a medication without verifying the last administered dose.

- **Right Route**
  - NEVER interchange the ordered route of a medication(s). If necessary, notify nurse to have the order changed to meet the patient's specific needs (PO vs. NG, NG vs. PEG).
  - NEVER administer a medication(s) without verifying the ordered route.

- **Right Time**
  - NEVER administer a medication(s) outside of the allotted facility time allowances without communicating with the patient's nurse.
  - NEVER administer a medication(s) without verifying the last administered dose.
  - NEVER administer a medication(s) that has been scanned and/or documented by another healthcare provider.

Revised: 6/89; 6/97; 8/98, 9/06, 3/10, 12/10; 2/13; 8/13; 6/14; 1/17; 5/19; 8/20; 6/22; 12/22; 1/23; 5/23; 3/24; 12/24; 2/25; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ROUNDING POLICY FOR DOSAGE & MEDICATION CALCULATIONS

Purpose: To achieve maximum accuracy in administration of oral and parenteral medications and IV fluids. When calculating dosages, accuracy is maximized by rounding only once, at the end of the dosage calculation.

Calculated DOSE FOR ADMINISTRATION:

1. Liquid oral medications and parenteral medications:

    a. If the volume is greater than 1 ml (milliliter), use a syringe calibrated in tenths of milliliters. Round to the tenths place.

        i. Round down if the digit in the hundredths place is less than five. Example: 1.837 = 1.8

        ii. Round up if the digit in the hundredths place is five or higher.
        Example: 1.674 = 1.7

    b. If the volume is less than 1 ml (milliliter), use a syringe calibrated in hundredths (tuberculin syringe). Round to the hundredths place.

        i. Round down if the digit in the thousandths place is less than five.
        Example: 0.674 = 0.67

        ii. Round up if the digit in the thousandths place is five or higher.
        Example: 0.837 = 0.84

2. Calculating IV Flow Rates:

    a. Milliliters per hour (ml/hr): Round to tenths when administered on an IV pump.

    b. Drops per minute: Round to the whole number as outlined below.

        i. If the number in the tenth place is less than five, drop the digits after the decimal.
        Example: 31.25 = 31 drops per minute

        ii. If the number in the tenth place is five or higher, round up the whole number by one.
        Example: 31.8 = 32 drops per minute

3. Calculating Safe Dose:

    a. Single and 24-hour (per day) doses

    b. Calculated dose: mg/kg/day, mg/kg/dose, mg/hr; mcg/kg/min, mcg/min; and units/hr

        i. Round dose to the closest hundredth.
        Example: 15.333333 mg/kg/dose = 15.33 mg/kg/dose
        26.666666 mcg/min = 26.67 mcg/min
        5.2666666 units/hr = 5.27 units/hr

Rev. 8/13; 5/23

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY AND PROCEDURE: MEDICATION SAFETY EVENT TOOL

The nursing faculty, in conjunction with the National Academy of Medicine, is committed to providing excellence in education and assurance of safe quality patient care. When a medication incident occurs, every effort will be made to identify the deviation in the medication administration process.

When an incident occurs, the following procedure will be followed:

1. Patient assessment following any medication incident will be conducted to evaluate any untoward effects.

2. The student and faculty will complete the appropriate agency forms and forward it as directed according to agency policy. In addition, the nursing faculty will complete the *RCCD Accident/Incident* report for actual medication errors and forward it to the Dean, School of Nursing within twenty- four hours.

3. The faculty will complete a *Medication Safety Tool* and *Performance Improvement Plan (PIP)*, which will include a summary of the medication safety event and a contract for success. The student will be counseled by the faculty and other nursing personnel involved, if appropriate.

4. Remediation is designed to self-reflect on the medication safety event, reinforce medication preparation and administration safety principles, and ensure patient safety. Remediation may include but is not limited to, the following:

    a. **Reflection:** The student must write a detailed reflective summary of the medication safety event. This summary should include a thorough analysis of how the deviation from the standard medication administration process occurred (e.g., misreading a label, incorrect dosage calculation, rushing the process).

    b. **Review of Medication Administration Principles:** The student will engage in a comprehensive review of the "five rights" of medication administration and other key safety principles. This may include:

        - Completing specific textbook assignments on medication administration safety.
        - Watching educational videos on medication error prevention.
        - Conducting dosage calculation exercises.
        - Deliberate practice in the Nursing Learning Lab to simulate safe medication preparation and administration.

    c. **Research:** The student will be required to research and summarize principles related to preventing medication errors, drawing from scholarly articles, professional guidelines, or evidence-based practice literature.

5. All remediation requirements must be completed in a timely manner as outlined in the *PIP*. Failure to complete remediation by the deadline may result in the student not meeting the course student learning outcomes, which could affect progression in the program.

6. Students will not be able to administer medications in the clinical setting until remediation is completed.

Medication Error Task Force 11/17/09
Rev. 8/20; 2/23; 8/25

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

CLEAR FORM

MEDICATION SAFETY EVENT TOOL

Student: **Date:**

Faculty: **Semester:**

Brief Description of the Event:

Medication Safety Event

- ☐ Right Patient
- ☐ Right Medication
- ☐ Right Dose
- ☐ Right Route
- ☐ Right Time
- ☐ Right Documentation
- ☐ Right Supervision

Action for Success

- All errors require verbal counseling with the instructor, a *PIP* with a Contract for Success.
- All Medication Safety Events will be reflected on the student's clinical evaluation.
- Repeated Medication Safety errors or student's actions are a substantial departure from what is expected of students at the same level (see *Policy and Procedure: Dosage Calculation Competency, and Medication Preparation & Administration Guidelines*) may result in further consequences, including but not limited to, the following:
  a. Conference with student and semester-level faculty.
  b. Conference with student, faculty, and Department Chair.
  c. *Minimal Performance*, *Unsatisfactory*, or *Unsafe* Clinical Performance Evaluation.

Student Name: _____

Riverside City College
School of Nursing
Nursing Skill Accomplishment Documentation

Directions: This document must be maintained by the student throughout the entire nursing program to provide a record of their nursing skill accomplishment. This may require that students print additional copies of this document to record completion of their nursing skills.

Students should work collaboratively with their clinical faculty to identify patient care opportunities that would enhance skill competency. It is the student's responsibility to ensure that proper documentation of each skill has obtained. Students are required to bring this document to each clinical or nursing skill lab experience; therefore clinical faculty may ask to review the student's documentation at any time. Students are also required to provide this document to their clinical faculty during each clinical evaluation meeting. A copy of the form will be submitted by the student to the faculty at the completion of Nursing 12 and Nursing 22.

Nursing Skill	**Nursing Skills Lab**		**Clinical Setting**	
	Date	**Faculty Initials**	**Date**	**Faculty Initials**
Proper Syringe/Needle Size Filling the Syringe with Fluid				
Subcutaneous Injections				
IV Insertions				
Intravenous Piggy Back (IVPB) Medication Administration				

Nursing Skill	Nursing Skills Lab		Clinical Setting	
	Date	Faculty Initials	Date	Faculty Initials
Intravenous Medication Administration (IV Push)				
Dressing Change/Aseptic Technique				
Foley/Straight Catheterization Insertion and Removal				
Nasogastric Tube (NGT) Insertion and Removal				
NGT and PEG Tube Medication Administration				

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

Lab Code of Conduct

The labs are an integral part of Riverside City College's nursing curricula. Shared accountability and responsibility are needed to optimize the learning environment and protect valuable resources. The following Code of Conduct has been designed to assist in communicating the expectations in all lab environments.

- Absolutely no FOOD or DRINK is allowed in any of the labs. This includes water and chewing gum.
- Adhere to all RCCD/RCC, CDC, State, and local public health department COVID-19 guidelines currently in place.
- Use pencils only in the labs. No highlighters, ink pens, Sharpie's, etc.
- Dress in attire appropriate for the academic setting and practicing nursing skills.
- Act professionally when performing skills or simulation as though in the clinical environment. Treat your simulated patient as if they were a live person, with the same needs for respect, communication, care, and comfort.
- Be respectful and courteous of faculty, staff, and students in the labs.
- The labs are academic environments and therefore not for socializing. Please keep your voice lowered while in the labs.
- Treat equipment with respect. Leave equipment clean and neat when done using it. Please ensure simulators are turned off, all IV pumps and vital sign machines are plugged in and turned off, trash is picked up, and bedside is neat and tidy.
- Bring supply bag and iPad, as applicable, when planning to practice skills.
- Abide by all policies and procedures in the SON Student Handbooks, including the *Earning Lab Credit* and *Computer and Network Use Guidelines* policies.

For Assigned Simulations:

- Arrive dressed in clinical attire according to the *RCC School of Nursing Uniform* policy, including equipment used for clinical such as a stethoscope and calculator.
- Arrive prepared with completed pre-assignment required for assigned simulation, if applicable.
- Be on time to each simulation. Out of respect of other students' time, simulations will start on time. Students arriving late will be required to complete a make-up assignment in place of assigned simulation.
- Scenarios are not to be discussed with other students outside the lab, so all students have equal learning opportunities.
- Bring you iPad to every simulation and ensure it is fully charged.
- Ensure you have added your semester's DocuCare code prior to arriving to simulation and have your login credentials.

For Optional Nursing Learning Lab Courses:

- Students are responsible for tracking all course required hours using the following methods:
    - **Face-to-Face Hours (On-Campus with Faculty):** Log in via the aPlus+ Attendance kiosk located in the lab, Room 251.
    - **Flexible Hours (Off-Campus/Independent):** Submit via the *Nursing Learning Lab Manual Hour Submission* form.
    - **Required Course Log:** Maintain a detailed *Nursing Learning Lab Course Log* documenting **both** face-to-face (on-campus with faculty) and flexible (off-campus/independent) activities.
- Students may not attend or use the open learning lab if they are not registered for an optional nursing learning lab course.
- Students who complete the required hours before the end of the semester must enroll in an additional lab course if they wish to continue using the Nursing Learning Lab for the remainder of the semester or intersession.

Revised: 02/15/12; 7/7/17; 7/18; 8/19; 8/20; 1/21; 2/22; 7/22; 2/23; 1/26; 4/26

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

EARNING LAB CREDIT HOURS

The Nursing Learning Labs provide students with the opportunity to practice skills, enhance critical thinking and reasoning, and participate in simulated learning activities. The purpose of these labs is to gain confidence and competence in your nursing skills. The following guidelines have been set forth to guide student learning experiences. Students are unable to repeat a lab course that they have previously earned a *Pass* grade; however, they may audit a lab course previously passed. Once a student is enrolled in a lab course, the School of Nursing (SON) is unable to transfer hours from one lab course to another.

Nursing *A* Lab Courses

ADN (RN) & VN Program Requirements:

All ADN (RN) and VN students must register and complete all 27 hours and course assignments to earn a *Pass* at the end of the semester and progress in the ADN (RN) or VN program. Failure to complete the required hours or assignments will result in a student earning a *No Pass* for the course, thus preventing progression to the next semester.

Returning ADN (RN) and VN students who have already earned a *Pass* in a corresponding semester-level *A* course will be required to *Audit* the corresponding semester-level *A* course. Students must contact the semester-level lead faculty and/or Instructor of Record for the Learning Labs so that approval can be granted to Admissions & Records to *Audit* the course. Students are still required to complete the 27-hour course requirement and corresponding assignments to progress to the next semester. Students will not earn a grade when auditing a course. Tuition is discounted for students needing to *Audit* a course.

Please reference your corresponding corequisite course *Syllabus/Course Calendar* for specific dates and hour requirements (a *Nursing Learning Lab Course Log* is not required). All *A* course information is located on your *A* course Canvas shell. Completion of *A* hours and assignments must be done under the supervision of a faculty member and may not be completed outside of class unless instructed otherwise.

Nursing *B* and *C* Lab Courses (all programs – does not apply to *NRN-18B/19B*)

All students enrolled in *B* and *C* lab courses are required to complete all credit hours either practicing skills, clinical judgment activities including but not limited to virtual simulations, case studies, simulation, and watching nursing-related videos. These optional lab courses have been developed to supplement the psychomotor skills of your corresponding nursing course and to further develop your confidence and competence in performing nursing skills using a deliberate practice framework.

B Courses

Students enrolled in an *B* course are required to complete 54 hours and submit a completed *Nursing Learning Lab Course Log* to earn a *Pass* in the course.

- If the *B* course is offered as *hybrid* (check *Course Syllabus* on Canvas), students are required to complete a minimum of 50% of their lab hours face-to-face (on-campus with faculty) in the lab under the supervision of nursing faculty staffing the lab and/or the Instructor of Record. Students may complete the remaining 50% using a flexible (off-campus, independently) option. All hours can be completed face-to-face if a student chooses to. Students may not attend the Nursing Learning Lab if they are not registered.

- If the *B* course is offered only as *face-to-face* (check *Course Syllabus* on Canvas), students are required to complete all required hours on-campus and sign in to the lab using the aPlus+ Attendance kiosk.

- Students need to calculate the total of their face-to-face (on-campus with faculty) and flexible (off-campus/independent) hours and place the total at the bottom of each page. Your log at the end of the semester must add up to the required hours of the course.

- It is the student's responsibility to keep record of their face-to-face (on-campus with faculty) and flexible (off-campus/independent) hours.

_C_ Courses

Students enrolled in an *C* course are required to complete 108 hours to earn a *Pass* in the course.

- *C* courses are only offered as *face-to-face* courses. Students are required to complete all required hours in-person at the School of Nursing (SON) lab, Room 251 or other faculty supervised activity (i.e flu clinics, Riverside Free Clinic, etc) and sign in to the lab using the aPlus+ Attendance kiosk.

- Students must add up hours or minutes at the end of each page on the *Nursing Learning Lab Course Log.*

- Students need to calculate the total of their face-to-face (on-campus with faculty) and place the total at the bottom of each page. Your log at the end of the semester must add up to the required hours of the course.

- It is the student's responsibility to keep record of their face-to-face (on-campus with faculty) and flexible (off-campus/independent) hours.

Students enrolled in a *B* or *C* lab course must document all (on-campus and home) learning activities, regardless of being offered hybrid or face-to-face using the *Nursing Learning Lab Course Log.* The log must identify the learning activity, the time in/out, the course outcome(s) met (see corresponding *B* or *C Course Syllabus* on Canvas) for each activity, and faculty signature (on-campus hours only).

Students are required to submit their *Nursing Learning Lab Course Log* by the due date required under the *Assignment* tab on the corresponding Canvas course. Students who fail to complete the required course hours and/or turn in a completed *Nursing Learning Lab Course Log* will earn a *No Pass* for the course.

Special activities assigned by semester-level faculty may be offered for Nursing Learning Lab credit as well. These activities must be approved prior to and verified by a full-time, semester-level nursing faculty signature. If you are unsure if an activity is eligible for credit, please obtain authorization in advance from full-time faculty in your semester level.

Nursing 18B/19B Learning Lab Course for Advanced Placement Students:

All *NRN-18* students must register and complete all 54 hours and course assignments to earn a *Pass* at the end of the semester and be eligible for admission as an Advanced Placement student. Failure to complete the required hours or assignments for *NRN-18B/19B* will result in a student earning a *No Pass* for the course, thus, preventing completion of *NRN-18/19* as *NRN-18B/19* is the corequisite course. Earning a *No Pass* in *NRN-18B*/19B will be prevent the student from being eligible for admission as an Advanced Placement student.

Returning *NRN-18/19* students who have already earned a *Pass* in *NRN-18B*/*19B* will be required to *Audit* the course. Students must contact course faculty and/or Instructor of Record for the Learning Labs so that approval can be granted to Admissions & Records to *Audit* the course. Students are still required to complete the 54-hour course requirement and corresponding assignments to progress to meet Advanced Placement admission criteria. Students will not earn a grade when auditing a course. Tuition is discounted for students needing to *Audit* a course.

Please reference your *NRN-18B*/*19B* course *Syllabus/Course Calendar* for specific dates and hour requirements (a *Nursing Learning Lab Course Log* is not required). All *NRN-18B/19B* course information is located on your *NRN-18B/19B* course Canvas shell. Completion of *NRN-18B/19B* hours and assignments must be done under the supervision of a faculty member and may not be completed outside of class unless instructed otherwise.

Nursing *6, 7,* and *8* Lab Courses

All students enrolled in *NRN 6, 7, and/or 8* lab courses are required to complete all credit hours either practicing skills, clinical judgment activities including but not limited to virtual simulations, case studies, simulation, and watching nursing-related videos.

NRN-6 & NRN-7

Students enrolled in *NRN-6* are required to complete 27 hours to earn a *Pass* in the course. Students enrolled in *NRN-7* are required to complete 54 hours to earn a *Pass* in the course.

- If *NRN*-6 and/or *NRN-7* are offered as *hybrid* courses (check the *NRN-6* or *NRN-7 Course Syllabus* on Canvas), students are required to complete a minimum of 50% of their lab hours face-to-face (on-campus with faculty) in the lab under the supervision of nursing faculty staffing the lab and/or the Instructor of Record. Students may complete the remaining 50% using a flexible (off-campus, independently) option. All hours can be completed face-to-face if a student chooses to. Students may not attend the Nursing Learning Lab if they are not registered.

- If *NRN*-6 and/or *NRN-7* are offered only as *face-to-face* (check the *NRN-6* or *NRN-7 Course Syllabus* on Canvas), students are required to complete all required hours on-campus and sign in to the lab using the aPlus+ Attendance kiosk.

- Students need to calculate the total of their face-to-face (on-campus with faculty) and flexible (off-campus/independent) hours and place the total at the bottom of each page. Your log at the end of the semester must add up to the required hours of the course.

- It is the student's responsibility to keep record of their face-to-face (on-campus with faculty) and flexible (off-campus/independent) hours.

NRN-8

Students enrolled in *NRN-8* are required to complete 108 hours to earn a *Pass* in the course.

- *NRN-8* is only offered as *face-to-face* courses. Students are required to complete all required hours in-person at the School of Nursing (SON) lab, Room 251 or other faculty supervised activity (i.e flu clinics, Riverside Free Clinic, etc) and sign in to the lab using the aPlus+ Attendance kiosk.

- Students must add up hours or minutes at the end of each page on the *Nursing Learning Lab Course Log.*

- Students need to calculate the total of their face-to-face (on-campus with faculty) and place the total at the bottom of each page. Your log at the end of the semester must add up to the required hours of the course.

- It is the student's responsibility to keep record of their face-to-face (on-campus with faculty) and flexible (off-campus/independent) hours.

Students enrolled *NRN 6, 7, and/or 8* lab courses must document all (on-campus and home) learning activities, whether the course is offered hybrid or face-to-face using the *Nursing Learning Lab Course Log.* The log must identify the learning activity, the time in/out, the course outcome(s) met (see corresponding *NRN-6, NRN-7, and/or NRN-8 Course Syllabus* on Canvas) for each activity, and faculty signature (on-campus hours only).

Students are required to submit their *Nursing Learning Lab Course Log* by the due date required under the *Assignment* tab on the corresponding Canvas course. Students who fail to complete the required course hours and/or turn in a completed *Nursing Learning Lab Course Log* will earn a *No Pass* for the course.

Nursing Assistant Training Program (NATP) Lab Courses

NNA-80A & NNA-80B

Students enrolled in *NNA-80A* are required to complete 27 hours to earn a *Pass* in the course. Students enrolled in *NNA-80B* are required to complete 54 hours to earn a *Pass* in the course.

- If *NNA-80A* and/or *NNA-80B* are offered as *hybrid* courses (check the *NNA-80A* or *NNA-80B Course Syllabus* on Canvas), students are required to complete a minimum of 50% of their lab hours face-to-face (on-campus with faculty) in the lab under the supervision of nursing faculty staffing the lab and/or the Instructor of Record.

Students may complete the remaining 50% using a flexible (off-campus, independently) option. All hours can be completed face-to-face if a student chooses to. Students may not attend the Nursing Learning Lab if they are not registered.

- If *NNA-80A* and/or *NNA-80B* are offered only as *face-to-face* (check the *NNA-80A* or *NNA-80B Course Syllabus* on Canvas), students are required to complete all required hours on-campus and sign in to the lab using the aPlus+ Attendance kiosk.

- Students need to calculate the total of their face-to-face (on-campus with faculty) and flexible (off-campus/independent) hours and place the total at the bottom of each page. Your log at the end of the semester must add up to the required hours of the course.

- It is the student's responsibility to keep record of their face-to-face (on-campus with faculty) and flexible (off-campus/independent) hours.

Lab Course Requirements:

1. Students may not log any lab hours while they are scheduled for semester-level activities (i.e. Seminar, CNSL, simulation (unless approved), clinical, etc.). This practice is considered double-dipping as students are already earning credit in their semester-level course.

2. Students are required to adhere to all RCCD/RCC, CDC, State, and local public health department guidelines currently in place.

3. Any falsification of lab hours and/or manual log on behalf of another student is a direct violation of the *RCC School of Nursing Integrity* policy and *RCCD Board Policy 3500/3500A* on academic dishonesty located in the *ADN (RN)*, *VN, and NATP Student Handbooks*. Disciplinary action up to and including dismissal from the nursing program and/or college may occur.

4. Students may record lab hours in the evenings, weekends, and holidays (only for *hybrid* course offerings).

5. Students who forget to submit flexible (off-campus/independent) hours or have questions about accuracy of hours shown on aPlus+ Attendance should email the Nursing Simulation Lab Specialist (Jorge.Ovando@rcc.edu) or Dr. Amy Vermillion (Amy.Vermillion@rcc.edu) for clarification or correction.

6. Students will only submit flexible (off-campus/independent) lab hours once per day, per course, using the Learning Lab Manual Hour Submission form. This only pertains to courses that are offered as *hybrid.*

6. Students are required to complete and submit a *Nursing Learning Lab Course Log* for each lab course enrolled. The log must identify the learning activity, the time in/out, the course outcome(s) met (see corresponding *Course Syllabus* on Canvas) for each activity, and faculty signature (face-to-face [on-campus with faculty] hours only).

7. Submitted lab hours will not be reflected in Web Advisor/MyPortal. Your hours will only be reflected on aPlus+ Attendance which can be checked on your corresponding Canvas course.

8. Students who complete the required hours before the end of the semester must enroll in an additional lab course if they wish to continue using the Nursing Learning Lab for the remainder of the semester or intersession

9. Check corresponding lab course Canvas page frequently for important announcements and updates.

10. Students need to calculate the total of their hours and place the total at the bottom of each page. The log at the end of the semester must add up to the required hours of the course.

Revised 12/14; 7/16; 8/19; 2/20; 8/20; 1/21; 8/21; 8/22; 2/23; 7/24; 8/25; 1/26; 4/26; 8/26

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

SON COMPUTER AND NETWORK USE GUIDELINES

The School of Nursing (SON) has computers for student use in the Health-Related Sciences Engagement Center. The computers are located on the 1st floor of the School of Nursing. The computers use Windows 10 Professional, have internet access, and access to Microsoft Office 365. Students need to login to the computer using their RCCD single sign-on credentials (RCCD student email address and password).

Use of the SON computers are governed by the Riverside Community College District *Administrative and Board Policy 2720 Computer and Network Use*. The computers are to be used for educational purposes only. Personal use for other means, use of social media, inappropriate use of internet access, or purposefully changing/interfering with operations of the computer systems will result in appropriate corrective actions, from restriction of use to potential dismissal from the program.

Please follow the guidelines set forth in the *Earning Lab Credit Hours* policy as students may not receive credit for learning lab activities completed in the Health-Related Sciences Engagement Center.

Guidelines for Use of Engagement Center Computers & Printing

1. Printing: Students can request to have documents printed pertaining to their coursework by going to the Reception Desk in the SON.

2. Storage of work: Personal work should be stored on the student's own online or USB storage device rather than the computer hard drive. Student work stored on the hard drive is deleted when the computer is shut down for any reason.

3. Bring your own earphones/buds to listen to educational media.

4. There is absolutely **NO FOOD or DRINK** of any kind allowed near any computer.

Rev. 1/15; 7/16; 7/18; 8/20; 1/21; 8/23; 8/25

Riverside City College
School of Nursing

Student Computer and Network Use Acknowledgement

The Riverside Community College District digital information network is a shared and publicly owned resource. Access to the RCCD digital network is authorized for students of the District using the resource for appropriate academic and institutional purposes, and in accordance with prevailing laws, regulations, and board policies. Misuse may constitute a misdemeanor or felony under state or local law. Students unwilling or unable to abide by the restrictions defined within these regulations face deprivation of their network privileges and may be subject to disciplinary and/or legal actions in accordance with Riverside Community College District *AP/BP 2720 Computer and Network Use*, *Riverside City College Student Handbook*, and *Penal Code Sections 502 and 502.1*.

The District encourages both wide access to and extensive use of the network, especially for enhancing educational opportunities, improving the dissemination of information, assisting students in their work. However, students are to access the network in the understanding that the resource does not guarantee confidentiality or anonymity; that the District is not responsible for the loss and/or corruption of information that may be stored on the network; that the college will not be responsible for financial obligations resulting from unauthorized use of the system; and that files stored on the network may be reviewed and such corrective actions that may be necessary can be taken in light of these restrictions.

I understand and agree to comply with the guidelines and regulations set forth by the *RCC School of Nursing- Computer and Network Use Guidelines, RCC Student Handbook,* and *RCCD AP/BP 2720 Computer and Network Use.*