RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ADN STUDENT HANDBOOK

2016
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Students are expected to be knowledgeable regarding the Associate Degree Nursing program expectations and policies. The Associate Degree Nursing Student Handbook is designed to be a resource to students to familiarize them with the program expectations and policies. Students are required to read the contents of the Associate Degree Nursing Program Handbook. Program policies may be updated throughout the program. Revised policies and handbook will be made available on the School of Nursing website. It is suggested that each student keep their handbook current as new forms/policies/procedures are distributed throughout the program.

The Acknowledgment of Forms sheet (next page) is provided for you to sign. Your signature verifies that you have read, understand and agree to abide by these policies. The signature page will be placed in your student file the first semester that you enter the ADN program.
I, the undersigned have read and understand the following policies as stated in the *ADN (RN) Student Handbook*. **MY SIGNATURE VERIFIES MY UNDERSTANDING OF AND AGREEMENT TO ABIDE BY THE POLICIES AND EXPECTATIONS.** I understand that this signature page will be placed in my student file.

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Our ADN program has a history of excellence in the preparation of competent Registered Nurses. We trust you will become a proud alumnus of this program. The journey toward obtaining your degree is a joint responsibility of this college providing the learning experiences required by the Accrediting Commission for Education in Nursing (ACEN) and the California Board of Registered Nursing (BRN) along with your commitment to your nursing goal. Information regarding nursing education is available from the ACEN, 3343 Peachtree Rd. NE, Suite 850, Atlanta, GA, 30326 and the BRN, 1747 N. Market Blvd., Suite 150, Sacramento, CA 95834-1924.

Please read the ADN Student Handbook carefully and abide by the policies and procedures of the ADN program. Should any policies and procedures become revised as you progress in the ADN program, you will be notified of such changes.

Sincerely,

The Nursing Faculty
Riverside City College
School of Nursing
RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ORGANIZATION/COMMUNICATION CHART

STUDENTS
STUDENT NURSES’ ORGANIZATION (SNO)
CLASS OFFICERS/REPRESENTATIVES

Project Coordinator/
Student Outcome
Specialist (SOS)

NURSING FACULTY
Full-Time/
Part-Time

Nursing Education
Resource Specialist
(NERS)

FACULTY ONLY COMMITTEES
CONTENT EXPERTS
FACULTY AFFAIRS
NURSING ENROLLMENT
STRATEGIC PLANNING
EDUCATIONAL
EFFECTIVENESS
NEW FACULTY ORIENTATION

SEMESTER LEAD
INSTRUCTORS

FACULTY/STUDENT COMMITTEES
NURSING CURRICULUM
LEARNING RESOURCES
JOINT STUDENT/FACULTY/
CLINICAL FACILITY
NURSING ADVISORY
PROGRAM SUPPORT STAFF

COLLEGE SUPPORT SERVICES

ADN DEPARTMENT CHAIR
VN DEPARTMENT CHAIR

DEAN’S COUNCIL

DEAN
SCHOOL OF NURSING

GRANT PROJECT
MANAGERS

CLINICAL FACILITY
LIAISONS
ASSOCIATE DEGREE NURSING (RN) PROGRAM
RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ASSOCIATE DEGREE IN NURSING (REGISTERED NURSING) PROGRAM

OVERVIEW

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

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

HISTORICAL BACKGROUND

Fall 2015 New VN Assistant Director/Department Chair Gina Harold.

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

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

Summer 2014 Dr. Michael Burke appointed Chancellor, RCCD.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Fall 2007**  ADN Program enrollment all time high 390 students. BRN Site Visit with continuing BRN approval granted. RCCD Nursing Program receives statewide recognition earning the California Community College Chancellor’s Technology Access Award. HRSA Nursing Education, Practice and Retention Grant ($1,092,983) awarded to continue Student Outcome Specialist (SOS) role, increased enrollment, and flexible LVN to ADN program. New Assistant Director/Program Chair Dr. Anita Kinser.

**Summer 2007**  President of City Campus, Dr. Linda Lacy; Interim RCCD Chancellor, Dr. James Buysse. Additional Song Brown Nursing Grant obtained to fund one faculty position at MEC. Total enrollment in ADN program is 370 students. An augmentation to Capacity Building grant will allow 20 additional Nursing 1 students at MEC in Fall. New School of Nursing building due to break ground July 2009.

**Fall 2006**  Extension ADN Nursing Program at March Education Center funded by a $1.6 million California Community Colleges Chancellor’s Office Capacity Building for Nursing Program grant to increase enrollment in Nursing 1. Thirty additional Nursing 1 spaces and 20 additional Nursing 3 advanced placement positions
created. Partnership with Riverside County Regional Medical Center to begin 20/20 program for advanced placement students. RCRMC funding one (1) clinical faculty position. Grant funding three (3) faculty positions with three categorical positions to be funded spring 2007 as program admissions increase. Song Brown Grant continues to fund two categorical faculty positions for RCCD School of Nursing. Web testing initiated.

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

**Fall 2005** Successful NLNAC Reaccreditation through 2013. ADN Program enrollment at all time high 280 students. Nursing Workforce Initiative Grant for $71,969 awarded will fund faculty position. HRSA Nurse Education, Practice and Retention Career Ladder Grant awarded $798,919 over 3 years. Will fund equipment, increased enrollment costs, and initiate a video streamed LVN to ADN Program.

**April 2005** Sandra Baker appointed Dean, School of Nursing.

**Fall 2004** ADN State Enrollment Growth Funds for $118,155 awarded.

**Spring 2004** HRSA Construction Renovation/Equipment Grant for $131,878 submitted to HRSA. Nursing 1 program enrollments increased from 50 to 60 in response to nursing shortage.

**March 2, 2004** Measure C passed. Bond provides funds for facility improvements on District campuses, RCC, Moreno Valley, and Norco. Funding for School of Nursing Building.

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

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

**Fall 2002** Nursing Enrollment Growth Funds granted to department for two more years. Celebrated 50 years of Nursing Education with reception. Participants included alumnae, President of BRN, Faculty Emeritus, Health Academy Local Legislative Representatives, and students. Book prepared by Nursing Education entitled “Nursing Education Celebrating Fifty Years 1952-2002” given to Dr. Rotella. Sharon Angrimson appointed Project Coordinator for the H-1B Grant.

**Winter 2002** Riverside County Economic Development Agency awarded H-1B Grant of $2.3 million to facilitate career ladder in nursing.
Fall 2001  Nursing 1 program enrollments increased from 44 to 50 in response to nursing shortage. In addition, program enrollments increased in Nursing 2 from 48 to 60 and to 60 every semester in Nursing 3.

Summer 2001  H-1B Grant Proposal submitted through the Riverside County Economic Development Agency to the Department of Labor to facilitate the career ladder in nursing (C.N.A. to BSN). Partners include California State University, Fullerton; Loma Linda University and Medical Center; Corona Regional Medical Center; Kaiser Permanente Medical Center (Riverside); Moreno Valley Medical Center; Riverside Community Hospital; and Riverside County Regional Medical Center.

Summer 1999  Sandra Baker elected ADN Program Chair (Assistant Director of the ADN Program).

Summer 1998  Dr. Donna Schutte appointed Dean/Director, Nursing Education. Kathryn Meglitsch-Tate elected Program Chair (Assistant Director of the ADN Program).


Summer 1997  Dr. Donna Schutte appointed Interim Director, Nursing Education and Dr. Marie Colucci elected Interim Program Chairperson.

Fall 1996  Dr. Donna Schutte elected Program Chairperson (Assistant Director of the ADN Program).

Spring 1995  Dr. Sue Kross was elected Dean/Director/Department Chairperson, Allied Health Programs.

Jan. 1993  Board of Registered Nursing Reaccreditation visit, successful accreditation.

1993  Sharon Evans Angrimson was elected Dean/Director/Department Chair Allied Health Program. Dr. Marie Colucci was elected Program Chairperson (Assistant Director) of the ADN Program.

1990-1992  Patricia Bufalino was the Associate Degree Nursing Chairperson. (Asst. Director)


1987  Successful BRN Reaccreditation.

1987-1990  Mrs. Sue Kross was the Associate Degree Nursing Chairperson. (Asst. Director)

1987-1994  Mrs. Sharon Evans Angrimson was the Dean of Allied Health. The Division of Nursing was encompassed in the Allied Health Program, which consisted of Associate Degree Nursing, Vocational Nursing, Emergency Medical Technician, Dental Technology, and Medical Assisting Programs. During these years, the
nursing faculty revised and refined the basic curriculum and ADN-BSN articulation agreements. Excellent State Board passing rates remained consistent. A greater number of multicultural students applied to the nursing program.

1986-1987 Dr. Dorothy Steck was the Dean of Nursing Education. Mrs. Sharon Evans was the Associate Degree Nursing Chairperson. (Asst. Director)

1984-1985 Mrs. JoAnn Chasteen was the Dean of Nursing Education (Director of the ADN Program). Mrs. Pat Hora was the Associate Degree Nursing Chairperson (Asst. Director).

1984 BRN Reaccreditation.

1981 First NLN Accreditation.

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

1980-1981 The conceptual framework model was revised to reflect Basic Human Needs, the Life Cycle, the Health-Illness Continuum, the Nursing Process, and Roles of Associate Degree Nurse. Level objectives were developed for each semester of the Associate Degree Nursing Program.

1979 BRN Reaccreditation.

1977-1980 Ms. Mary Fiorentino was the Director of the Nursing Program. Mrs. Dorothy Steck was the Assistant Director. Dr. Charles A. Kane was President of the College. A curriculum was developed and implemented based upon the Life Cycle Model vs. the Stress-Adaptation Model.

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

1972 Foster Davidoff was President of the College.

1968 Students were admitted to the Associate Degree Nursing program in both spring and fall semesters.

1964 Ralph Bradshaw was President of the College. Mrs. Margaret Naegle Colangelo was Director and Chairperson of the Division of Nursing. The faculty implemented an integrated curriculum based upon the Stress-Adaptation Model vs. the Systems-Disease oriented model.

1959 The first class to receive an Associate Degree in Nursing was graduated.
1958 The Associate Degree Nursing Program was accredited by the California Board of Nursing Education and Nurse Registration.

1957-1959 Ms. Glennis Burke was the Director and Chairperson of the Division of Nursing.

1957 The RCC Division of Nursing was established and students were admitted to the Registered Nurse Program. William Noble was President of the College.
**RCC SCHOOL OF NURSING MISSION**

The RCC School of Nursing provides excellence in education to a diverse student population to meet the healthcare needs of our community members by engaging in professional nursing practice.

**RCC SCHOOL OF NURSING VISION**

The RCC School of Nursing is committed to advancing the art and science of nursing by empowering graduates to value scholarship, lifelong learning, and leadership in a dynamic healthcare environment.

**RCC SCHOOL OF NURSING VALUES**

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

**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 students and community members. We are committed to build the future on the foundation of the past.

**Passion for Learning:** The School of Nursing espouses a student-centered approach to interactive learning. The faculty supports knowledge acquisition through incorporating evidence-based nursing research and practice. Student self-efficacy is supported through self-regulated learning and reinforced by faculty guidance. The faculty instills a passion for learning in students by fostering the application of scientific knowledge through use of the nursing process which results in sound clinical judgment and critical thinking. We value a learning environment in which nursing faculty, staff, and students find enrichment in their work and achievements.

**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.

**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.

**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 faculty and students and reflected in the community served. The faculty serves as one of many support systems available for students in their pursuit of academic achievement.

**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.

**Commitment to the Nursing Metaparadigm:** The curriculum considers the 4 major metaparadigm concepts including the nurse, health, environment, and patient, which are integrated into the student learning outcomes.
RCC SCHOOL OF NURSING GOALS

Goal 1: **Commitment to a diverse student population:**

Provide a learner-centered environment that enhances students’ ability to become competent practitioners in a vibrant healthcare arena.

Goal 2: **Commitment to community healthcare needs:**

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

Goal 3: **Commitment to leadership in nursing education:**

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

Goal 4: **Commitment to an empowered, highly qualified nursing faculty:**

Promote the continuous development of faculty as educators, scholars, and leaders.
RCC SCHOOL OF NURSING

ADN PROGRAM PHILOSOPHY

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

The curriculum framework is designed with the RCC ADN 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 concepts revolve in a circular pattern within the nursing metaparadigm and culminate in the student and graduate learning outcomes (SLOs and GLOs). The seven (7) concepts, which are reflective of current healthcare trends and initiatives, include: quality, safe, evidence-based, patient-centered nursing care; professionalism; leadership; caring; communication/collaboration; critical thinking; and informatics.

The sequencing of ADN program courses promote 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 in complexity to allow students to progress from novice to advanced beginner by the conclusion of the program, thus preparing them with the knowledge, skills, and attitudes necessary to become competent nurses during their first two years of practice (Benner, Tanner, & Chelsea, 2009).

The nursing faculty acknowledge the diverse and dynamic roles of the nurse generalist. Nurses serve as patient advocates, providing direct and indirect care throughout the lifespan in a variety of healthcare settings for diverse individuals, families, and communities. Nursing practice is based on nursing knowledge, theory, and research, as well as knowledge and evidence from other disciplines that are adapted and applied as appropriate. The generalist nurse practices from a holistic caring framework which is comprehensive and focuses on the patient’s mind, body, spirit, and emotions. Nurses recognize that determining the health status of the patient within the context of the patient’s environment, differences, values, preferences, and expressed needs is essential in planning, implementing, and evaluating outcomes of care along the health-illness continuum.

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

Nurses promote the image of nursing by modeling the values, standards, and attitudes of the nursing profession. Professional nursing requires strong critical thinking, communication, teaching, and assessment skills. Nurses incorporate quality improvement concepts, process, and outcome measures to ensure quality care and patient safety. The generalist 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 curriculum which is regularly evaluated and revised based on research evidence, the needs of a multicultural society, advances in technology, and the changing healthcare system. 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, learning styles, goals, and support systems by choosing experiences that build on these differences to enhance their academic professional growth. Adhering to educational principles from adult learning and social cognitive theories, faculty encourage students to be actively involved 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 student and graduate learning outcomes, obtain nursing licensure, and practice in the community as a safe provider and manager of professional nursing care.
MAJOR CURRICULUM CONCEPTS/SUBCONCEPTS - ADN (RN) PROGRAM

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

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

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

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

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

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

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

* NCLEX categories and subcategories are integrated throughout each major curriculum concept as appropriate.
GRADUATE LEARNING OUTCOMES – ADN (RN) PROGRAM

Upon completion of the RCC Associate Degree Nursing Program, the graduate will:

1. Provide quality, safe, patient-centered nursing care using evidence-based practices.

2. Function as a professional and competent nurse generalist while assimilating all ethical and legal principles.

3. Provide leadership in a variety of healthcare settings for diverse patient populations.

4. Integrate caring relationships into nursing interventions that positively influence health outcomes and demonstrate sensitivity to the values of others.

5. Participate in collaborative relationships through communication with members of the interprofessional healthcare team for the purpose of providing and improving patient care.

6. Incorporate critical thinking principles using reasoning and adaptability to make sound clinical judgments necessary for the provision of quality patient care and continuous quality improvement.

7. Employ technology to effectively communicate, manage knowledge, prevent errors, and support decision-making.
RIVERSIDE CITY COLLEGE  
SCHOOL OF NURSING  

GRADUATE LEARNING OUTCOMES RATIONALES AND EVIDENCE – ADN (RN) PROGRAM

• Provide quality, safe, patient-centered nursing care using evidence-based practices.

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 American Nurses Association (ANA, 2010a) notes that the registered nurse is responsible for systematically enhancing the quality and effectiveness of nursing practice. Further, the National League for Nursing (NLN) Education Competencies Model displays the integrating concepts of “knowledge and science” and “quality and safety” (NLN, 2010). 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 (AHRQ, 2008; Finkelman & Kenner, 2009). This outcome also articulates regulations from the California Nursing Practice Act: Standards of Competent Performance, which outlines the ability of the nurse to transfer scientific knowledge to the application of the nursing process in delivering patient-centered care (California Board of Registered Nursing [BRN], 2011).

Sub-concepts for this outcome include:

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

NCLEX categories and subcategories

• Safe and effective care environment
• Health promotion and maintenance
• Psychosocial integrity
• Physiological integrity

Related Graduate Competencies:

• Develop and prioritize an individualized plan of care to provide psychosocial integrity, physiological integrity, and health promotion and maintenance within a variety of healthcare systems.
• Perform, interpret, and evaluate holistic assessments of patients taking into consideration patient values, preferences, expressed needs, and the impact of developmental, emotional, cultural, religious, and spiritual influences on the patient’s health status.
• Formulate and provide health teaching that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventative self-care.
• Provide individualized, patient-centered care with sensitivity and respect for the diversity of the human experience.
• Incorporate evidence-based practices into clinical decision-making to guide safe nursing care.
• Safely and competently perform all nursing interventions within the healthcare microsystem.
• Demonstrate quality care measures by documenting within the framework of the nursing process in a responsible and ethical manner.

Function as a professional and competent nurse generalist while assimilating all ethical and legal principles.

The foundation for this outcome is built on the NLN Education Competencies Model (NLN, 2010) which focuses on the core value of ethics and the integrating concept of professional development. This outcome is further supported by the ANA Scope and Standards of Practice (ANA, 2010a), the ANA Code of Ethics for Nurses (2001), and the California Nurse Practice Act (BRN, 2011). The ANA Scope and Standards of Practice (ANA, 2010a) describes the responsibilities for which all nurses are held accountable. “Standards reflect the values and priorities of the profession and . . . provide the direction for professional nursing practice” (ANA, 2010b, p. 21). To be effective, nurse graduates must understand the values and priorities of the profession and integrate these values into their professional practice. As a member of the nursing profession, self-regulated nurse graduates attain and maintain knowledge and competency that reflects current nursing practice to ensure patient safety and quality care (ANA, 2010b). 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 (ANA, 2008a).

Registered nurses must also integrate the ethical provisions delineated in the ANA Code of Ethics for Nurses (ANA, 2001). Nurse graduates are expected to have a clear understanding of their accountability and responsibility for public safety, deliverance of quality care, and patient outcomes. Accountability for nursing judgment and action means that nurses act under a code of ethical conduct that is grounded in moral principles of fidelity (faithfulness) and respect for dignity, worth, and self-determination of patients (ANA, 2010b). 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, 2010a).

Sub-concepts for this outcome include:

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

NCLEX categories and subcategories

• Safe and effective care environment
Related Graduate Competencies:

- Practice within the professional standards, ethical behaviors, and legal principles of nursing practice.
- Assume accountability for nursing care given by self and/or delegated to others.
- Promote the image of nursing by modeling the values and articulating the knowledge, skills, and attitudes of the nursing profession.
- 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.
- Demonstrate practice excellence, value lifelong learning, and engage in activities that foster professional growth and development.

- Provide leadership in a variety of healthcare settings for diverse patient populations.

This outcome focuses on the core concept of Leadership and flows from the NLN Education Competencies Model’s (NLN, 2010) integrating concepts of Quality and Safety as well as the ANA's Standards of Professional Performance (Leadership) (ANA, 2010a). The ANA (2010a) notes that the registered nurse will provide leadership in both the professional practice setting and within the profession of nursing. Nursing leadership encompasses such values as genuineness, trustworthiness, reliability, compassion, and believability. Nursing leaders convey a strong sense of advocacy and support on behalf of the patient and their families, staff, and community members in diverse health care settings. Nurse graduates must have leadership skills that emphasize ethical and critical decision-making, prioritization, coordination and management of patient care, delegation of nursing activities, and developing resolution strategies (American Association of Colleges of Nursing [AACN], 2008). The nurse remains accountable for any decision to delegate activities and remains responsible for supervising or monitoring those to whom tasks are delegated (ANA, 2010b; BRN, 2011). As a member of a healthcare team, nurse graduates must understand and use quality improvement concepts, processes, and outcome measures (AACN, 2008).

Sub-concepts for this outcome include:

- Management of care
- Delegation/supervision
- Quality improvement

NCLEX categories and subcategories

- Safe and effective care environment
  - Management of care

Related Graduate Competencies:

- Intervene as the patient’s advocate to improve health care while managing a group of patients.
- Model effective use of organizational and time management skills in order to meet the health care needs of patients.
- Coordinate care for multiple patients across settings and among caregivers, including licensed and unlicensed personnel in any assigned or delegated tasks.
- Apply quality improvement processes to effectively implement patient safety initiatives and monitor performance measures.
Integrate caring relationships into nursing interventions that positively influence health outcomes and demonstrate sensitivity to the values of others.

This outcome focuses on the core value of Caring and flows from the NLN Education Competencies Model's (NLN, 2010) integrating concept of Relationship-Centered Care. The art of nursing is based on a framework of caring and respect for human dignity (ANA, 2010b). 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.

Relationship-centered care to diverse populations includes knowledge of and sensitivity to variables such as age, gender, culture, health disparities, socioeconomic status, race, and spirituality (AACN, 2008). 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, 2009).

Sub-concepts for this outcome include:

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

NCLEX categories and subcategories

- Psychological Integrity

Related Graduate Competencies:

- Involve patient, family, and other healthcare providers regarding patient care in a holistic manner.
- Develop and implement health promotion activities appropriate to the situation and the patient’s developmental level, learning needs, language preference, spiritual beliefs, and culture.
- Integrate the spiritual, physical, psychological, and social aspects of the patient promoting a sense of harmony with self, others, the environment, and a higher power (ANA, 2005).
- Evaluate expected patient outcomes in a collaborative and caring manner that provides direction for continuity of care.
Participate in collaborative relationships through communication with members of the interprofessional healthcare team for the purpose of providing and improving patient care.

This outcome focuses on the concept of Collaboration/Communication and flows from the NLNs integrating concept of Teamwork (NLN, 2010), as well as the ANA Standards of Professional Performance (Collaboration), and the ANA Standards of Nursing Practice (Coordination of Care and Consultation) (ANA, 2010a). Collaboration is based on the complementarities of roles and the understanding of these roles by all members of the healthcare team (AACN, 2008). 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, 2008a). Effective inter/intraprofessional communication and collaboration are imperative to the provision of high quality and safe patient-centered care (AACN, 2008). The graduate nurse must be able to collaborate in creating a documented plan, focused on outcomes and decisions related to care and delivery of services that indicate communication with patients, families, and the interprofessional healthcare team (ANA, 2010a). 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, 2008a).

Sub-concepts for this outcome include:

- Inter/intraprofessional communication skills
- Conflict resolution
- Documentation

NCLEX categories and subcategories

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

Related Graduate Competencies:

- Incorporate effective communication techniques, including negotiation and conflict resolution, to produce positive professional working relations.
- Contribute the unique nursing perspective to interprofessional teams to optimize patient outcomes.
- Apply inter/intraprofessional communication and collaborative skills to deliver evidence-based patient-centered care.
- Advocate for high quality and safe patient care as a member of the interprofessional team.
- Prioritize and document care data that serve as a foundation for decision making for the health care team.
Incorporate critical thinking principles using reasoning and adaptability to make sound clinical judgments necessary for the provision of quality patient care and continuous quality improvement.

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 (IOM, 2009). According to the National League for Nursing Accrediting Commission (NLNAC, 2002), critical thinking is the deliberate nonlinear process of collecting, interpreting, analyzing, drawing conclusions about, presenting, and evaluating information that is both factually and belief-based. In nursing, critical thinking is demonstrated through the development of clinical reasoning skills, which incorporate ethical, diagnostic, and therapeutic dimensions while utilizing current, evidence-based nursing knowledge to guide practice (ANA, 2010a). Nurses are required to use their holistic nursing knowledge base to think through each situation in order to provide individualized, effective, and safe nursing care (Billings & Halstead, 2009). 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, whereby the nurse knows why an intervention is needed, how to perform the intervention competently, and can justify clinical decision-making which allows the clinician to fit his or her knowledge and experience to an individual patient (IOM, 2009).

Sub-concepts for this outcome include:

- Clinical reasoning/decision-making
- Clinical judgment

NCLEX categories and subcategories

- Psychosocial integrity
- Physiological adaptation
  - Reduction of risk potential

Related Graduate Competencies

- Justify clinical judgment and decision-making skills to provide individualized, quality, safe care.
- Prioritize data collection plan interventions based on the patient’s immediate condition or anticipated needs of the patient and situation.
- Synthesize ongoing evaluation measures supported by assessment data to revise the diagnosis and outcomes, of the individualized plan.
- Engage in self-reflection and inquiry to identify learning needs and participate in lifelong learning activities.
• **Employ technology to effectively communicate, manage knowledge, prevent errors, and support decision-making.**

  This outcome focuses on the concept of Informatics. The ANA’s Nursing Informatics: Scope and Standards of Practice (2008b) 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, 2008b).

  The AACN reinforces the integration of nursing informatics in nursing education as knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care (AACN, 2008). Graduate nurses must have basic competence in technical skills, which includes the use of computers as well as the application of patient care technology (AACN, 2008). Finkelman and Kenner (2009) emphasize that nurse educators need to incorporate technology competencies into the critical skills and terminal objectives of educational programs.

**Sub-concepts for this outcome include:**

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

**NCLEX categories and subcategories**

- Safe and effective care environment
  - Management of care

**Related Graduate Competencies**

- Demonstrate proficiency in computer literacy including the ability to use desktop applications and electronic communication to promote effective communication and support decision-making.
- Plan appropriate nursing care using patient care technologies, information systems, and communication devices that support safe nursing practice.
- Integrate information technology to support clinical and administrative processes.
- Access data and perform documentation via computerized patient records, while upholding ethical standards.
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, 2001).

Advocacy: To help and guide patients to make well-informed decisions about their health for the best outcomes and in the quest to create more effective systems and policies (Earp, French, & Gilkey, 2008).

Autonomy: The right to self-determination. Professional practice reflects autonomy when the nurse respects patients’ rights to make decisions about health care (AACN, 2008).

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, 2009).

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 (IOM, 2009).

Clinical Reasoning: An in-depth mental process of analysis and evaluation of knowledge and skills; the process of arriving at problem identification (IOM, 2009).

Collaboration: Collaboration involves functioning effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making that achieves quality patient care (QSEN, 2007). Collaboration also includes communication and partnerships with providers, patients, families, and stakeholders.

Collegiality: Interacts with and contributes to the professional development of peers and colleagues (ANA, 2010a).

Communication: Communication is a process by which the nurse assigns and conveys meaning in an attempt 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.

Competency: “An expected and measurable level of nursing performance that integrates
knowledge, skills, and abilities and judgment based on established scientific knowledge and expectations for nursing practice” (ANA, 2010a, p. 64).

**Computer Skills:** Includes basic desktop applications such as word processing, spread sheets, and e-mail for communication.

**Conflict Resolution:** A cooperative and constructive solution to a problem that empowers those involved, leading to improved relationships and positive outcomes (Whitehead, Weiss & Tappen, 2010).

**Critical Thinking:** The deliberate nonlinear process of collecting, interpreting, analyzing, drawing conclusions about, presenting, and evaluating information that is both factually and belief based (NLNAC, 2002).

**Cultural Sensitivity:** Cultural sensitivity is experienced when neutral language, both verbal and not verbal, is used in a way that reflects sensitivity and appreciation for the diversity of another. Cultural sensitivity may be conveyed through words, phrases, and categorizations that are intentionally avoided, especially when referring to any individual who may be interpreted as impolite or offensive (American Academy of Nursing Expert Panel on Cultural Competence, 2007).

**Delegation:** Determining what individual team members should do (Finkelman & Kenner, 2009, p. 205). The transfer of responsibility for the performance of an activity from one individual to another while retaining accountability for the outcome (ANA, 2010a).

**Diversity:** “The range of human variation, including age, race, gender, disability, ethnicity, nationality, religious and spiritual beliefs, sexual orientation, political beliefs, economic status, native language, and geographical background” (AACN, 2008, p. 37).

**Documentation:** Written or electronic communication and record keeping that facilitates information flow to support continuity, quality, and safety of care (AHRQ, 2008).

**Environment:** The atmosphere, milieu, or conditions in which an individual lives, works, and plays, and within which care is provided (ANA, 2010a).

**Ethical Behavior:** The integration of ethical provisions in all areas of nursing practice (ANA, 2001).

**Evidence-based Practice (EBP):** A scholarly and systematic problem-solving paradigm that results in the deliver of high-quality healthcare (ANA, 2010a)

**Health:** Health is patient-defined and connotes well-being, comfort, holism, and optimal functioning (Duffy, 2009). “An experience that is often expressed in terms of wellness and illness and may occur in the presence or absence of disease or injury” (ANA, 2010a, p.65).

**Healthcare Team:** The patient plus all of the healthcare professionals who provide care for the patient. The patient is an integral member of the healthcare team (AACN, 2008).
Informatics: Informatics refers to the use of information and technology to communicate, manage knowledge, mitigate error, and support decision making (QSEN, 2007).

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 (IOM, 2003).

Intraprofessional: Working with healthcare team members within the profession to ensure that care is continuous and reliable (AACN, 2008).

Leadership: The ability to direct or motivate an individual or group to achieve set goals (Taylor, Lillis, LeMone, & Lynn, 2011).

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

Nurse: An individual who is licensed by a state agency to practice as a registered or licensed vocational nurse.

Nursing: Nursing is the “protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations” (ANA, 2010a, p. 66).

Nursing Process: A critical thinking model that encompasses all significant actions taken by registered nurses and forms the foundation of the nurses’ decision-making. It includes the components of assessment, diagnosis, outcomes, identification, planning, implementation, and evaluation (ANA, 2010a).

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, 2008).

Patient Care Technologies: Includes monitors, data gathering devices and technological support for patient care such as electronic medical records, order, entry systems, electronic dispensing and administration of medications, and decision support systems.

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 (IOM, 2003).

**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., 2011).

**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 (Maes, 2003). Boundaries give each person a sense of legitimate control in a relationship (Maes, 2003).

**Professionalism:** Professionalism involves the consistent demonstration of core values evidenced by nurses working with other professionals to achieve optimal health and wellness outcomes in patients, families, and communities by wisely applying principles of altruism, excellence, caring, ethics, respect, communication, and accountability (AACN, 2008).

**Quality:** Quality in health care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (ANA, 2010a).

**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 (QSEN, 2007).

**Relationship-Centered Care:** Relationship-centered care refers to the caring relationships that exists between a nurse and patients, families, communities, and members of the health care team. Relationship-centered care integrates and reflects respect for the dignity and uniqueness of others; the valuing of diversity, integrity humility, mutual trust, self-determination, empathy, the capacity for grace and empowerment (NLN, 2010).

**Role Socialization:** Formation of an identity as a professional nurse through the assimilation of the standards, values, behaviors, and attitudes of professional nursing practice (AACN, 2008).

**Safety:** Safety minimizes risk of harm to patients through both system effectiveness and individual performance (QSEN, 2007).

**Spirituality:** Speaks to what gives ultimate meaning and purpose to one’s life. It is that part of people that seeks healing and reconciliation with self or others (Puchalski, 2006). Spiritual care involves interventions that facilitate the patient to experience integration of body, mind, and spirit to achieve wholeness, health, and a sense of connection to self, others, and a higher power (American Nurses Association and Health Ministries Association, 2005, p. 38).
Standards of Practice: Authoritative statements that describe a level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged (ANA, 2010a)

Supervision: Directly overseeing the work or performance of others (Whitehead, Weiss, & Tappen, 2010).

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.
REFERENCES


art and science, Vol 1 (2nd ed.). Glen Ellyn, IL: College of DuPage Press.


Maes, S. (2003). How do you know when professional boundaries have been crossed? Oncology Nursing Society News, 18(8), 3-5.


At the beginning novice level, the student will:

1. **Provide quality, safe, patient-centered nursing care at a foundational level using evidence-based practices for healthy individuals and families across the lifespan.**
   - Develop an individualized plan of care to promote psychosocial integrity, physiological integrity, including health promotion and maintenance for healthy populations within a variety of healthcare systems.
   - Perform a fundamental assessment of specific patient populations considering values, preferences, expressed needs, and impact of developmental, emotional, cultural, religious, and spiritual influences on the patient’s health status.
   - Describe health teaching that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventative self-care.
   - Select patient-centered care measures that demonstrate sensitivity and respect for the diversity of the human experience.
   - Identify evidence-based practices relevant to clinical decision-making which guide safe nursing care.
   - Safely perform fundamental nursing interventions within the healthcare microsystem.
   - Recognize quality care measures and begin to document within the framework of the nursing process in a responsible and ethical manner.

2. **Demonstrate ethical and legal principles while implementing the dynamic roles of the professional nurse generalist.**
   - Identify professional standards, ethical behaviors, and legal principles of nursing practice.
   - Understand accountability for nursing care given by self and/or delegated to others.
   - Appreciate the image of nursing by identifying positive role models that value and articulate the knowledge, skills, and attitudes of the nursing profession.
   - Enumerate 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.
   - Restate the value of pursuing practice excellence, lifelong learning, and engagement in activities that foster professional growth and development.

3. **Recognize leadership principles in select healthcare settings for diverse patient populations.**
   - Describe the role of the nurse as the patient advocate to promote wellness in patients and families.
   - Identify effective organizational and time management skills in order to meet the healthcare needs of patients.
   - Explore the role of the nurse as a patient care coordinator in select settings and among caregivers, including licensed and unlicensed personnel, for assigned or delegated tasks.
   - Give examples of quality improvement processes to effectively implement patient safety initiatives and monitor performance measures.
4. Demonstrate caring behaviors through nursing interventions that positively influence health outcomes and display sensitivity to the values of others.

- Value the importance of involving the patient, family, and other healthcare providers when planning or providing patient-centered care.
- Report on a health promotion activity appropriate to the patient’s developmental level, learning needs, language preference, spiritual beliefs, and culture.
- Acknowledge the spiritual, physical, psychological, and social aspects of the patient while providing nursing care that promotes a sense of harmony between the patient, the environment, the healthcare team, and belief system.
- Illustrate expected patient outcomes in a collaborative and caring manner that provides direction for continuity of care.

5. Establish collaborative relationships through communication with members of the intra-/interprofessional healthcare team for the purpose of providing and improving patient care.

- Explain effective communication techniques that produce positive professional working relations.
- Enumerate the unique nursing perspective to intra/interprofessional teams to optimize patient outcomes.
- State intra/interprofessional communication and collaborative skills to deliver evidence-based patient-centered care.
- Select interventions that promote high quality, safe patient care as a member of the intra/interprofessional team.
- Identify and document patient care data that serves as a foundation for decision making for the health care team.

6. Demonstrate critical thinking principles that develop sound clinical reasoning, adaptability, and judgment necessary to provide quality patient care and continuous quality improvement.

- Describe clinical judgment and decision-making skills when providing individualized, quality, safe care.
- Match data collection with interventions based on the patient’s health needs.
- Review ongoing evaluation measures supported by assessment data to revise the individualized plan of care as needed.
- Participate in guided self-reflection activities to identify professional learning needs.

7. Identify how nursing informatics is used to effectively communicate, manage and analyze data, prevent errors, and support decision-making.

- Demonstrate basic computer literacy, including the ability to use desktop applications and electronic communication to promote communication and support decision-making.
- Establish foundational skills using patient care technologies, information systems, and communication devices that support safe nursing practice.
- Develop beginning skills in information technology to support clinical and administrative processes.
- Begin to access data and performs documentation via computerized patient records, while recognizing appropriate ethical and legal standards.
At the novice level, the student will

1. Provide quality, safe, patient-centered nursing care using evidence-based practices for patients with specific alterations in health.
   - Develop and initiates an individualized plan of care to promote psychosocial and physiological integrity, including health maintenance for patients with chronic illness and health promotion for families with acute care needs within a variety of healthcare systems.
   - Perform and records an assessment of specific patient populations including eliciting values, preferences, expressed needs, and impact of developmental, emotional, cultural, religious, and spiritual influences on the patient’s health status.
   - Provide health teaching that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventative self-care.
   - Provide patient-centered care with sensitivity and respect for the diversity of the human experience.
   - Describe evidence-based practices relevant to clinical decision-making which guide safe nursing care.
   - Safely performs specific nursing interventions within the healthcare microsystem.
   - Contribute to quality care measures by documenting within the framework of the nursing process in a responsible and ethical manner.

2. Demonstrate ethical and legal principles while implementing the dynamic roles of the professional nurse generalist.
   - Understand professional standards, ethical behaviors, and legal principles of nursing practice.
   - Demonstrate accountability for nursing care provided or delegated to others.
   - Support the image of nursing by modeling the values and articulating the knowledge, skills, and attitudes of the nursing profession.
   - 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.
   - Illustrate the value of pursuing practice excellence, lifelong learning, and engagement in activities that foster professional growth and development.

3. Implement leadership principles in select healthcare settings for diverse patient populations.
   - Develop interventions in support of patient advocacy to maintain/improve outcomes while providing patient-centered care.
   - Demonstrate use of beginning organizational and time management skills in order to meet the health care needs of patients.
   - Review care provided for patients in select settings and among care givers, including licensed and unlicensed personnel, in assigned or delegated tasks.
   - Explain quality improvement processes to effectively implement patient safety initiatives and monitor performance measures.
4. Initiate caring behaviors through nursing interventions that positively influence health outcomes and demonstrate sensitivity to the values of others.

- Implement interventions to include patient, family, and other healthcare providers when planning or providing patient-centered care.
- Provide health promotion information appropriate to the developmental level, learning needs, language preference, spiritual beliefs, and culture of specific patient populations.
- Consider the spiritual, physical, psychological, and social aspects of the patient while providing nursing care that promotes a sense of harmony between the patient, environment, healthcare team, and the patient’s belief system.
- Examine expected patient outcomes in a collaborative and caring manner that provides direction for continuity of care.

5. Participate in collaborative relationships through communication with members of the intra-/interprofessional healthcare team for the purpose of providing and improving patient care.

- Demonstrate effective communication techniques that produce positive professional working relations.
- Distinguish the unique nursing perspective to intra/interprofessional teams to optimize patient outcomes.
- Determine intra/interprofessional communication and collaborative skills to deliver evidence-based patient-centered care.
- Participate in high quality, safe patient care as a member of the intra/interprofessional team.
- Summarize and document patient care data that serve as a foundation for decision making for the health care team.

6. Demonstrate critical thinking principles that develop the sound clinical reasoning, adaptability, and judgment necessary to provide quality patient care and continuous quality improvement.

- Establish clinical judgment and decision-making skills when providing individualized, quality, safe care.
- Collect data and select interventions based on the patient’s immediate condition or anticipated needs of the patient and situation.
- Perform ongoing evaluation measures supported by assessment data to revise the individualized plan of care as needed.
- Participate in self-reflection strategies to identify professional learning needs.

7. Use nursing informatics to effectively communicate, manage and analyze data to create knowledge, prevent errors, and support decision-making.

- Establish computer literacy, including the ability to use desktop applications and electronic communication to promote effective communication and support decision-making.
- Select skills using patient care technologies, information systems, and communication devices that support safe nursing practice.
- Use information technology to support clinical and administrative processes.
- Begin to access data and perform documentation via computerized patient records, while recognizing appropriate ethical and legal standards.
At the novice level, the student will

1. Provide quality, safe, patient-centered nursing care using evidence-based practices for patients with specific alterations in health.
   - Develop and initiate an individualized plan of care to promote psychosocial and physiological integrity, including health promotion and maintenance for patients with acute illness within a variety of healthcare systems.
   - Perform and records an assessment of specific patient populations including eliciting values, preferences, expressed needs, and impact of developmental, emotional, cultural, religious, and spiritual influences on the patient’s health status.
   - Provide health teaching that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventative self-care.
   - Provide patient-centered care with sensitivity and respect for the diversity of the human experience.
   - Describe evidence-based practices relevant to clinical decision-making which guide safe nursing care.
   - Safely perform specific nursing interventions within the healthcare microsystem.
   - Contribute to quality care measures by documenting within the framework of the nursing process in a responsible and ethical manner.

2. Demonstrate ethical and legal principles while implementing the dynamic roles of the professional nurse generalist.
   - Understand professional standards, ethical behaviors, and legal principles of nursing practice.
   - Demonstrate accountability for nursing care given by self and/or delegated to others.
   - Support the image of nursing by modeling the values and articulating the knowledge, skills, and attitudes of the nursing profession.
   - 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.
   - Understand the value of pursuing practice excellence, lifelong learning, and engagement in activities that foster professional growth and development.

3. Implement leadership principles in select healthcare settings for diverse patient populations.
   - Develop interventions in support of patient advocacy to maintain/improve patient wellness outcomes while managing 1-2 patients.
   - Demonstrate use of beginning organizational and time management skills in order to meet the health care needs of patients.
   - Review care provided for patients in select settings and among care givers, including licensed and unlicensed personnel, in assigned or delegated tasks.
   - Explain quality improvement processes to effectively implement patient safety initiatives and monitor performance measures.
4. Initiate caring behaviors through nursing interventions that positively influence health outcomes and demonstrate sensitivity to the values of others.

- Implement interventions to include patient, family, and other healthcare providers when planning or providing holistic patient care.
- Provide health promotion information appropriate to the developmental level, learning needs, language preference, spiritual beliefs, and culture of specific patient populations.
- Relate the spiritual, physical, psychological, and social aspects of the patient into nursing care measures which promote a sense of harmony between the patient, the environment, the healthcare team, and a higher power.
- Examine expected patient outcomes in a collaborative and caring manner that provides direction for continuity of care.

5. Participate in collaborative relationships through communication with members of the intra-/interprofessional healthcare team for the purpose of providing and improving patient care.

- Demonstrate effective communication techniques that produce positive professional working relations.
- Distinguish the unique nursing perspective to intra/interprofessional teams to optimize patient outcomes.
- Determine intra/interprofessional communication and collaborative skills to deliver evidence-based patient-centered care.
- Participate in high quality, safe patient care as a member of the intra/interprofessional team.
- Summarize and document patient care data that serves as a foundation for decision making for the health care team.

6. Demonstrate critical thinking principles that develop the sound clinical reasoning, adaptability, and judgment necessary to provide quality patient care and continuous quality improvement.

- Establish clinical judgment and decision-making skills when providing individualized, quality, safe care.
- Collect data and select interventions based on the patient’s immediate condition or anticipated needs of the patient and situation.
- Perform ongoing evaluation measures supported by assessment data to revise the individualized plan of care as needed.
- Develop self-reflection strategies to identify professional learning needs.

7. Use technology specifically directed at patient care to effectively communicate, manage knowledge, prevent errors, and support decision-making.

- Establish computer literacy, including the ability to use desktop applications and electronic communication to promote effective communication and support decision-making.
- Select skills using patient care technologies, information systems, and communication devices that support safe nursing practice.
- Use information technology to support clinical and administrative processes.
- Begin to access data and perform documentation via computerized patient records, while recognizing appropriate ethical standards.
At the intermediate novice level, the student will

1. Provide quality, safe, patient-centered nursing care using evidence-based practices for patients with specific alterations in health of increasing complexity.
   - Develop and implement an individualized plan of care to promote psychosocial and physiological integrity, including health promotion and maintenance of acute and chronic health needs within a variety of healthcare systems.
   - Perform and document a holistic assessment of specific patient populations including eliciting patient values, preferences, expressed needs, and impact of developmental, emotional, cultural, religious, and spiritual influences on the patient’s health status.
   - Outline health teaching that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventative self-care.
   - Provide patient-centered care with sensitivity and respect for the diversity of the human experience.
   - Select evidence-based practices for clinical decision-making to guide safe nursing care.
   - Safely perform a variety of nursing interventions within the healthcare microsystem.
   - Demonstrate quality care measures by documenting within the framework of the nursing process in a responsible and ethical manner.

2. Assimilate ethical and legal principles while implementing the dynamic roles of the professional nurse generalist.
   - Include professional standards, ethical behaviors, and legal principles in nursing practice.
   - Recognize accountability for nursing care given by self and/or delegated to others.
   - Advocate for a positive image of nursing by modeling the values and articulating the knowledge, skills, and attitudes of the nursing profession.
   - Demonstrate professional attitudes and behaviors, including attention to appearance, demeanor, respect for self and others, and attention to professional boundaries with patients and families as well as caregivers.
   - Articulate the value of pursuing practice excellence, lifelong learning, and engagement in activities that foster professional growth and development.

3. Provide leadership in select healthcare settings for diverse patient populations.
   - Act as the patient’s advocate to improve health care while managing a group of patients.
   - Demonstrate effective use of organizational and time management skills in order to meet the health care needs of patients.
   - Facilitate care for multiple patients across settings and among care givers, including licensed and unlicensed personnel, in any assigned or delegated tasks.
   - Contribute to quality improvement processes to effectively implement patient safety initiatives and monitor performance measures.
4. Develop caring behaviors through nursing interventions that positively influence health outcomes and demonstrate sensitivity to the values of others.

- Recognize the patient, family, and other healthcare providers when planning or providing holistic patient care.
- Develop a health promotion activity appropriate to the developmental level, learning needs, language preference, spiritual beliefs, and culture for specific patient populations.
- Correlate the spiritual, physical, psychological, and social aspects of the patient into nursing care measures which promote a sense of harmony between the patient, the environment, the healthcare team, and a higher power.
- Develop expected patient outcomes in a collaborative and caring manner that provides direction for continuity of care.

5. Initiates collaborative relationships through communication with members of the intra-/interprofessional healthcare team for the purpose of providing and improving patient care.

- Outline effective communication techniques that produce positive professional working relations.
- Contribute the unique nursing perspective to intra/interprofessional teams to optimize patient outcomes.
- Reinforce intra/interprofessional communication and collaborative skills to deliver evidence-based patient-centered care.
- Advocate for high quality, safe patient care as a member of the intra/interprofessional team.
- Categorize and document patient care data that serves as a foundation for decision making for the health care team.

6. Apply critical thinking principles through sound clinical reasoning, adaptability, and judgment necessary to provide quality patient care and continuous quality improvement.

- Use clinical judgment and decision-making skills when providing individualized, quality, safe care.
- Individualize data collection and interventions based on the patient’s immediate condition or anticipated needs of the patient and situation.
- Conduct ongoing evaluation measures supported by assessment data to revise the individualized plan of care as needed.
- Demonstrate self-reflection and inquiry to identify professional learning needs.

7. Demonstrate how to use technology as a tool throughout a healthcare system to effectively communicate, manage knowledge, prevent errors, and support decision-making.

- Demonstrate computer literacy, including the ability to use desktop applications and electronic communication to promote effective communication and support decision-making.
- Perform skills using patient care technologies, information systems, and communication devices that support safe nursing practice.
- Use information technology to support clinical and administrative processes.
- Access data and perform documentation via computerized patient records, while upholding ethical standards.
At the advanced beginner level, the student will


   - Develop and prioritize an individualized plan of care to promote psychosocial and physiological integrity, including health promotion and maintenance for a patient with complex alterations in health within a variety of healthcare systems.
   - Perform, interpret and evaluate holistic assessments of specific patient populations including eliciting patient values, preferences, expressed needs, and the impact of developmental, emotional, cultural, religious, and spiritual influences on the patient’s health status.
   - Formulate and provide health teaching that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventative self-care.
   - Provide individualized, patient-centered care with sensitivity and respect for the diversity of the human experience.
   - Incorporate evidence-based practices into clinical decision-making to guide safe nursing care.
   - Safely and competently perform all nursing interventions within the healthcare microsystem.
   - Demonstrate quality care measures by documenting within the framework of the nursing process in a responsible and ethical manner.

2. Function as a professional and competent nurse generalist while assimilating all ethical and legal principles.

   - Practice within the professional standards, ethical behaviors, and legal principles of nursing practice.
   - Assume accountability for nursing care given by self and/or delegated to others.
   - Promote the image of nursing by modeling the values and articulating the knowledge, skills, and attitudes of the nursing profession.
   - 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.
   - Demonstrate practice excellence, lifelong learning, and engagement in activities that foster professional growth and development.

3. Provide leadership in a variety of healthcare settings for diverse patient populations.

   - Intervene as the patient’s advocate to improve health care while managing a group of patients.
   - Model effective use of organizational and time management skills in order to meet the health care needs of patients.
   - Coordinate care for multiple patients across settings and among care givers, including licensed and unlicensed personnel, in any assigned or delegated tasks.
   - Apply quality improvement processes to effectively implement patient safety initiatives and monitor performance measures.
4. Integrate caring into relationships and nursing interventions that positively influence health outcomes and demonstrate sensitivity to the values of others.

- Involve patient, family, and other healthcare providers when planning or providing holistic patient care.
- Develop a health promotion activity appropriate to the geriatric patient’s developmental level, learning needs, language preference, spiritual beliefs, and culture.
- Integrate the spiritual, physical, psychological, and social aspects of the patient into nursing care measures which promote a sense of harmony between the patient, the environment, the healthcare team, and a higher power.
- Evaluate expected patient outcomes in a collaborative and caring manner that provides direction for continuity of care.

5. Participate in collaborative relationships through communication with members of the interprofessional healthcare team for the purpose of providing and improving patient care.

- Incorporate effective communication techniques that produce positive professional working relations.
- Contribute the unique nursing perspective to intra/interprofessional teams to optimize patient outcomes.
- Apply intra/interprofessional communication and collaborative skills to deliver evidence-based patient-centered care.
- Advocate for high quality, safe patient care as a member of the intra/interprofessional team.
- Prioritize and document care data that serves as a foundation for decision making for the health care team.

6. Incorporate critical thinking principles using reasoning and adaptability to make sound clinical judgments necessary for the provision of quality patient care and continuous quality improvement.

- Justify clinical judgment and decision-making skills when providing individualized, quality, safe care.
- Prioritize data collection and plan interventions based on the patient’s immediate condition or anticipated needs of the patient and situation.
- Synthesize ongoing evaluation measures supported by assessment data to revise the individualized plan of care as needed.
- Engage in self-reflection and inquiry to identify professional learning needs.

7. Employ technology to effectively communicate, manage knowledge, prevent errors, and support decision-making.

- Demonstrate proficiency in computer literacy including the ability to use desktop applications and electronic communication to promote effective communication and support decision-making.
- Plan appropriate nursing care using patient care technologies, information systems, and communication devices that support safe nursing practice.
- Integrate information technology to support clinical and administrative processes.
- Access data and perform documentation via computerized patient records, while upholding ethical standards.
# RIVERSIDE CITY COLLEGE
## SCHOOL OF NURSING
### NURSING SKILLS ACROSS THE CURRICULUM – ADN (RN) PROGRAM

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- Preventing and managing a pressure ulcer
- Reduction of Risk Potential
  - Insertion and removal of NGT
  - Digital removal of stool
  - Rectal tube insertion and management
  - Administration of enemas
- Pharmacological and Parenteral Therapies
  - Dosage calculation
  - Parenteral/non-parenteral medication administration
  - Removing IV/saline lock
THE STUDENT’S BILL OF RIGHTS

1. Students should be encouraged to develop the capacity for critical judgment and engage in a sustained and independent search for truth.

2. The freedom to teach and the freedom to learn are inseparable facets of academic freedom: students should exercise their freedom with responsibility.

3. This institution has a duty to develop policies and procedures which provide and safeguard the student’s freedom to learn.

4. Under no circumstances should a student be barred from admission to this institution on the basis of marital status, religious preference, ethnicity, gender or life-style orientation.

5. Students should be free to express alternate points of view to material offered in any course of study and to reserve judgment about matters of opinion, but are responsible for learning the content of any course of study in which they are enrolled.

6. Students should have protection through orderly procedures against prejudiced or capricious academic evaluation, but they are responsible for maintaining standards of academic performance established for each course in which they are enrolled.

7. Information about student views, beliefs, and political associations which instructors acquire in the course of their work should be considered confidential and not released without the knowledge or consent of the student.

8. The student should have the right to have a responsible voice in the determination of his/her curriculum.

9. This institution should have a carefully considered policy regarding information which should be a part of a student’s permanent educational record as well as conditions of this disclosure. Every student has the right to examine his/her records upon request.

10. Students and student organizations should be free to examine and discuss all questions of interest to them, and to express opinions publicly and privately.

11. Students should be allowed to invite and to hear any person of their own choosing, thereby taking the responsibility of furthering their educational endeavors.

12. The student body should have clearly defined means to participate in the formulation and application of institutional policy affecting academic and student affairs.

13. The institution has an obligation to clarify those standards of behavior which it considers essential to its educational mission and its community life.

14. Disciplinary proceedings should be instituted only for violation of standards of conduct formulated with significant student participation and published in advance through such means as a student handbook or a generally available body of institutional regulations. It is the responsibility of the student to know these regulations. Grievance procedures should be available for every student.
15. As citizens and members of an academic community, students are subject to the obligations which accrue them by virtue of this membership and should enjoy the same freedoms of citizenship.

16. Students have the right to belong or refuse to belong to any organization of their choice.

17. Dress code, if present in school, should be established by student government in conjunction with the school director and faculty so the highest professional standards possible are maintained, but also taking into consideration points of comfort and practicality for the student.

18. Grading systems should be carefully reviewed each semester with students and faculty for clarification and better student–faculty understanding.
NCLEX-RN ELIGIBILITY: FELONY NOTIFICATION

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

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

   (1) Been convicted of a crime . . .

   (2) Done any act involving dishonesty, fraud, or deceit . . .

   (3) Done any act which if done by a licentiate . . . would be grounds for suspension or revocation of license.

The board may deny a license . . . only if the crime or act is substantially related to the qualifications, functions or duties of the . . . profession for which the application is made.

(b) Notwithstanding any other provision of this code, no person shall be denied a license solely on the basis that he has been convicted of a felony if he has obtained a certificate of rehabilitation under Section 4852.01 and following the Penal Code, or that he has been convicted of a misdemeanor if the person has met all applicable requirements of the criteria of rehabilitation developed by the board to evaluate the rehabilitation of a person when considering the denial of a license under subdivision (a) of Section 482.

(c) A board may deny a license . . . on the grounds that the applicant knowingly made a false statement of fact . . . in application for such license."

Graduates of the Associate Degree program are eligible to apply to take the National State Board Examination (NCLEX-RN) for licensure as a Registered Nurse. Applicants must submit fingerprints and report convictions of any offenses other than minor traffic violations. Failure to report such convictions will be grounds for denial of license. The Board of Registered Nursing investigates convictions by obtaining information on the underlying facts of the case, dates and disposition of the case, and subsequent rehabilitation. Questions pertaining to the legal limitations of licensure for such convictions should be addressed by the student to the Board of Registered Nursing prior to beginning the Associate Degree Program: Board of Registered Nursing, P. O. Box 944210, Sacramento, CA 94244-2100, (916) 322-3350.
Applicants for licensure must notify the BRN of any situation which meets the criteria cited above. Notification of the need to provide this information is provided to potential and current ADN (RN) students via the following:

1. Pre-Nursing Information Workshop.
2. ADN (RN) Nursing Program Information.
3. ADN (RN) Nursing Student Handbook.
4. Introductory Nursing Courses.
Introduction

Nursing students must have or approved clear background check and drug screening to participate in placement(s) in clinical facilities. The background check is not a requirement for admission to School of Nursing. Background Check/Drug screen are required for registration in clinical nursing courses. The initial background check satisfies this requirement during continuous enrollment in the program; should the educational process be interrupted, a new background check will be required.

Students who withdraw from or fail a nursing course will be required to submit a new background check/drug screen prior to re-admission.

Policy

1. Students will be required to obtain a clear or approved background check. The School of Nursing will provide instructions to the student on how the student will apply and pay for the background check.

2. Students will be given a deadline date by which the background check results must be submitted to the Dean/Director.

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

4. Background checks/drug screen 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
   - Drug screen (10 panel)

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 an offense, or when they receive a clearance or certificate of rehabilitation from the court. However, even with the clearance 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 nursing education. If a student cannot participate in clinical, he/she cannot complete the nursing program and, therefore, will be denied enrollment into the program. Each clinical facility has different requirements. The requirements of the clinical facilities are final.

7. Students on probation or 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 completed.

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
   - Testing positive for drugs

9. Any future applicable clinical agency and/or BRN and/or BVNPT guidelines will be incorporated into this policy as they become available.
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 website under the Student Information 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 part-time faculty.
RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

GENERAL INFORMATION

The School of Nursing 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 RCC e-mail account. Program and course specific information is available on the RCC School of Nursing website and online learning management system, Blackboard 9.1.

APPOINTMENTS WITH NURSING FACULTY

Faculty is available to students during posted office hours. Students are encouraged to make appointments with faculty when needed.

STUDENT SUCCESS

To facilitate a successful transition into and progression throughout the ADN (RN) and VN programs. Students are required to

1. **Be in satisfactory physical condition:** A physician’s signature on the Health Examination Form indicates that student’s health status permits unrestricted functional abilities essential to nursing practice.

2. **Have mental stability and emotional maturity:** The demands which are placed upon students when attempting to take care of a family, work, and study nursing at the same time require a high level of maturity and stability. Students should consider in advance if they are placing too many demands on themselves under such circumstances. It would be wise to decrease some of these demands before entering the program, or delay entrance until this can be done.

3. **Be free from drug and alcohol abuse:** This is a legal requirement as well as a condition for responsible actions as nursing students. See policy on Alcoholism, Drug Abuse, and Emotional Illness.

4. **Balance personal and professional responsibilities:** It may not be advisable to have a work schedule during the semesters.

5. **Have reliable transportation:** Students must plan for transportation to on-campus classes and clinical experiences. Students are advised to have a backup transportation plan in case the usual arrangement fails.

6. **Have flexible schedules:** Class schedules vary from semester to semester and may include evenings and weekend hours. Time management related to classroom, clinical, and related activities must be considered. It is estimated that for each hour of seminar there will be a minimum of 3-6 hours of organization and prep time in addition to study time. The clinical labs also have substantial out-of-class work. It is, therefore, recommended that the student consider the
heavy demands of the Nursing Program and minimize outside employment to a reasonable number of hours.

**CPR CERTIFICATION / HEALTH REQUIREMENTS / BACKGROUND CHECK/DRUG SCREEN**

Current American Heart Association Basic Life Support for the Healthcare Provider certification must be maintained for participation in clinical labs. Students are required to have current documentation on file within the system. Students may not provide patient care if documentation is lacking in American Data Bank system. Documentation needs to be submitted upon enrollment 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 the nursing practitioner against the financial burdens of litigation. RCCD provides malpractice insurance, at no cost to students and only covers the nursing students during assigned healthcare experiences. Nursing students are also encouraged to obtain personal malpractice insurance at a nominal fee through National Student Nurses’ Association (NSNA) or other professional organizations.

**LOST AND FOUND**

The SON faculty and staff are not responsible for any loss of personal belongings. If articles are found, they are given to Nursing Information area. After one week, items are turned over to campus police. Student’s name should be written on all properties.

**STUDENT EMERGENCIES**

In the event that RCC 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 contact person with:**

1. The School of Nursing telephone number (951) 222-8407.
2. An alternate person to call in case you cannot be contacted by the School of Nursing.
3. A schedule of your clinical rotation, including the name of the instructors, name of the agencies, and telephone number of the agencies.
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.  
B. Offer learning experiences outside of the classroom for personal and professional growth.  
C. Participate meaningfully in college and community activities.  
D. Promote the achievement and maintenance of healthful living.  
E. Assume responsibility for contributing to nursing education in order to provide for the highest quality of health care.  
F. Provide programs representative of fundamental interests and concerns to nursing students.  
D. Aid in the development of the whole person, his/her professional role, and his/her responsibility for health care of people in all walks of life.  
E. Promote development of leadership skills.  
F. Serve as the Riverside City College Chapter of National Student Nurses’ Association (NSNA)/California Nursing Students’ Association (CNSA).  

SECTION 2: The function of this organization shall be to:  
A. Have direct input into standards of nursing education and influence the educational process.  
B. Influence health care, nursing education, and practice through legislative activities as appropriate.  
C. Promote and encourage participation in community affairs and activities toward health care and the resolution of related social issues.  
D. Represent nursing students to the consumer, to institutions, and other organizations.  
E. Promote and encourage students’ 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 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, 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 program) leading to licensure in nursing.
   2. Active members shall have all privileges of membership.
   3. Must have an active Associated Students of Riverside Community College (ASRCC) card.
B. Associate members:
   1. Students enrolled in courses at RCC that will lead to entrance into the VN or ADN Program or students interested in becoming involved with SNO activities.
   2. Associate members shall have all of the privileges of membership except the right to hold Executive Council offices at school, state, and national levels.
   3. Active and associate NSNA/SNO membership may be extended six months beyond graduation from a student’s program in nursing, providing membership was renewed while the student was enrolled in a nursing program.
C. Active and associate membership shall be renewable annually.

SECTION 3: Active members of the organization have various rights, including:
A. The right to fair and impartial election of representatives.
B. The right to be present at any meeting of the Executive Council.
C. The right to inspect the minutes of the Executive Council.
D. The right to inspect the financial records of the Organization.
E. The right to have free access to the Constitution of this organization, which will be posted on the SNO Bulletin Board.

**ARTICLE IV: DUES**

**SECTION 1:**
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: ORGANIZATION (SNO)**

**SECTION 1:** SNO shall be under the direction of the Executive Council, which has the authority to:
A. Organize, direct, and represent SNO members on campus and at community activities.
B. Appropriate all 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 Executive Council:
A. President
B. Vice President: ADN Program
C. Vice President: VN Program
D. Secretary
E. Treasurer
F. Breakthrough to Nursing Chairperson
G. Interclub Council Representative and Alternate
H. Alumni Liaison

**SECTION 3:** Allied Health Commissioner:
A. SNO recognizes that the Allied Health Commissioner is a member of the ASRCC Board of Commissioners.
B. Presently, ASRCC has granted SNO the authority to elect the Allied Health Commissioner.
D. The Allied Health Commissioner is expected to attend all regularly scheduled Commissioner and SNO meetings and provide a report at each.
E. If unable to attend an ASRCC Commissioner Meeting, the Allied Health Commissioner arranges for an alternate to attend.
F. The Allied Health Commissioner will meet with the Director of Health Services monthly to inform SNO and ASRCC Commissioners about current health services and activities available.
ARTICLE VI: NOMINATIONS AND ELECTIONS

SECTION 1: Elections

A. All SNO members, who have attended a minimum of four of the meetings per semester, shall be eligible to vote.
   1. Meeting shall be defined as SNO meeting, SNO Tea, ICC, Allied Health Commissioner, School of Nursing meeting, or participation in Nursing Department Faculty Committees. The participants of these committees will provide committee reports to SNO.

B. All positions are held for one semester, with the exception of the Allied Health Commissioner, which is held for one year.

C. Executive Council members must be currently enrolled nursing students. NSNA membership is recommended.

D. One intent of SNO is to foster participation of all students and to provide maximum leadership opportunities. Therefore, it is recommended that only one Executive Council position be held at any given time.

E. To be eligible for election to an Executive Council position, the continuing nursing student must have attended a minimum of four meetings of SNO meetings in the previous semester.

F. Nursing students who accept SNO positions are expected to commit adequate time to perform the duties of the position.

G. If a SNO member who holds an elected position decides s/he is unable to continue performing the expected duties, s/he will apprise the SNO President or Vice President.

H. If not performing the responsibilities as specified in this constitution, Executive Council members may be impeached by a petition of 2/3 members of his/her constituency.

SECTION 2: Allied Health Commissioner and Alternate
A. Position elected for one school year.

B. Candidates must be SNO members while holding the one year position.

C. Nominated and elected according to guidelines for members of the Executive Council.

ARTICLE VII: MEMBERS OF THE EXECUTIVE COUNCIL

A. President:
   1. Presides over the Executive Board 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. Prepares a master plan for the semester’s activities.

d. Assures that an agenda for each meeting is consistent with club guidelines.

e. Serves as ex-officio member of committee meetings.

f. Appoints the chairperson of various committees, including the Membership Committee if not elected; may be ratified at SNO meeting.

2. Liaison between the SNO Board 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.

   c. Coordinates Student Welcome SNO Advisor and the Dean, School of Nursing, at the beginning of each semester.

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. Serves as Chapter Representative at the semiannual CNSA Board of Directors meetings and shall be reimbursed for expenses in an amount set forth by the voting body.

4. Oversees review of and recommendations for change in the Constitution.

5. Performs all duties as assigned by the president.

6. Coordinates all National Student Nurses’ Association activities.

7. Serves as Parliamentarian.

8. Coordinates all service hour log records.

9. Prepares agenda for SNO meeting.

   a. Provides a copy of the agenda prior to the meeting. Standard agenda items include reports from members of the Executive Council, InterClub Council, and Allied Health Commissioner.

   b. Any SNO member who wishes to place an item on the agenda must submit the item(s) the Monday prior to the distribution of the agenda.

C. Vice President: VN Program


2. Publicity chairperson:

   a. Notifies all students of upcoming campus and community events.

   b. Communications:

   c. Assists with coordination of community events from communication received by Faculty Advisor or any other SNO member.
D. Secretary
1. Prepares the minutes of all business meetings of the organization.
   a. Distributes a copy of the SNO minutes to all Executive Council, Allied
      Health Commissioner and Faculty Advisor(s) prior to the beginning of the
      next SNO meeting.
   b. Gives a list of class officers, SNO Executive Council members and Allied
      Health Commissioner to the Dean, School of Nursing, and SNO Faculty
      advisor(s) within 30 days of the beginning of the semester.
2. Maintains records:
   a. SNO Constitution for reference during meetings.
   b. Current phone list of all Executive Council members and Allied Health
      Commissioner.
   c. Up-to-date list of members, attendance, addresses, and phone numbers.
3. Communications:
   a. Ensure “thank you” notes are written and mailed.
   b. Writes any letters or other communications needed by the Executive
      Council.

E. Treasurer
1. Receives SNO monies for deposit into campus bank account.
   a. Deposits all funds in The College Bank in the organization’s trust account.
   b. Pays all SNO disbursements out of SNO campus account.
2. Receives receipts from all those who are to be reimbursed out of the SNO
   account.
   a. Makes the necessary arrangements for said monies to be withdrawn from
      SNO campus account.
   b. Prepares requisition(s) for fund withdrawal.
   c. Acquires the appropriate signatures for withdrawal.
      i. Faculty Advisor(s) must always sign for a withdrawal.
      ii. The second signature can either be the President or Treasurer of
          SNO.
      iii. Keeps records of monies received, deposited, and disbursed.
      iv. Gives the Treasurer’s Report at every SNO meeting.
      v. In the spring semester, prepares the budget for the next school year
         and presents to ASRCC.
      vi. Submits appropriate documents for audit prior to change of office.

F. Breakthrough to Nursing (BTN) Chairperson
1. Notifies The Bulletin, Viewpoints, and SNO Flurry of upcoming events related to
   SNO.
2. Posts the master plan of SNO activities on bulletin board. Updates it regularly.
3. Represents SNO, School of Nursing and Riverside City College at Recruitment
   and Retention events such as career days, new student orientation, and other
   events designated by SNO, SNO Advisors, and Dean School of Nursing.
4. Encourages chapter, state and national recruitment and retention activities that are responsive to the needs of underrepresented, traditional and non-traditional students.

G. Interclub Council Representative and Alternate
1. Elected at regular SNO election of officers.
2. Attends ICC Meetings and reports back to SNO at the regularly scheduled meetings.
3. Picks up all mail at ASRCC at least twice a week.
4. If unable to attend an ICC Meeting, arranges for alternate to attend.
5. Maintains club activities log for collegiate points.

H. Alumni Liaison
1. Serves as liaison between nursing students and nursing graduates (alumni).
2. Coordinates alumni reception and other defined events.

ARTICLE VIII: OTHER ELECTED OFFICERS

A. SNO Class Representatives
1. Liaison between nursing students and SNO.
2. Keeps nursing students aware of SNO activities and encourages their participation.
3. Notifies SNO Board of any community activities they feel SNO could participate in.
4. Submits agenda items to the SNO ADN Vice President by the Monday before its publication.
5. Notifies alternate(s) in the event of inability to attend SNO meetings.

B. Alternate SNO Representatives
1. Each class must have at least one alternate representative.
2. Alternates take the place of the regular representatives upon their absence.
   a. Encouraged to attend and participate in all SNO meetings.
   b. Communicates SNO information to the class in the event the regular SNO representative was unable to attend the meeting.

C. Historian
1. Collects and maintains history of SNO using pictures, scrapbooks and memorabilia.

D. Scholarship
1. Collects Scholarship Application packet from Financial Aid for presentation to SNO during Fall Semester.
2. Reports on scholarship availability on regular basis to SNO.
3. Assists SNO Advisor in posting scholarship material on SNO Bulletin Board.

E. Editor
1. Collects articles of interest from students/faculty for publication in the monthly newsletter, “SNO Flurry.”

ARTICLE IX: DELEGATES

SECTION 1: Delegate Representation
A. School Constituents
   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 10 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.

SECTION 2: The voting body shall elect two (2) delegates prior to the annual State Convention to sit in the House of Delegates, representing SNO at the state level, and shall be entitled to one voting delegate and alternate for every additional 10 members.

SECTION 3: The voting body shall elect one (1) delegate prior to the annual NSNA convention of each year to sit in the House of Delegates and vote on behalf of SNO at the national level.

SECTION 4: The delegate(s) will be reimbursed for their attendance at the state and national conventions by an amount set forth by the voting body.

ARTICLE X: MEETINGS

SECTION 1: Regularly scheduled meetings will be arranged by majority vote of the Executive Council. Meetings are generally held the first and third Mondays of each month at 8 a.m.

SECTION 2: Special meetings may be called by the President, who must have the Parliamentarian (ADN vice-president) contact all members of the Executive Council at least 72 hours in advance.

SECTION 3: For the meeting to be official, at least 50% of the members of the Executive Council 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.
   1. In the event that the vote of the membership is equally split for or against the motion, the President shall cast the deciding vote.
   2. The President shall have no veto power.

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

ARTICLE XI: FINANCES

SECTION 1: The Treasurer of SNO shall present the budget and expenditures of the organization at each SNO meeting.
SECTION 2: Audits may be requested by any SNO member and may be conducted by a member of the Executive Council in conjunction with Faculty Advisor(s).

ARTICLE XII: AMENDMENTS TO THE CONSTITUTION

SECTION 1: Amendments may be proposed by:
   1. Any member of the Executive Council.
   2. A petition of at least 50% of the active membership.

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

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).
A. Associated Students of Riverside City College (ASRCC)

All nursing students are urged to become members of the Associated Student Body and become active in campus affairs. Membership ensures student eligibility for voting and participation in decision-making, to attend some college activities at a reduced admission price.

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).

2. As a college club, all students enrolled in nursing classes become members of SNO with their valid ASRCC card. All students are encouraged to join NSNA.

3. SNO meets the first and third Monday of each month from 8:00 a.m. - 9:45 a.m. There may also be other meeting times or events that occur throughout the semester.

4. Each class has two SNO representatives who act as liaisons with the Executive Council of SNO.

5. The SNO Constitution guides activities.

6. SNO’s Constitution and By-laws can be found on the RCC School of Nursing website under the Student Nurses’ Organization (SNO) link.

7. SNO Activities are listed below:
CAREER AND TECHNICAL

• Elected by SNO members, the Allied Health Commissioner coordinates activities of Allied Health and SNO with the various departments of the ASRCC governments.

• In addition, the Allied Health Commissioner assists ASRCC in the college Blood Drive each semester and coordinates volunteers from School of Nursing.

SNO FLURRY

• The SNO Flurry is the official newsletter of SNO providing information about nursing, nursing students, RCC programs, and SNO activities. It features articles from the Dean, School of Nursing Assistant Department Chairs, SNO President, Semester-level Presidents, and includes SNO’s Calendar Events.

• All articles are informational and written in a positive, professional manner. Articles focus on nursing students, nursing program, and nursing professional issues.

• The editor is a member of SNO and is elected by the SNO membership. The SNO Flurry is published several times each semester.

• Deadline for articles is the Friday before the last full week of the month. The SNO Flurry is proofed by the SNO Advisor(s) before distributing.

• Distribution of the SNO Flurry is coordinated by the SNO Advisor(s).

STUDENT WELCOME

• The Student Welcome, sponsored by SNO and faculty, is held to welcome new nursing students and to introduce them to fellow nursing students, faculty, and administration.

• A Student Welcome will be held each semester.

• A Student Welcome sub-committee of SNO coordinates activities: facility request with microphone, invitations, program, nametags, and food and beverages. ASRCC provides some funding for the Student Welcome SNO comprising the remainder.

• The program includes welcomes by the Dean, Assistant Department Chairs of School of Nursing; Vice-President, Academic Affairs; and SNO President. Class officers are introduced.

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 coordinating health fairs, disaster drills, and other
important special functions.

- Participation is coordinated by the SNO Vice President.
- Students are required to submit service hour records monthly on the identified ASRCC form to the SNO President or to Student Services. Student Advisor signature is required. Students are required to keep copies of service hour records in the event that they become lost.
- Service Hour Awards are given by ASRCC for 50, 100 and 200 hours of service.

C. Nursing Student Participation in Nursing Faculty Meetings/Committees
Nursing students are encouraged to participate in and to have active input in nursing curriculum, learning resources, and program and facility evaluation through the following:

1. Student representatives are invited to attend Standing Nursing Committee Meetings such as Nursing Curriculum and Learning Resources.
2. Student officers and representatives from SNO and class officers attend Dean’s Council meetings two times per year.
3. Student representatives are invited to attend the semi-annual Joint Student/Faculty/ Clinical Agency 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. This agenda item is to be given in writing to the Dean one (1) week before the scheduled meeting. Agenda items must not be related to an individual academic or clinical performance problem.
6. Students complete course and facility evaluations at the end of each semester.
7. Students participate in faculty evaluations when scheduled each semester.

D. Roles of Class Officers
1. The role of the class officers is the development of a cohesive group to foster completion of course and graduate learning outcomes by all students.
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 and Joint Faculty/ Clinical Agency/Student meetings held once each semester.
4. Class officers may assist with planning the Pinning Ceremony. Pinning Ceremony Guidelines are available from the Pinning Advisor(s) and on the
School of Nursing website. The Pinning Ceremony reflects the professional image of nursing and the nursing program to the Community.

5. Class Officers are elected each semester by the respective class by the end of the first week of classes (exception: Nursing 11 and entering vocational nursing students by the third week). Elections require supervision by a faculty member. Class officers are re-elected each semester.

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

7. 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.
           Carries out class elections with a faculty member present.
           Carries out the groups’ decisions. Submits semester updates to SNO Flurry by Friday of the last full week of the month.
   c. Implements the Pinning Ceremony Guidelines.
   d. Works toward involvement of class in SNO and college/community activities.

8. Vice President
   a. Presides over class meetings in absence of the President.
   b. Acts as Parliamentarian.
   c. Notifies class officers of specially called meetings.
   d. Oversees fund raising activities. Assures compliance with ASRCC guidelines. Coordinates activities with advisor.
   e. Assists the Treasurer in collection of dues and the keeping of financial accounts each semester.

9. 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).
   c. Writes any letters or other communications required by the class.
   d. Types all ballots and distributes to students. Counting of ballots will be done in presence of a nursing faculty member.
10. Treasurer
   a. Two treasurers are elected for each class.
   b. Collects semester level dues and issues receipt for payment. Receipt book is passed on from semester to semester Treasurer, and must be maintained accurately.
   c. Deposits monies (dues, fundraisers) in the class’s 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 with the appointed chairperson.

11. SNO Representatives
   a. Liaison between nursing students and the SNO Executive Council.
   b. Keeps class aware of SNO activities and encourages their participation.
   c. Works with class officers to identify speakers for the semester presentation hosted by the individual class in accordance with SNO Guidelines for Speaker/ Presentations.
   d. Attends Dean’s Council and Joint Student/Faculty/Clinical Agency Meetings each semester.

NOTE: Each class must have at least one alternate representative. Alternates take the place of the regular representative upon their absence.

TRUST FUND ACCOUNTS

1. Individual class 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 Faculty Advisor. Purchase Orders or receipts for services provided must accompany requisitions.

3. Funds are generally available three working days following receipt of requisitions. Special provisions to have checks mailed to homes or businesses can be made at the College Bank.
# RIVERSIDE CITY COLLEGE
## SCHOOL OF NURSING
### ASSOCIATED STUDENTS
#### FUND RAISING RECEIPTS DECLARATION FORM

**PART 1**

<table>
<thead>
<tr>
<th>[To be completed prior to event and copy left with Student Services]</th>
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<tbody>
<tr>
<td>Club/Organization:</td>
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<tr>
<td>Type of Activity:</td>
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<td>Date(s) of Activity:</td>
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<td>Club/Organization Advisor</td>
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**PART 2**

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<thead>
<tr>
<th>[To be completed promptly upon conclusion of fund raising activity &amp; returned to Auxiliary Business Services (ABS) Cashier Office with deposit]</th>
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<tbody>
<tr>
<td>Funds to be deposited at (ABS) Cashier office: For ABS use only</td>
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<tr>
<td>Total Cash: $</td>
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<td>Total Checks:</td>
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<td>Less Change Fund: to be deposited ABS Cashier:</td>
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<td>Less Change Fund: to be deposited Receipt No:</td>
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Distribute 3 copies: 1-ABS copy with deposit; 1 Club/Org. copy; 1-Student Services (ABS) copy
GUIDELINES FOR PLANNING A PINNING CEREMONY

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

Each ADN and VN class participates in planning the RCC School of Nursing Pinning Ceremony held at the completion of the program. It is a proud and joyous occasion steeped in tradition that symbolizes entrance into the profession of nursing. Additionally, it symbolizes each graduate’s commitment to uphold the ideals promulgated by our founder, Florence Nightingale. Family, friends, faculty, college administrators, the College Board of Trustees, clinical agency representatives, and interested individuals from the community are invited to be present to witness this achievement. Courteous and respectful behavior by all participants and guests in the Pinning Ceremony will preserve the esteem of nurses and institutions of higher education. A reception following the Pinning Ceremony is held in the Bradshaw Student Center or other site on campus (eg. Promenade) depending upon student preference and availability.

The following are guidelines for semester planning and participation.

A. Pinning Guidelines
1. One ASRCC account for each semester.
2. Beginning in N12 and VN52, no more than one pinning fund-raiser per academic semester will be permitted.
3. Dues in the amount of $40.00 will be recommended as a source of revenue for the pinning ceremonies and will be collected at the beginning of N21 and VN62, if the students vote in favor of this method. The money collected/fundraised will be used for the following:
   a. invitations
   b. programs
   c. flowers
   d. refreshments
   e. decorations
   f. slideshow
4. Invitations and Programs [Student choice by majority vote, must be approved by Pinning Advisor(s)]
   a. Pinning Advisor(s) will provide students with samples of invitations from which to choose. Pinning invitations will be in school colors.
   b. All invitations and programs must be approved by the Pinning Advisors and RCC College President prior to printing. The Pinning Advisors are responsible for forwarding invitation and programs to the President.
   c. Pinning invitations and programs will be ordered through RCC’s Printing and Graphics Department.
   d. Nursing faculty and RCCD staff invitations will be sent via e-mail/e-vite by the designated Pinning Advisor. Invitations will be sent to college administrators.
   e. Includes all the names of the RCCD Board of Trustees in the pinning program.
5. **Flowers** [Student choice by majority vote, must be approved by Pinning Advisor(s)]
   a. Flowers without thorns must be purchased if the class elects to have this as a part of the ceremony.

6. **Refreshments** [Student choice by majority vote, must be approved by Pinning Advisor(s)]
   a. Refreshments will be limited to cake and/or cookies, punch, tea, coffee, and water.
   b. Refreshments can be ordered through RCC’s Food Services.

7. **Decorations/Colors of Decorations** [Student choice by majority vote, must be approved by Pinning Advisor(s)]

8. **Class Theme** [Student choice by majority vote, must be approved by Pinning Advisor(s)]

9. **Music for professional and recessional** [Student choice by majority vote, must be approved by Pinning Advisor(s)]

10. **Slideshow**
   a. If class decides to have a slide show prior to the ceremony, arranges to obtain slides. Pictures for slide show will be limited to one professional picture per student. As many group pictures of professional nature as can be accommodated in a total timeframe of 15 minutes for the slide show may be placed at the end of the student pictures. Pictures must be approved by Pinning Advisor prior to use in the slide show.

11. **Attire** [Student choice by majority vote, must be approved by Pinning Advisor(s)]

   **For females, the following guidelines will apply:**
   a. Professional, white nursing uniform dress or pantsuit (without embellishments) 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. Standard clinical attire applies to the pinning ceremony (tattoos, jewelry, make-up, artificial nails).
   c. White, professional nursing shoes are to be worn. No tennis shoes, dress shoes, open toes, or high heels are permitted.
   d. White or flesh-colored hosiery must be worn. Bare legs are not appropriate.
   e. Nursing caps are to be secured with white bobby pins. Wearing of nursing caps is optional/individual choice.

   **For males, the following guidelines will apply:**
   a. Professional, white, male nursing uniform or RCC uniform with professional, white nursing shoes or white dress long sleeved shirts, black tee, black pants and black shoes. We will vote on attire and all students must abide by the majority vote.
   b. Jewelry is restricted to what is worn in the clinical setting. Tattoos will be covered.
12. Candles/Lamps
   a. Each graduate will purchase a candle and lamp from a vendor of class choice.

13. RCC School of Nursing Pins
   a. Coordinated by class president, who coordinates pinning orders. (See Time Table)
   b. Ensures that pins are ordered early enough so that the order will arrive at least one month prior to the Pinning Ceremony. Obtains shipping date in writing from pin company.
   c. Class President arranges with the faculty Pinning Ceremony Advisor(s) to check off the names of students who ordered pins. ALL PINS ARE RETURNED TO FACULTY PINNING CEREMONY ADVISOR(S). Possession of a nursing program pin signifies attainment of program learning objectives and pins are therefore awarded only upon program completion. If the program is not completed, an unused pin may be returned by the advisor for partial refund to the student.
   d. Ensures pins are sent to the Pinning Ceremony Advisor(s).

14. Pictures:
   a. Students have individual pictures taken in professional white uniform. Pictures can be used for NCLEX application, composite picture, and personal distribution.
   b. Pictures must be completed in the Intercessions prior to Nursing 22/VN 70/71 in order to meet the NCLEX application deadline. (See Time Line)
   c. A photographer needs to be selected who will give group rates and who will give a free framed composite picture to the class to hang in the School of Nursing office. A CD of the graduates’ pictures is provided by the photographer for use in creating the slide show.

15. Rehearsal
   All students participating in the Pinning Ceremony are expected to attend the rehearsal.

B. Expenditures/Class Funds
1. All class monies 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, the Pinning Ceremony Advisor, and the School of Nursing Dean. A receipt must be submitted with each requisition. Requisitions must be submitted within 15 days of the Pinning Ceremony. Reimbursements may take a minimum of three days.

2. The following are provided by the College: Use of Landis Auditorium and reception site. A small portion of the ASRCC budget may be allotted for the Pinning Ceremony and this amount varies each year.

3. All expenditures must be itemized with receipts in order for funds to be distributed. Individual students generally pay for school pin, apparel selected by class, pictures, cap, and lamp/candle, if applicable.

4. If the class decides to assess class dues the dues will be collected in Nursing 21/VN 62.
5. Students will be given an opportunity to vote on how they would like their remaining class funds to be disbursed after graduation. Students will vote on the following options (majority vote will prevail in the decision):

- Nursing Endowed Scholarship Fund (will provide a scholarship for the Man and Woman of Distinction from the VN and ADN Programs)
- ADN or VN Emergency Fund (used for short-term loans that are repaid by a student prior to the end of the semester)
- Student Nurses Organization
- Upcoming Graduating Class
- Established Nursing Endowed Scholarship specify: ________________
- Other

C. Pinning Advisors Responsibilities

1. Dates and time for the Pinning Ceremony and rehearsal:
   a. The dates and times for the Pinning Ceremony, Pinning Ceremony rehearsal, and decorating are determined by the nursing faculty prior to the start of each academic year.
   b. Requests for Landis Auditorium and Bradshaw Student Center or other reception site are completed and filed by the Instructional Department Specialist. The Pinning Ceremony Advisor(s) confirm that requests have been submitted.
   c. The time and date of the rehearsal will be announced to faculty by Pinning Advisor(s). Arranges for the class to preview the slide show at the beginning of the rehearsal.
   d. Ensure the ceremony is completed in one hour. Slide presentation (optional) will begin 15 minutes prior to the start of the ceremony.

2. Set-up
   a. A floor plan for Landis Auditorium and Bradshaw Student Center or other reception site completed by the students, in conjunction with the Pinning Advisor, must be submitted at the time the facility request is submitted. (See Time Table)
   b. Landis: Supply podium (with RCC emblem), microphone, enough chairs for all class members, risers for chairs, 8 foot table, chair on which mistress/master of ceremonies sits. Requests reasonable room for students to walk between chairs on risers and steps in back two rows.

3. Distribution of Left-Over Class Monies
   a. The Pinning Ceremony Advisors, in collaboration with the class president, will be responsible for obtaining the signatures of the class president/treasurer, Pinning Advisor, and Dean on the ASRCC Requisition form prior to the Pinning Ceremony.
   b. The Pinning Advisors will not disburse left over class funds until 90 days after the date of the Pinning Ceremony.
c. 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.

4. Pinning Advisor(s) contacts the Administrative Assistant to the College President to place pinning date and time on calendar. The Administrative Assistant will notify the Chancellor. Pinning Advisor to also contact Vice President, Academic Affairs and Vice President, Career and Technical Programs.

5. For each Spring ceremony, notify the RCCD Foundation regarding the Becky Wecksler Award. The Foundation contacts the Wecksler family. Send an invitation to the Wecksler family.

6. Meets with the IMC Coordinator early in the semester to clarify requests for audiovisual materials and services. Submits official request form.

7. Submits and confirms diagram of floor plan for Landis Auditorium and reception area to Facilities.

8. Develops the program for the Pinning Ceremony utilizing school guidelines.

9. Confirms the Program Assistant Chair as Master/Mistress of Ceremonies.

10. Participation by Administration:
    a. Welcome: College President and Chancellor
    b. Scrolls: Vice President, Academic Affairs
    c. Congratulatory remarks: Dean and/or Associate Dean, School of Nursing
    d. Presentation of the Class: Associate Vice Chancellor, Occupational Education

11. Ensures that all students, faculty speakers, and presenters attend rehearsal.

12. Sends written reminder of rehearsal to faculty participants. Administrators need not attend.

D. Semester Level Planning

1. Nursing 11
   a. Participate in SNO activities.
   b. Assist Nursing 4 graduates with the Pinning Ceremony.

2. Nursing 12 and VN52
   a. Same as above.
   b. Same as above.
   c. Begin to formulate fundraising activities to meet anticipated budget costs (see Addendum A).

3. Nursing 21 and VN61/62
   a. Same as above.
   b. Same as above.
   c. Dues in the amount of $40.00 to be collected (if class voted for this option) and/or fundraising activities to be continued.
   d. At the end of the semester, class president will obtain information from Pinning Advisor(s) about scheduling professional photographs during the Intersessions.

4. Nursing 22 and VN 70/71
   a. After the first exam:
      (1) Request copies of comprehensive guidelines for planning a Pinning Ceremony from Pinning Advisor(s).
(2) Develop overall plan for Pinning Ceremony in collaboration with Pinning Advisor(s).

(3) Committee formulation.

(4) Contact assistant to College President to request participation in Pinning Ceremony.

(5) Begin preliminary planning.

(6) Order pins, lamps, and caps.

(7) Pinning advisors to order pinning invitations and programs. Invitations will be sent to college-wide faculty via e-vite.

b. Committees and/or entire class must meet at least monthly with the Pinning Advisor(s).

E. Committees:

1. Committees are utilized to complete the preparations for the ceremony and to give all students the opportunity and responsibility to share in Pinning Ceremony plans. Class officers coordinate the committees for the event.

2. Each committee has 6 - 10 members and selects a chairperson.

3. Committees include:
   a. Pinning Ceremony Committee
   b. Picture/Video Committee
   c. Invitations/ Program Committee
   d. Reception Committee
   e. Hostesses/Hosts Committee

4. Pinning Ceremony Committee Functions:
   a. Comprised of class officers and the chairpersons of the committees.
   b. Chaired by the class president.
   c. Coordinates all committees and activities. Meets at least monthly with Pinning Ceremony Advisor(s).
   d. Approves all financial requests; works within budget.
   e. If class desires, sends class photo to Pinning Advisor(s) for inclusion in program.
   f. Coordinates the selection of a theme voted for by the class, which can be used to organize the ceremony and reception.
   g. Confirms the Graduating class president(s) as class speaker(s). Suggested content: challenge or thank you. Speeches will be expressed in a professional manner. Speech must be limited to two minutes each. (See Time Table) Speech must be submitted to Pinning Ceremony Advisor(s) at least two weeks in advance for final approval. No reference to religion is permitted.
   h. Full-time nursing faculty members to present pins, read names, hand out flowers, lead students in the nursing pledge, lighting the Lamp of Learning, and reading goal statements will be assigned by the program on a rotating basis. A list of the faculty participants will be provided to the students at the beginning of the semester. Students vote on the role each faculty will perform.
   i. Arranges for slide show, processional, and recessional music at the ceremony. Coordinates with the Auditorium Specialist one month in
advance under Advisor’s direction. Keeps all mutually established appointments with Landis Auditorium staff.

j. Arranges to purchase flowers without thorns for presentation to students during the Pinning Presentation Ceremony. This is optional.

5. **Graduation Picture Committee**:
   a. Surveys studios for price quotes. Surveys class to determine which studio students prefer for pictures. Recommend Coiner Studios.
   b. Arranges group pricing schedule. Coordinates any fees with the Pinning Ceremony Advisors/class treasurers.
   c. Arranges dates and times students may go for sitting.
   d. Arranges to leave nurse’s cap and pin at the picture site for student use. Obtains pin and nurse’s cap from advisor(s). Cap is optional for the picture. All students will wear a white uniform – no black ties.
   e. Plans class photo layout. Most studios will provide a composite picture for the School of Nursing at no cost. When the picture is received, the committee frames it and forwards it to the School of Nursing secretary for placement in the hall graduate photo gallery.
   f. If class votes on slideshow, sends thank-you notes to Landis personnel.
   g. Forwards professional and class pictures to the Picture Committee.
   h. Collects 1 professional photo and 1 clinical setting picture from each student. All students must be represented.

6. **Pinning Ceremony Invitations Committee**:
   a. Surveys class to identify if a verse or a class theme is wanted for invitations/program. The colors of the invitations will be RCC’s black and orange.
   b. Works within budgetary constraints. Makes arrangements with Advisor(s) to utilize RCC’s Graphics Department.
   c. After approval, orders invitations: each class member generally receives 15 invitations. A few invitations will be sent to key college administrators, otherwise department chairs, deans, and faculty will receive invitation via e-vite.
   d. Submits bills and receipts to the Pinning Ceremony Advisor(s)/class treasurer for payment before end of semester.

7. **Pinning Ceremony Program Committee**:
   a. Once the program is developed through the Pinning Ceremony Committee, surveys class to determine special program style. Works within budgetary constraints. (See Time Line)
   b. Nurse’s pledge is printed on the back of program.
   c. After program format has been approved by class. Coordinates program with invitations committee.
   d. Average number of programs ordered has been 1500. Assures that programs are printed at least one month in advance. (See Time Line)
   e. Submits bill/receipts to Pinning Ceremony Committee for payment before end of semester.
f. Purchases one long tapered white wax candle to be placed in “Lamp of Learning” (available in Dean’s office) and lit during the Pinning Ceremony.

g. Prepares a “scroll” using a white plain paper or “The Nursing Pin,” rolling it, tying it with a ribbon, and placing it in a basket. Assures the placement of the basket during rehearsal in Landis Auditorium.

h. Completes the set up of Landis Auditorium. Prepares the pinning table including tablecloths. Ropes off area for faculty/guest seating.

i. The process for distributing the pin will be determined by the Pinning Committee Advisor(s), in collaboration with the students. The class will purchase a minimum of ½” ribbon for faculty to pin students with.

j. All students participating in the Pinning Ceremony will submit a short, one-sentence goal statement to be read during the time he/she is pinned. Pinning Advisors will review, edit and approve goal statements.

k. Includes the names of the RCCD Board of Trustees on the program.

8. **Pinning Ceremony Reception Committee:**

   a. Surveys the class and plans the reception that is held after the pinning. (See Time Line) Identify one student to serve as liaison to Cafeteria Manager.

   b. Arranges for decorations - tables, stage

   c. Arranges for music or additional slideshow at the reception.

   d. Arranges for refreshments and paper goods.

   e. Works with Host/Hostess Committee.

   f. Submits bills and receipts for the reception to the Pinning Ceremony Committee for payment before end of day.

   **NOTE:** The RCC Cafeteria may have refreshments and necessary items available such as punch bowls, coffee urns, table cloths. Check with Food Services secretary for current prices and availability.

9. **Pinning Hostesses/Hosts Committee:**

   a. Selects 6 to 8 individuals to distribute programs and greet guests at the Pinning Ceremony. Collect the candles and equipment following the ceremony and return them to the School of Nursing office. These individuals are asked to be available 90 minutes prior to the ceremony.

   b. Arranges at least 10 - 12 individuals to be servers at the reception. Meets with helpers at least two times prior to the day of Pinning Ceremony to coordinate activities.

   **NOTE:** Have underclassmen responsible for care of any problems that may arise during the reception and care of floral arrangements afterwards.

   c. Sends thank you notes to all underclassmen who provided assistance at the Pinning Ceremony.

   d. Obtains commitment from 4-6 volunteers to stay until the end of the reception to assist in the clean-up.

   e. Asks 4-6 volunteers to report to the stage directly after the ceremony to assist in returning School of Nursing property (easel, baskets, table skirt, candles.) to the office.
f. During the Pinning Ceremony, arranges for a volunteer to stand at each stairway onto the stage to assist students and speakers and to prevent members of the audience from going up on stage during the ceremony.
g. Arranges for 2 volunteers to provide security after the ceremony and allow graduates to obtain their possessions.
h. Student Volunteers: Nursing 11, reception help; Nursing 12, take down Landis decorations; Nursing 21, greeters/programs. Incoming VN students to volunteer for VN Pinning Ceremony.

F. Day of Pinning Ceremony
1. Student Appearance and Professional Behavior
   Students will wear the attire voted on by the class (see above). Only students who are professionally dressed will be allowed to participate. Jewelry guidelines are consistent with RCC uniform guidelines. In keeping with the professional nature of the Pinning Ceremony, no high heels, short skirts, jeans, or chewing gum are allowed. Students will be required to sign a form of compliance. Each graduate will be reviewed to ensure compliance with professional attire.
2. Prior to the Ceremony:
   Graduates will congregate in the designated room to obtain their pin and walk as a group to the auditorium. No student arriving late will participate.
ADDENDUM A
PROJECTED BUDGET ESTIMATES
(per 100 students)

1. Free  Landis Auditorium for Pinning Ceremony
2. Free  Student center for reception
3. $375  (Est) Basic invitation printed by RCC’s Graphics Department (based on 15 invitations/student + 10)
4. $250  Basic program printed by RCC’s Graphics Department (1,000 - 1,500)
5. $550  Cake, cookies, drinks, paper goods, utensils
6. $500  Decorations (plants, flowers, etc.)
7. Free  Composite picture with frame
8. $150  Slide show
9. $150  Long-stemmed flowers for presentation to students (optional)

INDIVIDUAL STUDENT EXPENSES FOR PINNING CEREMONY
11. School Pin (optional)
12. White professional uniform, white nursing shoes (no high heels or sandals are permitted), and cap (optional for class): Student may wear RCC uniform if desired (ADN Program only).
13. Pictures (optional)
14. $11  Lamps/candles
15. $11  Nursing caps (optional)

Total Pinning Ceremony budget: approximately $2000
SUMMARY OF INFORMATION ON PINNING CEREMONY

INVITATIONS
• Each student receives 15 invitations.
• Invitations are paid for out of class funds.

PROGRAMS
• Programs are paid for out of class funds.

PICTURES
• Individual pictures are paid out of pocket.
• Each student should receive a composite of the class with their picture package.
• The School of Nursing also receives a framed composite for display.

LAMPS
• Lamps are required and are an out of pocket expense.

NURSING CAPS
• Nursing caps are optional for Pinning Ceremony.
• They are an out-of-pocket expense

DECORATIONS
• Are paid for from the class fund.
• This includes all paper products for the reception, all decorations for both the Landis Auditorium and Bradshaw Center, and food/drinks.

PINS
• Are an out-of-pocket expense.
• Stay in the Pinning Ceremony Advisor’s office until the ceremony.
• Receipt of pins will be verified by Pinning Advisor(s) and Class officers.
TIME TABLE/DUE DATES FOR *ADN PROGRAM*

Sample
December/June

SEPTEMBER / MARCH
- Vote on theme and colors.
- Vote on paper and font for programs and invitations.

OCTOBER / APRIL
- Submit pin orders.
- All lamps must be purchased.
- Class dues are due!
- Submit Program/Invitation orders to RCC Printing and Graphics via Footprints online.
- Submit names as to how they will appear in program.

NOVEMBER / MAY
- All paper products purchased for reception.
- List of all volunteers for Bradshaw-Landis.
- Invitations sent out to college administrators and college-wide community via e-vite.
- Submission of speakers’ speeches for approval.
- Minimum ½” ribbon purchased for pins.
- All decorations must be purchased for Landis/Bradshaw.

DECEMBER / JUNE
- All scrolls must be rolled and secured with ribbon.
- Rehearsal date ____________________, time ____________________.
- PINNING CEREMONY TBA.
- All thank you letters must be sent out.
- Pinning Ceremony materials (pin board, etc.) returned to proper storage place in School of Nursing.
- Two weeks prior to Pinning, students to sign “Pinning Ceremony Professional Dress Guidelines.”
TIME TABLE/DUE DATES FOR VN PROGRAM

Sample

SEPTEMBER
- Begin fundraising activities

MARCH / APRIL
- Confirmation of number of guests per student.
- Vote on theme and colors.
- Vote on paper, font, and color of ink for programs and invitations.

APRIL / MAY
- Class votes on layout of invitations and submits to Pinning Ceremony Advisor(s).
- Submit layout of invitations for approval to Pinning Ceremony Advisor(s).
- Purchase lamps (coordinate with June ADN graduates).
- Class dues are due!
- Layout of Landis Auditorium and Bradshaw Center submitted.
- Class votes on layout of program.
- Submit layout of program for approval to Pinning Ceremony Advisor(s).
- Prepare list of student names for invitation inserts and program.

JUNE / JULY
- Class vote on a “certificate.”
- All paper products purchased for reception.
- Contact all volunteers for Bradshaw/Landis and assign duties.
- Invitations must be sent out to college administrators, etc.
- Submission of class president’s speech to Assistant Chair for approval.
- All decorations must be purchased for Landis/Bradshaw.

JULY / AUGUST
- All certificates must be rolled and secured with ribbon.
- All programs must be folded.
- Rehearsal on day prior to Pinning Ceremony TBA.
- PINNING CEREMONY TBA.
- All thank you letters must be sent out.
- Pinning Ceremony materials (Lamp of Learning, etc.) returned to proper place.
RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

PINNING CEREMONY PROFESSIONAL DRESS GUIDELINES

I, ________________________________, agree to the following professional guidelines as a participant of the RCC School of Nursing Pinning Ceremony. Only students who are professionally dressed will be allowed to participate. I understand that any infraction of the following guidelines will prevent me from participating in the Pinning Ceremony.

For females, the following guidelines will apply:

1. Professional, white, nursing uniform dress or pantsuit (without embellishments) 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.

2. Standards for clinical attire apply to the Pinning Ceremony (jewelry, tattoos, make-up, artificial nails).

3. White, professional nursing shoes are to be worn. No tennis shoes, dress shoes, open-toed shoes, or high heels are permitted.

4. White or tan hosiery must be worn. Bare legs are not appropriate.

5. Nursing caps are to be secured with white bobby pins. Wearing of nursing caps is optional/individual choice.

For males, the following guidelines will apply:

1. Professional, white, male nursing uniform or RCC uniform with professional, white nursing shoes or white, long sleeved dress shirt, black tie, black pants and black shoes. (Must be decided by graduating class.)

Jewelry is restricted to what is worn in the clinical setting. Tattoos will be covered.

Males will be shaved and/or have neatly trimmed facial hair.

Student Signature: ___________________________________________

Printed Name: _______________________________________________

Date: ________________________________________________________
RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

STUDENT HEALTH

RCC STUDENT HEALTH 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 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 instructor. All accidents/incidents require completion of written reports by the student and instructor that are required by the health care facility and/or RCC.

STUDENT HEALTH & PHYSICAL EXAMINATION

Students are required to have a complete health examination prior to starting the ADN or VN program, which ensures that students are in good health and are able to perform unrestricted nursing activities. Annual testing to ensure freedom from TB is required. If the P.P.D. skin test converts from negative to positive during enrollment in the program, immediate medical follow-up is required. All students are required to have evidence of specific immunizations and/or titer levels as proof of immunity. Hepatitis B immunization is required (see American Data Bank for instructions regarding initial physical examinations, immunizations, and third semester physical examination requirements). If at any time the student is in the ADN or VN program taking medically prescribed medication that may affect student’s performance, the student is required to inform the clinical instructor prior to providing patient care.

A student must be in optimal physical and mental condition in the clinical area to ensure the safe and effective care of clients. If a student’s physical condition or behavior is symptomatic
of substance abuse/emotional/mental illness, the policy on *Alcoholism, Drug Abuse, and Mental Disability* will be followed.
RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY CONCERNING PREGNANCY FOR NURSING STUDENTS

Pursing students who are or become pregnant must have medical approval to continue in the nursing program. Nursing students must also accept full responsibility for any risks to self and fetus associated with any class or clinical assignment. In each case of pregnancy, the student will be required to inform the Lead Instructor and the clinical instructor of her pregnancy and to file the *Physician's Clearance During Pregnancy* form with the School of Nursing Health Coordinator. The student is required to notify the semester lead instructor for any change in her pregnancy status which may necessitate withdrawal from the program. Following delivery, written approval from the physician for unrestricted activity in clinical nursing practice must be submitted prior to return to class.
To: Riverside City College, School of Nursing

Date: __________________________

______________________________, a nursing student at Riverside City College, is under my care during her pregnancy. Her expected date of delivery is ____________________

This student has my approval to participate in all functional activities essential to nursing practice without any limitation until ____________________ (date).

Physician’s Signature: _________________________________

Print Physician’s Name: _______________________________

Address: ____________________________________________

____________________________________________________

Phone: (____) _______ _______
RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

PHYSICIAN’S CLEARANCE

TO: Riverside City College, School of Nursing  Date: ______________________

I certify that _________________________________ has my approval to return
to RCC’s School of Nursing as of ______________________ (date). The student is able
to participate in unrestricted functional activities essential to clinical nursing practice.

Physician’s Signature: ________________________________

Print Physician’s Name: ______________________________

Address: __________________________________________

______________________________

Phone: (____) _______  _________
RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY: PHYSICAL ACTIVITY RESTRICTION

The student is required to report to the faculty any change in health status (examples: broken bone, skin lesions, chest pain, contagious disease, pregnancy, injury, back injury, surgery). The student is required to submit a statement to the semester lead teacher from the healthcare provider stating that he/she may participate in unrestricted functional activities essential to nursing practice. This statement must be on file prior to student having client contact.

Restricted physical activities may prohibit participation in clinical/hospital experience and may delay progress in the nursing program until the restriction is discontinued and unrestricted activities essential to nursing practice may be resumed.
ADA COMPLIANCE STATEMENT

In compliance with the 1990 Americans with Disabilities Act (ADA), 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 the major life activities of such individuals; (2) a record of such impairment; or (3) being regarded as having such an impairment.

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 essential requirements for participation in the program.

The nursing faculty endorses the recommendations of the Southern Council on Collegiate Education for Nursing (SCCEN) 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. Each standard is reflected in the course objectives.

Admission to the program is not based on the core performance standards. Rather, the standards are used to assist each student in determining whether accommodations or modifications are necessary. The standards provide objective measures upon which students and faculty base informed decisions regarding whether students are “qualified” to meet requirements. Every applicant and student receives a copy of the standards.

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 Administration Building#121 on the Riverside Campus 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.

Statement of Awareness*

I have read the above ADA Compliance Statement and have received a copy of the Functional Abilities Essential for Nursing Practice: Essential Eligibility Requirements for Participation in the Nursing Program.

___________________________________________________________________________   __________
Signature                                      Date

• Read, sign and return one copy. Keep the second copy for your record.
Nursing is a practice discipline, with cognitive, sensory, affective, and psychomotor performance requirements. The following Core Performance Standards identify essential eligibility requirements for participation in the nursing program.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DESCRIPTION</th>
<th>EXAMPLES OF NECESSARY ACTIVITIES (not all inclusive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Motor Skills</td>
<td>Gross motor skills sufficient to provide the full range of safe and effective nursing care activities.</td>
<td>Gross Motor Skills</td>
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<tr>
<td></td>
<td></td>
<td>Move within confined spaces</td>
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<td></td>
<td></td>
<td>Sit and maintain balance</td>
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<td></td>
<td></td>
<td>Stand and maintain balance</td>
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<td></td>
<td></td>
<td>Reach above shoulders (e.g., IV poles)</td>
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<td></td>
<td></td>
<td>Reach below waist (e.g., plug electrical appliance into wall outlets)</td>
</tr>
<tr>
<td>Fine Motor Skills</td>
<td>Fine motor skills sufficient to perform manual psychomotor skills.</td>
<td>Fine Motor Skills</td>
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<td></td>
<td></td>
<td>Pick up objects with hands</td>
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<td></td>
<td>Grasp small objects with hands (e.g., IV tubing, pencil)</td>
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<tr>
<td></td>
<td></td>
<td>Write with pen or pencil</td>
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<td>Key/type (e.g., use a computer)</td>
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<td></td>
<td></td>
<td>Pinch/pick or otherwise work with fingers (e.g., manipulate a syringe)</td>
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<td>Twist (e.g., turn objects/knobs using hands) Squeeze with finger (e.g., eye dropper)</td>
</tr>
<tr>
<td>Physical Endurance</td>
<td>Physical stamina sufficient to perform client care activities for entire length of work role.</td>
<td>Physical Endurance</td>
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<td>Stand (e.g., at client side during surgical or therapeutic procedure)</td>
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<td>Sustain repetitive movement (e.g., CPR)</td>
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<td></td>
<td>Maintain physical tolerance (e.g., work entire shift)</td>
</tr>
<tr>
<td>CATEGORY</td>
<td>DESCRIPTION</td>
<td>EXAMPLES OF NECESSARY ACTIVITIES (not all inclusive)</td>
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</tbody>
</table>
| Physical Strength | Physical strength sufficient to perform full range of required client care activities. | Physical Strength  
Push and pull 25 pounds (e.g., position clients)  
Support 25 pounds of weight (e.g., ambulate client)  
Lift 25 pounds (e.g., pick up a child, transfer client)  
Move light objects weighting up to 10 pounds (e.g., IV poles)  
Move heavy objects weighing from 11 to 50 pounds  
Defend self against combative client  
Carry equipment/supplies  
Use upper body strength (e.g., perform CPR, physically restrain a client)  
Squeeze with hands (e.g., operate fire extinguisher) |
| Mobility      | Physical abilities sufficient to move from place to place and to maneuver to perform nursing activities. | Mobility  
Twist  
Bend  
Stoop/squat  
Move quickly (e.g., response to an emergency)  
Climb (e.g., ladders/stools/stairs)  
Walk |
| Hearing       | Auditory ability sufficient for physical monitoring and assessment of client health care needs. | Hearing  
Hear normal speaking level sounds (e.g., person-to-person report)  
Hear faint voices  
Hear faint body sounds (e.g., blood pressure sounds, assess placement of tubes)  
Hear in situations when not able to see lips (e.g., when masks are used)  
Hear auditory alarms (e.g., monitors, fire alarms, call bells) |
See objects up to 20 inches away (e.g., information on a computer screen, skin conditions)  
See objects up to 20 feet away (e.g., client in a room) |
<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DESCRIPTION</th>
<th>EXAMPLES OF NECESSARY ACTIVITIES (not all inclusive)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tactile</strong></td>
<td>Tactile ability sufficient for physical monitoring and assessment of health care needs.</td>
<td>See objects more than 20 feet away (e.g., client at end of hall) Use peripheral vision Distinguish color (e.g., color codes on supplies, charts, bed) Distinguish color intensity (e.g., flushed skin, skin paleness)</td>
</tr>
<tr>
<td><strong>Smell</strong></td>
<td>Olfactory ability sufficient to detect significant environmental and client odors.</td>
<td>Tactile Feel vibrations (e.g., palpate pulses) Detect temperature (e.g., skin, solutions) Feel differences in surface characteristics (e.g., skin turgor, rashes) Feel differences in sizes, shapes (e.g., palpate vein, identify body and marks) Detect environmental temperature (e.g., check for drafts)</td>
</tr>
<tr>
<td><strong>Reading</strong></td>
<td>Reading ability sufficient to comprehend the written word at a minimum of a tenth grade level.</td>
<td>Smell Detect odors from client (e.g., foul smelling drainage, alcohol breath, etc.) Detect smoke Detect gases or noxious smells</td>
</tr>
<tr>
<td><strong>Arithmetic</strong></td>
<td>Arithmetic ability sufficient to do computations at a minimum of an eighth-grade level. It includes the following three concepts: <strong>Counting:</strong> the act of enumerating or determining the number of items in a group. <strong>Measuring:</strong> the act or process of ascertaining the extent, dimensions or quantity of something. <strong>Computing:</strong> the act or process of performing mathematical calculations such as addition, subtraction, multiplication, and division.</td>
<td>Reading Read and understand written documents (e.g., policies, protocols) Arithmetic competence Read and understand columns of writing (flow sheet, charts) Read digital displays Read graphic printouts (e.g., EKG) Calibrate equipment Convert numbers to and/or from the Metric System Read graphs (e.g., vital sign sheets) Tell time Measure time (e.g., count duration of contractions, etc.) Count rates (e.g., drips/minute, pulse) Use measuring tools (e.g., thermometer) Read measurement marks (e.g., measurement tapes, scales, etc.)</td>
</tr>
<tr>
<td>CATEGORY</td>
<td>DESCRIPTION</td>
<td>EXAMPLES OF NECESSARY ACTIVITIES (not all inclusive)</td>
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<td>subtraction,</td>
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<tr>
<td>multiplication and</td>
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<tr>
<td>division.</td>
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<tr>
<td>Add, subtract,</td>
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<tr>
<td>multiply, and/or</td>
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<tr>
<td>divide whole numbers</td>
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<tr>
<td>Compute fractions</td>
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<td>(e.g., medication</td>
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<tr>
<td>dosages)</td>
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<tr>
<td>Use a calculator</td>
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<td>Write numbers in</td>
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<td>records</td>
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<tr>
<td>Emotional Stability</td>
<td>Emotional stability sufficient to assume responsibility/accountability for actions.</td>
<td>Emotional Stability</td>
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<tr>
<td></td>
<td></td>
<td>Establish therapeutic boundaries</td>
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<tr>
<td></td>
<td></td>
<td>Provide client with emotional support</td>
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<tr>
<td></td>
<td></td>
<td>Adapt to changing environment/stress</td>
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<td></td>
<td>Deal with the unexpected (e.g., client going bad, crisis)</td>
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<tr>
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<td></td>
<td>Focus attention on task</td>
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<td></td>
<td></td>
<td>Monitor own emotions</td>
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<td></td>
<td>Perform multiple responsibilities concurrently</td>
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<td></td>
<td></td>
<td>Handle strong emotions (e.g., grief)</td>
</tr>
<tr>
<td>Analytical Thinking</td>
<td>Reasoning skills sufficient to perform deductive/inductive thinking for nursing decisions.</td>
<td>Analytical Thinking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transfer knowledge from one situation to another</td>
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<td></td>
<td></td>
<td>Process information</td>
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<td></td>
<td></td>
<td>Evaluate outcomes</td>
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<td></td>
<td>Problem solve</td>
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<td></td>
<td></td>
<td>Prioritize tasks</td>
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<tr>
<td></td>
<td></td>
<td>Use long term memory</td>
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<tr>
<td></td>
<td></td>
<td>Use short term memory</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>Critical thinking ability sufficient to exercise sound nursing judgment.</td>
<td>Critical Thinking</td>
</tr>
<tr>
<td>Skills</td>
<td></td>
<td>Identify cause-effect relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plan/control activities for others</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Synthesize knowledge and skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sequence information</td>
</tr>
<tr>
<td><strong>Interpersonal Skills</strong></td>
<td>Interpersonal abilities sufficient to interact with individuals, families and groups respecting social, cultural and spiritual diversity.</td>
<td></td>
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<td>-------------------------</td>
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<td></td>
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<tr>
<td><strong>Negotiate interpersonal conflict</strong></td>
<td><strong>Respect differences in clients</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Establish rapport with clients</strong></td>
<td><strong>Establish rapport with co-workers</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Communication Skills</strong></th>
<th>Communication abilities sufficient for interaction with others in oral and written form.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teach (e.g., client/family about health care)</strong></td>
<td><strong>Explain procedures</strong></td>
</tr>
<tr>
<td><strong>Give oral reports (e.g., report on client’s condition to others)</strong></td>
<td><strong>Interact with others (e.g., health care workers)</strong></td>
</tr>
<tr>
<td><strong>Speak on the telephone</strong></td>
<td><strong>Influence people</strong></td>
</tr>
<tr>
<td><strong>Direct activities of others</strong></td>
<td><strong>Convey information through writing (e.g., progress notes)</strong></td>
</tr>
</tbody>
</table>

If you believe that you cannot meet one or more of these standards without accommodations or modifications, you are encouraged to contact the staff in Disability Resource Center (DRC) in Administration 121 on the Riverside Campus or call 222-8060 (City Campus), 371-7070 (Norco), 485-6138 (Moreno Valley) or 222-8063 (TDD). DRC staff is available to review concerns and determine with you and the nursing faculty, what accommodations are necessary and appropriate. All information and documentation are confidential.

*Adopted from the Southern Council on Collegiate Education for Nursing (SCCEN), 1993

Rev. 8/97, 1/98, 6/99; 6/14
INCOMPLETE HEPATITIS B IMMUNIZATION SERIES

I, __________________________________________ the undersigned, hereby affirm that I have been informed of the OSHA requirement that all personnel who will be treating patients must have the Hepatitis B immunization series. I am a student nurse who will be participating in clinical rotations at various hospitals in the Riverside City College, and I will be treating patients. I acknowledge that I have been advised of this requirement; however, my Hepatitis B series is incomplete at this time. I, hereby, release from responsibility, Riverside City College and its clinical health care facilities/ hospitals, employees and agents from any and all claims, or causes of action arising out of this decision.

______________________________________________  __________________________
Signature                                      Date

______________________________________________  __________________________
Witness                                        Date
POLICY: ACCIDENTS AND INCIDENTS PROCEDURE FOR NURSING FACULTY

I. Student Illness

A. Student and faculty decide whether or not student will need to leave the facility prior to the end of the scheduled clinical experience.

B. If student must leave the facility, plans must be made for completing patient care, reporting to staff, charting, etc.

C. The student’s emergency contact will be notified in the event that the student cannot leave the facility alone. College Campus Police will be notified if the phone numbers of the emergency contacts cannot be identified. The Director of Student Health Services can be contacted for consultation.

D. It is recommended the student be examined by his/her own personal physician, except in instances of severe illness, in which case the student should be referred to the closest source of emergency care.

E. Upon return to the clinical rotation, the student may be required to provide a statement from his/her physician that he/she may engage in nursing care of patients.

II. Student Injury or Exposure to Contagious Disease During the Scheduled Clinical Rotation

A. Serious or Life-Threatening

1. Call 911 or transport student to the emergency department.

2. Call Medcor Triage Hotline (800) 775 – 5866 (RN is available 24/7).

3. Notify the Dean, School of Nursing (222-8408) and RCCD Risk Management (222-8127)

   a. If unable to contact the Dean, School of Nursing or the RCCD Risk Manager. Campus College Police (222-8171) will contact the following parties if determined necessary:

      Student Health Services (222-8150)
      Risk Management (222-8127)
      Emergency contact as indicated on student’s emergency card

   b. Care and follow-up will be according to RCCD Risk Management and Medcor Triage nurse. The case falls under RCCD’s Worker’s Compensation.
B. Not Serious or Life-Threatening

1. Call Medcor Triage Hotline (800) 775 – 5866 (RN is available 24/7).

2. Notify the Dean, School of Nursing (222-8408) and RCCD Risk Management (222-8127)
   a. If unable to contact the Dean, School of Nursing or the RCCD Risk Manager. Campus College Police (222-8171) will contact the following parties if determined necessary:
      Student Health Services (222-8150)
      Risk Management (222-8127)
      Emergency contact as indicated on student’s emergency card
   b. Care and follow-up will be according to RCCD Risk Management and Medcor Triage nurse. The case falls under RCCD’s Worker’s Compensation.

If there are questions about this, contact the RCCD Risk Management, 222-8127 or FAX (951) 222-8702.

III. Verify that a RCCD Accident Report, Supervisor’s Accident Investigation Report, Worker’s Compensation Claim Form (DWC-1), and other processes have been completed.

A. Facility incident form: Prior to leaving the facility, in conjunction with the clinical instructor, the student will complete and submit according to agency protocol.

B. The student and clinical faculty must call Medcor Triage Hotline (800) 775-5866.

C. Riverside City College District (RCCD) Accident WC Form

1. In conjunction with the clinical instructor, the student will complete and sign the original RCCD Accident Report form. Only the patient’s initials will be identified on the form. The clinical instructor will also sign the form.

2. The completed original form must be brought to the School of Nursing office within 24 hours and submitted to the Dean, School of Nursing.

3. The Dean, School of Nursing, will be responsible for notifying the RCCD Risk Manager and forwarding original forms to his/her office within 24 hours. The RCCD Risk Manager may contact the facility if further confidential information is needed. Copies of the form(s) will be placed in the student file in the School of Nursing office and the Dean, School of Nursing, will notify the appropriate Department Chair.

D. Supervisor’s Accident Investigation Report

1. In conjunction with the clinical instructor, the Dean will complete and sign the original Supervisor’s Accident Investigation Report. Only the patient’s initials will be identified on the form. The clinical instructor will also sign
the form.

2. The completed original form must be completed within 24 hours and submitted by the Dean, School of Nursing to the RCCD Risk Manager.

3. The RCCD Risk Manager may contact the facility if further confidential information is needed. Copies of the form(s) will be placed in the student file in the School of Nursing office and the Dean, School of Nursing, will notify the appropriate Department Chair.

E. Worker’s Compensation Claim Form (DWC-1)

1. Faculty obtains form from School of Nursing website.

2. Student in conjunction with faculty submits completed form within 24 hours to the Dean, School of Nursing, who notifies and sends documentation to the RCCD Risk Manager and retains a copy in the student file.

3. For follow-up of psychosocial concerns: Refer student to RCC Student Health Services.

4. If follow-up care is necessary, contact designated clinic based on RCCD Risk Management or Medcor Triage Hotline.

IV. Transportation from Clinical Facility

A. The student’s emergency contact will be notified in the event that the student cannot leave the facility alone. The College Campus Police will be notified if the phone numbers of the emergency contacts cannot be identified. The Director of College Health Services can be contacted for consultation.

V. Incident Involving Patient

A. An incident, also called event or occurrence, is defined as any happening which is not consistent with routine operation of a hospital or healthcare facility or not consistent with the routine care of a particular patient. It includes any situation of potential injury or harm as well as actual injury or harm.\(^1\) Examples include, but are not limited to, medication errors; patient, visitor or employee accidents; abuse; and any unusual occurrence whether or not harm came to the patient.

B. The Dean, School of Nursing is notified as soon as possible.

C. An RCCD WC Accident Form is completed by the student, in conjunction with the clinical instructor, when a third party (patient) is involved, i.e., a medication error. This must be completed and submitted to the Dean, School of Nursing within 24 hours, who will notify and send documentation to the RCCD Risk Manager and retain a copy in the students file.

D. A facility incident report must also completed prior to leaving the facility.

RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY: ACCIDENTS AND INCIDENTS PROCEDURE FOR NURSING STUDENT

I. Student Illness

A. Prior to Beginning Clinical Rotations

1. The student is expected to keep emergency contact information current in Admissions and Records.

2. The student is required to be in physical and emotional health. The student, therefore, is required to inform the faculty member of any change in health status (including illness, accident, and/or pregnancy) and may be required to submit a physician’s clearance.

3. If you are ill, please do not attend class and/or clinical lab/rotation. 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.

B. Beginning and/or During Clinical Lab/Rotation

1. Report illness and/or injury to nursing faculty member immediately.

2. Make joint decision whether or not student will need to leave the facility prior to the end of the scheduled clinical lab/rotation.

3. If student must leave the facility, plans must be made for completing patient care, reporting to staff, charting, etc.

4. The student’s emergency contact will be notified in the event that the student cannot leave the facility alone. College Campus Police will be notified if the phone numbers of the emergency contacts cannot be identified. The Director of Student Health Services can be contacted for consultation.

5. It is recommended the student be examined by his/her own personal physician, except in instances of severe illness, in which case the student will be referred to the closest source of emergency care.

6. Upon return to clinical rotation, the student may be required to provide a statement from his/her physician that he/she may engage in nursing care of patients.
II. Student Injury or Exposure to Contagious Disease During the Scheduled Clinical Experience

A. Report immediately to faculty member present at the facility.

EXAMPLES: needle puncture
care for patient whose contagious disease was undiagnosed at
time of care
pinch fingers in siderail
bump into cart with injury to leg
secretion (drainage) splashes into eyes, onto open skin

B. Serious or Life-Threatening

1. Call 911 or transport student to the emergency department.

2. Call Medcor Triage Hotline (800) 775 – 5866 (RN is available 24/7).

3. Notify the Dean, School of Nursing (222-8408) and RCCD Risk Management (222-8127)

   a. If unable to contact the Dean, School of Nursing or the RCCD Risk Manager. Campus College Police (222-8171) will contact the following parties if determined necessary:

      Student Health Services (222-8150)
      Risk Management (222-8127)
      Emergency contact as indicated on student’s emergency card

   b. Care and follow-up will be according to RCCD Risk Management and Medcor Triage nurse. The case falls under RCCD’s Worker’s Compensation.

C. Not Serious or Life-Threatening

1. Call Medcor Triage Hotline (800) 775 – 5866 (RN is available 24/7).

2. Notify the Dean, School of Nursing (222-8408) and RCCD Risk Management (222-8127)

   a. If unable to contact the Dean, School of Nursing or the RCCD Risk Manager. Campus College Police (222-8171) will contact the following parties if determined necessary:

      Student Health Services (222-8150)
      Risk Management (222-8127)
      Emergency contact as indicated on student’s emergency card

   b. Care and follow-up will be according to RCCD Risk Management and Medcor Triage nurse. The case falls under
RCCD’s Worker’s Compensation.

If there are questions about this, contact the RCCD Risk Management, 222-8127 or FAX (951) 222-8702.

III. Verify that a RCCD Accident Report, Supervisor’s Accident Investigation Report, Worker’s Compensation Claim Form (DWC-1), and other processes have been completed.

A. Facility incident form: Prior to leaving the facility, in conjunction with the clinical instructor, the student will complete and submit according to agency protocol.

B. The student and clinical faculty must call Medcor Triage Hotline (800) 775-5866.

C. Riverside City College District (RCCD) Accident WC Form

1. In conjunction with the clinical instructor, the student will complete and sign the original RCCD Accident Report form. Only the patient’s initials will be identified on the form. The clinical instructor will also sign the form.

2. The completed original form must be brought to the School of Nursing office within 24 hours and submitted to the Dean, School of Nursing.

3. The Dean, School of Nursing, will be responsible for notifying the RCCD Risk Manager and forwarding original forms to his/her office within 24 hours. The RCCD Risk Manager may contact the facility if further confidential information is needed. Copies of the form(s) will be placed in the student file in the School of Nursing office and the Dean, School of Nursing, will notify the appropriate Department Chair.

D. Worker’s Compensation Claim Form (DWC-1)

1. Faculty obtains form from School of Nursing website.

2. Student in conjunction with faculty submits completed form within 24 hours to the Dean, School of Nursing, who notifies and sends documentation to the RCCD Risk Manager and retains a copy in the student file.

3. For follow-up of psychosocial concerns: Refer student to RCC Student Health Services.

4. If follow-up care is necessary, contact designated clinic based on RCCD Risk Management or Medcor Triage Hotline.

IV. Transportation from Clinical Facility

A. The student’s emergency contact will be notified in the event that the student cannot leave the facility alone. The College Campus Police will be notified if the phone numbers of the emergency contacts cannot be identified. The Director of College Health Services can be contacted for consultation.
V. Incident Involving Patient

A. An incident, also called event or occurrence, is defined as any happening which is not consistent with routine operation of a hospital or healthcare facility or not consistent with the routine care of a particular patient. It includes any situation of potential injury or harm as well as actual injury or harm. Examples include, but are not limited to, medication errors; patient, visitor or employee accidents; abuse; and any unusual occurrence whether or not harm came to the patient.

B. The Dean, School of Nursing is notified as soon as possible.

C. An RCCD WC Accident Form is completed by the student, in conjunction with the clinical instructor, when a third party (patient) is involved, i.e., a medication error. This must be completed and submitted to the Dean, School of Nursing within 24 hours, who will notify and send documentation to the RCCD Risk Manager and retain a copy in the students file.

D. A facility incident report must also completed prior to leaving the facility.


FAILURE TO COMPLY WITH THE ABOVE REQUIREMENTS MAY RESULT IN THE STUDENT BEING EXCLUDED FROM THE CLINICAL AREA. THIS MAY CAUSE EXCESSIVE ABSENCE, POSSIBLY INTERFERING WITH THE STUDENT’S ABILITY TO SATISFACTORILY COMPLETE STUDENT LEARNING OUTCOMES.
Injured person is a:  
- Student  
- Student Volunteer**  
- Employee  
- Visitor  

**If student volunteer which program: ____________________________

<table>
<thead>
<tr>
<th>Injured person's name:</th>
<th>Date of birth: _________________</th>
<th>Gender</th>
<th>Social Security#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Injured person's address:</th>
<th>Age: _________________</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
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<thead>
<tr>
<th>Telephone (home):</th>
<th>Telephone (work):</th>
<th>Telephone (cell):</th>
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<table>
<thead>
<tr>
<th>Date of hire:</th>
<th>Title:</th>
<th>Email address:</th>
</tr>
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<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Date of injury:</th>
<th>Shift start time: ________</th>
<th>If student, provide instructor's name: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of Injury:</td>
<td>Time you reported injury to supervisor: ________</td>
<td>If student, provide class name: ________________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Start time of first class on day of accident ________ a.m. p.m.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>End time of last class finished on day of accident ________ a.m. p.m.</td>
</tr>
</tbody>
</table>

If employee, provide supervisor's name and telephone number: ____________________________

<table>
<thead>
<tr>
<th>Employee type:</th>
<th>Full-Time</th>
<th>Part-Time</th>
<th>Work Schedule: ____________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Job location:</th>
<th>Department:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Time work shift began on day of accident ________ a.m. p.m.</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Campus:  
- Riverside  
- Norco  
- Moreno Valley  

<table>
<thead>
<tr>
<th>Location:</th>
<th>Culinary Academy</th>
<th>RCCD Economic Development Corona</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>March Education Center</td>
<td>Center for Social Justice</td>
</tr>
<tr>
<td></td>
<td>Ben Clark Training Center</td>
<td>Stokoe Annex</td>
</tr>
<tr>
<td></td>
<td>Rubidoux Annex</td>
<td>RCCD Economic Development Corona</td>
</tr>
<tr>
<td></td>
<td>Culinary Academy</td>
<td>Culinary Academy</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Specific activity the employee was doing when the event occurred:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Describe how accident occurred:

Who was the injured person released to? ____________________________  
Relationship to injured person: ____________________________  
Specific Body part injured: ____________________________  
Does the injured person have medical insurance?  
- Yes  
- No  
If yes, name of insurance carrier: ____________________________  
First aid given:  
- Yes  
- No  
If yes by whom: ____________________________  

Witnesses

<table>
<thead>
<tr>
<th>Witness name:</th>
<th>Statement</th>
<th>Email:</th>
<th>Telephone:</th>
</tr>
</thead>
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</tr>
</tbody>
</table>

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.
STUDENT PROGRESSION IN THE ADN PROGRAM:

ACADEMIC POLICIES
ATTENDANCE POLICY FOR THE ADN (RN) PROGRAM

The ADN (RN) program at Riverside City College is a concentrated course of study. In order to ensure academic success and meet program and course outcomes, students are expected to demonstrate responsible behavior.

1. College Policy on Attendance- Riverside City College Catalog

Riverside Community College District (RCCD) has adopted the following policy with regard to attendance. Nothing in this policy shall conflict with Title 5, section 58003, 58004, that pertains to state requirements for monitoring and reporting attendance for apportionment purposes. The Faculty, Staff, and Administration of RCCD expect all students to attend every meeting of all classes for which they are registered. Of particular importance is the first class meeting of the semester during which the Instructors of Record determine adds and drops. Students who have enrolled for a class and who do not attend the first class meeting effectively forfeit their place in the class and, as a result, may be dropped by the Instructor of Record. Furthermore, students who are late for the first meeting of the class may be forfeiting their place in the class and may be dropped by the Instructor of Record. The Faculty, Staff, and Administration of RCCD are therefore strongly recommending that all students are present in each of their classes at the start of all of their classes and that all students should know and understand the attendance policy for every class in which they are enrolled.

2. ADN (RN) Program Policy on Attendance.

The AND (RN) program conforms to the RCCD’s policy on attendance. All students are expected to attend every session of every course in which they are enrolled. Students are responsible to inform the instructor prior to any absence. Any time within the program that a student’s lack of attendance and/or punctuality occurs at either a clinical or a class session, additional course work may 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 or failing grade or may be dropped from the program for absence that results in inability to meet the student and graduate 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 behavior to meet the student learning outcomes of the course. Make-up work may be assigned in accordance with RCCD Positive Attendance requirements.
Clinical: The instructor 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 may be required to make-up missed clinical outcomes by: 1). Attending a clinical experience on an alternate day that may not correspond with their regular clinical assignment; or 2). The student may be assigned a pre-arranged clinical simulation scenario, coordinated by the semester-level faculty, to be supervised by a Board of Registered Nursing (BRN) approved faculty member who will provide a clinical experience appropriate for meeting the student’s learning outcomes. Students who are absent or tardy from clinical lab may be unable to meet the student learning outcomes of the course which may result in a failing grade.
RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ATTENDANCE AND GRADING POLICY

ATTENDANCE
Students are required to attend every session of every course. Students are responsible to inform the instructor prior to any absence and obtain any required make-up work.

WITHDRAWALS
An official withdrawal must be initiated by the student. A “W” on your transcript does not compute into your GPA. Your instructors reserve the right to administratively withdraw students who do not regularly attend. Please refer to the current class schedule for withdrawal deadlines.

GRADE OF 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 or removal of the “I” shall be stated by the instructor on the Incomplete Contract given to the student.

GOOD STANDING
Students are considered to be in good standing when they achieve a cumulative grade point average of 2.0 or higher in all course work attempted.

PROBATION
Students who have attempted twelve (12) semester units or more will be placed on academic probation if their grade point average is below 2.0. Students may also be placed on progress probation if they have attempted twelve (12) or more semester units and have an excessive amount of “withdrawals,” “incomplete,” or “no-credits.” “Excessive” is defined as 50% or more. Students placed on probation will be notified by mail. All first time probation students are required to attend a success workshop offered by the Counseling Department. Students on probation may enroll for a maximum of 12 units.

DISMISSAL
Excessive absences, unsatisfactory academic achievement or falsification of information supplied to the Admission and Records Office shall serve as a basis for dismissal from a class or from the college. Students who maintain less than a 2.0 GPA for three consecutive semesters are subject to academic dismissal. **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 “W,” “I,” or “NC” entries exceeds 50% for three semesters in a row.

WAIVER OF DISMISSAL
Students may re-enter the semester following academic dismissal after successful petition to the Academic Review Committee. However, students will remain on probation until their cumulative GPA is 2.0 or higher or the percentage of “W,” “I,” or “NC” entries is less than 50%. All readmitted students must see a counselor to complete a “Readmit Contract.”
RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ADN (RN) PROMOTION POLICY

Promotion from one semester to the next semester is dependent upon successful completion of all course requirements within the previous semester:

A. Nursing students are required to meet the minimum requirements to be eligible for the licensure examination administered by the California Board of Registered Nursing. A minimum grade of “C” in theory and a satisfactory evaluation in clinical practice in each nursing course is required if the student is to advance from one semester to the next (refer to prerequisites for each nursing course). An overall “C” average is required for the student to progress in the ADN (RN) program.

B. A satisfactory grade on all clinical performance evaluations is required.

C. A satisfactory performance on all Clinical Competency Assessments is required.

D. A satisfactory performance on Dosage Calculation Competency Exam is required.

E. The student must have an average of 75% on all course work as well as satisfactory clinical performance to advance to the next semester level of the program.

F. A satisfactory attendance record is mandatory (see Attendance Policy for the ADN (RN) program).

G. Satisfactory demonstration of professional behaviors is essential.

H. 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 success.

I. At mid-semester, faculty notifies those students who have a theory grade average of less than 75%. Students are placed on Academic Probation at this time (see Academic Probation Policy & Procedure).
RIVERSIDE CITY COLLEGE  
SCHOOL OF NURSING  

ADN (RN) RETENTION POLICY

A. Students are held accountable to apply all subject matter presented in foundation courses. Additionally, it is required that students be knowledgeable about theory and clinical skills related to each semester of the nursing program.

When a student fails to meet the course student learning outcomes, the instructor will counsel the student according to procedures for unsatisfactory progress in the program. The instructor will utilize all available resources to assist the student to achieve success in the program. The following options are available to the student under these circumstances:

1. School of Nursing Student Outcomes Specialist (SOS)

   The SOS is available to nursing students who need assistance with strategies to promote their academic success, such as test taking, study skills, and time management.

2. Tutorial Services

   A tutorial service is in operation to assist students having academic or clinical performance deficits. The service is free and students simply need to visit the Tutorial Services on the first floor of the Digital Library & Learning Resource Center to request the kind of help needed and to follow through with designated appointments and related homework.

3. Counseling Services

   Counseling sessions are available through Riverside City College Student Health Services to assist the student with problem-solving of a psychological nature during period a crisis.

4. Financial Aid

   Many options are available for financial aid to students with financial need. See the Student Financial Services office.

5. Scholarships

   Many scholarships are available specifically for nursing students. Information regarding scholarships may be obtained from the Student Financial Services office and the RCC SON website on the Student Information page under General Program Resources.
Evaluation is the appraisal of the student’s attainment of the identified student learning outcomes of each course. Each instructor has the ultimate responsibility to determine if the student has achieved the required student and graduate learning outcomes.

A. **Assessment:**
   1. Each instructor measures the quality of learning by means of written tests, projects, reports, papers, and return demonstrations. The final grade is a composite grade of all evaluation methods used.
   2. All exams must be taken within the time frame given by the instructor.
   3. If PAR sheets are required for testing, students are required to provide their own PAR answer sheets that are available in the RCC Bookstore.
   4. An NCLEX-RN/PN Comprehensive Predictor Examination is given in the last semester of the ADN and VN programs. These tests are required by the program.
   5. ATI proctored exams are given throughout the programs and account for a percentage of each semester grade.

B. **Grades:**
   1. Letter grades are used in recording the final grade for each course. A student must earn a letter grade of “C” or higher in order to successfully pass the course.
   2. Semester letter grades are determined by theory achievement percentage and satisfactory clinical performance. The grades are recorded according to the following theory percentages:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90 - 100%</td>
</tr>
<tr>
<td>B</td>
<td>80 - 89%</td>
</tr>
<tr>
<td>C</td>
<td>75 - 79%</td>
</tr>
<tr>
<td>D</td>
<td>65 - 74%</td>
</tr>
<tr>
<td>F</td>
<td>below 65%</td>
</tr>
</tbody>
</table>

   3. **Clinical Nursing Performance:**
      a. Clinical Competency Assessment will be conducted each semester
      b. Satisfactory clinical performance must be met.
      c. Evaluations of clinical nursing performance are based on instructor
observations of student performance. Evaluations are based on evidence of student progress in achieving course student learning outcomes.

d. Evaluations are discussed formally with the student in scheduled conferences. Assessment of the student’s progress will also be done formatively throughout the semester.

e. A clinical grade of unsatisfactory, a second clinical grade of minimal performance, and unsafe may result in an “F” grade for the course.

f. Whenever the nursing student is not performing at a satisfactory level in the clinical area, the nursing instructor will meet with the student to discuss the areas needing improvement.
RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

ACADEMIC PROBATION POLICY AND PROCEDURES

Academic Probation is a mechanism whereby the nursing faculty can assist the student in identification of specific areas of weakness and suggestions for improvement.

1. A Nursing Progress Report will be initiated by the faculty and the student will be placed on Academic Probation when the theory average is:
   a. Less than 75% in a nursing course at mid-semester.

2. A Notice of Academic Probation will be given to the student and the signatures of instructor and student on the form will serve to document that the student is aware of the contents. A Contract for Student Success in Nursing Theory will be implemented. Signed copies of the Notice of Academic Probation and the agreed upon Contract for Student Success in Nursing Theory will be distributed to the student, the instructor, the semester-level lead instructor and the Department Chair, if applicable. A copy of the Notice of Academic Probation, the Contract for Student Success in Nursing Theory, and the Nursing Progress Report will be placed in the student’s file in the School of Nursing office.

3. The semester-level faculty will meet with the student who is going to be placed on Academic Probation to review current academic standing in the semester level and to initiate a Contract for Student Success in Nursing Theory. The Contract for Student Success in Nursing Theory will include but is not limited to:
   a. Meet with the Student Outcomes Specialist (SOS). Prior to meeting with the SOS, the student is required to develop a time management calendar and bring it to the appointment. The SOS will help the student develop a strategic plan for study skills and testing. This meeting can be a group session. Students will report back to the SOS on their progress implementing suggested strategies.

   b. Submit proof of 4 hours per week of selected assignments to designated semester-level faculty. Students are required to submit documentation weekly on the Student Documentation Form for Student Success Contract, which may be found on the School of Nursing website.

   c. Additional strategies, as outlined on the Contract for Student Success in Nursing Theory, which are identified as being helpful in achieving student success.

4. Students below 75% will be required to meet with the Department Chair following the third exam of the course and/or before the last date to withdraw with a “W” if their overall course grade does not improve after implementation of their Contract for Student Success in Nursing Theory. Students will need to bring their Contract for Student Success in Nursing Theory with them to their appointment.
Notice of Academic Probation

(Grade average of below 75%)

Select RN Nursing Course ________________  Select VN Nursing Course ________________

DATE: __________________________________________________________________________

TO: __________________________________________________________________________

Student Name: Last ________________ First ________________ Middle ________________ RCCD

FROM: __________________________________________________________________________

Faculty Name

SUBJECT: __________________________________________________________________________

Theory grade average

In order to assure your academic success in the School of Nursing, it has become necessary to place you on academic probation. The Nursing Faculty would like to help you to identify a plan of study that will facilitate positive achievement and remediate any areas requiring further study. It is recommended that the student maintain an average of at least 75% to prepare for program completion and NCLEX success.

1. Check those that apply:
   a. Make an appointment with semester level faculty ________________ by ________________ to discuss identified areas of difficulty to initiate a plan for remediation.
   b. Bring to that appointment a written plan for remediation. You and your instructor will plan your Contract for Student Success in Nursing Theory to be utilized throughout the remaining semester.
   c. Make an appointment with the Student Outcome Specialist.
   d. If the student has not achieved at least a 75% by midterm or the last date to withdraw with a "W," the student will make an appointment with the Department Chair.

2. Failure to earn a course grade of at least 75% will result in ineligibility to progress to the next semester.

A student who exits the School of Nursing may be ineligible for immediate readmission.

Comments

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Student Signature ___________________________ Faculty Signature _______________________

__________________________________________________________________________________

__________________________________________________________________________________

Date ___________________________ Date ___________________________

Revisions: 7/97, 1/00, 8/01, 5/06, 11/06, 4/09, 7/09, 8/9/11, 4/23/13, 7/15/14

Copy to Department, Student & Instructor SI-NAP

ADNSH 01/28/16
Contract For Student Success In Nursing Theory

Name: ___________________________  Nursing Course: __________  Current Theory Grade: ________

Difficulty in meeting student learning outcomes:


Required plan for improving academic success:
1. Student will meet with the Student Outcomes Specialist (SOS). Prior to meeting with the SOS, develop a time management calendar and bring it to the appointment. The SOS will help the student develop a strategic plan for study skills and test taking. This meeting can be a group session. Students will report back to the SOS on their progress implementing suggested strategies.

2. Student will submit proof of 4 hours per week, working on a selection of the following activities:

(Select all that apply)

____ a. Focused ATI reviews and practice exams pertinent to current course content.
____ b. Review instructional media (i.e. CAIs, Nursing Education in Video, Course Point) related to specific semester level content areas and submit completed CAI/video evaluation form if applicable.
____ c. Develop concept maps on semester level content areas.
____ d. Join a study group where students have at least a “B” average.
____ e. Rewrite lecture notes each week and incorporate related information from test using different colored ink.
____ f. Outline assigned text chapters relating to course content.
____ g. Use workbooks for assigned texts.
____ h. Develop flashcards.
____ i. Tape or view lectures.
____ j. Practice NCLEX-RN or NCLEX-PN test questions for specific semester level content, using NCLEX review books, PrepU, or Course Point.
____ k. Other (describe):

If the student has not achieved at least a 75% by midterm, or the last date to withdraw with a “W,” the student will make an appointment with the Department Chair to review the student’s Contract for Success in Theory and discuss possible options.

_________________________  ___________________________  ___________________________  ___________________________
Faculty Signature  Date  Student Signature  Date

_________________________  ___________________________
Student Outcome Specialist Signature  Date
Student Documentation for Student Success Contract

Student Name: ____________________________
(Print legibly) Last First Middle

Semester Level: ____________________________ Week #: ________________________________

1. **Student**: Describe below in detail the activities which satisfy the 4 hours per week of required coursework. Attach documentation that supports completion of your Plan for Success.

2. **Student Verification**: The above is an accurate account of my experience for the required plan for improving academic success.

__________________________________________
Student Signature

__________________________________________
Date

Revised: 6/11/09, 8/9/11, 4/19/13
RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

EXAMINATION POLICY

General Guidelines

1. Students are expected to be present in theory or clinical the day before or the day of the scheduled exam.

2. Students will be provided with all necessary testing materials except ParScore sheets which can be purchased at the RCC Bookstore. No electronic devices will be allowed during testing. Any student found to be in possession of an electronic device during testing will receive a zero on the exam.

3. Students who utilize Disability Resource Center (DRC) services for testing are responsible for notifying their semester-level faculty at least 5 business days before the exam so that testing coordination may take place.

4. Students will be held to the RCC School of Nursing Integrity and Professional Use of Electronic Devices policies in regards to testing.

5. Additional guidelines may be found in the RCC School of Nursing Exam Rules which were adapted by the faculty from the National Council of Student Boards of Nursing (NCSBN) guidelines for licensure examination.

Make-up Exams

1. Make-up for quizzes, course exams, midterm, 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.

3. Make-up exams may or may not be in the same format as the original exam.
RIVERSIDE CITY COLLEGE
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EXAM 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 and 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.

1. Personal items are not allowed in the testing room. Personal items include, but are not limited to:
   a. Cellular/mobile/smart phones/PDA
   b. Any electronic device
   c. Bags/Purses/Wallets
   d. Books/Study materials
   e. Cameras of any kind
   f. Coats/Hats/Scarves/Sweat Shirts/Gloves
   g. Food or Drink
   h. Gum or Candy
   i. Lip Balm
   j. Pagers/Hand-held computers
   k. Watches
   l. Weapons of any kind

2. Keys will be placed in a basket in the front of the room.

3. Students are required to have all sign on codes/passwords and be computer literate before coming into the testing room. Computer literacy means you are able to turn on a computer, access the correct web page, sign on with an acute sign on/password and cause no disruption to the class due to not understanding how to use a computer.

4. If a student is ever found with the listed items on their person you will be immediately dismissed and earn a zero on the exam.

5. 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.

6. 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.

These rules have been adopted from the National Council of State Boards of Nursing. Your signature on theAcknowledgement of Forms indicates that you will abide by the above rules.
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POLICY FOR EXAM EVALUATION, RESULTS, AND TEST-TAKING STRATEGIES

1. Evaluation of the exam, exam results, and test-taking strategies is the focus of exam review.

2. Individual exams are not available for student’s to review regardless of academic status (i.e. less than or greater than 75%).

3. Faculty will address test concepts that the majority of students answered incorrectly.

4. Students may meet with faculty during office hours for further guidance.

5. Students who are having difficulties with exams and study skills are encourage to meet with the Student Outcome Specialist.
To ensure that all ADN (RN) students are eligible for graduation, students are encouraged to meet each semester with a counselor and/or Nursing Educational Advisor to review their Student Educational Plan. The following are required to meet graduation criteria:

1. **Nursing 18**: Meet with a counselor or Nursing Educational Advisor to finalize their Student Educational Plans.

2. **Nursing 12**: File a graduation application.

3. **Nursing 21 & 22**: The transcript evaluator will send a progress update to each ADN (RN) student who has submitted a graduation application.

4. **Upon completion of the ADN (RN) program**, the transcript evaluator will complete a *Verification of Completion* form for each student for submission to the Board of Registered Nursing.
STUDENT PROGRESSION IN THE ADN PROGRAM:

CLINICAL POLICIES
RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

CLINICAL ORIENTATION POLICY

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 compensatory “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.
A. CLINICAL EXPECTATIONS

Students are expected to demonstrate growth in their clinical performance as they progress throughout the program. In each registered nursing course, students must achieve certain student learning outcomes and competencies that demonstrate a safe level of clinical performance. Clinical performance is based on the demonstration of safe nursing skills that ensure quality, safe, patient-centered nursing care, as well as the display of professional behaviors and attitudes in all clinical settings. Students are expected to be prepared for clinical practice and must understand their limitations and boundaries to prevent avoidable errors. While the nursing faculty is available to assist students in their clinical journey, students are expected to assume responsibility and be fully accountable for the nursing care they provide to patients.

B. CLINICAL EVALUATION

1. Student performance will be evaluated, either formally or informally, during each clinical experience by qualified clinical nursing faculty. Formal clinical evaluations will occur at the end of each clinical rotation and as required to ensure that students achieve semester-level student learning outcomes. Clinical competency will also be evaluated during Clinical Competency Assessment that occurs at specified times during each registered nursing course. The results of the Clinical Competency Assessment will be considered in the student’s overall clinical evaluation.

2. Student's clinical performance will be evaluated using the Clinical Evaluation Tool which indicates the evaluative measures used to assess each semester-level student learning outcomes.

3. Students who do not demonstrate consistent clinical growth over the course of a semester may be unable to achieve their student learning outcomes which may result in the student's inability to progress in the course and/or nursing program.

C. CLINICAL PERFORMANCE DEFINITIONS

1. Satisfactory Clinical Performance: The student consistently demonstrates quality, safe, competent, professional nursing skills or behavior(s) in the clinical setting or lab. The student is prepared, inquisitive, and engaged in learning opportunities that are available during clinical experiences. The student plans and implements nursing care based on relevant and current evidence-based nursing practices and standards of care. The student is able to identify areas that need of improvement and seeks guidance from the clinical faculty or another appropriate member of the health care team. The student assumes responsibility and
accountability for their own behavior and the care they provide for patients and the community. The student participates as an active member of the intra/interprofessional healthcare team, communicating collaboratively and collegially with other members of the team. The student demonstrates the semester-appropriate level of clinical reasoning and judgment on which to base their clinical decision-making. The student confidently uses nursing informatics systems to effectively communicate, manage and analyze data, prevent errors, and support decision-making. The student consistently demonstrates self-regulated learning behaviors and independently seeks additional learning opportunities or experiences. Required clinical assignments and activities are completed in a timely manner and demonstrate higher-level thought processes.

2. **Needs Improvement:** The student is able to demonstrate a satisfactory level of competency but in order to do so may require more guidance or assistance from the clinical faculty than other students performing satisfactorily at the same semester level. The student may lack consistency in preparation, planning, and performance on required assignments. Students who do not show consistent clinical growth and fail to achieve a satisfactory clinical performance in each student learning outcome by the end of any nursing course will earn a minimal clinical performance for that particular outcome. An earned minimal clinical performance grade in any of the course learning outcomes will result in a minimal clinical performance as the final clinical grade. A student who has demonstrated satisfactory performance in previous rotations in the course and earns a 'needs improvement' in the final clinical rotation will be required to complete additional clinical requirements and may result in an incomplete in the course until all requirements are completed. This may interrupt a student's progression in the program and may require readmission upon space availability. Once the requirements are completed, the student will be allowed to progress in the program.

3. **Minimal Clinical Performance:** The student demonstrates severe inconsistencies in their level of clinical performance or behavior(s), requiring a significant amount of guidance or supervision from the clinical nursing faculty when compared to other students performing satisfactorily at the same semester level. Despite assistance, the student is inconsistent in identifying areas for growth or shows minimal improvement when given repeated opportunities to demonstrate competency. The student is inconsistent in assuming accountability and responsibility for their own nursing actions and clinical judgment.

   a. Students who do not show consistent clinical growth in each student learning outcome by the end of a registered nursing course will earn a minimal clinical performance for that particular outcome.

   b. Since all course learning outcomes are equally important for demonstrating a student's clinical competency, earning a minimal clinical
performance for any of the course learning outcomes will result in earning an overall minimal performance for the clinical rotation.

c. At the end of the course, an earned minimal clinical performance grade in any of the course learning outcomes will result in a minimal clinical performance as the final clinical grade.

d. The student who has earned their first minimal clinical performance grade at the end of the clinical rotation will progress to the next rotation/semester with a detailed remediation contract developed with semester-level faculty. The remediation contract may include, but is not limited to, nursing skill practice exercise, simulation scenarios, case studies, written papers, and use of many other clinical resources available to students. All clinical contract requirements must be met and submitted to the designated faculty member in order for the student to earn a satisfactory clinical grade in the next rotation or subsequent semester.

e. If a second minimal clinical performance grade is earned at any other time in the program, the student will earn an unsatisfactory clinical grade and will be ineligible to progress in the semester/program.

f. The student earning a minimal clinical performance is required to schedule a meeting with semester-level faculty to arrange for placement in specific clinical rotations. This may result in the student having to change clinical rotations, clinical days, and/or clinical agencies.

g. All students receiving a minimal clinical performance will be required to meet with the Department Chair and/or the Dean, as appropriate.

4. Unsatisfactory Clinical Performance: The student fails to demonstrate quality, safe, competent, professional nursing skills or behavior(s) in the clinical setting or lab, despite repeated opportunities for improvement and additional guidance or assistance from the clinical nursing faculty and nursing staff. The student repeatedly lacks preparation or knowledge necessary for providing safe nursing care. The student is unable to identify areas that need improvement and fails to seek necessary guidance from the faculty or other members of the health care team. Because they do not assume responsibility and accountability for their own behavior and the care they provide for patients and the community, the student places the patient's safety in jeopardy. The student fails to participate as an active member of the inter/intra professional healthcare team which results in a communication break-down, thus jeopardizing patient safety. The student lacks the semester-appropriate level of clinical reasoning and judgment on which to base their clinical decision-making. The student fails to utilize nursing informatics systems to effectively communicate, manage and analyze data, prevent errors, and support decision-making. The student 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 in the following ways:

a. The student receives two minimal clinical performance grades at the end of two separate clinical rotations at any time in the program.

b. The student's clinical performance is at an unsatisfactory level. Repeated documentation and remediation strategies demonstrate that the student is unable to meet student learning outcomes.

c. If an unsatisfactory clinical performance grade is earned:

   i. The student will be ineligible to progress in the program and may receive an "F" grade in the course, according to college policy.

   ii. The student will meet with semester-level faculty and a Contract for Readmission and an Exit Interview Form will be developed in collaboration with the student.

   iii. The student will be required to meet with the Department Chair and/or the Dean, School of Nursing.

   iv. The student will be eligible for readmission, pending space availability and in accordance with the current RCC School of Nursing Readmission and Prioritization for Readmission policies, only when the terms of the readmission contract have been met.

   v. Students who are readmitted following an unsatisfactory clinical grade must maintain satisfactory clinical progress and earn satisfactory clinical 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:** 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; BVNPT Rules/Regulations 2519). If at any time a student's clinical performance is evaluated by the clinical nursing faculty to be unsafe or grossly negligent, the student will be dismissed from the clinical area, receive an "F" grade for the course 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.
A. **CLINICAL EXPECTATIONS**

Students are expected to demonstrate growth in their clinical performance as they progress throughout the program. In each registered nursing course, students must achieve certain student learning outcomes (SLOs) and competencies that demonstrate a safe level of clinical performance. Clinical performance is based on the demonstration of safe nursing skills that ensure quality, safe, patient-centered nursing care, as well as the display of professional behaviors and attitudes in all clinical settings. Students are expected to be prepared for clinical practice and must understand their limitations and boundaries to prevent avoidable errors. While the nursing faculty is available to assist students in their clinical journey, students are expected to assume responsibility to be fully accountable for the nursing care they provide to patients.

B. **LESS-THAN-SATISFACTORY (NEEDS IMPROVEMENT, MINIMAL, UNSATISFACTORY) CLINICAL PERFORMANCE**

1. Student performance will be evaluated, either formally or informally, during each clinical experience by qualified clinical nursing faculty.

2. The nursing faculty may, at any time during the clinical rotation or clinical experience, identify a less-than-satisfactory clinical performance or behavior demonstrated by a student. Descriptions, as defined in the RCC SON Policy and Procedure for Clinical Performance Evaluation, of less-than-satisfactory clinical performance include:
   
   a. **NEEDS IMPROVEMENT CLINICAL PERFORMANCE**: The student is able to demonstrate a satisfactory level of competency but in order to do so may require more guidance or assistance from the clinical faculty than other students performing satisfactorily at the same semester level. The student may lack consistency in preparation, planning, and performance on required assignments, or may lack the knowledge skills, and attitudes necessary to perform nursing care at the course level. A ‘Needs Improvement’ clinical performance is earned after the student has received written indication that there may be concerns over the student’s clinical performance.

   b. **MINIMAL CLINICAL PERFORMANCE**: The student demonstrates severe inconsistencies in their level of clinical performance or behavior(s), requiring a significant amount of guidance or supervision from the clinical nursing faculty when compared to other students performing satisfactorily at the same semester level. Despite assistance, the student is inconsistent in identifying areas for growth or shows minimal improvement when given repeated opportunities to demonstrate competency. The student is inconsistent in assuming accountability and responsibility for their own nursing actions and clinical judgment.

   c. **UNSATISFACTORY CLINICAL PERFORMANCE**: The student fails to demonstrate quality, safe, competent, professional nursing skills or behavior(s) in the clinical setting or lab, despite repeated opportunities for improvement and additional guidance or assistance from the clinical nursing faculty and nursing staff. The student repeatedly lacks preparation or knowledge necessary for providing safe nursing care. The student is unable to identify areas that need improvement and fails to seek necessary guidance from the faculty or other members of the healthcare team. Because they do not assume responsibility and accountability for their own behavior and the care they provide for patients and the community, the student places the patient’s safety in jeopardy. The student fails to participate as an active member of the intra/interprofessional healthcare
team which results in a communication breakdown, thus jeopardizing patient safety. The student lacks the semester-appropriate level of clinical reasoning and judgment on which to base their clinical decision-making. The student fails to utilize nursing informatics systems to effectively communicate, manage and analyze data, prevent errors, and support decision-making. The student 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.

d. **UNSAFE CLINICAL PERFORMANCE:** Overall clinical performance is considered unsafe when a student’s action(s) or pattern(s) of behaviors reflect(s) 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).

C. **FACULTY PROCEDURE FOR FACILITATING SUCCESS IN STUDENTS WITH LESS-TAN-SATISFACTORY CLINICAL PERFORMANCE**

1. If a student exhibits a less-than-satisfactory clinical performance or behavior, the nursing faculty must assist the student in identifying the area(s) of clinical concern that need improvement in order to facilitate students in meeting their SLOs for the course.

2. All faculty must work together to facilitate student success; therefore, part-time faculty must regularly notify their full-time faculty mentors as to the progress of each clinical student. Part-time faculty should alert full-time faculty members of any students experiencing clinical challenges so that appropriate remediation actions can be initiated.

3. **If a student consistently demonstrates** a less-than-satisfactory clinical performance, the student will be notified verbally and in writing using a Nursing Progress Report (NPR). Verbal notification will occur by the end of the clinical day and written notification will occur within seven days of the incident.

4. A thorough description of the clinical event or identified areas of clinical concern must be clearly outlined on a NPR. The NPR must also specify a written contract, developed by the faculty member and in conjunction with the student, which facilitates the student’s ability to meet their course SLOs. Written contracts should include precisely what action(s) the student must accomplish to correct the problem, the date assigned remediation or other action(s) is/are due, and the consequences to the student for not meeting the specified contract. Remediation may include, but is not limited to, activities such as nursing skill practice documentation from the Nursing Learning Lab, simulation scenarios, computer assisted instruction programs (CAIs), written reflection papers, and medication administration practice experiences.

5. The instructor will meet with the student within seven days to discuss the contract requirements.

6. A copy of the contract will be forwarded to the Semester Lead Faculty.

7. The student may also be required to meet with the Semester Level Faculty Team, Semester Lead Faculty, Department Chair, and/or the Dean, School of Nursing.

8. The student’s clinical performance must then be evaluated weekly or within a defined time frame clearly specified within the contract. Student progress meetings should be documented on a NPR.

9. If the student’s clinical performance does not improve despite additional guidance and direction from the clinical instructor, the Semester Level Faculty Team will meet with the student to review the current contract and develop a further plan of action or decision. The student may be directed to meet with the Department Chair and/or Dean, School of Nursing, at that time.

10. Failure to meet the contract requirements as specified and outlined on the NPR will result in the student’s inability to meet their Student Learning Outcomes for the course and an ‘Unsatisfactory Clinical Performance’ grade will be earned by the student.
D. CONSEQUENCES OF LESS-THAN-SATISFACTORY CLINICAL PERFORMANCE GRADES  
(as noted in the RCC SON Policy and Procedure for Clinical Performance Evaluation)

1. NEEDS IMPROVEMENT CLINICAL PERFORMANCE GRADE
   a. Students must demonstrate improvement during each nursing course to earn a satisfactory 
      clinical performance.
   b. Students who do not demonstrate consistent clinical growth in all student learning 
      outcomes throughout the duration of the course, and therefore continue to receive a 
      ‘Needs Improvement’ clinical rating in any student learning outcome category at the end 
      of the course will receive a ‘Minimal’ clinical performance in that student learning 
      outcome.
   c. A student who has demonstrated satisfactory performance in previous rotations in the 
      course and earns a ‘Needs Improvement’ in the final clinical rotation will be required to 
      complete additional clinical requirements, as defined by the semester-level faculty, and 
      may result in an incomplete in the course until all requirements are complete. This may 
      interrupt a student’s progression in the program and may require readmission upon space 
      availability. Once the requirements are completed, the student will be allowed to progress 
      in the program.

2. MINIMAL CLINICAL PERFORMANCE GRADE
   a. Students who do not show consistent clinical growth in each student learning outcome, 
      despite repeated opportunities for improvement, by the end of a register nursing course 
      will earn a minimal clinical performance for that particular outcome.
   b. Since all course learning outcomes are equally important for demonstrating a student’s 
      clinical competency, earning a minimal clinical performance for any of the course 
      learning outcomes will result in earning an overall minimal performance for the clinical 
      rotation.
   c. At the end of the course, an earned ‘Minimal’ clinical performance grade in any of the 
      course learning outcomes will result in a ‘Minimal’ clinical performance as the final 
      clinical grade.
   d. The student who has earned their first ‘Minimal’ clinical performance grade at the end of 
      the clinical rotation will progress to the next rotation/semester with a detailed remediation 
      contract developed with their semester-level faculty. The remediation contract may 
      include, but is not limited to: nursing skills practice exercises, simulation scenarios, case 
      studies, written papers, and use of many other clinical resources available to students. All 
      clinical contract requirements must be met and submitted to the designated faculty 
      member in order for the student to earn a satisfactory clinical grade in the next rotation or 
      subsequent semester.
   e. If a second ‘Minimal’ clinical performance grade is earned at any other time in the 
      program, the student will earn an ‘Unsatisfactory’ clinical grade and will be ineligible to 
      progress in the semester/program.
   f. The student earning a ‘Minimal’ clinical performance is required to schedule a meeting 
      with semester level faculty to arrange for placement in specific clinical rotations. This 
      may result in the student having to change clinical rotations, clinical days, and/or clinical 
      agencies.
   g. All students receiving a ‘Minimal’ clinical performance will be required to meet with the 
      Department Chair and/or the Dean, as appropriate.
3. **UNSATISFACTORY CLINICAL PERFORMANCE GRADE**

   a. If an ‘Unsatisfactory’ clinical grade is earned, the student will be ineligible to progress in the program and may receive an ‘F’ grade in the course, according to College policy.

   b. The student will meet with semester-level faculty and a *Contract for Readmission* and an *Exit Interview* form will be developed in collaboration with the student.

   c. The student will be required to meet with the Department Chair and/or the Dean, School of Nursing.

   d. The student will be eligible for readmission, pending space availability and in accordance with the current *RCC School of Nursing Readmission and Prioritization for Readmission* policies, only when the terms of the readmission contract have been met.

   e. Students who are readmitted following an unsatisfactory clinical grade must maintain satisfactory clinical progress and earn satisfactory clinical grades in all subsequent clinical rotations. Failure to meet these criteria will result in immediate dismissal from the program with no readmission privileges.

4. **UNSAFE CLINICAL PERFORMANCE GRADE**

   a. If at any time a student’s clinical performance is evaluated by the clinical nursing faculty to be unsafe or grossly negligent, the student will be dismissed from the clinical area, receive an ‘F’ grade for the course and be ineligible for readmission to the program.

   b. 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.
PURPOSE:
The faculty in the ADN program at Riverside City College has identified three purposes for the establishment of clinical competencies. These purposes are to facilitate student learning, promote mastery of nursing skills, and assist in evaluation of specific areas of nursing care.

DETERMINING CLINICAL COMPETENCY OF NURSING SKILLS
Each semester students will be assessed for their competency of assigned nursing skills. These evaluations may occur at the start of the semester so that previously learned nursing skills can be assessed, at midterm as a formative assessment of nursing skills, and at the end of the semester as a final summative assessment of nursing skill competency. At the final Skill Competency Assessment, students should be prepared to demonstrate all skills acquired throughout the course of the semester. Students will be oriented to semester-level assessment dates at the start of each semester.

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 judgment, reasoning, time management, and documentation skills. For this reason, it is expected that students not only regularly practice their skills in the Learning Lab and/or Virtual Hospital but also thoroughly understand the rationale behind all skills as they will be required to justify their decision-making in the course of the assessment. Students must also be prepared to submit their Portfolios at the time of Clinical Competency Assessment with all required work completed.

Clinical competency scores will be incorporated as part of the student’s overall Clinical Evaluation grade. Students must achieve a satisfactory level of clinical competency on all nursing skills in order to meet their student learning outcomes. Clinical grades are not final until the student has earned a Satisfactory clinical competency grade. If a student is unable to demonstrate satisfactory clinical competency during the course of the assessment, a Nursing Progress Report will be generated with a specified remediation plan that must be completed before re-testing. Remediation assignments/requirements will be determined by the semester-level faculty. Re-testing appointments will be scheduled at the discretion of the semester-level faculty and may occur outside of normally scheduled clinical hours.

At the scheduled time of re-testing, the student will be required to provide documentation of any additional practice exercises or remediation activities. Students will be unable to re-test if they fail to complete assigned remediation activities which may result in the inability of the student to meet clinical course outcomes. Failure to meet the clinical outcomes and competencies will result in an unsatisfactory clinical performance.
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 educational, clinical performance and/or ethical standards of the Riverside City College School of Nursing and nursing regulatory agencies. Please see Eligibility and Prioritization of Readmission/Transfer/Advanced Placement policies. Recommendation for dismissal can be made for the following reasons:

A. A grade of less than “C” in any nursing course. A student who earns a grade of less than “C” in a nursing course will be allowed only one readmission to the program.

B. A second overall clinical grade of Minimal performance in any rotation at any time during the program will result in an Unsatisfactory clinical grade and the student being dropped from the course in which a second minimal performance was earned. An “F” grade for the course may be earned, according to college policy. The student will be allowed only one readmission to the program.

C. An Unsatisfactory grade in clinical nursing performance may result in an “F” grade for the course, according to college policy. The student will be allowed only one readmission to the program. The student will return on a clinical contract upon readmission to the program.

D. Students who are readmitted following an Unsatisfactory clinical grade, must maintain a satisfactory clinical progress and earn Satisfactory clinical grades in all subsequent clinical rotations. Failure to meet these criteria, will result in immediate dismissal from the program with no readmission privileges.

E. Unsafe nursing practice in the clinical area. If at any time a student’s performance is evaluated by the instructor to be clinically unsafe or grossly negligent, the student will be dismissed from the clinical area in accordance with Educational Code, Article 3:76031, 76032 and 76033, receive an “F” grade for the course, and be ineligible for readmission to the program.

1. **Grade of Unsafe Performance:** Overall performance is considered unsafe when a student’s action(s) or pattern(s) of behavior 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). The student, who earns an unsafe in clinical performance, will earn an “F” and is ineligible for readmission to the program.

F. When a student exits the program, counseling and an Exit Interview will be instituted.
Exit Interview / Contract for Readmission

Introduction: Each student who leaves the program prior to completion is responsible for scheduling an exit interview with the semester faculty. This constitutes an important part of the on-going review of the nursing program and also will provide the opportunity for students and faculty to identify steps for the student to take in order to maximize success in the future.

THE CRITERIA FOR READMISSION LISTED BELOW MUST BE COMPLETED PRIOR TO READMISSION

Student Name: _______________________________ Student Number: ________________
Address: _______________________________ Last, First, MI City: _______________ State: ______
Zip: _______________ Phone Number: (______) ___________ Ext __________ Date: __________
Faculty: _______________________________ Semester Level-RN: __________ Semester Level-VN: __________
Drop: _______________________________ (Check) Faculty-initiated ( ) Student-initiated
Attendance: Hrs absent/semester: Clinical: ____ Theory: ____
Theory Percentage Grade Upon Drop: __________% Last Earned Clinical Performance Grade:
☐ Satisfactory ☐ Needs Improvement
☐ Minimal ☐ Unsatisfactory ☐ Unsafe
Number of Progress reports since last earned clinical performance grade: ______________
Reason for Drop: ☐ Academic ☐ Clinical ☐ Personal ☐ Other ☐ Unknown
(Please describe in detail below)

1. When a student withdraws from the Riverside City College School of Nursing or fails to earn a grade of “C” or better, although all efforts are made to offer space to returning students in the most timely fashion, THERE IS NO PROMISE OR GUARANTEE AS TO WHEN THERE WILL BE AVAILABLE SPACE FOR READMISSION. See Eligibility andPrioritization of Readmission/Transfer/Advanced Placement policies.
2. A Petition for Readmission to the Riverside City College School of Nursing must be completed by the student and submitted to the Nursing Enrollment &Evaluations Specialist during the appropriate time frame.
3. A student who withdraws due to Unsatisfactory performance or receives a grade of less than “C” in the Nursing Program, will be allowed to be READMITTED ONE TIME ONLY.
4. A student who earns an UNSAFE grade in clinical performance is ineligible for readmission.
5. All students eligible for readmission are required to complete a plan of remediation developed by the faculty and student.

Criteria for Readmission (Check applicable criteria.) Completion of each must be documented and submitted by ________________ (Date)
to the Nursing Enrollment & Evaluations Specialist, who will contact the lead instructor or designee.

☐ 1. Congruence with policies on clinical probation and dismissal
☐ 2. Riverside City College School of Nursing Application – RN or VN
☐ 3. Petition for Readmission to the School of Nursing – RN or VN
☐ 4. Agreement with all department guidelines and practices in effect at time of readmission
☐ 5. Recommend referral to Disability Resource Center (DRC)
☐ 6. Referral to SOS
☐ 7. Plan for Remediation (see Nursing Progress Report)
☐ 8. RCC Extenuating Circumstance Petition (ECP), if applicable
☐ 9. Students who earn a passing grade in an “A” course are required to enroll in a “B” or “C” course upon readmission.

Faculty Signature _______________________________ Date ________________
Student Signature _______________________________ Date ________________
Contract for Readmission Completed _______________________________ Date ________________

Revised: 11/2/06, 7/6/09, 7/6/11, 8/9/11, 4/19/13, 7/15/14
Nursing Progress Report

Student: _____________________________ Date: ___________ RCCID#: _____________

Instructor: ___________________________ Nursing Course: __________________________

Progress is:  Cause for Concern  Needs Improvement  Minimal  Unsatisfactory

End of Rotation Clinical Grade/Last Clinical Grade  Satisfactory  Needs Improvement  Minimal Performance  Unsatisfactory

Problem is:  Clinical Performance  Professional Behaviors  Written Papers/Assignments  Nursing Process Papers/Care Mapping  Low Test Scores

Performance is:  Unsafe

This results in immediate dismissal from the program with no readmission privileges.

Description: Provide a detailed description of the problem, with specific student behaviors.

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Student has been informed through:

☐ Returned papers / tests with grades  ☐ Office conference on (date) _________________

☐ Nursing Process Papers/Care Mapping with Evaluation  ☐ Written summary of conference  ☐ Filed  ☐ Attached

☐ Conference on clinical area on (date) _________________

Contract: Specify what the student must do to correct the problem, when their remediation is due, and the consequences of not correcting it.

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Referred to:  ☐ Tutorial/Counselor  ☐ Assistant Department Chair

☐ Semester Level Faculty  ☐ Other

Signed _______________________________  _______________________________

Instructor  Student

Date  Date

See RCC Nursing Student Handbook for chain of command procedure for less than satisfactory progress in the nursing program.
1. When a student withdraws from the ADN or VN program or fails to earn a grade of “C” or better, although all efforts are made to offer space to returning students in the most timely fashion. There is no promise or guarantee as to when there will be available space for readmission. See Eligibility for Readmission/Transfer/Advanced Placement policy.

2. A Petition for Readmission to the ADN or VN program must be completed by the student and submitted to the Nursing Enrollment & Evaluation Specialist during the appropriate time frame.

3. A student who withdraws due to Unsatisfactory performance or receives a grade of less than “C” in the ADN or VN program, will be allowed to be READMITTED ONE TIME ONLY according to the Eligibility for Readmission/Transfer/Advanced Placement policy.

4. A student who earns an Unsafe grade in clinical performance is ineligible for readmission.

Revised: 6/13/96; 7/17/96; 3/7/97; 5/04; 8/09; 12/09; 6/14
RIVERSIDE CITY COLLEGE  
SCHOOL OF NURSING  

ELIGIBILITY FOR READMISSION/TRANSFER/ADVANCED PLACEMENT  

1. Persons applying for readmission/transfer/advanced placement to the ADN (RN) or VN program must submit an application to the program and a Petition for Readmission and RCC Extenuating Circumstance Petition (ECP) (if applicable) during the application period.

2. A student who fails a nursing course, but is eligible for readmission, is required to submit a Petition for Readmission and RCC ECP (if applicable). If the student desires immediate readmission to repeat the failed semester, this should be submitted to the Nursing Enrollment and Evaluation Specialist within two (2) working days after notification of the failing grade.

   This policy constitutes an exception to the application deadline.

3. Readmission is not guaranteed, but depends upon availability of non-designated space.

4. There are no readmission privileges for the student who has earned an unsafe in clinical.

5. When a student fails or drops due to unsatisfactory theory and/or clinical performance, the nursing faculty, in collaboration with the student, may develop a contract with specific student learning outcomes to be completed (i.e., enrollment in a Learning Lab). The purpose of the contract is to improve the chances of success for the student by strengthening areas of concern and/or unsatisfactory clinical performance. The applicant will provide documentation of successfully having met the recommendations specified in the contract.

6. Because space in the nursing program may be limited, a student whose overall record makes it unlikely that he/she can successfully complete the program may be denied readmission upon recommendation of the total nursing faculty and the Nursing Enrollment Committee.

7. Transfer students must obtain a recommendation form from the Nursing Enrollment and Evaluation Specialist. This form must be submitted to the director of the nursing program from which transferring and the director must complete and mail the form to the Nursing Enrollment and Evaluation Specialist. The letter must state whether the student is eligible for readmission to the nursing program at that school. Readmission privileges are required for transfer into either the RCC VN or ADN (RN) program.
ADN (RN) Program only

1. Students who withdraw from Nursing 11 with satisfactory theory and clinical grades, and subsequently reapply to the program, will be placed into the current applicant pool and ranked accordingly with all other applicants.

   a. Previous earned theory and clinical grades will apply to student’s progression in the program.

2. A student who earns a failing grade in theory in the Associate Degree Nursing Program will be allowed to be **READMITTED ONE TIME ONLY.** A student cannot readmit after a second failing grade has been earned (less than “C” grade). The following are exceptions to this one-time-only readmission policy:

   a. Students may petition to have extenuating circumstances considered. The *RCC Extenuating Circumstance Petition (ECP)* form must be submitted in writing and attached to the *Petition for Readmission* to the Nursing Enrollment and Evaluation Specialist.

   b. Students who earn a second failing grade in Nursing 22, and have satisfactory clinical evaluations throughout the program, may be considered for readmission into Nursing 22 upon space availability.

VN Program only

1. Students who fail or withdraw from Nursing 52 with satisfactory theory and clinical grades, and subsequently reapply to the program, will be placed into the current applicant pool and ranked accordingly with all other applicants.

   a. Previous earned theory and clinical grades will apply to student’s progression in the program.

2. A petition for readmission to the VN Program will be approved pending space for an applicant with below 2.0 cumulative GPA, if the only course(s) bringing the GPA below 2.0 are VN Program courses which must be repeated.

3. A student who earns a failing grade in theory in the Vocational Nursing Program will be allowed to be **READMITTED ONE TIME ONLY.** A student cannot readmit after a second failing grade has been earned (less than “C” grade). The following are exceptions to this one-time-only readmission policy:

   a. Students may petition to have extenuating circumstances considered. The *RCC Extenuating Circumstance Petition (ECP)* form must be submitted in writing and attached to the *Petition for Readmission* to the Nursing Enrollment and Evaluation Specialist.
Prioritization of Readmission/Transfer/Advanced Placement Candidates

The ADN program reserves the right to designate a number of enrollment spaces for grant-funded pathway students, advanced placement students, or clinical agency partner cohorts. For the latest information regarding current available enrollment spaces, please see the Nursing Enrollment and Evaluation Specialist. This policy is to be implemented in the event there are more applicants than available non-designated spaces.

1. At the close of the application periods all fully qualified applicants shall be ranked according to the Priority for Selection criteria and admitted on a space available basis. If additional non-designated spaces are available at the end of the semester, those applicants who completed work in progress, thus meeting minimum admission criteria, will be ranked according to the Priority for Selection criteria and admitted on a space available basis.

2. Priority for selection will be as noted below. If more than one candidate has the same ranking, and there are insufficient spaces to accommodate all students, those petitions shall 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.

3. Priority for Selection:
   a. RCC nursing student who withdrew from the program in satisfactory theory and clinical standing, with no Nursing Progress Reports on file.
   b. RCC nursing student who withdrew from the program in satisfactory theory and clinical standing, but with Nursing Progress Report(s) on file.
   c. RCC nursing student who earned or withdrew with a satisfactory clinical but failing theory grade. (Students in this category, who have not been readmitted due to lack of space for two semesters, will receive priority admission in the category.)
   d. Licensed graduates of RCC VN program who have applied for advanced placement in the ADN (RN) program.
   e. Transfer student or non-RCC LVN advanced placement student.
   f. RCC nursing student who earned or withdrew with a “C” or better theory grade but less than satisfactory clinical performance grade of Minimal Performance at any time during the program.
   g. RCC nursing student who earned or withdrew with a “C” or better theory grade but less than satisfactory clinical performance grade of Unsatisfactory.
   h. RCC nursing student who earned or withdrew with a failing theory grade and a less-than-satisfactory clinical performance grade of Minimal Performance at any time during the program.
   i. RCC nursing student who earned or withdrew with a failing theory grade and a less-than-satisfactory clinical performance grade of Unsatisfactory must re-apply to the ADN (RN) program for admission into Nursing 11.
j. Students who earn a second failing grade in Nursing 22, and have satisfactory clinical evaluations throughout the program, may be considered for readmission into Nursing 22 upon space availability.

4. In the event inadequate spaces are available in Nursing 21 for all qualified LVN advanced placement applicants, available Nursing 12 spaces will be offered to LVNs successful in passing the Advanced Placement Exam, pending space availability. LVNs who failed the Advanced Placement Exam will have to apply to the ADN (RN) program for admission into Nursing 11.
GUIDELINES FOR PROFESSIONAL & ETHICAL ACCOUNTABILITY
I. Students in nursing education have accepted a great responsibility for themselves and their profession in the maintenance of high standards. Therefore, it is essential to understand and practice the following guidelines:

A. Professional communication is expected in all college and clinical settings (see RCC Student Handbook, Standards of Student Conduct, and policy on Expectations for Professional and Caring Behaviors and Communication Styles).

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

C. Students are not allowed to be in any clinical setting except for scheduled or faculty-assigned approved activities.

D. Students will be professional in appearance as per RCC School of Nursing Uniform Policy. Students are only allowed to wear uniforms when participating in RCC SON activities.

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

F. In the event of absence, the student must notify the clinical facility and designated instructor as per course guidelines (see RCC School of Nursing Absence Policy).

G. No student is to leave the clinical facility without prior faculty approval during clinical lab.

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

I. No student is to be in the clinical area without a designated instructor or instructor permission. This includes any patient contact (face-to-face, phone, text, social media, etc.) outside the student’s assigned clinical activities.

J. Quality of Care:
All patients have the right to receive the nursing care necessary to help them regain or maintain maximum health, and all nursing personnel caring for them must be qualified through education, experience, and use of therapeutic communication to carry out the services for which they are responsible. Students caring for patients must maintain this standard by preparing themselves physically, intellectually, and emotionally. They must be in good physical and mental health. Students must be educationally and technically prepared to give
nursing care or take appropriate measures under the guidance of their instructor to become prepared. **At no time should a student assume responsibility for nursing care without the knowledge and supervision of his/her instructor.** In addition, a student must never perform functions beyond that which are permitted by the state law as stated in the BRN and B VNPT Nursing Practice Acts.

K. The student must be in complete uniform for any clinical experiences which include Clinical Nursing Skills Labs (CNSL, clinical rotations, organized simulations, and Clinical Competency Assessments.

II. Students must exercise a high standard of ethics demanded of all members of the healthcare team while maintaining an attitude of dignity and respect toward patients, members of the inter/intraprofessional healthcare team, instructors, and fellow students at all times, and in all areas of instruction.

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

B. Be prepared and on time for clinical and classroom assignments.

C. 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.

D. Direct any concerns related to the program or patient care to the instructor or to the Dean, School of Nursing.

E. Comply with the Standards of Student Conduct as written in the RCC Student Handbook.

F. Maintain HIPAA requirements and comply with the Professional Use of Electronic Devices policy.

III. Students must maintain professional boundaries as outlined by the National Council of State Boards of Nursing (NCSBN) (NCSBN, 2014). The following guiding principles for determining professional boundaries and the continuum of professional behavior are as follows (NCSBN, 2014, p. 6):

1. **The nurse’s responsibility is to delineate and maintain boundaries.**

2. **The nurse should work within the therapeutic relationship.**

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

4. **Variables such as the care setting, community influences, client needs and the nature of therapy affect the delineation of boundaries.**
5. Actions that overstep established boundaries to meet the needs of the nurse are boundary violations.

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

7. 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.

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


Rev. 12/14; 7/15
RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

EXPECTATIONS FOR PROFESSIONAL AND CARING BEHAVIORS
AND COMMUNICATION STYLES

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

DEMONSTRATES:

- Unconditional Human Regard for Every Person
- Caring
- Compassion Sensitivity Commitment
- Maintaining Physical Safety
- Maintaining Emotional Safety
- Serious Purpose
- Positive Attitude
- Therapeutic Communication with Client’s Family, Staff, Peers, Instructor
- Smiling Appropriately
- Appropriate Eye Contact
- Appropriate Assertiveness
- Proper Personal & Professional Boundaries
- Appropriate Independence & Autonomy
- Good Decision-Making
- Integrity/Accountability
- Trustworthiness, Timeliness, Punctuality
- Following Directions
- Properly Following Rules
- Following Directions
- Ability to Compartmentalize own Thoughts & Feelings & Values
- Striving to Meet Learning Objectives
- Self-Evaluation Congruent with Performance
- Effective Conflict Resolution
- Consistently Puts Forth Best Effort
- Positive Growth in Clinical Rotation
- Respectful & Gentle Interactions

EXAMPLES OF BEHAVIORS THAT WOULD BE CONSIDERED UNPROFESSIONAL INCLUDE:

- Disrespectful, Discourteous Rude,
- Deliberate Lack of Consideration of Others
- Surly, Haughty, Arrogant, Sullen
- Showing Resentment Defiant,
- Resisting Authority
- Insubordinate
- Not Submitting To Authority
- Flippant

- Disrespectful
- Brusque
- Ill-Tempered
- Unsociable
- Abusive
- Mistreatment
- Mean Spirited,
- Malicious
- Intimidating
As you enter this 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* identifies 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.

**THE CODE OF ETHICS FOR NURSES: PREFACE**

Ethics is an integral part of the foundation of nursing. Nursing has a distinguished history of concern for the welfare of the sick, injured, and vulnerable and for social justice. This concern is embodied in the provision of nursing care to individuals and the community. Nursing encompasses the prevention of illness, the alleviation of suffering, and the protection, promotion, and restoration of health in the care of individuals, families, groups, and communities. Nurses act to change those aspects of social structures that detract from health and well-being. Individuals who become nurses are expected not only to adhere to the ideals and moral norms 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 makes explicit the primary goals, values, and obligations of the profession.

Provisions:

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse’s primary commitment is to the patient, whether an individual, family, group or community.
3. The nurse promotes, advocates for and strives to protect the health, safety and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining and improving healthcare environments and conditions of employment conducive to the provision of quality healthcare and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice and for shaping social policy.

Reference:
## SCOPE OF PRACTICE FOR VARIOUS NURSING LICENSURE

<table>
<thead>
<tr>
<th>LVN/PN Scope of Practice Directed/Supervised Role</th>
<th>ADN or Diploma RN Scope of Practice Independent Role</th>
<th>BSN RN Scope of Practice Independent Role</th>
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<tbody>
<tr>
<td><strong>SUPERVISION:</strong> 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.</td>
<td><strong>SUPERVISION:</strong> 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.</td>
<td><strong>SUPERVISION:</strong> 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.</td>
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<tr>
<td>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.</td>
<td>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.</td>
<td>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.</td>
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<tr>
<td>A LVN/PN must ensure that he or she has an appropriate clinical supervisor, i.e. RN, APRN, Physician, PA, Dentist or Podiatrist.</td>
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<td>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.</td>
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<td>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.</td>
<td>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.</td>
<td>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.</td>
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<td>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.</td>
<td>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.</td>
<td>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.</td>
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<td>An LVN/PN may not establish a plan of care by selecting nursing diagnoses, but they do contribute to the established plan of care.</td>
<td>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.</td>
<td>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,</td>
</tr>
<tr>
<td>PLANNING: Uses clinical reasoning based on established evidence-based policies, procedures and guidelines for decision-making. The LVN/PN contributes to the development of nursing care plans, determines patient care needs 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 LVNs/PNs or UAPs.</td>
<td>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 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.</td>
<td>PLANNING: Uses clinical reasoning based on established evidence-based practice outcomes and research for decision-making and comprehensive care. Synthesizes comprehensive 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.</td>
</tr>
<tr>
<td>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.</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>EVALUATION: LVN/PN seeks guidance and continues to collaborate with healthcare team members modifying nursing approaches and revising nursing care plans.</td>
<td>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</td>
<td>EVALUATION: Evaluates and reports patient, family, population, and community outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice.</td>
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</table>
Participates in evaluating effectiveness of nursing interventions.  
Participates in making referrals to resources to facilitate continuity of care.  
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, 2012)

**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.


A PATIENT’S BILL OF RIGHTS

The American Hospital Association presents a Patient’s Bill of Rights with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, his physician, and the hospital organization. Further, the Association presents these rights in the expectation that they will be supported by the hospital on behalf of its patients, as an integral part of the healing process. It is recognized that a personal relationship between the physician and the patient is essential for the provision of proper medical care. The traditional physician-patient relationship takes on a new dimension when care is rendered within an organizational structure. Legal precedent has established that the institution itself also has a responsibility to the patient. It is in recognition of these factors that these rights are affirmed.

1. The patient has the right to considerate and respectful care.

2. The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his behalf. He has the right to know, by name, the physician responsible for coordinating his care.

3. The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to, the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.

4. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action.

5. The patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his care must have the permission of the patient to be present.

6. The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential.

7. The patient has the right to expect that within its capacity a hospital must make reasonable response to the request of a patient for services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he has received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.

8. The patient has the right to obtain information as to any relationship of his hospital to other health-care and educational institutions insofar as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating him.

9. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
1. The patient has the right to expect reasonable continuity of care. He has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism whereby he is informed by his physician or a delegate of the physician of the patient’s continuing health-care requirements following discharge.

2. The patient has the right to examine and receive an explanation of his bill, regardless of source of payment.

3. The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

4. No catalog of rights can guarantee for the patient the kind of treatment he has a right to expect. A hospital has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients, and the conduct of clinical research. All these activities must be conducted with an overriding concern for the patient, and above all, the recognition of his dignity as a human being. Success in achieving this recognition assures success in the defense of the rights of the patient.
CONFIDENTIALITY POLICY

All nursing students must adhere to strict confidentiality of all patient/client/resident, student, agency, and healthcare team information at all times without exception. 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 addresses the nurse’s responsibility to protect clients’ privacy.

   **Provision 3:** The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

   3.1 Privacy: The nurse safeguards the patient’s right to privacy. The need for healthcare does not justify unwanted intrusion into the patient’s life. The nurse advocates for an environment that provides for sufficient physical privacy, including auditory privacy for discussions of a personal nature, and policies and practices that protect the confidentiality of information.

   3.2 Confidentiality: Associated with the right to privacy, the nurse has a duty to maintain confidentiality of all patient information. The patient’s well-being could be jeopardized and the fundamental trust between patient and nurse destroyed by unnecessary access to data or by the inappropriate disclosure of identifiable patient information.

2. Advances in technology, including computerized medical databases, the Internet, 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 healthcare provider and patients (http://nursingworld.org/readroom/position/ethics/Etprivacy.htm).

3. All nursing students must adhere to strict confidentiality of all patient/client/resident, student, agency, and healthcare team information at all times without exception, including but not limited to all social network sites.

4. Maintaining confidentiality of the patient/client/resident information supersedes the student’s personal, religious, or cultural responsibilities.

5. The nursing student is required to carry out the provisions of HIPAA (Health Insurance Portability and Accountability Act), which went into effect on April 14, 2003. Specifically, the privacy and security of an individual’s PHI (protected health information) must be protected. No individually identifiable health information may be removed from the clinical area.

Protected Health Information includes the following client identifiers. This list was extracted from the HIPAA security and privacy regulations.

   a. Name & initials
   b. 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).
   c. All date elements, other than year, related to an individual (includes birth date, admission date, discharge date, date of death).
   d. Telephone numbers
   e. Fax numbers
   f. E-mail addresses
   g. Social Security numbers
h. Medical record numbers
i. Health plan beneficiary numbers
j. Account numbers
k. Certificate/license numbers
l. Vehicle identifiers and serial numbers (includes license plate numbers)
m. Device identifiers and serial numbers
n. Web universal resource locators (i.e., URLs)
POLICY: NURSING STUDENT INTEGRITY POLICY

It goes without saying that every nurse must have unquestionable integrity and honesty at both personal and professional levels. The profession and practice of nursing is dependent upon these values being demonstrated at all times by its members. Therefore, behavior demonstrating lack of integrity will not be tolerated and may lead to immediate dismissal from the program without readmission privileges. The RCC School of Nursing Integrity Policy is aligned with the RCCD Board Policy regarding academic dishonesty.

The following definitions are taken from Board Policy 6080:

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

2. 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, and other students’ work.

A. Standards of Student Conduct

1. Cheating, plagiarism (including plagiarism in a student publication), or engaging in other academic dishonesty

   a. Forms of Dishonesty include but are not limited to:

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

   ii. Cheating: Use of information not authorized by the instructor for the purpose of containing a grade. Examples include, but are not limited to, notes, recordings, and other students’ work.

   iii. Furnishing false information to the District for purposes such as admission, enrollment, financial assistance, athletic eligibility, transfer, academic credit, or alteration of official documents.

2. Dishonesty; forgery; alteration or misuse of District documents, records or identification; or knowingly furnishing false information to the District

3. Unauthorized preparation, giving, selling, transferring, distribution, possession, or publication, for any commercial purpose including but not limited to online resources intended for faculty use.

4. Any falsification of lab hours or logging in or out of CI Tracker and/or manual log on behalf of another student in order to earn credit for lab courses.
B. Test Taking

To maintain congruence with the standards of the National Council of State Boards of Nursing, the RCC School of Nursing faculty expects confidentiality related to exam content (Refer to the RCC SON Examination Policy and Exam Rules). 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. Any violation of this policy may result in dismissal from the nursing program without readmission privileges.

Please be advised that during all exams, including finals, there will be:

1. Absolutely no talking after exams are distributed or released.
2. No books and other materials on the desk and surrounding floor.
3. Students looking only at their own exam at all times.
4. Assigned seating at the instructor’s discretion.
5. Absolutely no use or possession of any electronic devices during testing periods.

Complete examination guidelines are outlined in the RCC SON Examination Policy and Exam Rules.

C. Clinical Performance

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.

D. Nursing Process Papers/Plans of Care and Other Written Assignments

Nursing Process Papers/Plans of Care are developed to ensure safe patient care. They document the nursing student’s understanding and application of theory to the clinical setting, including assessment, pathophysiology, nursing diagnosis with rationales, goals, interventions and evaluations. Nursing Process Papers/Plans of Care are also a tool to enhance student learning and should be utilized fully for this purpose. Behavior reflecting absolute integrity is imperative for nursing students.

E. All written work must be the student’s own work. Reference guides can be utilized but must be incorporated using the student’s own words, individualized to the specific patient. No photo copies or scanned materials of any written work will be accepted.

Any student turning in written work that is not his/her own work is demonstrating behavior indicative of dishonesty, cheating and lack of integrity.

It is essential that each student make a personal commitment to practice unquestionable integrity and honesty. If there are questions regarding this policy, the faculty member should be consulted. Course grades are based on individual achievement. Individual effort is required, even in group assignments.

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

1. Approach the involved instructor to resolve the problem. The involved instructor may refer the student to college support services or involve semester-level faculty. The student could also go directly to the Diversity, Equity & Compliance, or Disability Resource Center (DRC) if she/he has a problem in either of those areas.

2. If the student feels the problem is still unresolved, then he/she should see the Department Chair of the ADN or VN programs, who will counsel and assist the student in resolving the problem and make appropriate referrals.

3. If the student feels the problem remains unresolved, then he/she should contact the Dean, School of Nursing, who will counsel and assist the student to resolve the problem.

4. If the problem remains unresolved, the student may contact either the Vice President of Academic Affairs for an academic (course) issue or the Vice President of Student Services for non-academic issues.

5. If the problem is not resolved through the above process, the student may file a written request for a formal hearing, as specified in the Student Grievance Procedure discussed in the RCC Student Handbook. (See Diagram: Problem Resolution).
GUIDELINES FOR PROBLEM RESOLUTION*

*This procedure is congruent with RCC College policy as stated in the RCC Student Handbook.

Rev. 6/14
MANDATORY REPORTING REQUIREMENT

Business and Professions Code, Section 2761 (registered nursing) and Section 2878 (vocational nursing), California Penal Code, Section 11166, and California Welfare and Institutional Code, Section 15630, include reporting mandates. These regulations require reporting of known or suspected child abuse, elder abuse, and dependent adult abuse by a healthcare provider in his/her professional capacity or within the scope of his/her employment. Both the Board of Registered Nursing and the Board of Vocational Nursing and Psychiatric Technicians are directed to take disciplinary action against nurses who fail to report abuse.

The Riverside City College School of Nursing faculty concurs with these regulations as they pertain to protection of the consumer of nursing services. The faculty supports the board’s position that the reporting of abuse is an integral component of the nurse’s role as client advocate. In addition to the persons specified in the law (children, the elderly, and dependent adults), the reporting mandate should be extended to include any other instance of known or suspected abuse, i.e., client or spousal abuse, observed by the nurse in his/her professional capacity or within the scope of his/her employment. The report shall be made according to agency policies and procedures in collaboration with the nursing faculty.

Pursuant to the reporting mandates of the regulatory bodies and congruent with the philosophy statements of the nursing programs, Riverside City College nursing students are required to comply with the provisions and intent of the law.
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.
What is the BRN’s Diversion Program?

The Board of Registered Nursing (BRN) is one of several professional regulatory boards and bureaus that exist within the Department of Consumer Affairs. The BRN has the primary responsibility of licensing and regulating registered nurses in California. The BRN’s responsibilities come from the Nursing Practice Act, which is composed of California statutes that give the BRN, among other functions, the authority to manage a Diversion Program for registered nurses.

The Diversion Program is a voluntary, confidential program for registered nurses whose practice may be impaired due to chemical dependency or mental illness. The goal of the Diversion Program is to protect the public by early identification of impaired registered nurses and by providing these nurses access to appropriate intervention programs and treatment services. Public safety is protected by suspension of practice, when needed, and by careful monitoring of the nurse.

What Services Does the Program Provide?

For the Public:
1. Immediate intervention to protect the public, as an effective alternative to longer disciplinary process.
2. Confidential consultation with the concerned public, employers, co-workers, family members, friends, and consumers of nursing care.
3. Assistance in preparing to talk to a registered nurse about an apparent problem.
4. Consultation with employers to ensure a safe and smooth transition back to nursing practice for the nurse participant.

For the Registered Nurse in the Program:
1. Confidential consultation when considering entering the program.
2. Assessment and referral for appropriate detoxification or treatment.
3. Development of a rehabilitation plan for chemical dependency or mental illness.
4. Monitoring and reassessing the registered nurse and modifying the rehabilitation plan as necessary.
5. Random body fluid testing.
6. Referrals to local support services.

7. Encouragement, support, and guidance for the registered nurse in recovery as an effective alternative to disciplinary action, and determination that the registered nurse is able to resume nursing practice.

Why is the Program Needed?
Registered nurses are not immune from the diseases of chemical dependency or mental illness. Experts estimate that at least 10% of the general population will have a problem with alcohol or drugs at some point in their lives. Healthcare professionals, including registered nurses, may be particularly susceptible to substance abuse problems due to the stresses of working in a healthcare environment and due to an increased opportunity to obtain controlled substances. Many registered nurses who experience problems with chemical dependency are able to find the help and support they need to stay clean and sober without BRN involvement. Mental illness, although not as prevalent, is also a disease that may affect a registered nurse’s ability to practice safely. For example, untreated major depression can seriously impair an individual.

Unfortunately, most people suffering from chemical dependency or mental illness deny the problem. Many times they are the last to recognize and admit that they need help. If mental illness or chemical dependency problems are left untreated, they may eventually jeopardize patient health and safety. They can also threaten the life of the person afflicted.

In these cases, it becomes imperative that those individuals who detect a chemical dependency or mental health problem in a registered nurse take action. Without intervention, diseases have predictable courses and outcomes. The BRN’s Diversion Program aims to identify symptoms, intervene, and change the outcomes. The Diversion Program also provides an effective alternative to the traditional disciplinary process.

Who is Eligible?
Registered nurses who are licensed and reside in California, are mentally ill or abuse alcohol or drugs to the extent that their nursing practice may be affected, and voluntarily agree to enter the program and provide consent for appropriate medical or psychiatric evaluations.

RN’s are ineligible for the program if they have previously been disciplined by the Board for chemical dependency or mental illness, been terminated previously from this program, any other diversion program for non-compliance, sold drugs, or caused patient harm or death.

How Does an RN Get Into the Program?
Nurses enter the program in one of two ways:

Self-Referral: Registered nurses who would like assistance may contact the program directly.

Board-Referral: Registered nurses are referred to the Diversion Program by the BRN as a result of a complaint indicating the RN may be impaired due to chemical dependency or mental illness. If a nurse chooses not to enter the program, the complaint is referred to the Enforcement Program for investigation and possible disciplinary action.
**Is the Diversion Program Successful?**
Yes! Over 800 registered nurses have successfully completed the program. To complete the Diversion Program, a chemically dependent nurse must demonstrate a change in lifestyle that supports continuing recovery and have a minimum of 24 consecutive months of clean, random, body-fluid tests. A nurse with a history of mental illness must demonstrate the ability to identify the symptoms or triggers of the disease and be able to take immediate action to prevent an escalation of the disease.

The success of the Diversion Program is due to monitoring of participants for an average of three years, but more importantly, it is attributable to the encouragement, support and guidance provided to nurses by other nurses.

**Is the Program Confidential?**
Diversion Program staff are available for confidential consultation regarding possible referral to the Diversion Program.

The confidentiality of participants is protected by law. Once a nurse enters the program, the information gathered to assist in developing a rehabilitation plan, and all other information in their record, is confidential.

When a nurse successfully completes the Diversion Program, the Diversion Program records are destroyed. If a nurse does not successfully complete the program, the original complaint, if any, is investigated by the Board’s Enforcement Program. (As of January 1, 2000, Diversion Program records may be forwarded to the Board’s Enforcement Program if a registered nurse who is terminated from the Diversion Program presents a threat to the public or his or her own health and safety. (BPC Section 2770.22)

**Where Can I Get Additional Information About the Diversion Program?**
For questions regarding the Diversion Program or the Board of Registered Nursing’s role in protecting public safety and identifying impaired practitioners, contact the Board’s Diversion Program Manager and staff at (916) 322-3350.

For general program information, to schedule intake appointments or interventions, and for questions regarding monitoring nurses in the program, call 1-800-522-9198.

Retrieved from [www.rn.ca.gov/divprgm](http://www.rn.ca.gov/divprgm).
RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY: ALCOHOL/DRUG ABUSE, AND MENTAL DISABILITY

A. The nursing student must be emotionally and mentally healthy and free of any illegal drugs/alcohol in all Riverside City College School of Nursing (RCC SON) classes, laboratories, and clinical rotations, as consistent with RCCD Board Policy 5500 (attached hereto). Additionally students may not be impaired by any prescribed medication while attending any school function.

B. Nursing faculty of RCC SON concur with the California Board of Registered Nursing and Board of Vocational Nursing and Psychiatric Technicians statements regarding alcoholism, drug abuse and emotional illness and recognizes 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, and that the impaired nursing student is a danger to self and a grave danger to the patients in his or her care;
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 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 regarding students suspected to be impaired by alcoholism, drug abuse and mental disability, the nursing faculty will:

1. Offer appropriate assistance, either directly or by referral;
2. May require, at student expense, random drug testing through an RCC SON approved lab (contact Dean’s office) or at the clinical agency;
3. Have the responsibility and authority to take immediate corrective action with regard to the student’s conduct and performance in the clinical setting;
4. Inform nursing students of the importance of seeking voluntary aid for conditions that could, if left unattended, lead to disciplinary action and may prevent them from being licensed to practice nursing in the state of California; and on
admission to the program, distribute the policy to students and have each student sign a statement that they have read and understand the RCC SON program policies, rules and regulations and agree to abide by them. This signed statement will be put in the student’s file;

5. Provide factual material to incoming students regarding this policy on drug and alcohol abuse and mental disability among nursing students.

D. Procedure for dealing with student who has no documented impairment who discloses drug abuse, mental disability, or inappropriate use of alcohol while enrolled in the School of Nursing:

1. Conference between the student, Dean, Department Chair, and/or didactic or clinical faculty to develop a plan of action;

2. Recommendations for remediation and possible referral to the RCC school psychologist.

E. Procedure for Dealing with Impaired Student Incident – Classroom or Clinical Setting

1. First Incident of Impairment:

If a student is exhibiting behavior that suggests impairment by alcohol, drugs, and/or emotional/mental disability, the nursing faculty member, maintaining confidentiality at all times, will:

a. Remove the student from patient care immediately and report to the clinic/hospital staff, the removal of the student so that patient care can be maintained. Identify problem behaviors and physiologic signs with the student and allow student an opportunity to explain behavior and provide additional relevant information.

Problem behaviors or warning signs may include, but are not limited to, the following:

Physiologic
- 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
Behavioral

- 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

(Keltner, et al, 2013)

If the student’s behavior indicates a problem with substance abuse or mental disability, the following steps will be taken by the instructor in charge, in consultation with semester level full time faculty members and the dean or department chair.

Require blood and/or urine testing in an approved lab immediately at student expense. Refusal to provide a specimen when requested will result in immediate dismissal from the program without opportunity for readmission. These labs are located in:

1. The Emergency Department at the assigned facility.
2. The closest RCC SON approved lab (contact Dean’s office).

b. Notify the Dean, School of Nursing (222-8408), and/or the appropriate Department Chair. In a facility without a lab on-site, the student will be sent by taxi (at student expense) to a SON approved lab. The Dean’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. If unable to contact the Dean’s office, call District Police (951 222-8171), who will notify the student’s emergency contact person. District Police will contact College Student Health Services at 222-8150 and/or RCCD Risk Management at 222-8127, if necessary.


d. Inform the student, prior to leaving the facility, that he/she may not return to nursing classes or clinical until he/she has met with, the Dean, and Department Chair as soon as possible 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 student drug screen.

4) Review with student the RCC School of Nursing Policy for Alcohol/Drug Abuse and Mental Disability and potential academic/clinical consequences.

e. Determine, in consultation with didactic and clinical faculty, Dean, mental health content expert when the issue involves a mental disability, RCCD Legal Counsel, RCCD Risk Manager, and Department Chair, if a policy violation has occurred and whether the procedure should move forward.

f. If it is determined that a violation has occurred, notify student of decision and, if carried forward, secure written agreement from the student that they will seek comprehensive substance abuse and/or mental disability evaluation and treatment, if necessary, by a medical or mental health professional, selected by the student, licensed to practice in the State of California. In order to insure the safety of patients, fellow students, faculty, and clinical partners, the student will be asked to sign a release(s) of medical information in order to allow the medical or mental health professional and/or the RCC SON to share the student’s treatment completion and testing results with the RCC SON or allow RCC SON to share any medical information with the medical or mental health professional.

g. Inform student he/she may not participate in nursing program classes, Clinical Nursing Skills Lab, or clinical rotation until the evaluation is obtained. Refusal to obtain an evaluation, as required in this policy, results in dismissal from the program without readmission privileges.

h. Substance Abuse Problem Identified:

1) If the evaluation indicates a problem with substance (alcohol or drug) abuse, the student will be required to have a 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 drug testing twice per month. A minimum of six months treatment and clean drug tests must be documented by the licensed professional and submitted to RCC SON, with a letter from the treatment program granting full release to return to school, before consideration will be given for readmission. Readmission is not guaranteed, but on a space available basis. Upon readmission, student will be required to continue to submit
to random drug tests when requested by RCC SON, at the student’s expense.

2) If the student fails to abide by the above, the student will be dismissed from the program without readmission privileges.

3) If evaluation does not substantiate substance abuse, student returns to class with no negative academic/clinical consequences.

4) For the protection of patients, clinical and RCC SON staff, a student previously identified as impaired will voluntarily be expected to abstain from drinking alcohol or taking any controlled substance, during the duration of the program.

i. Mental Disability Problem Identified

1) If the evaluation indicates a problem with a mental disability the student will be required to have an evaluation and treatment plan developed by a mental health professional, chosen by the student, licensed to practice in the State of California. The student, working with the Psychiatrist or Psychologist, agrees to adhere to all recommended treatment, including the use of psychotropic medications, if prescribed, and agrees to random drug testing to monitor compliance, if indicated.

2) After a minimum period of 6 months, 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 granting full release to return to school.

2. Second Incident of Impairment:

a. The procedure for the first incident will be followed.

b. If the professional evaluation substantiates substance abuse and/or mental disability, the student will be dropped from the program immediately to allow for further treatment:

1) The student will be required to have a minimum of twenty-four (24) months of documented impairment-free status as per the treating professional, with random drug testing, in the case of substance abuse, before being eligible for readmission. Upon readmission, the student must register for clinical rotation with full-time faculty member. Such student will continue to be required to submit random drug tests when requested, at their own expense.
3. Third Incident of Impairment:

A further incident of impairment after readmission will result in being dropped from the nursing program with no option of readmission. The student will be counseled regarding rehabilitation and career change.

4. Refusal to Obtain Treatment: If a student is impaired by substance abuse and/or mental disability and refuses assistance/treatment, the nursing faculty will:

a. immediately dismiss an impaired student from the clinical setting in order to provide for patient safety;

b. meet with the student to determine the extent of the problem and document counseling session regarding program ramifications;

c. offer appropriate assistance, either directly or by referral;

d. drop student from nursing program due to unsafe practice with no option of readmission unless the student provides RCC SON proof that they have received and completed treatment two-years from the date he/she was dropped from the program.

The Riverside City College School of Nursing faculty concurs with the District purpose of providing an environment which fosters academic achievement and personal growth. In recognition of the fact that alcohol and other substance abuse poses a significant threat to the health and safety of users and people around them, may interfere with academic and clinical success, and can lead to personal, social, economic, and legal problems, the nursing faculty advocates a philosophy of personal and professional responsibility to avoid the abuse of alcohol and other substances.
BP 5500   STANDARDS OF STUDENT CONDUCT

References:
  Ed Code Section 66300, 66301, 76033;
  Accreditation Standard II.A.7.b
  Health and Safety Code Section 11362.79
  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 of the 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.

1. Causing, attempting to cause, implying, or threatening to cause, harm to another person (whether or not the threat is in person, defined as, but not limited to, physical harm, harm to profession (defamation) or psychological harm.

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.
3. Possessing, using, selling, offering to sell, or 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, 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. It is also unlawful under federal law, to possess, use, sell, offer to sell, furnish, or be under the influence of, any controlled substance, including medical marijuana.

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 in any area where smoking has been prohibited by law or by policy or procedure of the District.

8. Committing sexual harassment as defined by law or by District policies and procedures.

9. 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, color, ancestry, genetic information, sexual orientation, physical or mental disability, or any characteristic listed or defined in Section 11135 of the Government code or any characteristic that is contained in the prohibition of hate crimes set forth in subdivision (1) of section 422.6 of the Penal Code, or any other status protected by law.

10. Engaging in willful misconduct which results in injury or death to a student or to District personnel or which results in cutting, defacing, or other injury to any real or personal property owned by the District or on campus.

11. 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 personnel.
12. 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. 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 access.

13. Entering or using District facilities without authorization.

14. Engaging in lewd, indecent or obscene conduct on District-owned or controlled property, or at District-sponsored or supervised functions.

15. Engaging in expression which is obscene; libelous or slanderous; or which so incites students as to create a clear and present danger of the commission of unlawful acts on college premises, or the violation of lawful District administrative procedures, or the substantial disruption of the orderly operation of the District.

16. Engaging in persistent, serious misconduct where other means of correction have failed to bring about proper conduct.
17. 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.

18. 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 a sexual assault 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.

19. Violating the District’s Computer and Network Use Policy and Procedure No. 3720 in regard to their use of any, or all, of the District’s Information Technology resources.

20. Using electronic recording or any other communications devices (such as MP3 players, cell phones, pagers, recording devices, etc.) in the classroom without the permission of the instructor.

21. Eating (except for food that may be necessary for a verifiable medical Condition) or drinking (except for water) in classrooms.

22. Gambling, of any type, on District property.

23. Bringing pets (with the exception of service animals) on District property.

24. 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.

25. 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.
26. Riding/using any and all types of skates, skateboards, scooters, or other such conveyances is prohibited on District property, without prior approval.

27. 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.

28. Engaging in intimidating conduct or bullying against another person through words or actions, including direct physical contact; verbal assaults, such as teasing or name-calling; social isolation or manipulation; and cyberbullying.

29. Abuse of process, defined as the submission of malicious or frivolous complaints.

30. Violating any District Board Policy or Administrative Procedure not mentioned above.

Responsibility

A. The Chancellor is responsible for establishing appropriate procedures for the administration of disciplinary actions. In this regard, please refer to Administrative Procedure 5520, which deal with matters of student discipline and student grievance.

B. The Vice President of Student Services of each College will be responsible for the overall implementation of the procedures which are specifically related to all nonacademic, student related matters contained in Administrative Procedure 5520.

C. The Vice President of Academic Affairs of each College will be responsible for the overall implementation of the procedures which are specifically related to class activities or academic matters contained in Administrative Procedure 5522.

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 published in all schedules of classes, the college catalog, the student handbook, and the faculty handbook. Faculty members are encouraged to include the definitions and penalties in their course syllabi.

Date Adopted: May 15, 2007
(Replaces the Standards of Student Conduct portion of Policy 6080)
Revised: May 17, 2011
Revised: August 20, 2013
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 as printed in the RCC Student Handbook. Excerpts of this policy are cited below.

I. Standards of Student Conduct

A. Student Conduct

Student conduct must conform to District policy and regulations and College procedures. Violations of such regulations and procedures for which students are subject to disciplinary action include, but are not limited to, the following:

“Use of an electronic recording or any other communications device (such as cell phones, pagers, recording devices, etc.) in the classroom without the permission of the instructor.”

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. “Temporary Suspension. This suspension is invoked by a classroom instructor due to student misconduct in the classroom. The student may be removed from class the day of the occurrence and the subsequent class period. If such suspension occurs, the instructor will immediately notify the appropriate Department Chair and/or Dean, School of Nursing, who shall in turn notify the college Dean of Student Services.”

School of Nursing

In order to maintain an environment in the class or clinical setting that is conducive to learning; nursing faculty members endorse the following School of Nursing disciplinary action for inappropriate use of any electronic devices.

1. The student may be asked to immediately leave class or clinical for the day, including exams. Grade on exam may be that earned up until the time of the incident, based on
the total points possible.

2. The student may be asked to see the Dean of Student Services.

3. The incident will be documented in writing on a Nursing Progress Report and placed in the student’s file.
CLINICAL INFORMATION AND POLICIES
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, organized simulation labs, 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.

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: Confined, tidy, and professional (off of neck, face, collar). No ornamentations. No unnatural colorations (such as green, blue, pink, etc.).

6. Make-up: Make-up application should be natural and kept to a minimum. 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. Shoes: Black standardized leather-like nursing shoes, to be kept polished; clean black shoelaces, black nylon stockings or socks. No open heels or toes.

8. 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).

9. No sweaters, sweatshirts, or jackets are allowed to be worn in the patient care areas.
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. RCC SON issued Photo ID badge and RCC SON badge reel at all times.

13. Beards and moustaches closely trimmed, clean, and appropriate.

14. No visible tattoos; all tattoos must be covered by uniform, appropriate skin-colored bandage, or compression long-sleeved tee.

15. 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.
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” grade in each course shall be eligible to receive credit for the 54 hours of pharmacology.
RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

POLICY AND PROCEDURE: ARITHMETIC, DOSAGE CALCULATION
COMPETENCY AND MEDICATION GUIDELINES

1. Arithmetic Competency Test
   a. All students entering the Vocational Nursing (VN) program will be required to
      pass a basic Arithmetic Competency Test prior to entering Nursing 52.
      Calculators may be used and will be provided. A passing score of 100% required.
   c. The student will be provided one opportunity to retake the Arithmetic
      Competency Test should a failing grade be earned the first time.
   d. If the Arithmetic Competency Test is not passed on the second attempt, the
      student will be required to sign a Nursing Progress Report with a Contract for
      Remediation on basic arithmetic skills. This includes such recommendations as
      use of computer programs and workbooks. Following the completion of the
      Contract for Remediation, another Arithmetic Competency Test will be
      administered and must be passed to remain in the VN program.

2. Dosage Calculation Competency Exam
   a. Given twice each semester.
   b. Dosage Calculation Assessment (formative exam): Ten problems reflective of
      previous semesters’ content to be completed in approximately 30 minutes.
      1) If the student is unsuccessful in demonstrating dosage calculation
         competency, a Nursing Progress Report and a Contract for Remediation
         will be written. Remediation must be completed before second exam is
         administered.
      2) Students will be prohibited to administer medications (supervised or
         unsupervised) until the exam is successfully passed.
      3) Inability to administer medications may result in the student’s not being
         able to successfully meet student learning outcomes, which may result in a
         Minimal clinical performance for the rotation.
      4) The second exam will occur within one week of the first exam. If the
         student is not successful additional remediation will be assigned.
      5) A third attempt of the exam will be administered within one week of the
         second exam; if the student is unsuccessful on this attempt a Minimal
         clinical performance will be earned.
c. Semester Level Dosage Calculation Assessment (summative exam): The number of problems on the exam will be determined by the semester level faculty based on the semester specific content and will include previous semester levels content.

1) The semester level dosage calculation exam will be administered prior to college’s official last day to withdraw for the semester.

2) If a student is unsuccessful in demonstrating dosage calculation competency on the summative exam, a Nursing Progress Report and a Contract for Remediation will be written.

3) Students will be prohibited to administer medications (supervised or unsupervised) until the exam is successfully passed.

4) Inability to administer medications may result in the student’s not being able to successfully meet student learning outcomes, which may result in a Minimal clinical performance for the rotation.

5) Students may use calculator. A passing score of 100% is required on both the formative and summative exams.

3. Semester-Level Dosage Calculation Competency

NOTE: Students are responsible for competencies from all previous semesters.

a. Nursing 11/VN 52

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.

b. Nursing 12/VN 61/VN 62/VN 71

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, 13, 21 & 22

1) Calculate minimal safe infusion (MSI) and minimal safe dilution (MSD) for intravenous piggy back medications.
2) Calculate dosage of 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.

4. General Guidelines for Administration of Medications
   a. Students will adhere to safe medication administration guidelines using the Medication Administration Tool.
   b. All medications will be verified by a licensed nurse prior to administration.
   c. The student is never to remove controlled substances without the instructor or staff nurse present.
   d. The student is never to administer IV push medications without direct supervision. Direct supervision is defined as an instructor or a designated RN at the student’s side visually supervising their actions.
   e. When a near-miss or medication error occurs, faculty need to refer to the Policy and Procedure: Medication Safety Tool.

Nursing 11/VN 52/VN61/VN62/VN71
Preparation of all medications will be directly supervised by an instructor.

1. Administration of all medications will be directly supervised by an instructor.

Nursing 12
Preparation of all medications will be directly supervised by an instructor.

1. Preparation and administration of all IV fluids, including IVPB medications, must be directly supervised by an instructor. There are never any exceptions to this standard. The student is never permitted to independently prepare and administer any IV fluid.

2. Central venous catheters may be used for administration of IVPB medications and IV fluids under the supervision of the nursing faculty and may only be accessed by the instructor or RN.
**Nursing 13**
Preparation of all medications will be directly supervised by an instructor.

1. Preparation and administration of all IV fluids, including IVPB and IVP medications, must be directly supervised by an instructor. There are never any exceptions to this standard. The student is never permitted to independently prepare and administer any IV fluid. Students may be allowed to independently flush saline locks, with the approval of the nursing faculty.

2. Central venous catheters may be used for administration of IVPB medications and IV fluids under the supervision of the nursing faculty and may only be accessed by the instructor or RN.

**Nursing 21**
The preparation and administration of all medications will be supervised.

1. Preparation and administration of all IVPB and IVP medications must be directly supervised. There are never any exceptions to this standard. The student is never permitted to independently prepare and administer any IV infusion or medication. Students may be allowed to independently flush saline locks, with the approval of the nursing faculty.

2. Central venous catheters may be used for administration of IVPB medications and IV fluids under the supervision of the nursing faculty and may only be accessed by the instructor or RN.

**Nursing 22**
All oral medications will be reviewed by the RN or instructor prior to administration by the student.

1. Preparation and administration of all parenteral, IV fluids, and IVPB medications, must be supervised by the RN or instructor. IVP medications must be directly supervised by the instructor.

2. Central venous catheters may be used for administration of IV fluids and IVPB medications under the supervision of the nursing faculty or RN. Central venous catheters may also be used for administration of IVP medications and must be directly supervised by the instructor.
1. To achieve maximum accuracy in administration of oral and parenteral medications and fluids.

2. To calculate an accurate measurable dose for administration.

GUIDING PRINCIPLE:
When calculating dosages, accuracy is maximized by rounding only once, at the end of the dosage calculation.

MEASURABLE 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.
      1) Round down if the digit in the hundredths place is less than five. Example: 1.837 = 1.8
      2) 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.
      1) Round down if the digit in the thousandths place is less than five. Example: 0.674 = 0.67
      2) Round up if the digit in the thousandths place is five or higher. Example: 0.837 = 0.84

2. Calculating IV flow rates: All IV flow rates are rounded to the whole number.
   a. Drops per minute: Round to the whole number according to above guidelines.
      1) If the number in the tenth place is less than five, drop the digits after the decimal. Example: 31.25 = 31 drops per minute
2) 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

b. Milliliters per hour: Round to the whole number according to the above guidelines. If a pump is used that can be adjusted to tenths of a milliliter per hour (ml/hr) round according to agency/unit guidelines.

**CALCULATING DOSAGE INSTEAD OF VOLUME:** For example, milligrams, grams, mg/Kg/24 hrs, mg/min, mcg/drop, etc.

1. Round dosages to the closest hundredth.
   Example: 26.666666 mcg/drop = 26.67 mcg/drop
MEDICATION ADMINISTRATION DECISION TREE

All medications must be administered according to the *Arithmetic, Dosage Calculation Competency, and Medication Guidelines* policy. Students will address these questions prior to giving any medications and is to be used by faculty to assess students’ preparation prior to and during medication administration. Prior to administering medications, the student must reconcile all medications with the healthcare provider’s orders and Medication Administration Record (MAR).

**Right Patient:**
- Why does the patient need this medication?
- How does it relate to or help with their diagnosis? Used 2 identifiers to ID patient?
- Verifies arm band in addition to electronic scanning of armband?

**Right Medication:**
- How does this medication work?
- Are there any parameters to check prior to administering this medication? Allergies to this medication?

**Right Dose:**
- Is the prescribed dosage safe? Is the calculated dose correct?
- Is there a level that I should verify for this medication prior to its administration? Labs indicated/verified for this medication?
- What is the minimum safe dilution and administration for this medication?

**Right Route:**
- Is it safe to administer this medication via the prescribed route?
- Can this medication be crushed or administered in another format better suited for this patient? If gastrointestinal tube, is placement verified?
- Appropriate site for injections?

**Right Time:**
- Does this medication time need to be adjusted? (i.e. due to meals, lab values, compatibility issues, etc.)

**Right Documentation:**
- Have all prescribed medications been appropriately documented?
- Have all assessment parameters been appropriately documented?
- Has site been documented related to parenteral and topical medications?
- Has evaluation of patient response been documented?
- Have all medications been appropriately co-signed?
- Has teaching been appropriately documented?

**Nursing Process:**
- Assessment – Specific parameters addressed?
- Diagnosis – Addresses priority diagnosis(es)?
- Planning – Identifies priority goals?
- Implementation – Priority interventions to ensure safe, quality, patient-centered care?
- Evaluation – Reassessments complete? Was medication effective?
### Preparation for Safe Medication Administration

<table>
<thead>
<tr>
<th>Name of Medication?</th>
<th>MEDICATION</th>
<th>MEDICATION</th>
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<tbody>
<tr>
<td>✓ Generic/Brand name</td>
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<tr>
<th>Medication Order?</th>
<th>MEDICATION</th>
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<tr>
<td>✓ Is there a current written order for this medication? What is the date of the order?</td>
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<td>✓ How is the order written in the patient’s chart?</td>
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<tr>
<td>✓ Is there anything about this order that concerns you at this point for this patient?</td>
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<tr>
<td>✓ Does the patient have allergies to this medication?</td>
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<tr>
<th>Classification?</th>
<th>MEDICATION</th>
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<tbody>
<tr>
<td>✓ Does the order fit the patient’s diagnosis(es)/needs/presentation?</td>
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<tr>
<td>✓ Are there individual considerations for this medication?</td>
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<tr>
<td>✓ Is the medication contraindicated for this patient?</td>
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<tr>
<th>Indication of Medication for this Patient?</th>
<th>MEDICATION</th>
<th>MEDICATION</th>
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<tbody>
<tr>
<td>✓ Does the order fit the patient’s diagnosis(es)/needs/presentation?</td>
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<tr>
<td>✓ Are there individual considerations for this medication?</td>
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<tr>
<td>✓ Is the medication contraindicated for this patient?</td>
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<tr>
<th>Right Dose?</th>
<th>MEDICATION</th>
<th>MEDICATION</th>
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<tr>
<td>✓ Did you calculate the dose? Show your calculation per dose and per day.</td>
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<td>✓ Are there labs or a serum level you need to check?</td>
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<tr>
<td>✓ Did you check compatibilities for IV administration?</td>
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<tr>
<td>✓ MSI/MSD?</td>
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<tr>
<td>✓ Is this dose safe for this patient?</td>
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<tr>
<th>Right Route?</th>
<th>MEDICATION</th>
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<tr>
<td>✓ Is the route correct for this medication?</td>
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<tr>
<td>✓ Is the route correct for this patient?</td>
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<tr>
<th>Right Time?</th>
<th>MEDICATION</th>
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<tr>
<td>✓ When was the last time the patient received this medication?</td>
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<tr>
<td>✓ Does the time need to be adjusted due to procedures, time of last dose, labs, etc?</td>
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### Preparation for Safe Medication Administration

<table>
<thead>
<tr>
<th>Assessments</th>
<th>MEDICATION</th>
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<tr>
<td>✓ 6 Right Checks</td>
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<tr>
<td>✓ Patient</td>
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<td></td>
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<tr>
<td>✓ Medication</td>
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<td></td>
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<tr>
<td>✓ Dose</td>
<td></td>
<td></td>
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<tr>
<td>✓ Route</td>
<td></td>
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<tr>
<td>✓ Time</td>
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<tr>
<td>✓ Documentation</td>
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<tr>
<td>✓ Assessment parameters obtained? (VS, labs, I/O’s, time of and reaction to last dose)</td>
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<tr>
<td>✓ Age-specific considerations?</td>
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<td>✓ IV patency and current tubing?</td>
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<td>✓ ID Band/Patient identification</td>
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<tr>
<td>✓ Allergies/allergy band??</td>
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<tr>
<th>Interventions</th>
<th>MEDICATION</th>
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<tr>
<td>✓ Are there specific nursing interventions required to safely administer this medication (give on an empty stomach, give with food etc.)?</td>
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<th>Evaluation</th>
<th>MEDICATION</th>
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<tbody>
<tr>
<td>✓ What evaluations are required? What side effects may occur?</td>
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<tr>
<th>Teaching</th>
<th>MEDICATION</th>
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<tr>
<td>✓ Are there specific teachings (side effects, administration guidelines, monitoring)?</td>
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<tr>
<th>Documentation</th>
<th>MEDICATION</th>
<th>MEDICATION</th>
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<tr>
<td>✓ What will you document (administration time, patient refusal, medication held, time changed, patient response, teaching, co-signatures required)?</td>
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<tr>
<td><strong>Medication Administration Tool (Second Year)</strong></td>
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<td><strong>Brand Name:</strong></td>
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<td><strong>Generic Name:</strong></td>
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<td><strong>Dr. Order:</strong></td>
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<td><strong>Route:</strong></td>
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<td><strong>Mechanism of Action:</strong></td>
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<td><strong>Why?</strong></td>
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<td><strong>Safe Dose:</strong></td>
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<td><strong>Last Dosage Given:</strong></td>
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<td><strong>Safe Dilution:</strong></td>
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<td><strong>Safe Rate:</strong></td>
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<td><strong>Compatibility:</strong></td>
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<td><strong>IV Patent?</strong></td>
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<td><strong>New Tubing?</strong></td>
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<td><strong>Assessment Parameters:</strong></td>
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<td><strong>T:</strong></td>
<td><strong>P:</strong></td>
<td><strong>R:</strong></td>
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<tr>
<td><strong>Labs:</strong></td>
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<tr>
<td><strong>Side Effects:</strong></td>
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<tr>
<td><strong>Age Specific:</strong></td>
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| **Brand Name:**                               |
| **Generic Name:**                             |
| **Dr. Order:**                                |
| **Route:**                                    |
| **Mechanism of Action:**                      |
| **Why?**                                      |
| **Safe Dose:**                                |
| **Last Dosage Given:**                        |
| **Safe Dilution:**                            |
| **Safe Rate:**                                |
| **Compatibility:**                            |
| **IV Patent?**                                |
| **New Tubing?**                               |
| **Assessment Parameters:**                    |
| **T:**  |  **P:**  |  **R:**  |  **BP:**  |  **02:**  |  **Pain:** |
| **Labs:**                                     |
| **Side Effects:**                             |
| **Age Specific:**                             |
POLICY AND PROCEDURE: MEDICATION SAFETY TOOL

The nursing faculty, in conjunction with the Institute of Medicine (IOM), 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:

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 within twenty-four hours.

3. The student will be counseled by the faculty and other nursing personnel involved, if appropriate.

4. The faculty will complete the Medication Safety Tool and Nursing Progress Report. The nursing progress report will include a summary of the incident and a contract for remediation. The student will be required to write a reflective summary of the incident with an analysis of how the deviation from the medication administration process occurred.

5. The student will be required to remediate prior to administering medications again and/or be supervised by clinical faculty for all future medications. If the remediation is not completed in a timely manner, the course student learning outcomes may not be met.

Remediation may include, but is not limited to, the following:

a. Review of theory and clinical components of medication administration through textbook assignment, practice in Nursing Learning Lab, use of computer-assisted instruction (CAI) programs and/or videos.

b. View and summarize a video/computer program on preventing medication errors.

c. Direct supervision of the preparation and administration of medications.

Medication Error Task Force 11/17/09
RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

MEDICATION SAFETY TOOL

Student: _______________________________    Date: ____________________________

Faculty: _______________________________    Semester: _________________________

Brief Description of the Error: __________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Medication Safety Error

Right Patient: __________________________
Right Medication: ______________________
Right Dose: ____________________________
Right Route: ____________________________
Right Time: ____________________________
Right Documentation: ____________________

Action for Success

• All errors require verbal counseling with the instructor, a Nursing Progress Report with a contract for remediation, and a written reflection.

• All Medication Safety Incidents 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: Arithmetic, Dosage Calculation Competency, and Medication 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 Evaluation.

Rev. 6/14
Student Name: _________________________________

Riverside City College
School of Nursing
Nursing Skill Accomplishment Documentation

**Directions:** This document must be maintained by the student throughout the entire nursing program to provide a record of their nursing skill accomplishment. This may require that students print additional copies of this document to record completion of their nursing skills.

Students should work collaboratively with their clinical faculty to identify patient care opportunities that would enhance skill competency. It is the student’s responsibility to ensure that proper documentation of each skill has obtained. Students are required to bring this document to each clinical or nursing skill lab experience; therefore clinical faculty may ask to review the student’s documentation at any time. Students are also required to provide this document to their clinical faculty during each clinical evaluation meeting. A copy of the form will be submitted by the student to the faculty at the completion of Nursing 13 and Nursing 22.

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<thead>
<tr>
<th>Nursing Skill</th>
<th>Nursing Skills Lab</th>
<th>Clinical Setting</th>
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<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Faculty Initials</td>
<td>Date</td>
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<tr>
<td>Proper Syringe/Needle Size</td>
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<td>Filling the Syringe with Fluid</td>
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<td>Subcutaneous Injections</td>
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<tr>
<td>Intravenous Piggy Back (IVPB) Medication</td>
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<tr>
<td>Administration</td>
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<tr>
<th>Nursing Skill</th>
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<th>Clinical Setting</th>
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<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Faculty Initials</td>
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<tr>
<td>Intravenous Medication Administration (IV Push)</td>
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<td>Dressing Change/Aseptic Technique</td>
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<td>Foley/Straight Catheterization Insertion and Removal</td>
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<tr>
<td>Nasogastric Tube (NGT) Insertion and Removal</td>
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<td>NGT and PEG Tube Medication Administration</td>
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Nursing Learning Lab and Virtual Hospital Code of Conduct

The Nursing Learning Lab and Virtual Hospital are an integral part of Riverside City College’s nursing curriculum. Shared accountability and responsibility is needed to optimize the learning environment and protect valuable resources. The following Code of Conduct has been designed to assist in communicating the expectations for both faculty and students in both lab environments.

Absolutely no FOOD or DRINK is allowed in any of the labs. This includes water and chewing gum.

Please do not bring your own writing utensils to the labs. Pencils will be provided in each lab for use.

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.

Treat equipment with respect. Leave equipment clean and neat when done using it. Faculty who are closing the lab when Simulation Lab Specialist is not present should assure all computers and simulators are turned off, all IV pumps are plugged in and turned off, trash is picked up, and room is neat.

Bring supply bag when planning to practice skills.

Help to keep the labs clean by cleaning up after you use lab resources.

For Assigned or Scheduled Simulations:

- Come dressed in clinical attire as indicated in the RCC School of Nursing Uniform policy, including equipment used for clinical such as a stethoscope.

- Come prepared with answers completed in writing for Learner Questions for assigned simulation.

- Be on-time to each simulation. In respect of other students’ time, simulations will start on time. Students arriving late will be required to re-schedule simulation with semester level faculty and the Nursing Simulation Lab Specialist.

- Scenarios are not to be discussed with other students outside the lab until de-briefing so all students have equal learning opportunities.

I have read and understand the above Lab Code of Conduct and will abide by the guidelines set forth.

Student Signature: __________________________ Date: ________________

Print Name ____________________________________________
The nursing labs provide students with the opportunity to practice skills, enhance critical thinking and reasoning, and participate in simulated learning activities. The following guidelines have been set forth in order to guide student learning experiences. It should be noted that students are unable to repeat a course in which they have previously earned a Pass grade. In addition, once a student is enrolled in a lab course, the School of Nursing is unable to transfer hours from one lab course to another.

**Nursing A Lab Courses**

All ADN (RN) students must complete a minimum of 2 hours a week in the Nursing Learning Lab, Computer Lab, and/or Virtual Hospital working on A course assignments. The 27 required hours and corresponding assignments must be completed by the end of each semester in order to earn a Pass in the course. 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. Students are unable to complete A hours and assignments in the Digital Library Learning Resource Center (DLLRC) or outside of the School of Nursing. Faculty will be provided reports at midterm and at the end of the semester. Students must have Learning Lab faculty sign off completion of assignments each week. Faculty will not sign off multiple weeks at one time. If Learning Lab faculty are unavailable, please see the Nursing Education Resource Specialist.

VN students who enroll in an A course are also required to complete the 27 required hours in order to earn a Pass in the course. Students are unable to complete A hours in the DLLRC or outside of the School of Nursing. Students enrolled in an A lab course must document their learning activities along with the amount of time spent on each activity and be prepared to turn in such documentation when requested.

**Nursing B and C Lab Courses**

All students enrolled in B and C lab courses are required to complete a minimum of 50% of the credit hours engaged in skills practice (Learning Lab and/or Virtual Hospital) or completing CAI and/or videos activities (Computer Lab). Once the student has completed their weekly A hours, they should sign into their B and/or C course for any remaining time spent in the lab for that week. If you are unsure if an activity is eligible for credit, please obtain authorization in advance from full-time faculty in your semester level. 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. Students are able to complete 50% of their lab hours for B and C courses in the DLLRC. Students enrolled in either B or C lab courses must document their learning activities along with the amount of time spent on each activity and be prepared to turn in such documentation when requested. Students are required to complete a total of 54 hours for a B lab course and 108 hours for a C lab in order to earn a Pass in these courses.

Students are required to login to their corresponding lab course through the following mechanisms:

1. **CI Tracker attendance terminals**: The primary method of receiving credit for the Nursing Learning Lab, Computer Lab, or Virtual Hospital is to log in and out using the CI Tracker attendance terminals located in the Learning Lab (Room 251), Computer Lab (Room 255), and DLLRC.
a. Students may not login to any A, B, or C lab courses while they are scheduled for semester level activities (i.e. Seminar, CNSL, simulation (unless approved), clinical). This practice is considered to be fraudulent as students are already earning credit in their semester-level course.

b. Any falsification of lab hours or logging in or out of CI Tracker and/or manual log on behalf of oneself or another student is a direct violation of the RCC School of Nursing Integrity policy and RCCD Academic Dishonesty policy located in the ADN (RN) and VN Student Handbooks. Disciplinary action, for all involved parties, up to and including dismissal from the nursing program and/or college may occur.

c. Students are only able to login for a maximum of 8 hours per login session. If you are logged in for longer than 8 hours the system will erase the hours.

d. Students must log in and out the same attendance terminal. Logging in from one attendance terminal and logging out at another may result hours for that day being automatically deleted from the system.

e. If the CI Tracker attendance terminals are not functioning, see the Nursing Simulation Lab Specialist (Isaac Dannelley) in Room 275F for assistance.

f. Students who forget to log in/out or have questions about accuracy of hours shown on attendance terminal should see Nursing Simulation Lab Specialist for clarification or correction.

g. The CI Tracker attendance terminals and Web Advisor do NOT automatically synchronize hours. The hours from the two programs are updated in “batches” at specific times during the semester. The number of hours displayed when you log in and out of CI Tracker is the most accurate.

2. Submitting Manual Hours: There are times that CI Tracker Attendance terminals are down and non-functional or that a student forgets to login in or out. It is the student’s responsibility to keep a manual record of their hours to be turned into the Nursing Education Resource Specialist (NERS) for approval. Manual hours should be emailed to Amy.Vermillion@rcc.edu at the time these instances occur. Once approved, the NERS will forward to the Nursing Simulation Lab Specialist to be entered into the CI Track system manually. Manual hours are entered at midterm and during finals week and therefore won’t immediately be reflected on CI Tracker or Web Advisor. All manual hours are due one week prior to the end of the semester and will not be accepted past the due date posted by the Nursing Education Resource Specialist as grades are calculated during finals week.
Riverside City College
School of Nursing

Computer Lab and Network Use Guidelines

The Nursing Computer lab is available as part of lab courses offered in the School of Nursing (Nursing 6, 7, 8, 11A/B/C, 12A/B/C, 21A/B/C, 22 A/B/C, 52A/B/C, and 62A/B/C). The computer lab is located on the 2nd floor of the School of Nursing (Room 255 & 256). Computers in the lab run on Windows 7 Professional and contain CD-RW drives, USB ports, DVD players as well as Internet access and Microsoft Office 2010. In addition the lab computers house computer-assisted instructional (CAI) programs and videos to assist students in critical thinking and clinical reasoning. Additional computers containing Nursing CAIs and videos are located on the 2nd floor of the Digital Library. Most Nursing CAI programs are only accessible on campus in the School of Nursing, while many nursing videos can be viewed from off campus.

Use of the Nursing computer labs is governed by the Riverside Community College District Administrative and Board Policy 3720 Computer and Network Use. The computers are to be used for nursing study and research 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.

CAI programs and nursing videos in the computer lab are stored on a network system. A few programs are accessible via the Internet from home or on campus. Students will be given access codes and passwords for these programs. Sharing these passwords with anyone except other RCC nursing students is strictly prohibited and will result in appropriate corrective actions, from restriction of use to potential dismissal from the program. These programs are designed to facilitate critical thinking and decision-making processes, which are a vital part of nursing. While all nursing students are encouraged to take basic computer courses to become familiar with computers and software, prior experience is not necessary to operate most of these programs.

Please follow the guidelines set forth in the Earning Lab Credit Hours policy to ensure you receive credit for activities completed in the RCC School of Nursing Computer Lab.

Guidelines for use of computer resources:

1. **Paper usage:** Paper is provided for printing via the Pay for Print system (same as in the DLLRC). The pay-per-print is a coin-operated system. Students may only use the printer located in the Computer Lab (Room 255) and Learning Lab (Room 251) as this is the only printer designated for nursing student use.

2. **Storage of work:** Personal work should be stored on the student’s own USB storage device rather than the hard drive in the computer lab. **Student work stored on the hard drive is deleted when the computer is shut down for any reason.**

3. **Evaluation of software:** Students are asked to evaluate software upon completion to ensure media is current and relevant. Please download and complete the CAI/Video Evaluation Tool from the School of Nursing Student Information webpage.

4. There is absolutely **NO FOOD or DRINK** of any kind allowed in any of the Nursing labs.

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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 3720 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.

My signature on this page signifies that I understand and agree to comply with the guidelines and regulations set forth by the RCC School of Nursing- Computer Lab and Network Use Guidelines, RCC Student Handbook, and RCCD AP/BP 3720 Computer and Network Use.

____________________________  ____________________________  ___________
Name (Print)       Signature        Date

Class: (please circle one)  VN       N11     N12     N13     N21     N22     N18

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RIVERSIDE CITY COLLEGE
SCHOOL OF NURSING

Clinical Rotation Registration

In an effort to meet the deadlines posed by the clinical agencies for the submission of required documents prior to the start of clinical rotations, the following guidelines are being implemented for all clinical rotations in the School of Nursing.

1. Students will have the option to register into a clinical rotation of their choice up to four weeks prior to the beginning of the Spring or Fall semesters. Depending on the clinical agency requirements, clinical rotations may be closed at the four week deadline.
   a. Students who have not registered prior to this timeframe will be randomly assigned by computer selection to a clinical rotation based on space available.

2. Students registering for a Winter or Summer intersession will have the option to register into a clinical rotation of their choice up to two weeks prior to the beginning of the intersession. Depending on the clinical agency requirements, clinical rotations may be closed at the two week deadline.
   a. Students who have not registered prior to this timeframe will be randomly assigned by computer selection to a clinical rotation based on space available.

3. Students will not be permitted to switch rotations.
   a. Students will be returned to their original rotation if an unapproved change has been made.

4. Orientation requirements for each facility must be completed prior to the first day of class as directed.
   a. If a student does not complete all orientation requirements by the deadline, the student may be at risk for not being able to meet clinical course outcomes and progressing in the course.
   b. Students not completing the required clinical agency paperwork as directed will receive a Nursing Progress note and may not be able to meet clinical objectives for the semester.

5. The School of Nursing maintains the right to close clinical rotations at their discretion as needed.