RIVERSIDE CITY COLLEGE

SCHOOL OF NURSING

VN STUDENT HANDBOOK

2026 - 2027

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RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

VOCATIONAL NURSING PROGRAM HANDBOOK POLICY

Students are expected to be knowledgeable regarding the Vocational Nursing program expectations and policies. The V*ocational Nursing Student Handbook* is designed to be a resource to students to familiarize them with the program expectations and policies. Students are required to read the contents of the *Vocational Nursing Program Handbook*. Program policies may be updated throughout the program. Revised policies and handbook will be made available on course-level and *SON Student Resource* Canvas sites. It is suggested that each student maintain access to the most current handbook as new policies and procedures may be updated throughout the program.

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

Revised 6/10, 10/13; 8/22

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

VN STUDENT HANDBOOK ACKNOWLEDGEMENT OF UNDERSTANDING

I, _____, have electronic access to the *VN Student Handbook.*
PRINT NAME

I, _____, have read, understand, and agree to abide by **all** policies and
PRINT NAME
procedures set forth in the *VN 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 VN 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

BVNPT REGULATIONS ACKNOWLEDGEMENT

I, _____, have been given in writing the following items as required of
PRINT NAME
BVNPT Vocational Nursing Regulations, Section 2590 (j).

1. Right to contact the Board of program concerns.
2. Credit for previous education and experience.
3. School's grievance policy.
4. List of Board approved clinical facilities.

My signature verifies that I have received the above items in writing. Additionally, I understand that this signed acknowledgment 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 VOCATIONAL NURSING PROGRAM

Our nursing program has a history of excellence in the preparation of competent licensed vocational nurses. We trust you will become a proud alumnus of this program. The journey toward obtaining your certificate is a joint responsibility of this college in providing the learning experiences as required by the California Board of Vocational Nursing and Psychiatric Technicians (BVNPT), and your commitment to your nursing goal.

Information regarding nursing education is available from the BVNPT 2355 Capitol Oaks Drive Sacramento, CA 95833.

It is the intent of the Riverside City College *Vocational Nursing Student Handbook* to provide information that will make your journey through this program more productive and enjoyable, while you concurrently strive toward self-actualization in the nursing profession.

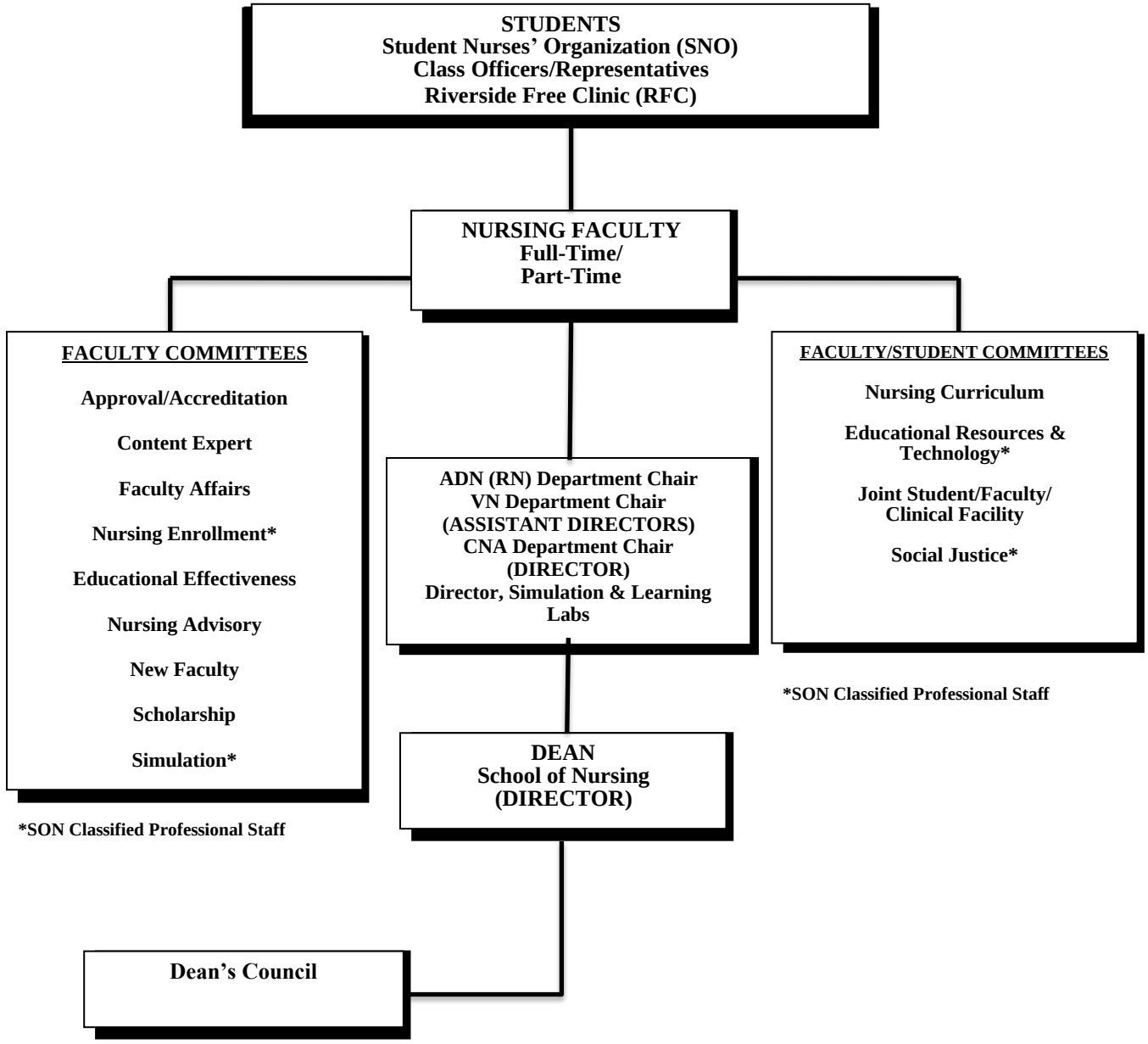
Please read the VN Student Handbook carefully and abide by the policies and procedures set forth for the program. Should any policies and procedures be revised as you progress in the VN program, you will be notified and provided with the approved changes.

Sincerely,

Your Nursing Faculty
School of Nursing
Riverside City College

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

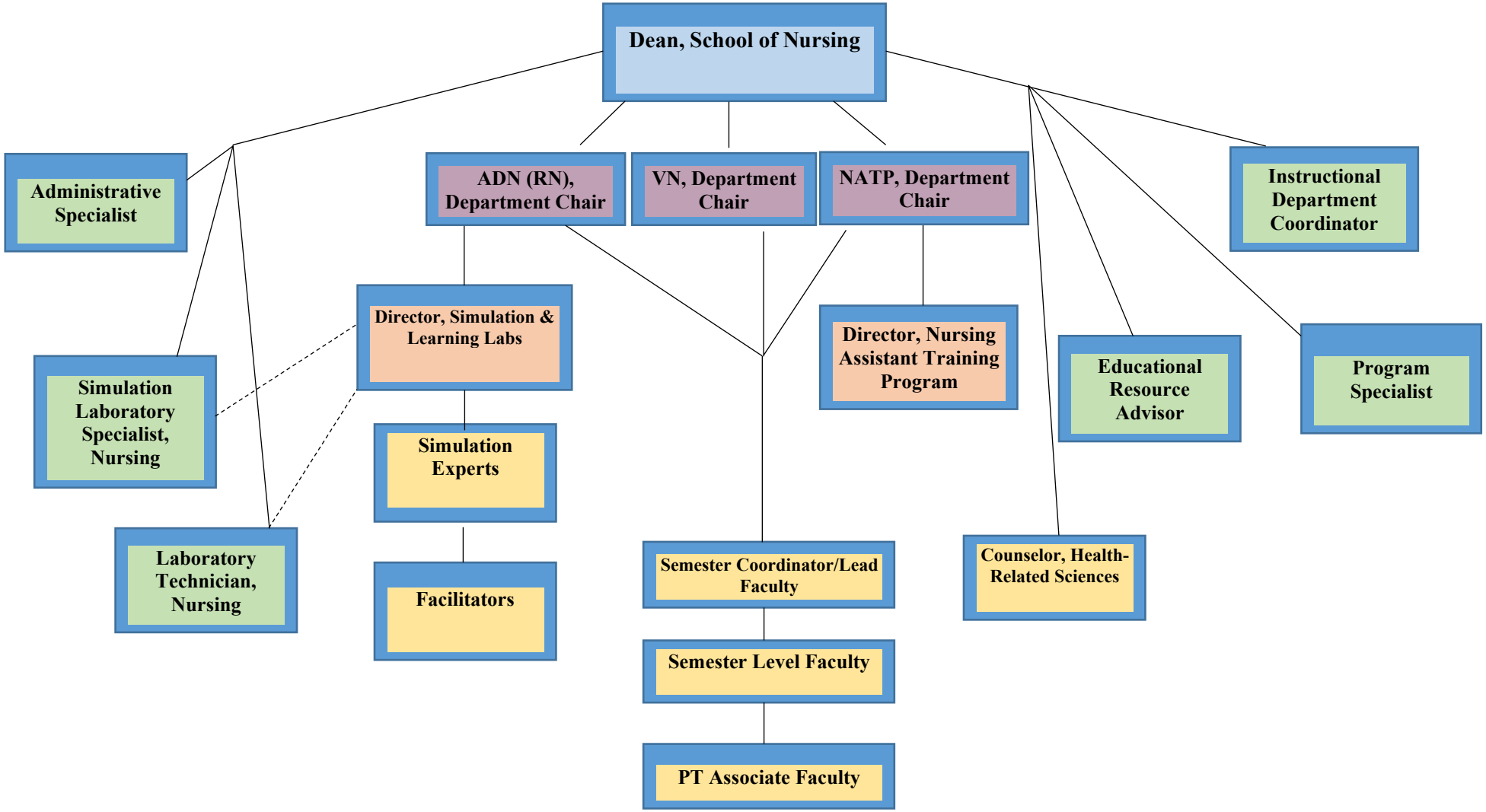
COMMITTEE COMMUNICATION CHART



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

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ORGANIZATIONAL CHART



Riverside Community College District

2026-2027 ACADEMIC CALENDAR

June 2026

S	M	T	W	Th	F	S
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July 2026

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September 2026

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October 2026

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November 2026

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December 2026

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January 2027

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31						

February 2027

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March 2027

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April 2027

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May 2027

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June 2027

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27	28	29	30			

- Required Day for New Faculty - August 18
- FLEX Days
  Fall: August 19, 20 and 21
  Spring: February 5
- Associate Faculty Orientation to be arranged by college
- Legal Holiday/Day of Observance
- Commencement June 11
- Classes Not in Session
- Summer Session 2026
  June 22 - July 30 (6 weeks)
  Weekend Classes: June 27 - July 26
- Fall 2026
  August 24 - December 18
  Weekend Classes: August 29 - December 13
- Winter Session 2027
  January 4 - February 11 (6 weeks)
  Weekend Classes: January 9 - February 7
- Spring 2027
  February 16 - June 11
  Weekend Classes: February 20 - June 6
- Final Exams
  Fall: December 12 - 18
  Spring: June 4 (evening) - June 11 (morning)

* June 4 - Day classes meet as usual. Late afternoon and evening classes meet on Friday for final exams.
** June 11 - Morning and early afternoon final exams and evening Commencement.

2026-2027 DATES TO REMEMBER

Summer Session

June 22 - July 30

June 22 . . . . . Day and Evening Classes Begin
June 27 . . . . . Weekend Classes Begin
July 3. . . . . Holiday Observance
July 26 . . . . . Weekend Classes End
July 30 . . . . . Day and Evening Classes End

Winter Session

January 4 - February 11

January 1 . . . . . Holiday
January 4 . . . . . Day and Evening Classes Begin
January 9 . . . . . Weekend Classes Begin
January 18 . . . . . Holiday
February 7 . . . . . Weekend Classes End
February 11 . . . . . Day and Evening Classes End

Fall Semester

August 24 - December 18

August 18 . . . . . Required Day for New Faculty
August 19, 20, 21 . . . . . FLEX Days
August 24 . . . . . Classes Begin
August 29 . . . . . Weekend Classes Begin
September 7. . . . . Holiday
November 11 . . . . . Holiday
November 23, 24, 25, 27, 28, 29 . . . . . Classes Not in Session
November 26 . . . . . Holiday
December 12-18 . . . . . Final Exams
December 13 . . . . . Weekend Classes End
December 18 . . . . . Full Term Classes End
December 25 . . . . . Holiday

Spring Semester

February 16 - June 11

February 5 . . . . . FLEX Day
February 12, 15 . . . . . Holiday
February 13, 14 . . . No Saturday/Sunday Classes
February 16 . . . . . Classes Begin
February 20 . . . . . Weekend Classes Begin
March 31. . . . . Holiday
April 12-18 . . . . . Spring Break (no classes)
May 31 . . . . . Holiday
June 4-11 . . . . . Final Exams
June 6 . . . . . Weekend Classes End
June 11 . . . . . Full-Term Classes End
June 11 . . . . . Commencement and Final Exams

VOCATIONAL NURSING (VN) PROGRAM

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

VN PROGRAM PHILOSOPHY

The Riverside City College (RCC) Vocational Nursing (VN) 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 VN program prepares a qualified nursing workforce using a student-centered approach through teaching excellence in an environment conducive to learning. The VN program prepares individuals as an entry-level health care provider who is responsible for rendering basic nursing care, requiring manual and technical skills, "practicing under the direction of the licensed physician or Registered Nurse" (*BVNPT Vocational Nurse Practice Act*, 2023). The program prepares individuals for entry level nursing 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 VN graduate at its core. The curriculum is grounded in the nursing metaparadigm: patient, nurse, environment, and healthcare through which seven (7) major concepts emerge. These integrated nursing concepts revolve in a circular pattern within the nursing metaparadigm and culminate in the Course Student Learning Outcomes (CSLOs), End-of-Program Student Learning Outcomes (EPSLOs), 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 VN program courses promotes the development of higher cognitive levels, address differing patient populations, and focus on increasing complexities in patient care needs which are delivered in a variety of healthcare settings. Courses build 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 acknowledges the diverse and dynamic roles of the Licensed Vocational Nurses 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. This entry-level health care provider practices from a holistic caring framework which is comprehensive and focuses on the patient's mind, body, spirit, and emotions. Vocational Nurses contribute and participate in gathering data on the health status of the patient within the context of the patient's environment, differences, values, preferences, and expressed needs, which is essential in development of implementing and evaluating outcomes of care 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 VN curriculum.

The nursing faculty recognizes the Vocational Nurse who demonstrates effective leadership, knowledge, and skill 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 under the direct supervision of the licensed physician or Registered Nurse and interdependently and interprofessionally as a member of the healthcare team (*BVNPT Vocational Nurse Practice Act*, 2023).

Nurses possess the knowledge and authority to safely delegate patient care 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 to 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 judgement, communication, and teaching. Nurses incorporate quality improvement concepts, processes, and outcome measures to ensure quality, safe, patient-centered care. The vocational nurse 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.

Revised: 12/20; 8/24; 8/25; 6/26

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

VN 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
   - Coordination 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

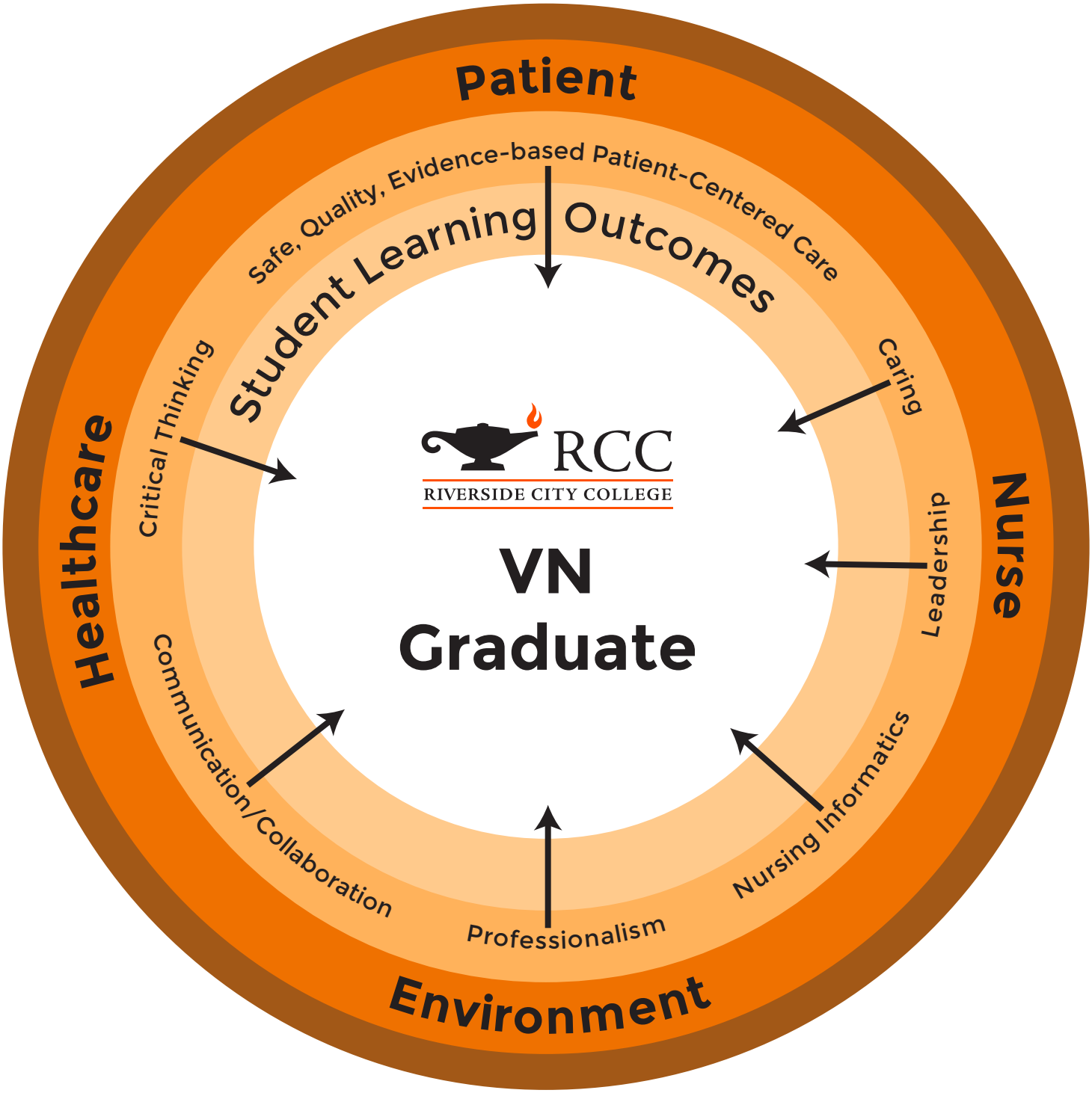
6. Critical Thinking
   - Clinical reasoning/decision making
   - Clinical judgment

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

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

Created 9/6/11
Revised 7/21

VN Curriculum Framework



RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

VN PROGRAM END-OF-PROGRAM STUDENT LEARNING OUTCOMES (EPSLOs)

Upon completion of the RCC Vocational Nursing program, the graduate will:

1. Provide quality, safe, patient-centered basic nursing care using evidence-based practices, as a competent, entry-level vocational nurse, under the direct supervision of a licensed physician or registered nurse.

2. Function as a competent entry-level, vocational nurse accepting accountability and responsibility for the ethical and legal principles defined in the vocational nursing code of ethics and practice act.

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

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

5. Assimilate collaborative relationships through communication with the interprofessional health care team for the purpose of providing and improving patient outcomes as a competent, entry-level vocational nurse.

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

7. Integrate nursing informatics and technology to effectively communicate, enhance knowledge, manage and analyze data, prevent errors, and support decision-making as a competent, entry-level vocational nurse.

Revised 8/21; 5/26

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

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

1. **Provide quality, safe, patient-centered basic nursing care using evidence-based practices, as a competent, entry-level vocational nurse, under the direct supervision of a licensed physician or registered nurse.**

This outcome integrates the core concepts of quality, safety, and evidence-based practice (EBP) and expands upon multiple national and regional standards of quality, safe, patient-centered nursing practices. The National Association of Licensed Practical Nurses (2023) notes that the Vocational Nurse/Practical Nurse utilizes specialized knowledge and skills which meet the health needs of people in a variety of settings under the direction of qualified health professionals. Further, the National League for Nursing (NLN) Education Competencies Model displays the concepts of "quality and safety" with "knowledge and science" as assumed concepts within each individual competency (NLN, 2022). These NLN concepts are extended in this outcome to incorporate the work of the Quality, Safety, and Education in Nursing (QSEN) group, formed from the Institute of Medicine (IOM) studies, which focused on patient safety and quality of care patient-centeredness, and the use of evidence-based practices in health care (AHRQ, 2024). This outcome also articulates regulations from the Vocational Nursing Practice Act whereby the vocational nurse incorporates the art and science, in rendering basic patient-centered nursing care under the direction of a licensed physician or registered nurse (Board of Vocational Nursing and Psychiatric Technicians [BVNPT], Section 2518.5, 2023). 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)
- Clinical Problem-Solving Process (Nursing process [assessment (gathering data), planning, implementation (execution of interventions), evaluation])
- Patient education
- Diversity
- Advocacy
- Patient-centered care

NCLEX-PN categories and subcategories:

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

- Integrated Processes
  - Caring
  - Clinical Judgment
  - Clinical problem-solving process (Nursing Process)
  - Culture and spirituality
  - 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 needs, including health promotion and maintenance as a competent, entry-level vocational nurse.
b. Perform patient-centered assessments, for the purpose of data collection, that encompasses values, preferences, expressed needs, and the impact of developmental, emotional, cultural, religious, and spiritual influences on the patient's health status, as a competent, entry-level vocational nurse within a variety of health care systems.
c. Provide individualized, patient-centered interventions as a competent, entry-level vocational nurse, in accordance with the care plan or treatment plan, that demonstrate sensitivity and respect for the diversity of the human experience in a variety of health care settings.
d. Incorporate and integrate evidence-based practices to support clinical decision-making in the delivery of quality, safe nursing care as a competent, entry-level vocational nurse.
e. Safely prepare and administer medications, including the accurate calculation of drug dosages as a competent, entry-level, vocational nurse.
f. Safely perform all psychomotor nursing skills, as a competent, entry-level vocational nurse, within the context of the patient situation in a variety of health care settings.
g. Formulate, provide, and document a health teaching plan that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventative self-care as a competent, entry-level vocational nurse in a variety of health care settings.
h. Evaluate the effectiveness individualized interventions related to the care plan or treatment plan as a competent, entry-level vocational nurse in a variety of health care settings.
i. Advocate for patients and their families across the lifespan, within a variety of health care systems, as a competent, entry-level vocational nurse.

2. Function as a competent entry-level, vocational nurse accepting accountability and responsibility for the ethical and legal principles defined in the vocational nursing code of ethics and practice act.

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. To be effective, vocational nursing 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 entry-level health care providers attain and maintain knowledge and competency that reflects current nursing practice to ensure patient safety and quality care (NALPN, 2023; NAPNES, 2009). Vocational nurse graduates recognize their responsibility toward continued lifelong learning to keep current with the continuously changing healthcare environment, developments in technology, and evidence-based practices (NALPN, 2023; NAPNES, 2009)

Vocational nurses must also integrate the ethical provisions delineated in the National Association for Licensed Practical Nurses (NALPN, 2023). Vocational nurse graduates are expected to have a clear understanding of their accountability and responsibility for public safety, deliverance of quality care, and patient outcomes (NAPNES, 2009). 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 healthcare; 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-PN categories and subcategories:

- Client Needs Categories
  - Safe and effective care environment
    - Coordinated Care

- Integrated Processes
  - Clinical Judgment
  - Clinical Problem-Solving Process (Nursing Process)

Related Graduate Competencies:

a. Practice within the professional standards, ethical behaviors, and legal principles as a competent, entry-level vocational nurse within a variety health care settings.
b. Exemplify the image of nursing by modeling the values and articulating the knowledge, skills, and attitudes as a competent, entry-level vocational nurse.
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 as a competent, entry-level vocational nurse.
d. Demonstrate practice excellence, lifelong learning, and engagement in activities that foster professional growth and development as a competent, entry-level vocational nurse.

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

This outcome focuses on the core concept of Leadership and flows from the NLN Education Competencies Model (NLN, 2022) integrating concepts of Quality and Safety as well as National Association of Licensed Practical Nurses (NALPN) notes that the licensed vocational/practical 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. Vocational nurse graduates must have leadership skills that emphasize ethical and clinical decision-making, prioritization, coordination of patient care, delegation of nursing activities, and developing resolution strategies (NAPNES, 2009). The nurse remains accountable for any decision to delegate activities and remains responsible for supervising or monitoring those to whom tasks are delegated (CCR Title 16 BVNPT Section 2503, 2023; NAPNES, 2009). As a member of a healthcare team, vocational nurse graduates must understand and use quality improvement concepts, processes, and outcome measures (NAPNES, 2009).

Sub-concepts for this outcome include:

- Coordination of care
- Delegation/supervision
- Quality improvement

NCLEX-PN categories and subcategories:

- Client Needs Categories
  - Safe and effective care environment
    - Coordinated Care

Related Graduate Competencies:

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

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

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). 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
    - Coordinated 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 members when planning and providing nursing care as a competent entry-level vocational nurse 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 vocational nurse.
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 vocational nurse.
d. Exemplify relationship-centered care principles when caring for self and interacting with patients, families, peers, and other members of the health care team as a competent, entry-level vocational nurse.

5. **Assimilate collaborative relationships through communication with the interprofessional health care team for the purpose of providing and improving patient outcomes as a competent, entry-level vocational nurse.**

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). The complexity of healthcare delivery systems requires an interprofessional approach to the delivery of services that has the strong support and active participation of all the health professions (ANA, 2021The vocational nurse graduate must be able to participate the development of a documented plan, focused on outcomes and decisions related to care and delivery of services that indicate communication with patients, families, and the interprofessional healthcare team (ANA, 2021; BVNPT, 2023). 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 (ANA, 2021).

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
    - Coordinated Care
    - Safety and Infection Prevention and Control
  - Psychosocial integrity
  - Physiological integrity
    - Basic care and comfort
    - Pharmacological therapies
    - Reduction of risk potential
    - Physiological adaptation

- Integrated Processes
  - Communication & documentation
  - Teaching/learning

Related Graduate Competencies:

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

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

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). 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 (ANA, 2021). 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
    - Coordinated care
    - Safety and infection prevention and control
  - Psychosocial integrity
  - Physiological integrity
    - Basic care and comfort
    - Pharmacological therapies
    - Reduction of risk potential
    - Physiological adaptation

- Integrated Processes
  - Clinical Judgment
  - Clinical Problem-Solving Process (Nursing Process)
  - Teaching/learning

Related Graduate Competencies:

a. Accept responsibility for clinical reasoning and judgment skills when providing quality, safe patient-centered care to assigned patients as a competent, entry-level vocational nurse.
b. Individualize data collection, assist the registered nurse in problem identification, goal attainment, and plan comprehensive interventions based on the patient's immediate or anticipated health care needs as a competent, entry-level vocational nurse.
c. Monitor and adapt nursing care, as needed, based on ongoing evaluation data to participate in the revision of the individualized plan of care as a competent, entry-level vocational nurse in a variety of health care settings.
d. Engage in guided self-reflection and inquiry as a competent, entry-level vocational nurse.
e. Create and execute quality improvement principles to prevent potential problems that may interfere with the delivery of safe patient care as a competent, entry-level vocational nurse in a variety of health care settings.

7. Integrate nursing informatics and technology to effectively communicate, enhance knowledge, manage and analyze data, prevent errors, and support decision-making as a competent, entry-level vocational nurse.

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).

Nurse educators must incorporate activities into both didactic and clinical activities that promotes students' access and use of a variety of health care technologies to prepare nurse graduates for the complexities they may encounter when interacting with diverse client populations across multiple health care settings (ANA, 2022).

Sub-concepts for this outcome include:

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

NCLEX categories and subcategories:

- Client Need Category
  - Safe and effective care environment
    - Coordinated 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 communication devices that support safe nursing care as a competent, entry-level vocational nurse 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 competently document using the nursing process via electronic health record, abiding by all ethical and legal standards as a competent, entry-level vocational nurse in a variety of the 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 the course of 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).

Coordinator of Care: The vocational nurse collaborates with the multidisciplinary team to deliver safe, continuous, and high-quality care (NCSBN, 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 problem-solving approach that integrates the best available research, clinical expertise, and patient values to provide high-quality individualized care (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: Professionals, patients, and families form partnerships characterized by mutual trust, shared accountability, and the uninhibited exchange of expertise (AACN, 2026).

Informatics: A specialty that integrates nursing science with multiple information and analytical sciences. A collection of data elements that have been organized, structured, or processed so that the receiver can interpret their meaning, value, and significance (ANA, 2022; Cherry & 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).

Nursing Practice Standards for the Licensed Practical/Vocational Nurse (NALPN): Nursing practice standards which were developed to provide a basic model, whereby the quality of health service and nursing service and nursing care given by licensed practical/vocational nurses may be measured and evaluated (NALPN, 2023).

National Association for Practical Nurse Education and Service Standards of Practice Education and Educational Competencies of Graduates of Practical/Vocational Nursing Programs (NAPNES): Standards and competencies that are intended to better define the range of capabilities, responsibilities, rights and relationship to other health care providers for scope and content of practical, vocational nursing education programs (NAPNES, 2009).

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

Nursing: "Nursing integrates the art and science of caring and focuses on the protection, promotion, and human functioning, prevention of illness and injury; facilitation of healing; and alleviation of suffering through compassionate presence. Nursing is the diagnosis and treatment of human responses and advocacy in the care of individuals, families, groups, communities, and populations in recognition of the connection of all humanity" (ANA, 2021, p. 1).

Nursing Process: A critical thinking model used by nurses that is represented as the integration of the singular, concurrent, iterative actions of its six 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).

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).

Vocational Nurse: An entry-level health care provider who is responsible for rendering basic nursing care who practices under the direction of a licensed physician or registered nurse (BVNPT, 2023).

REFERENCES

Agency for Healthcare Research and Quality [AHRQ]. (2024). *Patient safety and quality: An evidence-based handbook for nurses.* Agency for Research and Quality.

Alfaro-Lefevre, R. (2020). *Critical thinking, clinical reasoning, and clinical judgment* (7th ed.). Elsevier.

American Association of Colleges of Nursing. (2026). The essentials: Core competencies for professional nursing education. https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2026.pdf

American Nurses Association (ANA). (2025). *Code of ethics for nurses with interpretive statements.* American Nurses Publishing.

American Nurses Association (ANA). (2022). *Nursing informatics: Scope and standards of practice* (3rd ed.). American Nurses Publishing.

American Nurses Association (ANA). (2021). *Nursing: Scope and standards of practice* (4th ed.). American Nurses Publishing.

Billings, D. & Halstead, J. (2023). *Teaching in nursing: A guide for faculty* (7th ed). Elsevier.

Board of Vocational and Psychiatric Technicians (2023). *Vocational Nursing Practice Act with Rules and Regulations.*

Cherry, B., & Jacob, S. R. (2026). *Contemporary nursing: Issues, trends and management.* (10th ed.). Elsevier.

Dickison, P., Haerling, K. A., & Lasater, K. (2019). Integrating the National Council of State Board of Nursing Clinical Judgment Model into nursing educational frameworks. *Journal of Nursing Education, 58*(2), 72-78. doi: 10.3928/01484834-20190122-03

Douglas, M., Rosenkoetter, M., Pacquiao, D., Callister, L., Hattar-Pollara, Lauderdale, J. & Purnell, L. (2014). Guidelines for implementing culturally competent care: A call for comments. *Journal of Transcultural Nursing, 20*(3), 257-277.

Duffy, J. (2008). Quality *caring in nursing: Applying theory to clinical practice, education, and leadership.* Springer Publishing Co

Kirkegaard, M., & Ring, J. (2017). *The case for relationship-centered care and how to achieve it* [White Paper]. Health Management Associates. https://www.healthmanagement.com/wp-content/uploads/The-Case-for-RCC-final-2-9-2017.pdf

National Academy of Medicine. (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity.* The National Academies Press.

National Council of State Boards of Nursing. (2026). *NCLEX-PN Test Plan 2026-2029*. https://www.ncsbn.org/publications/2026-nclex-pn-test-plan

National League for Nursing (NLN). (2022). *Education competencies model.* Wolters Kluwer.

National League for Nursing [NLN]. (2014). *NLN Practical/Vocational nursing curriculum framework guiding principles*. http://www.nln.org/professional-development-programs/teaching-resources/practical-nursing

Purisima, E. M., Arde, B. O., Jr, Nero, F. D., Locsin, R. C., & Montayre, J. (2024). Reframing the environment domain of the nursing metaparadigm: Exploring space, place, and technology. *Belitung Nursing Journal*, 10(6), 614–623. https://doi.org/10.33546/bnj.3458

Taylor, C., Lynn, P., Bartlett, J. (2023). *Fundamentals of nursing: The art and science of person-centered care* (10th ed.). Wolters Kluwer.

Watson, J. (2008). *Nursing: The philosophy and science of caring*. University Press of Colorado.

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NURSING 42 - INTRODUCTORY CONCEPTS OF VOCATIONAL NURSING- FUNDAMENTALS AND MENTAL HEALTH
COURSE STUDENT LEARNING OUTCOMES (CSLOs) AND ASSOCIATED COMPETENCIES

At the beginner novice level, the student will:

1. Provide quality, safe, patient-centered basic nursing care at a foundational level, using evidence-based practices for individuals and families across the lifespan in acute, ambulatory, mental health, and community care settings.

    a. Participate in the development of a patient-centered plan of care, using the nursing process and clinical judgment model, that addresses the psychosocial and physiological needs, including health promotion and maintenance for patients within the health care system.
    b. Perform and document a basic fundamental assessment, for the purpose of data collection across the lifespan, including patient's experiencing alterations in mental health, 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 basic patient-centered interventions, in accordance with the care or treatment plan, 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 prepare and administer medications, including the accurate calculation of drug dosages.
    f. Safely perform basic fundamental psychomotor nursing skills within the context of the patient situation, in accordance with the *Nursing Skills Across the Curriculum*.
    g. Contribute to the development and implementation of a health teaching plan that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventative self-care across the lifespan and in patient's experiencing alterations in mental health.
    h. Contribute to the evaluation of individualized interventions related to the care plan or treatment plan for assigned patients.
    i. Demonstrate patient advocacy skills in the care of assigned patients and their families.

2. Identify the scope and standards of practice of the vocational nurse, including a foundational understanding of ethical and legal principles in acute, ambulatory, mental health, and community care settings.

    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 competent, entry-level vocational nurse.
    d. Demonstrate the use of clinical problem-solving processes (nursing process) according to the vocational nurse scope of practice.

3. Understand 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. Demonstrate accountability and responsibility for nursing care provided and identify situations when care can be delegated to other members of the health care team.
    c. 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 vocational nurse.

    a. Involve the patient and family when planning or providing patient-centered care in preparation of becoming a vocational nurse.
    b. Select basic nursing interventions appropriate to the patient's developmental level; physical and psychosocial 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 vocational nurse in collaborative relationships using effective communication with the interprofessional health care team, at a foundational level, for the purpose of providing and improving patient care outcomes.

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

   a. Use beginning clinical reasoning and judgment skills when providing quality, safe patient-centered care.
   b. Begin to collect data to assist the registered nurse in problem identification, goal attainment, and the selection of interventions based on the patient's health care needs.
   c. Perform ongoing evaluation of expected outcomes and interventions and participate in the revision of 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 vocational nurse.

   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 documents using the nursing process via electronic health record, abiding by all ethical and legal standards.

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NURSING 43 - INTERMEDIATE CONCEPTS OF VOCATIONAL NURSING - CARE OF THE FAMILY COURSE STUDENT LEARNING OUTCOMES (CSLOs) AND ASSOCIATED COMPETENCIES

At the novice level, the student will:

1. Provide quality, safe, patient-centered basic nursing care using evidence-based practices for healthy maternity and pediatric patients and their families including those experiencing specific alterations in health.

    a. Participate in the development of a patient-centered plan of care, using the nursing process, that addresses the psychosocial and physiological needs, including health promotion and maintenance for healthy maternity and pediatric patients and their families including those experiencing specific alterations in health.
    b. Perform and document a fundamental assessment, for the purpose of data collection, for healthy maternity and pediatric patients and their families including those experiencing specific alterations in health, encompassing values, preferences, expressed needs, and the impact of developmental, emotional, cultural, religious, and spiritual influences.
    c. Select and incorporate patient-centered interventions for healthy maternity and pediatric patients and their families including those experiencing specific alterations in health, in accordance with the care plan or treatment plan, that demonstrate sensitivity and respect for the diversity of the human experience.
    d. Incorporate evidence-based practices to guide clinical decision-making in the delivery of quality, safe nursing care.
    e. Safely prepare and administer medications, including the accurate calculation of drug dosages.
    f. Safely perform psychomotor nursing skills, as outlined in the Nursing Skills Across the Curriculum, within the context of the patient situation.
    g. Contribute to the development and implementation of a health teaching plan that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventative self-care for healthy maternity and pediatric patients and their families including those experiencing specific alterations in health.
    h. Contribute to the evaluation of individualized interventions related to the care plan or treatment plan for assigned patients.
    i. Demonstrate patient advocacy skills in the care of assigned patients and their families.

2. Integrate the scope and standards of practice of the vocational nurse, applying ethical and legal principles, when providing care for healthy maternity and pediatric patients and their families including those experiencing specific alterations in health.

    a. Incorporate professional standards, ethical behaviors, and legal principles of nursing practice.
    b. Support the image of the vocational nurse by embracing the values and articulating the knowledge, skills, and attitudes of the nursing profession.
    c. 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.
    d. Value the pursuit of practice excellence, lifelong learning, and engagement in activities that foster professional growth and development in becoming a vocational nurse.

3. Recognize leadership principles in maternity and pediatric 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. Recognize the leadership roles of the vocational nurse in a variety of 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. Explain quality improvement processes to effectively implement patient safety initiatives and monitor performance outcomes.

4. Initiate caring behaviors that support relationship-centered care when providing care for maternity and pediatric patients and their families and demonstrate respect and sensitivity to others.

    a. Incorporate interventions to address the patient and family needs when in planning or providing of patient-centered care in preparation for becoming a vocational nurse.
    b. Implement nursing interventions appropriate to the patient's developmental level; physical and psychological needs; spiritual beliefs; and culture.
    c. Contribute to the plan of nursing care in facilitating 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. Participate in collaborative relationships using effective communication with the interprofessional health care team for the purpose of providing and improving patient care outcomes.

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

6. Incorporate principles of critical thinking that develop clinical reasoning to form clinical judgments necessary for providing safe care to maternity and pediatric patients and their families and contribute to quality improvement within the vocational nursing scope of practice.

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

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 maternity and pediatric patients and their families in preparation for becoming a competent, entry-level vocational nurse.

a. Demonstrate computer literacy, including the ability to use desktop applications and mobile technology to promote communication and support decision-making.
b. Competently use patient care technologies, information systems, and communication devices that support safe nursing care.
c. Demonstrate the 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. Access data and documents using the nursing process via electronic health record, abiding by all ethical and legal standards.

Revised 7/24; 7/26

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

NURSING 44 - INTERMEDIATE CONCEPTS OF VOCATONAL NURSING – MEDICAL-SURGICAL COURSE STUDENT LEARNING OUTCOMES (CSLOs) AND ASSOCIATED COMPETENCIES

At the intermediate novice level, the student will:

1. Provide quality, safe, patient-centered basic nursing care using evidence-based practices for patients experiencing increased health care needs and specific alterations in health.

    a. Develop and implement a comprehensive patient-centered plan of care, using the nursing process and within the scope of the vocational nurse, that addresses the psychosocial and physiological needs, including health promotion and maintenance for patients experiencing increased health care needs and specific alterations in health.
    b. Perform and document a patient-centered assessment, for the purpose of data collection, in patients experiencing increased health care needs and specific alterations in health. encompassing values, preferences, expressed needs, and the impact of developmental, emotional, cultural, religious, and spiritual influences.
    c. Provide patient-centered interventions for patients experiencing increased health care needs and specific alterations in health, in accordance with the care plan or treatment plan, that demonstrate sensitivity and respect for the diversity of the human experience.
    d. Investigate available resources and implement evidence-based practices to support clinical decision-making in the delivery of quality, safe nursing care.
    e. Safely prepare and administer medications, including the accurate calculation of drug dosages.
    f. Safely perform psychomotor nursing skills, as outlined in the Nursing Skills Across the Curriculum, within the context of the patient situation.
    g. Implement and document a health teaching plan that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventative self-care for patients experiencing increased health care needs and specific alterations in health.
    h. Participate in the evaluation of individualized interventions related to the care plan or treatment plan for assigned patients.
    i. Demonstrate patient advocacy skills in the care of assigned patients and their families experiencing increased health care needs and specific alterations in health.

2. Apply the scope and standards of practice of the vocational nurse, applying ethical and legal principles, for patients experiencing increased health care needs and specific alterations in health.

    a. Embody professional standards, ethical behaviors, and legal principles of nursing practice.
    b. Model a positive image of the vocational nurse 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 vocational nurse.

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

    a. Demonstrate effective use of organizational and time management skills to safely manage the health care needs of assigned patients experiencing increased health care needs and specific alterations in health.
    b. Accept accountability and responsibility for nursing care of multiple patients experiencing increased health care needs and specific alterations in health in a variety of health care settings, including unlicensed health care team members, in assigned or delegated tasks.
    c. Contribute to quality improvement processes to effectively implement patient safety initiatives and monitor performance outcomes.
    d. Incorporate and integrate evidence-based leadership practices that support decision-making in the delivery of quality, safe, patient-centered nursing care.
    e. Embrace the role of a vocational nurse leader in advocating for quality, safe care for patients and their families in a variety of health care settings.

4. Integrate caring behaviors that support relationship-centered care for patients experiencing increased health care needs and specific alterations in health and demonstrate respect and sensitivity to others in preparation for becoming a competent, entry-level vocational nurse.

    a. Incorporate interventions to address the patient and family needs, including input from other health care team members when planning or providing care to patients experiencing increased health care needs and specific alterations in health in a variety of health care settings.
    b. Implement comprehensive nursing interventions appropriate to 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 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 care outcomes in preparation for becoming a competent, entry-level vocational nurse.

    a. Demonstrate effective communication techniques to foster positive professional working relationships.
    b. Actively participate in collaborative relationships with the interprofessional 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 interprofessional health care team that contributes to improving patient care outcomes.
    d. Analyze and document patient care data to inform the interprofessional health care team and contribute to clinical decision-making.
    e. Prioritize and report relevant information to an appropriate interprofessional 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 for patients experiencing increased health care needs and specific alterations in health and contribute to quality improvement in a variety of health care settings in preparation for becoming a competent, entry-level vocational nurse.

    a. Apply clinical reasoning and judgment skills when providing quality, safe patient-centered care.
    b. Individualize data collection to assist the registered nurse in problem identification, goal attainment and select comprehensive interventions based on the patient's immediate or anticipated health care needs.
    c. Conduct ongoing evaluation of expected outcomes and interventions for patients experiencing increased health care needs and specific alterations in health in a variety of health care settings, to participate in the revision of the individualized plan of care as needed.
    d. Engage in guided self-reflection activities to examine professional learning needs.
    e. Implement quality improvement principles 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 when providing care for patients experiencing increased health care needs and specific alterations in health in preparation for becoming a competent, entry-level vocational nurse.

    a. Expand computer literacy, including the ability to use desktop applications and mobile technology to promote communication and support decision-making.
    b. Competently use patient care technologies, information systems, and communication devices that 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.

Rev. 7/21; 7/24; 7/26

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

NURSING 45 - ADVANCED VOCATIONAL NURSING FOUNDATIONS – MEDICAL-SURGICAL COURSE STUDENT LEARNING OUTCOMES (CSLOs) AND ASSOCIATED COMPETENCIES

At the advanced beginner level, the student will:

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

    a. Develop, prioritize, and implement a comprehensive patient-centered plan of care, using the nursing process, that addresses the psychosocial and physiological needs, including health promotion and maintenance for patients with complex alterations in health within the scope of practice of the vocational nurse.
    b. Perform patient-centered assessments, for the purpose of data collection, for patients with complex alterations in health within the scope of practice of the vocational nurse that encompasses values, preferences, expressed needs, and the impact of developmental, emotional, cultural, religious, and spiritual influences on the patient's health status.
    c. Provide individualized, patient-centered interventions for patients with complex alterations in health within the scope of practice of the vocational nurse, in accordance with the care plan or treatment plan, that demonstrate sensitivity and respect for the diversity of the human experience.
    d. Incorporate and integrate evidence-based practices to support clinical decision-making in the delivery of quality, safe nursing care.
    e. Safely prepare and administer medications, including the accurate calculation of drug dosages.
    f. Safely perform all psychomotor nursing skills, as outlined in the *Nursing Skills Across the Curriculum*, within the context of the patient situation.
    g. Formulate, provide, and document a health teaching plan that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventative self-care for patients with complex alterations in health within the scope of practice of the vocational nurse.
    h. Evaluate individualized interventions related to the care plan or treatment plan for assigned patients.
    i. Advocate for patients and their families with complex alterations in health within the scope of practice of the vocational nurse.

2. Function within the scope and standards of practice in preparation for becoming a competent, entry-level vocational nurse, applying ethical and legal principles, for patients with complex alterations in health.

    a. Practice within the professional standards, ethical behaviors, and legal principles of vocational nursing practice.
    b. Exemplify the image of nursing by modeling the values and articulating the knowledge, skills, and attitudes of the vocational nurse.
    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, entry-level vocational nurse.

3. Function in a leadership role in a variety of health care settings for diverse patient populations in preparation for becoming a competent, entry-level vocational nurse.

    a. Demonstrate effective use of organizational and time management skills to safely coordinate care for multiple patients with complex alterations in health within the scope of practice of the vocational nurse.
    b. Function as a vocational nurse leader in managing and coordinating care for multiple patients with complex alterations in health in variety of a health care settings.
    c. Demonstrate accountability and responsibility for nursing care of multiple patients with complex alterations in health within a variety of health care settings, including unlicensed health care team members, in assigned or delegated tasks.
    d. Apply quality improvement processes to effectively implement patient safety initiatives and monitor performance outcomes.

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

    a. Prioritize and demonstrate interventions to address the patient and family needs, including input from other health care team members, when planning and providing care to patients with complex alterations in health in a variety of health care settings, within the scope of practice of the vocational nurse.
    b. Prioritize and implement comprehensive nursing interventions appropriate to 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 principles when caring for self and interacting with patients, families, peers, and other members of the health care team.

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

    a. Integrate and adapt effective communication techniques to foster positive professional working relationships.
    b. Provide the unique nursing perspective when collaborating with the interprofessional 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 the effectiveness of interventions that promote quality, safe patient-centered care as a member of the interprofessional health care team that contributes to improving patient care outcomes.
    d. Prioritize and document patient care data to inform the interprofessional health care team and contribute to clinical decision-making.
    e. Recognize, 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 contribute to quality improvement in a variety of health care settings in preparation for becoming a competent, entry-level vocational nurse.

    a. Justify clinical reasoning and judgment skills when providing quality, safe patient-centered care to assigned patients.
    b. Individualize data collection, plan to assist the registered nurse in problem identification, goal attainment and plan comprehensive interventions based on the patient's immediate or anticipated health care needs.
    c. Monitor and adapt nursing care, as needed, based on ongoing evaluation data for patients experiencing complex alterations in health to participate in the revision of the individualized plan of care as needed within the scope of practice of the vocational nurse in a variety of health care settings.
    d. Engage in guided self-reflection and inquiry to assume the role of a competent entry-level vocational nurse.
    e. Implement quality improvement principles 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 vocational nurse.

    a. Demonstrate competent computer skills, including the ability to use desktop applications and mobile technology to promote communication and support decision-making.
    b. Competently use patient care technologies, information systems, and communication devices that support safe nursing care for patients experiencing complex alterations in health in a variety of 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 competently document using the nursing process via electronic health record, abiding by all ethical and legal standards.

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

Nursing 42	Nursing 43	Nursing 44	Nursing 45
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	**Comprehensive Physical Assessment of a Child (SM)** *Health Promotion and Maintenance* ▪ Assessment of 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 ▪ Primary IV infusion (monitoring) **Fluid, Electrolyte, Acid-Base Regulation** *Pharmacological & Parenteral Therapies: Pediatric*	**Nutrition** *Reduction of Risk Potential* ▪ Insertion of NGT **Diagnostic Tests** *Reduction of Risk Potential* ▪ ECG Placement **Surgical Client** *Physiological Adaptation* ▪ Traction ▪ Pin care ▪ Managing surgical drains (JP/Hemovac/Penrose) **Elimination** *Basic Care & Comfort* ▪ Ostomy care	**Gas Exchange & Oxygenation** *Physiological Adaptation* ▪ Chest tubes (troubleshooting/notification) ▪ Airway management

*CNA credit
Italicized text = NCLEX category
Rev. 3/26

RIVERSIDE CITY COLLEGE
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NURSING SKILLS ACROSS THE CURRICULUM – VN PROGRAM (Semester-Level Scope of Practice)

Nursing 42	Nursing 43	Nursing 44	Nursing 45
Elimination *Health Promotion & Maintenance* ▪ Specimen collection (urine/stool/sputum/ wound) *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* ▪ Monitoring of IV site *Pharmacological & Parenteral Therapies* ▪ Primary IV infusion (monitoring) **Gas Exchange & Oxygenation** *Physiological Adaptation* ▪ Incentive spirometer ▪ O2 delivery devices ▪ Trach care (Dressing) ▪ Suctioning o Nasopharyngeal o Oropharyngeal	▪ 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 **Maternal-Newborn Care** *Health Promotion & Maintenance* ▪ Intra-/Post-partum assessment ▪ Fetal monitoring ▪ Newborn assessment/care ▪ Infant warmer safety		

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Rev. 3/26

RIVERSIDE CITY COLLEGE
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NURSING SKILLS ACROSS THE CURRICULUM – VN PROGRAM (Semester-Level Scope of Practice)

Nursing 42	Nursing 43	Nursing 44	Nursing 45
Hygiene *Basic Care & Comfort* ▪ Pre-package baths (i.e., CHG baths) * ▪ 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 (Initiating bolus and continuous feeding) ▪ TPN (monitoring) *Reduction of Risk Potential* ▪ Care & management of NGT/PEG/small bore tubes ▪ Removal of NGT *Pharmacological & Parenteral Therapies* ▪ Insulin **Laboratory Values** *Reduction of Risk Potential* ▪ POC testing (Pregnancy, Troponin, Urine Dipstick, Hemoglobin, Rapid Strep, Influenza A and B)			

*CNA credit
Italicized text = NCLEX category
Rev. 3/26

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

▪ Perform Blood Glucose **Alterations in Body Systems** *Physiological Adaptation* ▪ Removal of Staples and Sutures			

*CNA credit
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Rev. 3/26

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CURRICULUM PATTERN: VOCATIONAL NURSING PROGRAM

TERM 1:		**UNITS:**
Biology 45 or Biology 50A & 50B	Survey of Human Anatomy & Physiology OR Anatomy & Physiology I AND Anatomy & Physiology II	3 4 4
Psychology 9	Developmental Psychology (Birth to Death)	3
Nursing 55A	Vocational Nursing Practice and Nutrition Across the Lifespan	3
Nursing 55B	Principles of Pathophysiology	2
TERM 2		
Nursing 42	Introductory Concepts of Vocational Nursing-Nursing Fundamentals & Mental Health	13
Nursing 42A	Nursing Learning Laboratory	0.5
TERM 3		
Nursing 43	Intermediate Concepts of Vocational Nursing-Care of the Family	5.5
TERM 4		
Nursing 44	Intermediate Concepts of Vocational Nursing-Medical/Surgical	13
Nursing 44A	Nursing Learning Laboratory	0.5
TERM 5		
Nursing 45	Advanced Concepts of Vocational Nursing – Medical/Surgical	6

Revised: 11/91; 1/02; 10/03; 5/05; 6/12; 1/13; 7/13; 7/16; 7/18; 8/20; 8/24; 8/25

RIVERSIDE CITY COLLEGE
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VOCATIONAL NURSING PROGRAM COMPLETION CONTRACT

The following contract will be included in the letter of acceptance to program. The student's signature will be required prior to enrollment.

Student: _____

Student ID #: _____

Date: _____

My signature below indicates that I understand I will be required to complete the Vocational Nursing program prior to enrolling in the ADN (RN) Nursing program. This requirement will be in effect if I am offered and I accept a space in the VN program.

_____
Semester/Year

_____
Student Signature/Date

Reviewed: 6/13/96; 7/13; 8/19
Revised: 7/17/96; 8/15/96; 1/10/02; 10/03; 5/05; 2/06; 6/07; 6/12; 7/13

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

Vocational Nursing (VN) Information Sheet

General Information

Program Approving & Accreditation Agencies

The Vocational Nursing (VN) program is approved by the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) and is accredited by the Accreditation Commission for Education in Nursing (ACEN), Inc.

Contact information for Approving & Accreditation Agencies

Agency	Address	Phone Number
BVNPT	2535 Capitol Oaks Drive, Suite 205 Sacramento, CA 95833	(916) 263-7800
ACEN	3390 Peachtree Road, NE, Suite 1400 Atlanta, GA 30326	(404) 975-5000

Degree and Certificate Options

- Applicants who have met all RCC general education requirements are eligible to earn an ***Associate of Science degree in Vocational Nursing (VN)*** upon completion of the VN program and general education courses.
- Applicants who have not met all RCC general education requirements are eligible to earn a ***Certificate of Achievement*** upon completion of the VN program.

Program Overview

The VN Program requires 12 months of full-time study, excluding the completion of prerequisite courses.

The VN program graduate is eligible to take the National Council Licensure Examination (NCLEX-PN) for licensure as a Vocational Nurse in the State of California.

Enrollment

Each Fall semester up to 70 candidates are accepted into the program. Those applicants who are not accepted must reapply the following year. There is no wait list.

For more information and a listing of Pre-Nursing Workshops, contact us at (951) 222-8407 or on the Health-Related Sciences Engagement Center Canvas course. You may also contact RCC Counseling at (951) 222-8440.

Application to the School of Nursing

Students applying to the School of Nursing (SON) must have all eligibility and prerequisite requirements completed or in progress at the time of application.

The applicant is responsible for ensuring that **ALL** official up-to-date transcripts and other necessary documentation have been received by Riverside City College at the time of application.

- Admission will be denied to an applicant who earned a grade of "C-" or less in a Vocational Nursing Program at another college.
- Foreign transcripts must have a Detailed Evaluation and be submitted by the application deadline. Information can be obtained from the Counseling Office.

- Students must have applied to RCC prior to applying to the VN Program.
- Meeting the minimum requirements of the program does not guarantee admission into the program.

Application Filing Period

- **SPRING SEMESTER** - Application filing period between the first business day of February to the first business day of March.
- **PETITIONING STUDENTS:** (Students applying to repeat a course or for transfer): Year round

Applications may be obtained at the Nursing RCC Nursing Program Website during the application filing periods. Applications are submitted electronically through the link provided. Please verify the current application filing period dates on the Nursing website or contact the School of Nursing at (951) 222-8407.

Requirements for Eligibility and Prerequisite Courses:

1. Complete an RCC application on CCCApply and be eligible to attend RCC.
2. Graduation from an accredited high school or equivalent (G.E.D., High School Proficiency Examination, associate or bachelor's degree). Official up-to-date transcripts required.
3. A cumulative grade point average of at least a 2.0 ("C") in all college course work attempted.
4. Be at least 17 years of age (Section 2866a, VN Nursing Practice Act).
5. **Prerequisite Courses [Term 1] (11 units):**
    - BIO 45 OR BIO 50A AND BIO 50B
    - Nursing 55A and Nursing 55B
    - Psychology 9
6. A valid and current **California C.N.A Certificate.**
    - An active, unrestricted CNA certificate is required at the time of application for all VN program applicants.
    - Students admitted to the VN program must maintain and keep their CNA certificate active and verifiable throughout the program.
    - Please see the *RCC Nursing Assistant Training Program Information Sheet* for information.
    - A list with all C.N.A. programs in the state is available from the California Department of Public Health.

Meeting the minimum eligibility criteria for the program does not guarantee admission to the program.

Anatomy and Physiology Requirement

RCC encourages students to complete the entire series of Anatomy and Physiology at one school. This is due to the concern of possible missing components in curriculum when completed at separate colleges. Nursing applicants that have taken Anatomy and Physiology at two separate colleges are required to receive approval for these courses by requesting a *Request for Equivalencies and Substitutions* form from the Counseling or Evaluations departments.

Selection Procedure

Available enrollment spaces are selected by rank order (highest points) based on points earned on the multicriteria factors and through random selection *(*see *Vocational Nursing Program Point System)*. RCC reserves the right to designate a certain number of spaces for contract agreements and/or to meet grant-designated outcomes.

For specific information regarding the SON selection criteria, please see the *SON Enrollment Committee Policy and Procedure Manual.* If a student is not offered a space in the program, a new application is necessary in the next application period. The School of Nursing has no wait list.

Transcript Requirements

Transcripts are *Official* when they are sent directly to RCC from the sending institution or are hand-delivered by the student in a sealed envelope from the sending institution. Copies of transcripts/diplomas are not accepted. Transcripts are *Up-to-Date* when they are received by RCC no more than 90 days after the sending institution issued them, as verified by the date that the institution stamps on the transcript.

If you need to request an official copy of your transcripts from other colleges previously attended, please visit the Parchment website. A transcript Request form is available in the Transfer Career Center. Transcripts that are not official and not *Up-to-Date* will be returned to the student and will lower priority status if the official transcript is not submitted by the deadline. Please be aware that your transcripts will be purged after one year if you have never been enrolled at RCC, or if you have not been an RCC student for four years.

Additional General Education Requirements (for Associate Degree in Vocational Nursing only) (17-19 units)

The following general education courses are not required for admission to the VN program; rather, they are required for the completion of the ADN (VN) degree. Most students complete these requirements before entering the ADN (RN) program due to the rigorous course load. The courses listed below are not required to earn a Certificate of Achievement.

Completed	General Education Coursework	Units
	English Composition, Oral Communication, and Critical Thinking: • English: ENGL C1000/C1000H (formerly ENG-1A) **AND** • Communication: COMM C1000/C1000H (formerly COM-1/1H) **OR** COMM-9/9H	7
	Mathematical Concepts and Quantitative Reasoning: • Statistics: STAT C1000/C1000H (formerly MAT-12/12H) **OR** PSYC/SOC-48	4
	Arts and Humanities: • See *RCC College Catalog**	3
	Social and Behavioral Sciences: (fulfilled by required program prerequisites)	**
	**Natural Sciences: (fulfilled by required program prerequisites)	***
	Ethnic Studies: • Ethnic Studies: ETS-1 **OR** • Political Science: POL-23	3
	TOTAL	17

*Please see the *RCC College Catalog* for the most current information.

**** Counted in required program prerequisite units.

***** If BIO-50A are completed at RCC/Riverside Community College District (RCCD), students must also complete the associated course prerequisites (BIO-1/1H)

NOTE: A grade of "C" or better is required in all general education courses used to fulfill requirements for the Associate Degree in Nursing.

Nursing Program Coursework Requirements (38.5 units)

Semester	Nursing Coursework	Units
Fall	Nursing 42: Introductory Concepts of Vocational Nursing – Fundamentals & Mental Health Nursing 42A: Nursing Learning Laboratory	13 0.5
Winter	Nursing 43: Intermediate Concepts of Vocational Nursing – Maternity & Pediatrics	5.5
Spring	Nursing 44: Intermediate Concepts of Vocational Nursing – Medical/Surgical Nursing 44A: Nursing Learning Laboratory	13 0.5
Summer	Nursing 45: Advanced Concepts of Vocational Nursing – Medical/Surgical	6
	TOTAL	38.5
	Prerequisites (Term 1)	11
	General Education (optional)	17
	PROGRAM TOTAL	66.5

A minimum grade of "C" (75%) in each course is required to progress in the VN Program

Technology Requirements
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. Students must have Wi-Fi capability and reliable broadband internet. Upon admission, students will be provided with program-specific digital platforms that will need to be either accessed or purchased. Please see the *Technology Requirement* policy in the *SON Enrollment Committee Policy and Procedure Manual* or *VN Student Handbook* for detailed information.

Recommended Electives During Program
It is highly recommended that all nursing students enroll in a Nursing Learning Lab (B and/or C course) each semester. These electives provide opportunities for additional self-paced practice and mastery of nursing skills. Instructional guidance and computer assisted materials which support semester student learning outcomes are also available.

Expenses (per year)
- Students pay Health Services ($50), parking ($150), Student Services Fees ($10) and tuition ($46) per unit each semester. The cost is approximately $2,750 for 12 months.
- Students furnish their own uniforms. The cost is approximately $250.
- The costs of nursing books, supply bag, iPad, testing platform and other required learning resources are approximately $2,000.
- Physical examination/lab work costs are approximately $98 - $600.
- Background checks/CPR costs approximately $220.
- It is recommended that students carry personal health and accident insurance including hospitalization. Policies are available to college students at reasonable rates. The college provides liability insurance at no cost to the student.
- Students are required to purchase standardized testing package with a live NCLEX Review for use during the program. Estimated cost is $1,345.00.

When planning expenses, students should be aware they may have to limit their hours of employment due to extensive VN Program requirements. Scholarships and grants are available to those students who qualify.

Other Requirements

Health Exam and CPR Certification
Students will be admitted to the program pending submission of a CPR card (American Heart Association BLS Healthcare Provider Course) valid for 2 years, and a completed health examination form with clearance permitting unrestricted functional activities essential to nursing practice in accordance with the American with Disabilities Act (1990). Health Exam and CPR Certification are not required at the time of application.

Background Check and Drug Screen
All new and readmitting students are required to demonstrate a clear background check and drug screen prior to enrollment in the VN program. See the *Background Check/Drug Screen* policy in the *SON Enrollment Committee Policy and Procedure Manual* for further details. The background check requires that students be able to provide a valid social security number Individual Taxpayer Identification (ITIN) number. The process for obtaining the background check is available in the School of Nursing office.

California Board of Vocational Nursing and Psychiatric Technicians: Substantial Relationship Criteria: (BVNPT 16 CCR 2521)
An applicant with a criminal conviction is permitted to apply for licensure, and to take the licensure examination if they meet all the education and experience requirements. The final determination on the application with a criminal conviction is made only after the applicant takes and passes the licensure examination. By permitting an

applicant to take the licensing examination, the Board does not waive its right to deny licensure based on convictions once an applicant passes the exam. The board will not tell people if they will be approved or not, as each decision is based on the specific facts and circumstances of the case. Any student having questions regarding his/her eligibility for licensure should contact:

Enforcement Coordinator
Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive, Suite 205
Sacramento, CA 95833
(916) 263-7800

Disclosure of Social Security Number/ Individual Taxpayer Identification (ITIN) Number
Disclosure of one's social security number or ITIN is mandatory for licensure. Failure to disclose your social security number or ITIN number, will prevent your application for initial licensure or renewal to not be processed.

Fingerprint Requirement
Applicants for licensure are required to be fingerprinted for purposes of conducting a criminal history record check. The fingerprints remain on file with the California Department of Justice, and that agency provides reports to the Board of any future convictions on an ongoing basis. (Authority: Section 144, Business and Professions Code).

The Riverside Community College District Board of Trustees has adopted policies and procedures and has endorsed practices, which provide for the district and its employees and students to comply with all the applicable laws relating to prohibition of discrimination based on gender, age, race, color, national origin, religion, disability or sexual orientation.

Revised 5/05; 8/08; 1/09; 3/09; 9/09; 2/10; 1/11; 6/12; 1/13; 5/13; 7/13; 7/14; 7/16; 2/17; 12/24; 2/25; 3/25; 5/25; 6/25; 1/26; 3/26; 6/26; 7/26; 8/26

RCC School of Nursing - Vocational Nursing (VN) Program Multicriteria Point System

- Applications are available during the filing period online at RCC School of Nursing Website.
- All college and high school transcripts must be on file in the Admissions & Records Department at the time of application.
- Selection for the VN program is competitive, with a varying percentage of spaces going to fully qualified applicants with the highest points and a varying percentage filled by random selection of qualified applicants. A total of 100 points is possible.

According to article 78263.1, under chapter 2 of part 48 of Division 7 of Title 3 of the Education Code, a community college allied health program that elects to use a multicriteria screening process to evaluate applicants shall apply those measures in accordance with all the following:

Criteria	Maximum Points Possible for the Category	Point Distribution
Prerequisite GPA: PSYC-9, BIO-45, NVN-55A & NVN-55B OR PSYC-9, BIO-50A, BIO-50B, NVN-55A & NVN-55B *Biology Course Requirement Notice:* *BIO-50A and BIO-50B satisfy the BIO-45 requirement for the VN program. However, BIO-45 does not meet the prerequisite for the ADN (RN) program. Students planning to enter the ADN program after VN should take BIO-50A and BIO-50B to meet both program requirements.*	40 points	GPA = 4.0 40 points GPA = 3.5 35 points GPA = 3.0 30 points GPA = 2.5 25 points GPA = 2.4 20 points GPA = 2.3 15 points GPA = 2.2 10 points GPA = 2.1 5 points GPA = 2.0 Not Eligible
○ ENGL-C1000/C1000H ○ COMM-C1000/C1000H OR COMM-9 ○ STAT C1000/C1000H OR PSYC/SOC-48 ○ Arts and Humanities: (see *RCC College Catalog*) ○ SOC-1 OR ANT-2 ○ Ethnic Studies: ETS-1 OR POLS-23	30 points	Support Courses are not required to get into the program but are used to earn extra points (maximum of 30 points for Support Courses). Points will be awarded for only one course/general education requirement *5 points for A * 3 points for B * 1 point for C * 0 points for D/F* Advanced Placement Exam (AP) Credit (based on official AP exam scores) **AP Exam Score** / **Equivalent Grade** / **Points Awarded** 4-5 / A / 5 points 3 / B / 3 points 2 or below / No credit / 0 points

Criteria	Maximum Points Possible for the Category	Point Distribution
Academic degrees or diplomas, or relevant certificates and experience held by applicant from U.S. regionally accredited program(s).	16 points	Associate or bachelor's or master's degree = 5 points Professional Certification (see *Approved Professional Certification List*.) = 7 points Other Allied Health Professions (see *Approved Other Allied Health Professions List)* = 4 points
Veteran or active duty	4 points	Four points for veterans who are active or discharged in good standing. Proof will be verified through the Veterans Services
Life experiences or special circumstances of an applicant, including but not limited to the following: a. Disability* b. Low family income (eligibility for financial aid, Promise, EOPS, CalWorks)* c. First generation of family to attend college d. Need to work during prerequisite courses e. Disadvantages - social or educational environment f. Difficult personal and family situations or circumstances g. Active Affinity Engagement Center participant* h. Guardian Scholar* i. Spouse of active-duty military or veteran* j. Refugee*	8 points	One point for each applicable life experience or special circumstance. ***Requires documentation upon application (see application).**
Proficiency or advanced level course- work in languages other than English. Credit for languages other than English shall be received for languages that are identified by the Chancellor's Office.	2 points	Two points total for language proficiency. Languages include, but are not limited to, any of the following languages: American Sign Language; Arabic; Chinese, including its various dialects; Farsi; Russian; Spanish; Tagalog; the various languages of the Indian subcontinent and Southeast Asia; the various languages of the African continent
	Total	**/100 points**

<u>Approved Professional Licensure/Professional Certifications/Other Allied Health Professions List</u>

Professional Certifications (7 Points)

- Emergency Medical Technician
- Pharmacy Technician
- Anesthesia Technician
- Radiology Technician
- Surgical Technician

- Certified Surgical Technologist (CST)
- Certified Hemodialysis Technician
- Acupuncturist
- Registered Dental Assistant

Other Allied Health Professions (4 Points)

- Patient Care Assistant
- CMA Courses/Medical Assistant Program
- Home Health Aide
- Acute Care Course
- Telemetry Technician
- Electrocardiogram Technician
- Cardiac Monitor Technician
- Phlebotomy Technician
- Massage Therapist
- Documented Medical Military Experience

Conditions for using Certifications/Licenses

- All certifications/licenses must be current and in good standing to receive points
- All other Licenses/Certifications/Allied Health Professions not listed above will be reviewed by the Enrollment Committee.

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

VN PROGRAM CREDIT GRANTING POLICY

The *Rules and Regulations, Board of Vocational Nurse and Psychiatric Technician Examiners, Section 2535*, require that an accredited school give credit for previous education and experience in the field of nursing completed within five (5) years prior to admission.

Transfer Credit

1. The following applicants qualify for transfer credit:

    a. Accredited Vocational Nurse or Practical Nursing Courses: Credit shall be given for nursing education and clinical experience satisfactorily completed in an accredited vocational nursing program in California or in a practical nursing program given in another state which is accredited by the official accrediting agency in that state.

    b. Accredited Registered Nursing Courses: Credit shall be given for nursing education and clinical experience satisfactorily completed in an accredited registered nursing program in California or in a registered nursing program given in another state which is accredited by the official accrediting agency in that state.

    c. Accredited Psychiatric Technician Courses: Credit shall be given for nursing education and clinical experience satisfactorily completed in an accredited psychiatric technician program in California.

    d. Armed Services Nursing Courses: Credit shall be given for nursing education and supervised clinical experience satisfactorily completed in a basic or advanced course in nursing offered by any branch of the Armed Forces.

    e. Certified Nurse Assistant Courses: A maximum of 25 hours credit may be granted for a precertification training course for nurse assistants approved by the California Department of Public Health. Credit shall be granted only in Nursing 42 in lieu of fundamental nursing skills.

2. Equivalent courses from an accredited educational institution:

    a. Give credit for Biology 45 (previously Anatomy & Physiology 10) and RCC Vocational Nursing courses on the basis of satisfactory completion (minimum "C" grade) of previous course(s) considered equivalent.

    b. Partial credit may be granted for relevant content.

3. Credit for previous nursing education shall be considered when the student has met the following:

   a. Admission to Vocational Nursing program.

   b. Submission to the Nursing Program of official transcript(s) or other documentation of course(s) for which credit is sought.

   Note: Students must enroll in/attend all courses for which credit is sought until officially notified that credit has been granted.

Challenge Credit

1. Applicants with relevant knowledge and/or skills acquired in a non-traditional setting, including non-certified nursing assistants, are qualified for challenge credit.

2. Competency-based credit shall be granted for knowledge and/or skills acquired through experience. Credit shall be determined by written and/or practical examinations.

3. Subsequent to the requesting challenge or competency-based credit, students' in the Vocational Nursing program are required to follow the procedure for obtaining challenge credit as outlined in the *Riverside City College Catalog* under the heading, *Petition for Credit by Examination*.

   a. "Credit may be granted to any student who satisfactorily passes an examination approved or conducted by the discipline or program in which a comparable course is offered. In the case of foreign languages students must complete a higher level course in order to receive credit for a lower level language course.

   b. To be eligible to petition for credit by examination, a student must be currently enrolled, fully matriculated, in good standing and have completed not less than 12 units of work at Riverside City College with an overall grade point average of 2.0 ("C"). The option for credit by examination may not be available for all course offerings, contingent upon discipline curricular decisions as approved by the Vice President of Academic Affairs.

   c. Students must apply for credit by examination on the appropriate petition form obtained from the Admissions office at the Riverside, Moreno Valley and Norco campuses and pay enrollment fees including out of state and/or out of country tuition where applicable.

d. A student may receive credit by examination in one course for each semester or summer/winter intersession in a total unit amount not to exceed 15 units. Work experience classes are excluded from credit by examination.

e. After the discipline faculty has determined the student's evaluative symbol, the student will be notified and the permanent record will reflect the credit and/or grade.

f. Credit by examination is not treated as part of the student's study load for any given semester, or for eligibility purposes and therefore, will not require a petition for excess study load. It is not part of the study load for Veterans' Administration Benefits or eligibility purposes.

g. The student's academic record will be clearly annotated to reflect that credit was earned by examination.

h. Units for which credit is given pursuant to the provisions of this section shall not be counted in determining the 12 semester hours of credit in residence required for an associate degree."

4. Deadline for submission of application: One month prior to the scheduled examination.

5. Applicants should obtain a course outline, hand-out materials, and review audiovisual materials related to the course as soon as possible. A counseling appointment to clarify questions regarding the challenge procedure should be scheduled with the VN Department Chair.

6. Evaluation of the applicant's knowledge and/or skills will be made according to the competency based objectives for that course. Written and/or performance examinations may be used.

7. Credit is granted if the applicant meets minimum requirements equivalent to those required of students completing the course.

Revised 5/72; 6/75; 6/76; 11/82; 12/9/82; 11/84; 7/88; 9/88; 7/92; 8/92; 9/95; 9/09; 2/13; 6/14; 7/18; 8/24; 8/25

SUMMARY OF INSTRUCTIONAL PLAN PROGRAM HOURS
VOCATIONAL NURSING PROGRAM

Name of Program: RCC Vocational Nursing Program | **Date: 3/28/2024**

Reference: California Code of Regulations (CCR) Title 16 2532 (Curriculum Hours) and Title 16 2533 (Curriculum Content)

Curriculum Content	Prerequisites	Term 1	Term 2: Fall	Term 3: Winter	Term 4: Spring	Term 5: Summer	Term 6	Comments	Totals
Anatomy & Physiology		54						T1: BIO 45	54
Nutrition		27	2	5				T1: 55A	34
Psychology			26						26
Growth & Development		41						T1: Psych 9	41
Fundamentals of Nursing		55	36					T1: 55A (24)	91
Nursing Process		1	10					T1: 55B	11
Communication with pts w/psych disorders		2	5					T1: Psych 9	7
Patient Education		1	2	3	3	2		T1: 55B	11
*Pharmacology			18	9	20	8			55
Medical/Surgical Nursing					79	46			125
Communicable Disease		3	4	2	3	1		T1: 55B	13
Gerontological Nursing		3	5					T1: Psych 9	8
Rehabilitation Nursing			6		3				9
Maternity Nursing				19					19
Pediatric Nursing				19					19
Leadership					4				4
Supervision					2				2
Ethics & Unethical Cond.		2	4		3			T1: 55A	9
Critical Thinking		4	3	5	5	4		T1: 55A (1)	21
Culturally Congruent Care		4	2	1	2	2		T1: Psych 9	11
End-of-Life Care		1	3		2			T1: Psych 9	6
Total Theory Hours	0	198	126	63	126	63			**576**
Skills Lab Hours			134.5	19	108	39			300.50
Simulation (if approved)			12	21	12	10			55.00
Clinical Experience Hrs			204.5	77	231	86			598.50
Total Clinical Hours	0	0	351	117	351	135			**954**
TOTAL PROGRAM HOURS									**1530**

Breakout of Clinical Hours by Topic Areas:

Topic	Hours
Fundamentals	351
Medical-Surgical	470
Pediatrics	58.5
Maternity	58.5
Leadership/Supervision	16
Total Clinical Hours (should match cell H33)	954

*Pharmacology shall include:
•Knowledge of commonly used drugs and their actions
•Computation of dosages
•Preparation of medications
•Principles of Administration

If some hours are integrated (not directly counted) please show these hours within parentheses or brackets.

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:

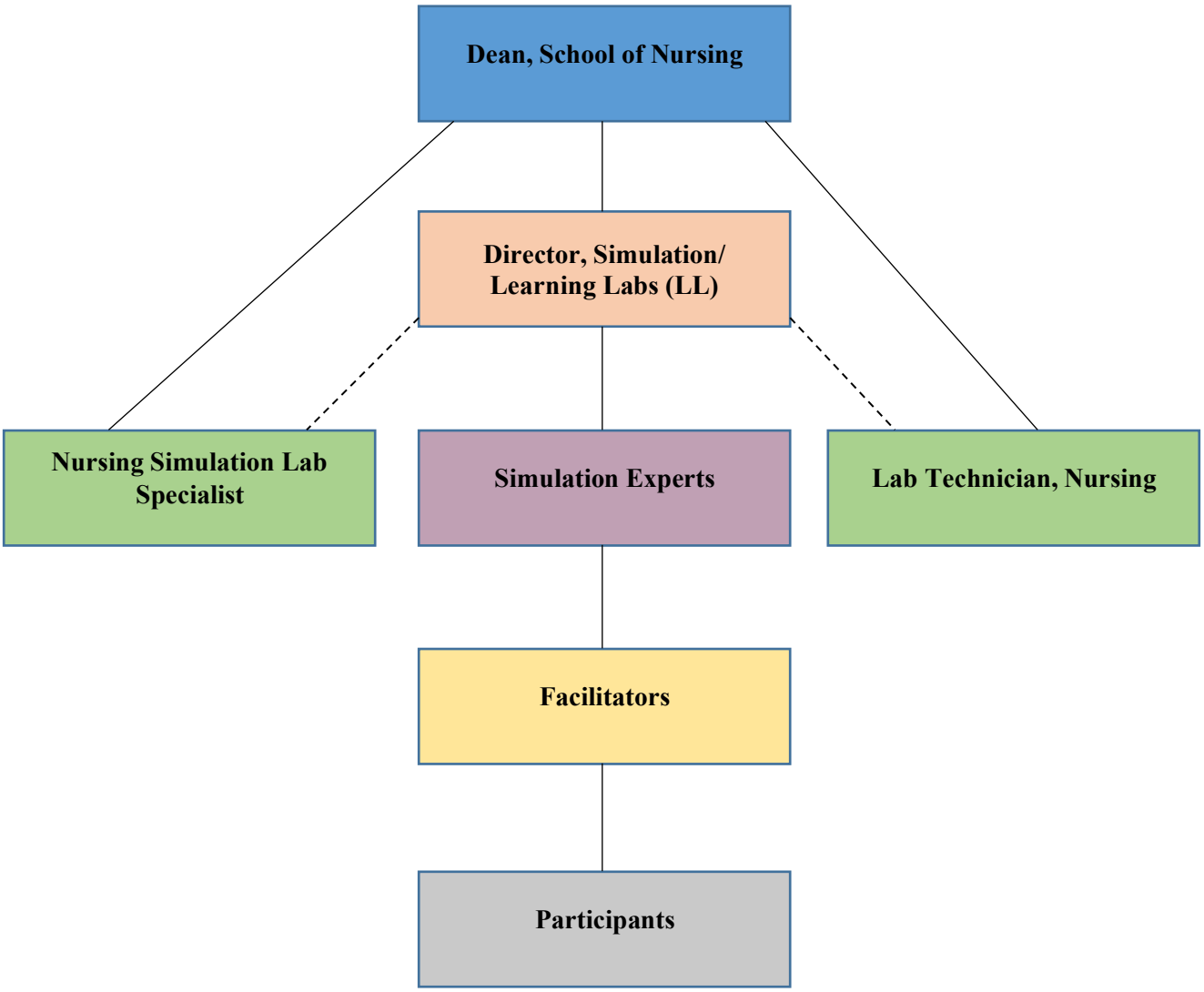
Promote interprofessional collaboration education experiences, by forming collaborative practice teams, to improve health outcomes of the community.

- 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-PN FELONY NOTIFICATION

California Board of Vocational Nursing and Psychiatric Technician: Legal Limitation of Licensure

Students applying to take the vocational nursing licensure examination are required to report convictions of any offenses other than minor traffic violations; failure to report such convictions would be grounds for denial of license. Any student having questions regarding his/her eligibility for licensure should contact:

Enforcement Coordinator
Board of Vocational Nurse and Psychiatric Technician Examiners
2535 Capitol Oaks Drive, Suite 205
Sacramento, CA 95833 (916) 263-7800

Notification of the above information is provided to potential and current vocational nursing students via the following:

1. Pre-Nursing Information Workshop.

2. *VN Program Information Sheet*.

3. *VN Student Handbook.*

4. Introductory nursing courses.

Revised: 6/13/96; 7/17/96; 8/15/96; 1/10/02; 5/05; 6/07; 7/13; 8/25
Reviewed: 10/03; 6/12; 8/13

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

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

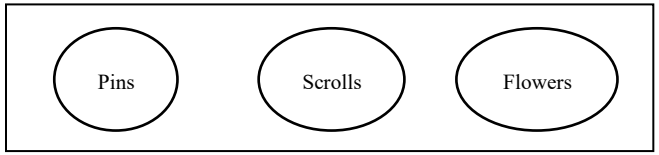
- All scrolls must be rolled and secured with ribbon.
- Rehearsal date /time communicated.
- Two weeks prior to Pinning:
    - Students to sign *Pinning Ceremony Professional Dress Guidelines.*
    - Students submit their name cards and goal statements to Pinning Advisors.
- Pinning Ceremony materials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

(Students)

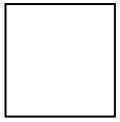
(Students)

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

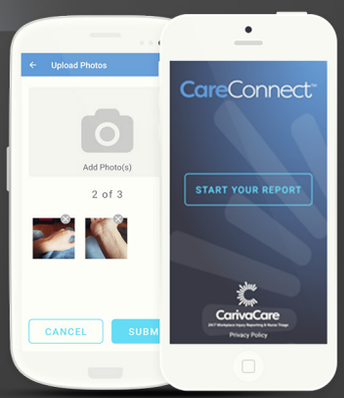
Call the Toll Free number **1-833-284-3670**
1-833-ATHENS0

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:		

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.

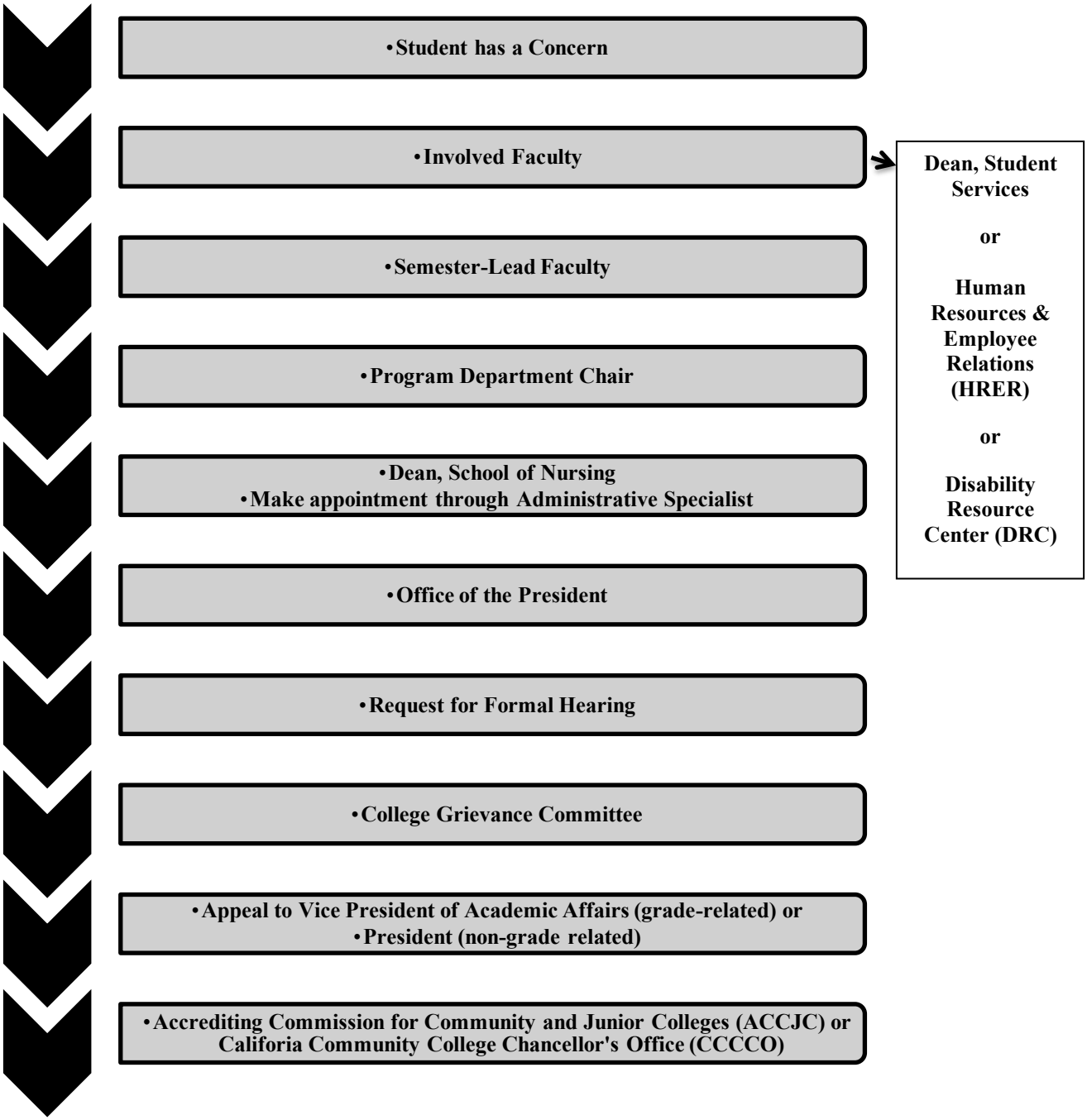
3. If the student feels the concern remains unresolved, the student should contact the Dean, School of Nursing's Administrative Specialist (222-8408) to make an appointment with the Dean, who will counsel and assist the student to resolve the problem, which may include consulting with the Dean, Student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

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

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.

Rev. 8/13; 6/14; 7/17; 8/25

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

AP 3500[B] STUDENT GRIEVANCE PROCESS FOR INSTRUCTION AND GRADE RELATED MATTERS

References:

Education Code Section 76224
Title 5 Section 55024

I. General Provisions

1. Purpose: The purpose of the Student Grievance Procedure is to provide a means by which a student may pursue a complaint for an alleged violation of college or district policy concerning instruction or to appeal a grade. However, complaints regarding discrimination harassment or retaliation are to be handled in accordance with Administrative Procedure 3435 titled Handling Complaints of Discrimination, Harassment or Retaliation.

2. Scope: Student grievances for matters other than for discipline such as, but not limited to, grade challenges and academic or program issues, will be processed in the following manner. Please note: Per Education code 76224, the instructor's grade is final except in cases of mistake, fraud, bad faith, or incompetency.

   A grievable action is an action that is in violation of a written college or district policy or procedure, or an established practice. The basis of the grievance is that an action constitutes arbitrary, capricious, or unequal application of a written college or district policy or procedure or an established practice.

3. Confidentiality: To protect to the maximum extent possible, the privacy of individuals who in good faith file legitimate grievances, these procedures will be considered confidential throughout initial consultation, preliminary and final review, and appeal, unless required to be disclosed pursuant to a court order or state or federal law. Confidentiality will also be afforded the respondent to avoid unwarranted damage to reputation. Breach of confidentiality by any party to the grievance is considered unethical conduct and may be subject to disciplinary action. However, those involved in the

hearing process may seek consultation and/or guidance from the District's General Counsel, or academic or student services administrators.

There may be cases where disclosure of part or all of the proceedings and final outcome must be considered to provide a remedy to the student, to correct misperceptions of the reputations of parties to the grievance, or for the best interests of the institution. In these cases, if, and only if, deemed appropriate by majority vote of the grievance committee in concurrence by the President, public disclosure will be directed through the President's office.

4. Protections for complainants: Any student has the right to seek redress under these procedures and to cooperate in an investigation or otherwise participate in these procedures without intimidation, threat of retaliation or retaliatory behavior. Any such behavior, verbal or written, in response to participation in the grievance process is prohibited and may be regarded as a basis for disciplinary action.

5. Abuse of process: A student must proceed with a complaint in good faith. Abuse of process, malicious complaints or frivolous complaints may be grounds for disciplinary action.

II. Definitions

1. District -- The Riverside Community College District

2. Student -- Any person currently enrolled as a student at any college or in any program offered by the District.

3. Instructor -- Any academic employee of the District in whose class a student is enrolled, or a counselor who is providing, or has provided, services to the student, or other academic employee who has responsibility for the student's educational program.

4. Day -- Days during which the District is in session and regular classes are held, excluding weekends and holidays.

5. Time Limits – Any time specified in the above procedures may be shortened or lengthened if there is mutual agreement by all parties.

III. Informal Consultation Process

A student has 120 calendar days from the date of the incident giving rise to the grievance to initiate the informal consultation process, except in the case of a grade

change. The time limit to initiate a change is one (1) year from the end of the term in which the grade in question was recorded. For further information on grade changes, see Board Policy/Administrative Procedure 2231.

1. A student will be encouraged to contact the faculty member and attempt, in good faith, to resolve the concern through the consultative process.

2. If consultation with the faculty member does not resolve the issue, the student may request a consultation with the department chair, assistant chair, or designee. The faculty member will be notified of the outcome of the meeting, by the party who meets with the student.

3. If the issue is not resolved with the department chair, assistant chair, or designee, the student may file a written Request for Consultation with the appropriate Dean. Forms will be available from the office of the appropriate Dean or Vice President. The Dean will convey a decision to all affected parties, as well as note that decision on the form.

IV. Grievance Process and Formal Hearing

If the issue is not resolved through informal consultation, the student may file a written grievance requesting a formal hearing within thirty (30) calendar days of the informal consultation with the Dean. The written request should contain a statement detailing the grievance to be resolved, and the action or remedy requested. The student will direct this grievance to the President. The student must notify the President at the time the student submits his/her request for a formal hearing if an accommodation for a disability will be needed at the hearing.

1. Upon receipt of a written request for a formal hearing, the President will, within three (3) days, excluding weekends and holidays, of receipt of the request for hearing, appoint an administrator (not the Vice President of Academic Affairs) to serve as chair of a grievance committee for the hearing.

2. A grievance withdrawn from the formal hearing stage will be deemed without merit and cannot be refiled.

3. The formal hearing will be conducted before a College Grievance Committee. This committee will be composed of the following individuals:

    a. Two (2) students appointed by the College Student Body President.

b. Two (2) faculty members appointed by the College Academic Senate President.

c. One (1) academic administrator (not the Vice President of Academic Affairs) appointed by the President of the College. The individual may be from another College in the District.

d. The chair of the committee, which is selected by the President, (see above) will be part of the committee, but will not vote in the final decision, except in the case of a tie.

4. The College Grievance Committee Chair will:

a. Forward a copy of the request for hearing to the faculty member being grieved within seven (7) days (excluding weekends and holidays) of receipt of the request.

b. Within a reasonable time period not to exceed twenty (20) days (excluding weekends and holidays) set a reasonable time and date for the hearing as well as a reasonable time limit for its duration. In the event the parties are not available within the 20 days, the Vice President has the discretion of extending the time period, with notification to the parties.

c. Arrange for a disability accommodation if requested pursuant to the above.

d. Within three (3) days, excluding weekends and holidays, after setting the hearing date, notify both parties that they are to provide to the Chair signed written statements specifying all pertinent facts relevant to the grievance. A copy of these statements will be given, by the Chair, to the other party, as well as the Grievance Committee members. At this time, both parties will also be invited by the Chair to submit a list of potential witnesses and the rationale for calling them. Each party's witness list will be given to the other party and to the Grievance Committee. Witnesses will be called at the discretion of the Grievance Committee Chair. This signed statement and witness list is to be received by the Chair no later than 10 days prior to the hearing.

Individuals approached by either party to act as a witness for that party are not under any obligation to do so and may decline to be a witness. Any witness has the right to cooperate in an investigation or otherwise participate in these procedures without intimidation,

threat of retaliation or retaliatory behavior. Any such behavior, verbal or written, in response to participation in the grievance process is prohibited and may be regarded as a basis for disciplinary action.

e. Notify the parties that they are entitled to bring a representative, from within the District, to assist them during the hearing. The representative's role is restricted to assisting the party. He/she may not actively participate in the grievance hearing or engage in the proceedings. The Representative must be an individual from within the District (student or employee). Legal representation is prohibited.

f. Notify both parties as to who the members of the grievance committee will be. Each party will be allowed one (1) opportunity to request that a committee member be replaced with a different person because of perceived bias or conflict of interest. Any such requests must be directed to the committee chair within two (2) days of notification of who the committee members will be and will state the perceived bias or conflict of interest. At that time, the committee chair may excuse that committee member and seek a replacement in accordance with IV.3 above.

g. Provide, to the faculty, student and Grievance Committee, prior to the hearing, a copy of the document titled Grievance Hearing Protocol, which shall serve as a guideline during the hearing. Any requests for deviations from, or additions to, the hearing protocol, shall be addressed to the Committee Chair who will make the decision on whether or not the deviation or addition will be allowed.

h. Develop a list of questions, or intended areas of inquiry, to both parties and the Grievance Committee at least three (3) days (excluding weekends and holidays) in advance of the hearing.

i. Maintain an official recording of the proceeding which will be kept in a confidential file but be available for review by either party. Individual parties will not be allowed to have their own recording device.

j. Ensure that the formal hearing will be closed to the public.

5. The Grievance Committee will:

    a. Judge the relevancy and weight of testimony and evidence. The committee will make its findings of fact, basing its findings on the evidence presented. It will also reach a decision for disposition of the case.

    b. Submit its findings of fact and disposition to each party and the Vice President of Academic Affairs within ten (10) days (excluding weekends and holidays) of the completion of the formal hearing.

V. Appeals

1. Either party, within five (5) days (excluding weekends and holidays) of receipt of the Committee's decision, may appeal the decision to the Vice President of Academic Affairs. The Vice President may:

    a. Concur with the decision of the Committee, or

    b. Modify the Committee's decision.

    The Vice President will submit his/her decision to each party and the President within ten (10) days (excluding weekends and holidays) of receipt of the Committee's decision.

2. Either party, within five (5) days (excluding weekends and holidays) of receipt of the Vice President's decision, may appeal the decision to the President. The President may:

    a. Concur with the decision of the Vice President, or

    b. Modify the Vice President's decision.

    The President will submit his/her decision to each party within ten (10) days (excluding weekends and holidays) of receipt of the Vice President's decision.

    In all cases, final decision will rest with the President.

After a student has exhausted all grievance rights at the College level, the student has the right to file a complaint with any of the following resources:

- The Accrediting Commission for Community and Junior Colleges (ACCJC) at http://www.accjc.org/complaint-process. If your complaint is associated with the institution's compliance with academic program quality and accrediting standards. ACCJC is the agency that accredits the academic programs of the California Community Colleges.

- The California Community College (CCC) Chancellor's Office by completing the form(s) found on the link below, if your complaint does not concern CCC's compliance with academic program quality and accrediting standards.

  - To the State Attorney General using the forms available at http://ag.ca.gov/contact/complaint_form.php?cmplt=PL

VI. Responsibility

The Vice President of Academic Affairs will be responsible for the overall implementation of these procedures and will retain a file of all grievances for matters relative to this procedure for this college. This file may be maintained electronically.

Matters involving the prohibition of discrimination and the prohibition of sexual harassment and any concerns regarding these matters should be referred to the District's Department of Diversity, Equity and Compliance.

Office of Primary Responsibility*:* Vice Chancellor, Educational Services & Strategic Planning
College Vice President of Academic Affairs

Administrative Approval: May 28, 2013
Revised: August 2015 (job titles only)
(Replaces a portion of grievance procedures in RCCD Regulation 6080)
Formerly: 5522

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

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.

References

American Nurses Association. (2021). Nursing: Scope and standards of practice (4th ed.). American Nurses Publishing.

Board of Registered Nursing. (2024). California nursing practice act: with regulations and related statutes (2023 ed.). https://www.rn.ca.gov/practice/npa.shtml.

Board of Vocational Nursing and Psychiatric Technicians (2023). *Vocational nursing practice act with rules and regulations.* https://www.bvnpt.ca.gov/about_us/laws.shtml

Claywell, L. (2024). LPN to RN transitions (6th ed.). Elsevier.

Dahlkemper, T. R. (2021). Anderson's nursing leadership, management, and professional practice for the LPN/LVN (7th ed.). F.A Davis

Harrington, N., &Terry, C. L. (2024). *LPN to RN transitions: Achieving success in your new role.* (6th ed.). Wolters Kluwer.

Kurzen, C. R. (2020). *Contemporary practical/vocational nursing* (9th ed.). Wolters Kluwer.

National Association for Practical Nurse Education and Service Standards. (2009). *National association for practical nurse education and service standards of practice and educational competencies of graduates of practical/vocational nursing programs.* www.napnes.org.

National Association of Licensed Practical Nurses, Inc. (2023). https://nalpn.org/standards/

National Council of State Boards of Nursing. (2021). NCSBN Model Rules. https://www.ncsbn.org/public-files/21_Model_Rules.pdf

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 VN PROGRAM:

ACADEMIC & CLINICAL POLICIES

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ATTENDANCE/TARDY POLICY AND PROCEDURE - VN 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 Vocational Nursing & Psychiatric Technicians* 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

ABSENCE MAKE-UP WORK TO MEET DAILY STUDENT LEARNING OUTCOMES

All students absent from seminar or clinical courses must complete an assignment created by the faculty to meet the daily learning objectives for the missed class session(s).

It is the responsibility of the student who has been absent from any VN seminar or clinical activity to obtain the make-up assignment. Students must obtain the make-up assignment from the faculty who taught the missed seminar/clinical.

Make-up assignments are designed to provide the opportunity for the student to complete theory and clinical student learning outcomes and to conform with Title V requirements regarding college credit courses. Thus, to meet individual needs, the student may spend more time completing the assignment than the actual time missed from seminar/clinical.

Seminar make-up assignments may include, but are not limited to, the following activities:

1. Case studies related to missed content.
2. Independent studies in the Learning Lab related to missed content.
3. Research reports related to missed content.

Clinical make-up assignments may include, but are not limited to, the following activities:

1. Performance evaluation in the Learning Lab.
2. Individualized assignment in clinical area.

The make-up work must be completed and submitted to the proper faculty by the due date. An incomplete assignment will be returned to the student by the faculty for completion. Upon satisfactory completion of the make-up work, the faculty will sign and date the bottom portion of the *Seminar and/or Clinical Absence Make-Up Form*. One copy will be given to the student and one copy is placed in the student's permanent file for BVNPT access.

The BVNPT requires that make-up work be completed for all absences in order to:

1. Document attainment of missed student learning outcomes.
2. Establish eligibility for graduates to take the NCLEX-PN.

Failure to complete the make-up assignment by the due date signifies lack of achievement of the missed seminar and/or clinical objectives, which could result in earning a failing grade or unsafe clinical performance. The student may be excluded from the clinical area until the make-up assignment is completed, resulting in further missed student learning outcomes.

The student's record of attendance constitutes one measure of accountability and professional behavior. As such, it is considered when writing job references.

Revised: 8/20

RCC
RIVERSIDE CITY COLLEGE
School of Nursing

Seminar Absence Make-Up Form

Student Name: _____ RCCID#: _____
Last First Middle

Date/s Absent: _____ Semester Level: _____

Instructor: _____

MAKE-UP ASSIGNMENT TO MEET SEMINAR STUDENT LEARNING OUTCOMES AND OBJECTIVES

DUE: _____

The following Student Learning Outcomes were missed due to your absence:

Outcomes *(Circle applicable outcomes)*	**Objectives** *(Please list according to the Seminar Syllabus for the designated course)*
1. Quality, Safe, Patient-Centered Care using Evidence-Practice 2. Professionalism 3. Leadership 4. Caring 5. Teamwork/Collaboration 6. Critical Thinking 7. Informatics	

While no assignments can replace the actual participation in the classroom environment the following assignments are required to assist in meeting the missed objectives:

DOCUMENTATION OF COMPLETION

Date completed: _____

Instructor signature verifying completion: _____

COPY TO BE PLACED IN STUDENT PERMANENT FILE

In accordance with the Board of Vocational Nursing and Psychiatric Technicians Code 2530 and RCCD Positive Attendance Requirements

Revised: 8/9/11, 10/8/13; 8/20; 5/24

RCC
RIVERSIDE CITY COLLEGE
School of Nursing

Clinical Absence Make-Up Form

Student Name: _____ RCCID#: _____
Last First Middle

Date/s Absent: _____ Semester Level: _____

Instructor: _____

MAKE-UP ASSIGNMENT TO MEET CLINICAL STUDENT LEARNING OUTCOMES AND OBJECTIVES

DUE: _____

The following Student Learning Outcomes and Objectives were missed due to your absence: (circle applicable outcomes)

Outcomes *(Circle applicable outcomes)*	**Objectives** *(Please list according to the Clinical Objectives on the back of the Clinical Assignment Sheet for the designated course)*
1. Quality, Safe, Patient-Centered Care using Evidence-Practice 2. Professionalism 3. Leadership 4. Caring 5. Teamwork/Collaboration 6. Critical Thinking 7. Informatics	

While no assignments can replace the actual participation in the clinical environment, the following assignments are required to assist in meeting the missed objectives:

DOCUMENTATION OF COMPLETION

Date completed: _____

Instructor signature verifying completion: _____

COPY TO BE PLACED IN STUDENT PERMANENT FILE
In accordance with the Board of Vocational Nursing and Psychiatric Technicians Code 2530 and RCCD Positive Attendance Requirements

Revised: 8/9/11, 10/8/13; 8/20; 5/24

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

VN 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

PROGRESSION POLICY: VN PROGRAM

If a student earns less than a 75% ("C") grade in any course required for the VN program (Nursing 42, 43, 44 or 45), the student will be ineligible to continue in the VN program and must reapply to VN program and complete a *Petition for Readmission*. Readmission will be granted on a space available basis according to the *Eligibility for Readmission* policy.

Revised: 8/15/96; 1/11/02; 5/05; 6/07; 1/11; 6/11; 6/12; 7/18; 8/19; 8/25
Reviewed: 10/03; 5/05; 1/13; 7/13; 8/23; 8/24

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

VN 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.

A. Nursing students are required to 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 VN 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 VN 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

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 - VN 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.

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

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

GRADUATION POLICY

In order to earn a certificate or degree, and be eligible to take the NCLEX-PN, the nursing student must complete:

A. The prescribed nursing curriculum with a 75% ("C") grade or better in each required VN program course.

B. Earn minimum grade of satisfactory in all clinical evaluations.

C. Complete the certificate application obtained from the Office of Evaluations and Records.

D. Completed all program hours per the BVNPT approved program hours.
1. Theory Hours: 576 Hours
2. Clinical: 954 Hours

E. Submit the *Record of Program Completion* to the BVNPT.

Rev. 6/20; 8/24

Graduation & Certification Requirements – Vocational 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 or certificate will not be mailed until your balance is paid in full.

Academic Program Codes	When to Apply
AS588 (VN Associate Degree)**	Application is open first day of Summer session through July 15th
CE588 (VN Certificate)**	

****Apply for both your Associate Degree & Certificate; Admissions & Records Evaluation Office will determine your eligibility.**

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

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.

After You Apply

Approximately 6–8 weeks after the start of the term for which you have applied, you will receive an email to your RCCD student email account with:

- Your graduation status
- If you have any questions regarding your status, please schedule an appointment with a Nursing Counselor or meet with the School of Nursing Educational Advisor.

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY & PROCEDURE FOR CLINICAL PERFORMANCE EVALUATION- VN 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. 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- VN 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 42 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-VN 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

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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 – VN 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. 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
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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

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

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
SCHOOL OF NURSING

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
SCHOOL OF NURSING

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
SCHOOL OF NURSING

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 Vocational Nursing Program:
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 42, Nursing 43, Nursing 44, and Nursing 45.

Nursing Skill	**Nursing Skills Lab**		**Clinical Setting**	
	Date	**Faculty Initials**	**Date**	**Faculty Initials**
Proper Syringe/Needle Size Filling the Syringe with Fluid				
Subcutaneous Injections				
IM Injections				
Intradermal Injections				

Nursing Skill	Nursing Skills Lab		Clinical Setting	
	Date	Faculty Initials	Date	Faculty Initials
Head – to - Toe Physical Assessment				
Dressing Change/Aseptic Technique				
Indwelling /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.*

BVNPT INFORMATION

RIVERSIDE CITY COLLEGE
VOCATIONAL NURSING PROGRAM

BVNPT INFORMATION

The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) contact information is:

2535 Capitol Oaks Drive, Suite 205

Sacramento, Ca 95833

(916) 263-7800

Executive Officer: Elaine Yamaguchi, BS Communications & Community Development

Nursing Education Consultant: Clarissa Swanson, DNP, RN

Please visit the BVNPT website (http://www.bvnpt.ca.gov) for information on:

- Meeting Dates
- Disciplinary Process
- Consumer Information
- Licensure
- LVN Fact Sheet
- Fee Schedules

Rev. 8/25