To the Nursing Student:

Welcome to Big Bend Community College Associate Degree Nursing Program. On behalf of faculty and staff, we want to express our sincere desire to help you achieve your goal of becoming a Registered Nurse. This handbook is designed to be a guide to help you.

As a nursing student, you are part of the college community with rights and responsibilities inherent in that capacity. These rights and responsibilities are stated in the Big Bend Community College Handbook, in the section titled "Code of Student Rights and Responsibilities". Although policies and procedures of the Big Bend Community College Nursing Program are consistent with the general policies and procedures of the college, there are some additional policies and procedures specific to the Nursing Program. This handbook provides you with that information, and you are expected to abide by the included policies and procedures.

This handbook is valid only for the school year specified on the cover. As it is updated throughout the year, you are required to purchase a new Nursing Program Student Handbook every fall quarter and to adhere to any changes that may occur during the course of the year.

The Big Bend Community College Nursing Program reserves the right to change any statement in this handbook concerning, but not limited to, rules, policies, curricula and courses. Such changes shall be effective whenever determined by the appropriate faculty and administrative bodies, and they will govern both old and new students. Any change that is made will be communicated to the students, in writing, before it is implemented. Nothing in this handbook is intended to constitute, or should be construed as, creating a contract between a student and Big Bend Community College Nursing Program. You are, however, required to sign an agreement stating you have read and understand the handbook in its entirety and agree to comply with the policies and procedures of the Nursing Program.

The American Nurses' Association *Code of Ethics for Nurses, Scope, and Standards of Practice*, and the National Student Nurses' Association "*Code of Academic and Clinical Conduct*" will serve as overall guides for your conduct as a nursing student. You must purchase copies of the Code of Ethics for Nurses, Scope, and Standards of Practice as course materials. The National Student Nurses' Association "Code of Academic and Clinical Conduct" is included in this book (see Appendix M). These codes and standards set a model of professional behavior expected throughout the program and in each individual nursing course. In addition to dismissal for academic failure, the faculty and administration of the Big Bend Community College Nursing Program reserve the right to dismiss any student enrolled in the program for unethical, dishonest, illegal, or consistently unsafe conduct that is inconsistent with these codes and standards. Students who are unable to demonstrate progression and/or are unable to consistently apply theoretical knowledge in the Clinical/Practicum and Skills Lab settings will be dismissed from the program. The discovery at any point in the program of misrepresentation of facts influencing acceptance to the Nursing Program will result in disqualification.

During clinical instruction, opportunities for experience exist in a variety of settings, which include the client's home, various types of clinics, hospitals and other community agencies. As guest learners in these settings, you are expected to conduct yourself as a professional and become familiar with the above codes and standards, as they will provide you with an excellent guide for practice.

We wish you well on your educational journey and will make every effort to assist you in attaining your goals.

NURSING FACULTY AND STAFF			
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Please review the contents, make notes, add changes, and keep this book available while attending the Nursing Program. If questions arise not addressed in this book or by your instructor, please address them to the Director of Health Education Programs.

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NOTICE OF NONDISCRIMINATION

Big Bend Community College District 18 provides equal opportunity in education and employment and does not discriminate against anyone on the basis of race, sex, sexual orientation, gender identity/expression, religion, age, color, creed, national or ethnic origin, the presence of any physical, mental, or sensory disability, use of a trained guide dog or service animal by a person with a disability, marital status, pregnancy status or families with children, a mother breastfeeding her child, AIDS/HIV or hepatitis C, genetic information and/or status as a veteran, or any other legally protected status.

BBCC provides reasonable accommodations for qualified students, employees, and applicants with disabilities in accordance with the Americans with Disabilities Act and Section 504 of the Federal Rehabilitation Act of 1973.

Big Bend Community College encourages persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accommodation or have questions about the physical access provided, please contact Disability Coordinator Aaron Glenn at 509-793-2027 as soon as possible to allow sufficient time to plan.

In alignment with Title IX of the Education Amendments of 1972 and BP 6112, Reasonable Accommodation for Students, Big Bend Community College provides reasonable accommodations to students who are pregnant, have recently experienced childbirth, and/or have medical needs related to childbirth.
Absences due to medical conditions relating to pregnancy will be excused for as long as deemed medically necessary by a student's doctor and students will be given the opportunity to make up missed work.
Students needing accommodation(s) are encouraged to work directly with their instructors and/or the Accommodation & Accessibility Services Coordinator at (509) 793-2027 or via email at aas@bigbend.edu. Students may also contact the college's Title IX Coordinator/Section 504 Coordinator at (509) 793-2010 or via email at hroffice@bigbend.edu.

The following persons have been designated to handle inquiries regarding non-discrimination policies and requests for accommodations:

Kimberly A. Garza, Vice President of Human Resources & Labor/Equal Opportunity Officer/Title IX Coordinator/Section 504 Coordinator
Building 1400, Second Floor, Rm 1449
509.793.2010
kimg@bigbend.edu

Aaron Glenn, Accommodation and Accessibility Services Coordinator
Building 1400, First Floor, Room 1472
509.793.2027 or TDD 509.793.2325
Aarong@bigbend.edu

Disclaimer Statement

This handbook and its components shall not constitute a contract between Big Bend Community College and prospective or enrolled students. The information in this handbook reflects the current policies and regulations of the nursing program. However, the Nursing Program reserves the right to make changes in its policies and regulations at any time. If updated policies or regulations of the Nursing Program at any time conflict with information contained in this handbook, the policies and regulations will govern, unless expressly determined otherwise by the board of trustees. The college reserves the right to eliminate, cancel, phase out or reduce in size courses and/or programs for financial, curricular, or programmatic reasons.

Limitations in Liability

The college's total liability for claims arising from a contractual relationship with the student in any way related to classes or programs shall be limited to the tuition and expenses paid by the student to the college for those classes or programs. In no event shall the college be liable for any special, indirect, incidental, or consequential damages, including but not limited to, loss of earnings or profits.

PART I: INFORMATION REGARDING PROGRAM OF STUDY

1.0   Nursing Program Mission

Big Bend Community College Nursing Program fosters development of nurses prepared to provide health care in a variety of health care settings to a diverse community. Unique learning needs are recognized in a supportive, respectful environment. Students develop sound clinical judgment and apply critical thinking in an environment that promotes educational mobility, personal growth, and a desire for lifelong learning.

1.1   Philosophy of Nursing Education

The faculty believe education is a process through which a person assimilates knowledge, develops skills, establishes values, and realizes potential. Learning is individualistic and proceeds in a simple to complex manner. It is influenced by the active participation, level of development, and motivation of the learner. Students demonstrate success by consistent application of theoretical knowledge and skills in a variety of clinical settings. The faculty demonstrates respect for the unique qualities and learning needs of students while standing as leaders in nursing education and promoting success within the profession. Faculty strive to provide a supportive and challenging learning environment to stimulate inquiry, synthesis of knowledge, and critical thinking. Learning is supported by various instructional strategies and problem-solving techniques.

1.2   Associate Degree Nursing Program

The student who successfully completes the six quarters of the ADN program is eligible to earn the Associate's Degree and to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Successful completion of the exam and subsequent licensure allows the student to enter the workforce as a Registered Nurse. See Appendix I for information on the NCLEX-RN examination.

The Associate Degree Nursing Program is approved by the Washington State Board of Nursing (WABON), the Washington State Board of Community and Technical Colleges, and the Accreditation Commission for Education in Nursing (ACEN). Comments about this program may be directed to ACEN at 3390 Peachtree Road NE, Suite 1400, Atlanta GA. 30326. Phone: 404-975-5000 Website: www.acenursing.org

It is the student's responsibility to meet with a department advisor to plan their academic program ensuring all degree requirements are fulfilled prior to completion of the program.

1.3   Philosophy of Nursing

The Nursing program curriculum is built upon four paradigm concepts: Nursing, Individual, Health, and Environment, as defined in the following table:

DEFINITION OF NURSING PARADIGM CONCEPTS
Individual
The individual is viewed as an integrated whole person with the following dimensions: biological, spiritual, physiological, psychological, cultural, emotional, and social. The individual is defined as a person, family, or community, who continually responds to the environment and has the potential for self-care in dealing with the preservation or restoration of health or a dignified death.
Health
Health is not merely the absence of disease. The human values of health and wholeness can be maintained or restored through self-care. Each individual has the inherent right for dignity and autonomy in meeting self-care needs. The individual seeking health care must be involved, informed, and participate in decision-making, if capable, to maximize benefits in the health care delivery system. Individuals are responsible for their own health care maintenance and utilization of community resources
Environment
Optimal health is possible through healthy environments. A healthy environment creates a sense of well-being in a person's life; including elements such as spiritual, emotional, physical, sociocultural, political, or economic factors. Stressors, both internal and external, directly affect the individual's ability to maintain homeostasis.
Nursing
Nursing is defined as a service to humanity that utilizes a systematic approach, the Nursing Process, to promote individualized self-care throughout the lifespan. It is a profession of caring evidenced by a consistent caring presence while delivering nursing skills in a safe, competent, and effective manner aiming to treat all patients with dignity and respect.

The Nursing Program Curriculum

2.0   Overview

Nursing education presents concepts from the humanities, life and social sciences, and biological and physical sciences. It promotes competency-based learning at all levels of nursing practice. The goal of nursing education is the provision of a theoretical knowledge base, competent skill base, and professional value insights that enable a beginning nurse to deliver safe care and to demonstrate accountability for care delivered or delegated to others. The Nursing Program's curriculum incorporates the school's philosophy/mission and nursing paradigm concepts. It is designed to facilitate learning from the simple to the complex, from foundational concepts to competent nursing care.

2.1 Core Concepts

The following table defines the core concepts describing the functions and characteristics of a nurse, which, in turn, become the organizing framework for program objectives and evaluation:

CORE CONCEPTS The Nurse is a:
Communicator (C) Communication is the interaction between two or more individuals in which information is exchanged through written, verbal, non-verbal, and/or electronic means. The components of effective communication include utilizing therapeutic communication skills when interacting with individuals; communicating unbiased, relevant, accurate, and complete information in a concise and clear manner; reporting and documenting assessments, interventions, and progress toward patient outcomes; and utilizing information technology to support and communicate the planning and provision of patient care.
Provider of Care (POC) The provider of care delivers *safe* and *effective* physical, psychosocial, spiritual, and cultural care to the whole person. Culture embodies multiple aspects that influence the actions, beliefs and values of the individual, including but not limited to race, ethnicity, religion, and other social constructs. A second vital component of providing care includes *patient education*. Effective teaching encompasses assessment of current knowledge; use of appropriate teaching materials; reinforcement of previous education and positive health behaviors; and development and delivery of patient-specific education.
Manager of Care (MOC) The manager of care is responsible for *clinical decision-making*: applying theoretical knowledge and the nursing process to determine actions and priorities for the individual patient and/or groups of patients. The nursing process guides clinical decision making through: **Data Collection and Assessment:** a systematic process of collecting, compiling, analyzing, and verifying data about the patient and environment in which they live. **Nursing Diagnosis:** identification of the patient's actual or potential health problems amenable to nursing intervention. **Planning:** establishment of a plan of care that prioritizes nursing diagnoses, identifies measurable and realistic client-centered goals, and includes strategies to meet the identified goals. **Implementation:** actions instituted to promote achievement of the identified goals, which may include collaboration with the healthcare team. **Evaluation:** a continuous process of re-evaluating the patient's progress toward accomplishment of the defined outcome(s).
Professional (P) The professional role includes individual accountability and responsibility for performance according to the *Standards of Practice* and *Code of Ethics for Nurses* as defined by the American Nurses' Association, and the scope of practice as defined by the Washington Board of Nursing Nurse Practice Act/Washington Administrative Code. This role encompasses personal and professional development, ethical decision-making, and active participation in both workplace and professional organizations.

2.1   Program Learning Objectives

The outcomes for the Nursing Program are based on the Core Concepts: Communicator (C); Provider of Care (POC); Manager of Care (MOC); and Professional (P). Progress is assessed throughout the 2-year program culminating in a professional portfolio.

Upon the completion of Level II, the graduate will demonstrate the following ADN competencies and be eligible to take the NCLEX-RN Exam:

- Communicate effectively to deliver relevant, accurate, and complete information to patients, families, and the healthcare team. (C)

- Students will be able to reason mathematically using methods appropriate to the profession (POC.1)

- Deliver safe and effective physical, psychosocial, cultural, and spiritual care to the whole person in a variety of settings. (POC.1)

- Plan, initiate, and evaluate patient teaching including assessment of current knowledge and use of appropriate materials and techniques. (POC.2)

- Demonstrate clinical decision-making based on best current evidence, clinical expertise, and the nursing process to develop safe plans of care in a variety of settings. (MOC)

- Assume responsibility and accountability in the practice of registered nursing as defined by the professional standards and codes of nursing. (P.1)

- Demonstrate effective collaboration within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve educational and institutional growth. (P.2)

2.2   Nursing Program Requirements

After acceptance into the Nursing Program, the applicant is required to:

- Provide evidence of a satisfactory physical examination within the preceding six months, validating all physical requirements. It must include any acute or chronic mental or physical disease as well as all prescribed medications and all required immunizations.

- Provide evidence of a *current* American Heart Association Healthcare Provider CPR card. No other types of CPR cards will be accepted.
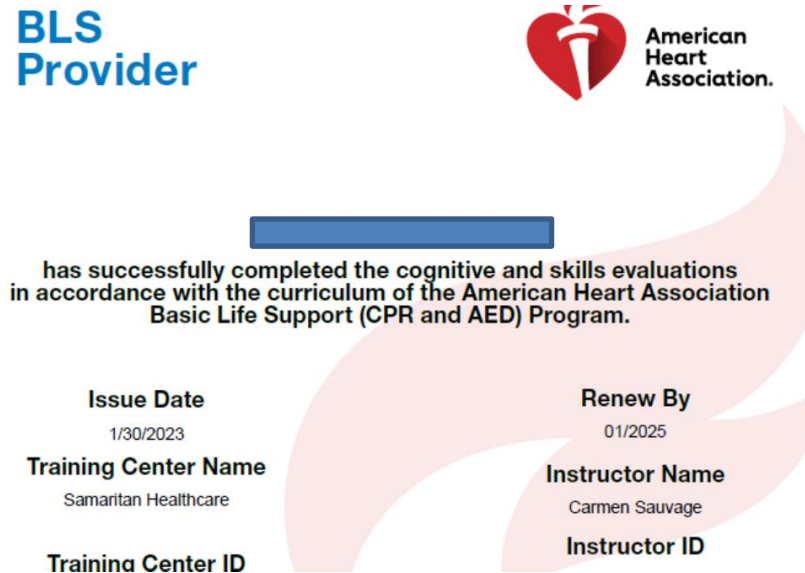
*Note: The BLS CPR card is issued for a two-year time period. However, the nursing program requires students to renew their card **yearly**. *Current* means within a year of the date the class was taken: in the example above, the course must be renewed by 1/30/24.

- Have a satisfactory criminal background check. Students with a criminal history are potentially ineligible for licensure in the State of Washington. Students are required to pass a criminal background check in order to gain access to healthcare facilities. Students with a past criminal history should refer to Appendix E and Appendix F, and contact the Nursing Program Director or Washington Board of Nursing

- Provide evidence of up-to-date immunizations and have initiated or completed the Hepatitis B series (see section 3.0).

- Provide evidence of negative drug testing according to federal standards; this includes marijuana.

- Inform the Nursing Program Director if and when you are prescribed or taking "over the counter" medications that could alter your concentration or alter your motor or cognitive function.

2.3 Criteria to Attend Clinical

BBCC maintains agreements with clinical facilities, which require students to have some, or all, of the following items. Students may not attend clinical until all the items listed below have been received and are on file at BBCC. It is the student's responsibility to keep these records up to date and accurate. These items are required at least 30 days prior to the date they expire. Failure to comply with this will result in an inability to attend clinical until the requirements are met. Any clinical days missed due to expired or incomplete documentation will be considered unexcused.

- Current malpractice insurance purchased through the college (purchased annually).

- Evidence of immunity for MMR, varicella, Hepatitis B, and Tetanus/Pertussis.

- Proof of annual influenza vaccine.

- COVID vaccination and booster as required by our clinical facilities.

- Proof of initial 2-step PPD and an annual PPD: must be negative yearly. Students who have received the BcG, or who have positive PPD may meet this requirement through a QuantiFERON Gold test, or a chest X-ray; these students will need to have a letter annually from their physician stating that they 1) have no evidence of TB infection and 2) are cleared to work in a health care facility.

- A signed confidentiality statement.

2.4 Physical and Psychosocial Requirements for the Nursing Program:

Students enrolled in the Nursing Program need to be aware the requirements listed below are expected by employers. Therefore, students will be expected to meet the same criteria during clinical/lab instruction. Students must be able to demonstrate:

- good body mechanics; lift/carry a minimum of 25 pounds independently and 50 pounds with assistance.
- normal/corrected vision and hearing within normal range.
- ability to tolerate intermittent sitting, standing, stooping and walking. Full range of motion is required.
- good manual and finger dexterity.
- basic keyboarding and computer skills.
- ability to differentiate odors and colors in the clinical setting.
- effective communication skills: Must be able to read and write in English. Must be able to communicate verbally in English both in person and on the phone.
- ability to stand on carpeting, linoleum, or be seated at a standard desk at the nurse's station using an office chair for varying amounts of time.
- ability to work in high-paced facilities; this includes effectively dealing with stressful situations and quickly changing environments.
- emotional stability and maturity in various circumstances through interpersonal relationships with staff, patients, and visitors.
- ability to deliver care across the age spectrum with cultural and ethnic sensitivity.
- ability to consistently deliver safe and competent nursing care.

3.0   Withdrawal or Dismissal from BBCC Nursing Program

Exiting the Nursing Program:
> All students who leave the program prior to completion must arrange an exit interview with the Nursing Program Director.

Withdrawal

- A student may withdraw without penalty at any point in the nursing program if they have demonstrated satisfactory performance up to the time of withdrawal. The student must write a letter to the Nursing Program Director stating his/her intention to withdraw. The student must also arrange to <u>officially withdraw from all nursing classes</u>. The student's withdrawal will be noted in their file. A student withdrawing is eligible for readmission one time only. See below.

Dismissal

- **Academic Failure:** A student dismissed from the program for academic failure is eligible to reapply one time only – see below.

  Faculty are expected to evaluate student work according to academic and professional standards. It is a faculty's prerogative to assign grades utilizing their academic/professional judgment. If the student believes they have been treated in an erroneous, arbitrary or capricious manner, they may initiate the Academic Complaint procedure. Please refer to the BBCC Student Handbook for all policies and procedures regarding Academic Complaints.

- **Unsatisfactory Performance:** A student may be dismissed from the program at any point for reasons including, but not limited to dishonesty, unsatisfactory and/or unsafe practice, a major infraction, or a consistent pattern of misconduct not in compliance with ANA and NSNA standards. The Nursing Program Director has the responsibility of making the final decision to dismiss the student from the program. A student dismissed for unsatisfactory performance must withdraw from all nursing classes or a failing grade(s) will be submitted. The student's dismissal status will be noted in their Nursing Program file. A student who is dismissed from the program for unsatisfactory performance is **not** eligible for readmission.

  The student may file an appeal for readmission to the program. The student must submit a Letter of Appeal by email to the Nursing Program Director who will assemble the Appeals Committee consisting of: Nursing Division Chair or their designee, one nursing faculty member, one non-nursing faculty member, one ASB student representative, and the Vice President of Learning and Student Success or their designee. The Letter of Appeal should include sufficient detail to explain the rationale for the appeal and be submitted within 20 days of dismissal notice.

Readmission

To assure retention of knowledge and skills, a student must return within one year from their withdrawal date and must notify the Program Director in writing a minimum of one quarter in advance of the quarter of readmission. Readmission requests should include the academic quarter, year, and nursing courses the student wishes to re-enter. Program vacancies will be filled on a first come, first serve basis (space permitting), with a student meeting all admission criteria.

Readmission to the Nursing Program is made by the Nursing Program Director and the student may have to retake previously completed nursing courses.

All general requirements (i.e. CPR, TB, Hepatitis, Drug Test and Screening; see section 3.0) must be updated prior to the first day of the quarter for which the student requests readmission. A student will not be readmitted without all materials being satisfactorily updated.

PART II GUIDELINES AND INFORMATION

4.0 Student Responsibilities:

- Abide by the policies, procedures, rules, and regulations of the program and the assigned clinical agency.

- Have reliable transportation.

- Carry individual health and accident insurance during their assigned clinical experience.

- Manage their own medical care including any charges incurred.

- Obtain any necessary immunizations, tuberculin tests, chest x-rays, and health exams, and to provide documentation of such to the facility or Big Bend Community College upon request.

- Abide by HIPAA regulations.

- Keep the Nursing Program office informed of any change in name, address or phone number, or physical/mental status.

- Evaluate their own clinical performance and review the evaluation written by the faculty.

- Learn nursing theoretical information and apply it to laboratory and clinical settings.

4.01 Dress Code Policy/Appearance

Students are expected to maintain a professional appearance in the Big Bend Community College Nursing Program on and off campus.

4.01.1 General Policies for all Program Activities

Hair: Hair should be clean and neat, only natural hair colors permitted.

Facial Hair: Facial hair should be kept short (3/4-inch long or less) and neatly trimmed. Facial hair must not interfere with any personal protective equipment (N-95 masks). **NOTE:** Facial hair may not be allowed per facility policy; therefore, students will be expected to follow the policy of the facility.

Personal Hygiene:
- Perfumes and body fragrances are not permitted.
- Offensive body odor must be controlled.
- Daily bathing and use of underarm deodorant is highly recommended.
- The student who smokes must take special care to maintain a smoke-free presence.
- Gum chewing or tobacco chewing/dipping is prohibited.

Tattoos: Must be covered or minimized.

4.01.2   Classroom and Campus

- Clothes should be clean, pressed, and in good repair with appropriate undergarments. Any clothing article that is considered extremely short, tight, see-through, or revealing is not allowed – no spandex or muscle shirts. "Leggings" may be acceptable if worn with a shirt or tunic that is fingertip length.

- Shirts must cover the torso when standing with arms raised, no spaghetti straps, no cleavage and no undergarments can show.

- Jeans are allowed if in good repair, with no holes, and hemmed.

- Shorts and skirts must be mid-thigh length when arms are at the side.

- Shorts and pants may not sag – belts must be worn with pants/shorts that do not fit correctly at the waist.

- Clothing should not display profanity or inappropriate behavior, nor promote illegal drugs/alcohol, nor be associated with any gangs.

4.01.3   Professional Dress: - general dress policies PLUS:

- *Women*: Dresses and skirts must be at mid-thigh length or longer.
- *Men*: shirts must be collared and/or button front, tucked in.
- Slacks must be appropriate to the professional setting.
- Tank tops, T-shirts, shorts, jeans, and sweatpants, etc. are not acceptable.
- No "T-style" sandals or "flip-flops;" no heavy work boots.
- Facial jewelry (ex. Tongue, nose ring) is not allowed; other body piercings should be covered at all times and not visible through clothing.

The judgment of appropriateness for any of the above is at the discretion of the Nursing Program Faculty and/or Director. Anything distracting fellow classmates, faculty, or patients is unacceptable. Failure to dress appropriately for a specific setting will result in dismissal from the activity with an unexcused absence and a Notification of Counseling.

4.01.4   Clinical Dress: - general dress policies PLUS:

Students must wear the nursing student uniform and program name badge as described later in this section during any clinical related activities unless otherwise directed.

- **Hair:** Hair must be clean and pulled back from the face to not interfere with patient care. Long hair must be secured so that it does not fall forward during patient care. Hair decorations such as ribbons, decorated hairclips, scarves, or flowers are unacceptable.

- **Nails:** Nails should be short and free of any polish. Artificial nails are not permitted

- **Jewelry**: Jewelry is limited to one ring, such as a wedding ring, and one set post style earrings only. A watch with a second hand, or a digital watch, is required.

- **Facial piercings** (including tongue) are not allowed; body piercings should be covered at all times.

4.01.5   Skills Laboratory

The skills lab is considered a clinical practice environment. Approved navy-blue scrubs with appropriate shoes must always be worn while in the skills lab. Clinical dress code policies (such as hair, nails, footwear, facial piercing, etc.) apply. Program name tag is also required at all times in the skills lab.

4.01.6   Student Clinical Uniform

The BBCC Nursing Program requires specific uniforms – ordering information is provided during the initial advisement meeting.

- The uniform and lab coat should be washed and pressed before each clinical day to prevent cross infection/contamination and to control odors.

- Uniforms should be worn to clinical sites only. Wearing your uniform to other places either prior to or after your clinical rotation promotes the spread of bacteria and is unacceptable.

- Footwear: Black shoes, socks, and laces – no other colors or patterns. Shoes must have a heel back or strap and the toes must be closed and solid (i.e., no decorative holes)

- Plain white or black undershirt (camisole or t-shirt, for example) with sleeves no longer than ¾ length may be worn under uniform shirt if desired.

- Official program name badge is required in all clinical areas – no exceptions! Badge holders will be provided by the program.

- Full uniform includes a pen, watch with second hand (or digital watch), stethoscope, pen light, scissors, and hemostats.

- Nursing school patches will be provided at the beginning of each academic year. They are to be sewn on the left sleeve of the clinical uniform, 1.5" below the shoulder seam.

4.01.7   Program Name Badges

An official BBCC nursing program name badge must be obtained at the beginning of each academic year. It is the student's responsibility to see the program director to secure a new program name badge if it is lost during the year. The program name badge and badge holder is part of the uniform and must be worn in the clinical settings and in the campus skills lab.

4.01.8   Lab Coat

A long-sleeved white, professional lab jacket (hip length, not coat length) may be required in certain settings; it must be clean and neatly pressed. Your program name badge is required any time you are to wear a lab jacket.

4.1 Technology Policies

4.1.1 Mobile Phones & Wearable Technology

Mobile phones, smart watches, fit bits, ear buds, and/or any other wearable or Bluetooth accessible technology are to be turned off or silenced during lectures, seminars, skills lab and clinical sessions. In the classroom or skills lab, use of a cell phone as a camera may be permitted with the instructor's permission; photographs are not permitted in patient care areas of the clinical setting at any time.

Special consideration for allowing mobile phones to remain on vibrate mode will be given to students in emergencies (i.e. sick child at home, etc.), provided it is cleared by the instructor **prior** to class. Students are expected to leave the classroom or patient care environment if they need to use their phone: this includes texting. Phones are to be on top of desk and visible at all time if approved.

During tests, cell phones, smart watches and/or activity watches should be turned off completely and left in the book bag or purse. Use of any unauthorized technology observed during a test, regardless of reason, will result in a zero score for the test.

4.1.2 HIPAA

The National HIPAA regulations apply in all school and clinical settings and students must demonstrate knowledge of the regulations prior to entering the clinical setting. Violation of HIPAA regulations will result in a Notification of Counseling and possible dismissal from the program.

4.1.3 Social Networking Sites

The core concepts of professional communication and behavior extend beyond the classroom and clinical settings and must be maintained in public environments, including social networking sites (such as Facebook, Myspace, Twitter, Instagram, TikTok, blogs, etc.). Evidence of unprofessional behavior or communications, including HIPAA violations, will result in a Notification of Counseling and possible dismissal from the program. Students are encouraged to refrain from sharing clinical locations or experiences in open forums or on-line conversations.

4.1.4 Audio and Video recording in classroom or skills laboratory:

Healthcare education often involves frank and honest discussion of personal and sometimes difficult topics. To promote a safe and effective educational environment:

- Audio recording: Permitted with the instructor's permission
- Video recordings: Must have the instructor's permission prior to each recording. Must have signed permission from all affected students prior to each recording. The signed permission form will be maintained by the program director.
- Any recording (audio or video) is to be used for personal study use only! Posting on any social media site is prohibited.

4.1.5 Virtual Learning Environments

Throughout the program, the student may encounter meetings, class time, and presentations that are held virtually. It is the responsibility of the student to conduct themselves in a virtual setting in the same way they might conduct themselves in a non-virtual classroom setting. Behaviors and interactions of students in the virtual setting must remain professional and positively contribute to the learning environment. This includes but is not limited to identifying yourself (displaying your name within the virtual setting), turning on video, and demonstrating attentiveness through verbal and non-verbal communication.

4.20 Employment

Although it is recognized that some students must work to provide for their financial security, the faculty strongly recommends that the maximum hours of employment not exceed 16 hours per week. Due to the time involved with clinical preparation, students are strongly encouraged to avoid working any shift that may interfere with their ability to adequately prepare for clinical, theory or skills lab courses. The clinical session cannot be the student's second consecutive shift. A student reporting for clinical who, in the professional judgement of the clinical instructor, is not adequately prepared for clinical and/or is too fatigued to provide safe patient care will be sent home for that day. This will be considered an unexcused absence.

Likewise, if a student is unprepared to fully participate in theory and skills lab class discussions they will be dismissed and will receive an unexcused absence.

Under no circumstances will adjustments be made to accommodate work schedules.

Employment of Students in Health Agencies: The BBCC Nursing Program accepts no responsibility for the actions of students who are employed in healthcare agencies. Employed students are not considered official representatives of the BBCC Nursing Program. It is essential that a student not accept assignments beyond his/her scope of practice. Students are accountable for their actions and are urged to use reasonable and prudent care in accepting a position and in fulfilling their responsibilities as employees. The student, as an employee of the employing agency, may not wear the BBCC nursing insignia or name badge or use abbreviation symbols of S.N. after his/her name.

Refer to Appendix H for current Nurse Technician information distributed by the Washington Board of Nursing.

4.21 Attendance

Attendance at scheduled classes, examinations, campus lab, conferences, and assigned clinical experiences is crucial to meeting course and program objectives. A faculty member may exercise broad discretion when addressing patterns of multiple absences. All scheduled time missed by the student will be considered an absence.

When serious illnesses and unexpected life events occur, the instructor may grant limited excused absences on an individual basis. In the event of an absence, it is the student's responsibility to obtain the announcements, information and any handouts provided by the instructor. Missed quizzes or class work (random or scheduled) may NOT be made up and will result in a zero for the course work.

After an extended illness, the student is required to present written clearance from the physician to

return to school. The faculty and director will determine if the student is able to successfully meet all course objectives.

Punctuality is an expected professional trait for nurses. Tardiness (defined as "the student arriving late or leaving early from the assigned experiences") is disruptive and disrespectful to both faculty and other students. At the instructor's discretion, classroom doors may be locked at the beginning of class, and students arriving late will need to wait until the next break to enter.

REPEATED OR UNEXCUSED ABSENTEEISM MAY BE CONSIDERED CAUSE FOR DISMISSAL FROM THE PROGRAM.

In the event of an unplanned absence or tardy to the clinical or lab setting:
Contact the instructor at least 30 minutes prior to the scheduled clinical or lab time. Failure to meet this requirement will result in an unexcused absence and a notification of counseling form.

Make up work will be required for the clinical or skills lab session whether the absence is excused or unexcused: see section **6.72 and 7.3.**

In the clinical setting, tardiness can be disruptive to the site. The instructor may:

Allow the tardy student to participate in the clinical day. The student will receive a Notification of Counseling and may be required to complete additional work assigned by the instructor.
-OR-
Dismiss the student from the clinical site. This will result in an unexcused absence and a Notification of Counseling, in addition to the requirements for clinical absences (see section 6.72).

**Two occasions of tardiness will equal one unexcused absence. Two unexcused absences in the clinical rotation will result in dismissal from the program.

4.22 Notification of Counseling Forms

Nursing students at BBCC are expected to abide by the American Nurses' Association Code of Ethics for Nurses, Scope and Standards of Practice, and the National Student Nurses' Association "Code of Academic and Clinical Conduct" (Appendix M). Failure to adhere to any of these codes, and/or failure in any of the program's criteria, will result in the student receiving a Notification of Counseling Form (see Appendix A for a copy of the form). The instructor will complete this form and review it with the student, who will be responsible to develop an action plan. It may or may not require a meeting with the Nursing Program Director.

A copy will be placed in the student's file. Students who have documented evidence of demonstrating unacceptable behaviors may be dismissed from the nursing program

4.3 Books

Students are responsible for purchase required texts. They will not be available from the instructors. A list of required texts will be provided to all students enrolling in the program. All books listed on the booklist are also available in the library as reference materials (cannot be checked out).

4.4 Portfolios

The nursing program uses student portfolios as a tool for student self-reflection to evaluate progress through the Nursing Program and to document achievement of learning outcomes. A portfolio is a professional, purposeful, self-maintained collection of a person's work that exhibits the individual's efforts, progress, and achievements. It should demonstrate self-responsibility and self-accountability toward the development of the professional nursing role. The portfolio can also benefit the student in self-evaluation as papers and projects completed by the student are added throughout the course of study within the nursing program.

Furthermore, the portfolio can enhance the student's resume with specific examples of personal, professional, and academic growth and excellence. Examples of committee, professional, college and community involvement can augment the student's academic accomplishments. Such information is valuable as the student seeks employment and further education.

The portfolio contains evidence that reflects each of the core concepts and learning outcomes utilized in Big Bend Community College's Nursing Program. The portfolio will be turned in to the Nursing faculty quarterly according to instructions. See Appendix N.

4.5 Community Service

Nursing is a service profession. Students are expected to participate in community service opportunities such as health fairs, flu shot clinics, etc. at least once each year. Students should document community service in their portfolio.

4.6 Needle Stick/Injury Policy

In the event a student injury or needle stick/bodily fluid contamination occurs, complete the following steps:

Student will wash site immediately with soap and water and/or complete any first aid care needed. Student will immediately report exposure and/or injury to the faculty member overseeing the student's activities. The faculty member and/or student will complete an injury report that will be forwarded to the Nursing Program Director's office. The accident/incident report form can be found on the portal at https://www.bigbend.edu/student-center/campus-safety/ . The injury report will include the following:
> Name of the individual exposed with date, time, and location of injury
> Description of circumstances leading to and including the injury
> Any medical interventions implemented
> Further medical care that the individual sought (if applicable).

The student may be referred to a health care facility for further evaluation/follow-up.

Note: the student is responsible for the cost of all associated medical care (See section 4.0) If the incident occurred on a clinical facility's site, that facility's protocol must also be completed.

4.7 Universal Precautions (Standard Precautions)

Students in the nursing program must adhere to the Standard Precautions Guidelines in all school and healthcare settings (See Appendix G).

4.8 Children on Campus

Per Big Bend Community College policy (AP 7100), children should not be brought to a campus workplace or to classrooms without prior supervisory authorization. At no time should children be left unsupervised while on the BBCC campus. Children are allowed to participate in selected skills lab assessments with prior approval by the director of the nursing program.

PART III: COURSE INFORMATION

The nursing program is comprised of three major content areas: theory, skills lab, and clinical practicum, to be taken concurrently. Rules and information specific to each area are described in the following sections. All nursing courses must be taken in sequence. (See Appendix K for the timeline of nursing courses.) Supportive classes pertaining to the Nursing Program may be completed before entering the Program but no later than the specific quarter allotted within the Nursing Program. (For example: BIOL& 260 Microbiology *may* be completed prior to starting the Nursing Program but **must** be completed no later than the end of the Fall quarter of Level I).

A grade of 2.0 in nursing courses is required for continuation to the next quarter in the nursing program. Theory grades are based on the program's GPA scale (see appendix C). Pass/Fail grades are given for skills lab and clinical practicum. All support courses must receive a passing grade (2.0 or better) each quarter to progress in the program. Grades are monitored at midterm and at the end of each quarter. Notification of Counseling forms (see Appendix A) are signed by both the student and the instructor mid-quarter for a grade averaging less than 2.0 in nursing courses. Students are provided with suggestions for improvement. Any student receiving less than a 2.0 in any nursing program required course must withdraw from the program (See Section 3 Academic Failure). A student who withdraws from or fails any nursing course must repeat the entire course and other related courses before receiving credit for it. Procedures for the student's right to appeal are found in BBCC's Student Handbook.

THEORY POLICIES

5.0 Dosage Computation/Math Proficiency

Nursing students are expected to maintain competency in their ability to calculate correct dosages of medications and intravenous fluids. A Dosage Computation test is given at the beginning of each required term beginning with NUR 120 – First Year, Winter Quarter and each quarter thereafter. A score of 90% or above is required to pass all Dosage Computation tests.

Students scoring less than 90% on the Dosage Computation test may be excluded from the clinical environment until a passing score is achieved.

Students scoring less than 90% will be given **one** additional opportunity to obtain a passing score on the Dosage Computation test. Failure to pass the Dosage Computation test with a score of 90% or higher within two attempts will result in dismissal from the Nursing Program.

5.1 Written Paper Guidelines

All papers must be typed in APA format unless directed by the instructor. Plagiarism (including "self-plagiarism" such as re-using previously graded assignments) will result in a zero for the assignment, the completion of a Notification of Counseling form, and possible dismissal from the program. (Appendix D)

Papers not turned by the date and time specified will receive a grade reduction: 10% first 24 hours, 50% at 24 hours. After 48 hours, work must still be handed in but receive 0% credit. It is the student's responsibility to turn in paperwork by the required time.

5.2 Exams

Exams will take place only during the prearranged time and dates. Cell phones, "smart watches" and/or any Bluetooth accessible devices are not permitted during exams.

Review sessions will be scheduled by the instructor. Test reviews will not take up lecture time. Attendance at the exam review is optional. Changes to the exam and/or grades will be at the discretion of each faculty member. Examinations may not be repeated.

Missed Examinations

Students who are unavoidably absent from a scheduled exam must plan with the instructor to take a make-up exam. Make-up exams will be at the sole discretion of the instructor. The make-up exam may contain essay and/or short answer questions in place of the customary multiple-choice format. Missed exams must be made up within one week of the original scheduled date.

Academic Dishonesty (Excerpt from the BBCC Student Handbook):
1. Academic dishonesty. Any act of academic dishonesty including, but not limited to, cheating, plagiarism, or fabrication.
a. Cheating includes, but is not limited to, any attempt to give or obtain unauthorized assistance relating to the completion of an academic assignment.
b. Plagiarism includes, but is not limited to, taking and using as one's own, without proper attribution, the ideas, writings, or work of another person in completing an academic assignment.

5.3   Assessment Testing

The Nursing Program utilizes assessment examinations provided by Assessment Technologies Institute Inc. (ATI) to better prepare the student for successful completion of NCLEX and subsequent licensure. Please refer to the ATI Student Handbook for further information regarding testing, passing requirements, and remediation.

Exam time and dates will be arranged by the ATI Coordinator. Inappropriate use of the ATI program will be seen as "Academic misconduct and dishonesty" as outlined in the BBCC student handbook. This includes sharing of test information (proctored or non-proctored).

- **If any suspicious behavior is noted, ATI reserves the right to take legal action against the student. If ATI finds evidence of academic dishonesty, the student(s) will immediately be dismissed from the nursing program.**

5.4 Supplemental Academic Support

To increase student retention and provide superior student support, students who are having academic difficulty are expected to meet with a faculty member or the program director to address areas that need improvement. Specifically, students who receive less than **78%** on an exam are **required** to meet with a faculty member and/or program director to identify strategies for improved performance.

CLINICAL PRACTICUM

Clinical rotations provide opportunities for the students to demonstrate skill acquisition in the clinical setting. Students are permitted to deliver care utilizing the nursing skills they have successfully learned in theory and lab courses.

6.0   Attire

The official uniform of the Nursing Program is always required in the clinical setting unless specifically directed otherwise by the instructor or the clinical facility (see Section 4.01.4)

6.1   Clinical Skills Policy

Students must be supervised by their clinical instructor when performing a procedure that has not been performed outside of the skills laboratory. If the instructor is not available, the primary nurse may supervise the student *with the instructor's permission*. Students are required to review facility policy/procedures prior to performing any new skill and must be prepared to answer any questions from the instructor or the primary caregiver.

Students are expected to perform a previously learned skill in the clinical setting with minimal instructor prompting. Students who are unprepared or unsafe when attempting a procedure in the clinical area will be given a Remediation Form and referred by the clinical instructor to the lab for additional remedial practice, study, and evaluation of the deficient skill(s) (see clinical skills remediation section 7.6).

6.2 Communication in the Clinical Setting

Effective communication in health care facilities is crucial. Although students assume responsibility for their assigned patient while in clinical, the nursing staff never relinquishes total patient responsibility. The student is required to obtain information from the staff nurse regarding a patient before giving care and to update the nurse with any changes in the patient's status. If there is a significant change in the patient's status the student is to inform both the staff nurse and their clinical instructor as soon as possible. Prior to leaving the facility or the assigned unit, the student is required to give a report on each patient to the staff/charge nurse or team leader who is responsible for the coordination of care. Be sure any key access cards are returned before leaving the facility.

6.3 Schedule of Clinical Settings

Travel to distant clinical facilities is often necessary to provide the best breadth and depth of clinical experiences; transportation is the responsibility of the student. Nursing students may be assigned to day, evening, and occasionally night shifts for clinical experiences. A limited number of clinical experiences on weekends are also possible within the required clinical courses. Each course syllabus will define specific facility requirements. Specific clinical requirements may change based on varying facilities. Students are responsible for following specifics outlined in each course syllabus.

6.4 Safe Practice Policy

Safe practice in a clinical setting includes those patterns of professional behaviors that follow legal and ethical codes of nursing and promote well-being of clients and self as listed in the Code of Ethics for Nurses and the ANA Nursing Scope and Standards of Practice. This will be demonstrated through accountability in preparation, documentation, and continuity of care, as well as demonstrating respect for the rights of individuals.

Unsafe practice includes those behaviors which may endanger a client, family member, staff, peer, faculty, or self in the physiological, psychological, spiritual, or cultural realm. Specific behaviors of endangerment may include acts of commission or omission in the clinical agency and/or behavior that causes the faculty to question the student's potential for safe practice.

The student whose actions or omissions endanger a client, family, peer, staff member, or faculty will receive verbal and written documentation of the event. The student may be dismissed from the clinical setting and/or the Nursing Program.

Based on the severity and nature of the unsafe practice, the student may receive a failure for that clinical experience or for the course. If the student continues to demonstrate unsafe behaviors, the student will receive a failure for the course and be dismissed from the Nursing Program for Unsatisfactory performance (see section 3.0)

6.5   Medication Administration Policies

Patient safety is the primary concern for any medication administration performed by nursing students. This includes intravenous fluid administration with or without medication added. The following procedures will be followed to ensure safe medication administration:

- Students will be provided with both theory and clinical learning experiences related to safe medication administration. Practice with medication administration will be satisfactorily completed during simulated scenarios in the Skills Practice Lab before a student is allowed to administer medications in the clinical environment. Simulated learning experiences will include:

  ➢ Correct reading and interpretation of a medication order

  ➢ Accurate identification of the patient

  ➢ Routes of medication administration, including the nursing judgment required to safely implement the routes of medication administration

  ➢ Safe use of Automated Drug Delivery Devices (ADDDs) and other dispensing systems

  ➢ Processes for administration of controlled substances and medication wastage

  ➢ Principles of medication reconciliation procedures

  ➢ Accurate dosage calculation

  ➢ Correct documentation of medication administration.

- Students will receive on campus instruction to generic agency-specific ADDDs and on-site orientation(s) to agency-specific ADDDs, with supervision, by an instructor/licensed nurse (instructor or preceptor). Additional procedures in safe medication administration will be provided by the nursing instructors.

- Students in the first year of the nursing program must be directly supervised by the nursing instructor or licensed nurse at *every* step of the medication administration process.

- Supervision of second year students will vary depending on demonstrated nursing judgment and competency.

6.51   Controlled (Scheduled) Drugs

  ➢ Level I students may only administer medication classified as "controlled" with **direct faculty supervision or specific faculty delegation**
  ➢ Level II students may administer "controlled" medications with the staff *nurse if the instructor approves this delegation.*

6.52   IV Medications

  ➢ Level I: Students must be supervised by faculty (or a delegated staff nurse) for *all* IV medications such as maintenance fluids or secondary ("piggyback") medications. **At no time will Level I students administer IV push medications**. Level I students may administer IV fluids and medications **only** through peripheral IV access (**not** PICC or central lines).

> Level II students **must** be supervised by faculty (or delegated staff nurse) for any medication given by IV push delivery. After appropriate skills lab training and under supervision, Level II students may administer IV fluids and medications through PICC or central lines, and ports if already accessed.

6.53   Medication Errors

In spite of the stringent process that a student must go through prior to administering medications to real patients in any health care setting, it is acknowledged that the possibility of medication errors is a reality. Students giving medications under the supervision of an instructor will still be held accountable for medication errors *even if the instructor prevents the error from occurring*.

6.54   Definition of Medication Errors: (examples, Not Limited To):
> **Failure to**:

- Check provider's orders or complete necessary assessment interventions prior to administering the medication. For example: taking an apical pulse, taking a blood pressure, or checking appropriate lab levels.
- Calculate correct dosages
- Correctly identify patient
- Correctly identify medication

> **Administering a Medication**:

- After patient refusal
- At the wrong time
- Via the wrong route
- In the wrong dose
- That has been discontinued
- Omitting or duplicating a medication
- Leaving unattended medications in the med room, nursing unit or at the bedside
- Not documenting properly

6.55   Dismissal from the Nursing Program May Occur if a Student:

- Recklessly disregards patient safety with medication administration
- Has a confirmed incident of drug diversion
- Is dishonest in omission or commission of a medication error
- Endangers the patient's life or causes actual harm to the patient by committing an actual or potential medication error.

All medication errors must be reported to the nursing instructor and staff nurse responsible for the patient immediately on discovery of the error. The following steps will then be taken prior to the nursing student resuming the administration of medications in any health care facility where clinical rotations are accomplished:

6.56   Medication Errors: Procedure at the Clinical Site

After the patient is assessed, the error will be reported to the charge nurse or unit manager and the medication errors procedure of the facility will be followed. The student must seek guidance from the clinical instructor/charge nurse before documenting in the medication record.

Documentation of Medication Administration Errors must include:

The date and nature of the event including what medication was given or omitted. The names of the student, faculty member and primary nurse caring for the patient.

Assessment findings and suspected causes related to the incident or root cause analysis

All medication errors should also be documented on the clinical report/quality assurance form per facility protocol.

6.57   Medication Errors: Procedure within the Nursing Program

WAC 246-840-513:
1) Within two business days, nursing education programs shall report to the commission, on forms provided by the commission, events involving a student or faculty member that the program has reason to believe resulted in patient harm, an unreasonable risk of patient harm, or diversion of legend drugs or controlled substances.

2) The nursing education program shall keep a log of all events reported by a patient, family member, student, faculty or a health care provider resulting in patient harm, an unreasonable risk of patient harm, or allegations of diversion, and medication errors.

Medication administration mistakes will be addressed with individual coaching, education, counseling, and/or remediation in the Skills Practice Lab environment.

A Notification of Counseling form will be completed within 24 hours of the incident

The student will complete an Action Plan form and submit it to the clinical instructor of the incident; the clinical instructor will submit a copy of the Notification of Counseling and the Action Plan to the Director of the Nursing Program within 48 hours. The Director is responsible for maintaining the log and reporting to the commission as appropriate.

The student will provide the clinical instructor with documentation of successful and timely completion of the Action Plan objectives and remediation plan if applicable.

6.6   Dishonesty in the Clinical Setting
If the instructor determines that a student has been dishonest in representing the facts regarding their clinical assignment, the student may receive a failure for that day, or for the entire practicum course. Some examples of academic dishonesty during clinical instruction include but are not limited to charting observations or interventions in a client's record that, in fact, were not made (e.g., charting vital signs that were not taken); failing to report an error in medication or treatment, etc.

6.7   Clinical Evaluations

The clinical evaluation tool provides detailed criteria for being successful in the clinical practicum. The student is evaluated on specific objectives within the core concepts: Each of these objectives receives a score for the day from the grading rubric, based on the professional judgment of the clinical instructor. The student will then receive an overall grade of "Pass" or "Fail" for the day. An instructor may choose to use "NI" (needs improvement) on occasion. An "N/A" for one of the objectives means the student was unable to have the opportunity to meet that objective for the day. The student must find opportunities to meet that objective at another point in the clinical rotation.

To receive a passing grade for the clinical practicum course, the student must be safe, competent, and demonstrate overall passing scores within each of the core concept objectives. The student must also have demonstrated daily/weekly progressive learning. Areas that are evaluated for daily/weekly progressive learning, in addition to the core concept objectives, include but are not limited to: preparation for clinical, assessment skills, organization and performance of skills, knowledge of medications, patient teaching, prioritization, and the ability to utilize constructive criticism. ***At Level I, the student is expected to perform at a "3" or better based on the rubric below; at Level II, the student is expected to score at a "4" or better.***

CLINICAL PERFORMANCE EVALUATION CRITERIA				
SCALE/LABEL	SKILL COMPETENCY	PERFORMANCE QUALITY	FREQUENCY	ASSISTANCE
INDEPENDENT 5	Safe Accurate	Proficient, coordinated, confident. Expedient use of time	Always	Without Direction
SUPERVISED 4	Safe Accurate	Efficient, coordinated, confident. Expedient use of time	Very Frequently	With occasional physical or verbal direction
ASSISTED 3	Mostly accurate but safe	Partial demonstration of skills. Inefficient or uncoordinated, Delayed time expenditure	Occasionally	Frequent verbal and/or physical direction
MARGINAL 2	Questionable safe and questionable accurate	Unskilled and/or inefficient. Considerable and prolonged time expenditure.	Rarely	Continuous verbal and/or physical direction
DEPENDENT 1	Unsafe Inaccurate	Unable to demonstrate procedures. Lacks confidence, coordination, and efficiency.	Very Rarely	Continuous verbal and/or physical direction

To receive an overall "Fail" grade for the day, the student must have failed core concept objectives, had evidence of a major error or infraction, or demonstrated an inability to progress. A major infraction may include but is not limited to the following:

- Evidence of unsafe practice (physical or psychological)
- Lack of responsibility to client, self, college, or agency
- Error in judgment in clinical practice
- Inability to apply theoretical knowledge to clinical situation
- Lack of professionalism
- Failure to demonstrate progression in course objectives

The student will review the clinical evaluation tool in a one-on-one meeting with the clinical instructor to discuss their individual progress and areas for improvement. If a student requires counseling for unsatisfactory behavior in the clinical setting – such as lack of preparation, performing in an unsafe manner, or breaking confidentiality – the instructor may counsel the student at this time and complete a Notification of Counseling form.

The clinical grade has two components: the clinical performance itself, based on the clinical evaluation tool, and the associated written assignments identified in the course syllabus. The student must pass both components with a 78% or better in order to receive a passing grade for the quarter.

6.71 Written Clinical Assignment Guidelines

Written assignments, as outlined in the course syllabus, will be submitted each week of clinical. It is the student's responsibility to read and be familiar with each course syllabus. Written clinical assignments must follow guidelines specified in Section 5.1 unless otherwise directed.

Students need an overall 78% average on Nursing Care Plan/written assignments to pass the clinical rotation for that quarter. If a student is failing, a Notification of Counseling Form will be completed. Papers not turned by the date and time specified will receive a grade reduction: 10% first 24 hours, 50% at 24 hours. After 48 hours, work must still be handed in but receive 0% credit. It is the student's responsibility to turn in paperwork by the required time. It is the student's responsibility to turn in paperwork by the required time. All written assignments are required to be completed regardless of the time it was turned in.

6.72 Clinical Absence Policy

Attendance for clinical experiences is mandatory (see section 4.21). If an unavoidable absence occurs:

For 1 day of clinical absence (excused or unexcused):

- Students are to complete a 4-6 page APA format paper on a topic assigned by their instructor. This may be related to something that has already been studied in theory class that quarter or a topic related to the clinical area to which the student was assigned during his/her absence. The paper must include:
  A. Use of nursing process in nursing care of the patient and teaching needed by the patient.
  B. Common medications used must be addressed as far as nursing implications and teaching needs of the patient.
  C. Any other areas of treatment, etc. that are relevant to nursing (i.e. diagnostic tests, common labs).
  D. At least four references including two **professional nursing journals** and one textbook no older than 4 years.
  E. The paper will be graded on a pass/fail basis.
  F. **The paper must be turned in within one week of the missed clinical day(s).**
- Alternatively, faculty may assign a designated ATI Real-life scenario, to be completed within one week of the missed clinical day.
- NOTE: <u>If</u> your instructor is able to successfully place you in an alternate clinical group, for a similar experience, then a 2 page paper will be required (for the sick day) along with the relevant clinical paperwork.

For 3 or more days of clinical absence in a quarter:

> Student will need to withdraw from nursing courses (see section 4.4)

Clinical experience is vital to development of safe nursing practice. If a student misses more than 4 (four) clinical days **in an academic year**, they must meet with the Nursing Program Director to determine if the learning objectives can be met; the student may need to withdraw from the program.

6.8   Legal Responsibilities

The nurse working with a student is legally responsible for the patient; *Students are legally responsible for their actions as a student nurse*. Students fall under the legal jurisdiction of their clinical instructor's supervision and the college. Clinical instructors are responsible for assigning duties, providing opportunities for demonstrating progression, and serving as a guide in achieving objectives. It is necessary that the instructors be used as a guide to facilitate learning.

Facility regulations require an incident report according to agency policy and procedure for any incident that occurs in the clinical setting. Incidents include any injuries to a patient, visitor, or staff, and errors in treatment or medications. Completing the form does not mean a person is automatically responsible for the incident. For example, if a student finds a patient who has fallen out of bed, he/she would notify the appropriate staff and should assist in filling out the incident report. Failure to report an error of which the student is aware results in serious questioning of his/her integrity and may be potentially as serious as the error itself. The incident report has a section on follow-up and it should be regarded as protection for both the patient and student. Clinical instructors will review any incident reports in which students participate.

A clinical instructor may complete a Notification of Counseling form to document potential as well as actual errors. Examples could include leaving crib sides down, leaving side rails down inappropriately, prevented medication errors (including errors related to Automated Drug Dispensing Devices), failure to adhere to established procedural steps, etc. The clinical instructor will be evaluating the student for patterns of violations of safety. These errors may be discussed in faculty meetings and an action plan must be developed to prevent reoccurrences. Failure to perform safely in the clinical setting may be cause for dismissal from the Nursing Program.

SKILLS LAB

7.1   General Policies

See Dress Code Policy/Appearance Policy 4.01.5. Beginning with Winter quarter Level I, students must come prepared with their lab bag of supplies. Food or drink is not allowed in the skills lab or computer lab setting at any time. Professional behavior appropriate to the clinical environment is expected at all times.

7.2   Scheduling

Skills lab attendance is mandatory. Arriving tardy to a scheduled lab time may require the student be rescheduled to a later time if available. Refer to Section 4.21. With instructor permission, students may change assigned skills lab times if it is an "even switch" with another student in a different class.

7.3   Skills Lab Make-up Policy

Any missed skills lab will be considered as an absence (see section 4.4). Any student missing skills lab is responsible to demonstrate their competence in the missed skill: this may be done by a video tape recording done by the student, or other method determined by the skills lab instructor. Video equipment is available at the school. The student must also submit a typed paper documenting how all of the skills objectives were met. The make-up assignment is due no later than two weeks after the missed lab date and time. Any student who fails to turn in the make-up assignment on time will receive a Notification of Counseling Form and a failure for the day.

7.4   Requirements

Students are expected to attend their skills lab class prepared regarding the content for that session. Students who are not prepared will be dismissed from the skills lab and it will be considered an unexcused absence. Skills lab is a pass/fail course and grading criteria includes, but is not limited to, attendance, student preparedness, written assignments and quizzes, class participation, and number of remediation notices received.

7.5   Skills Checks

Scheduled skills checks will validate the student's ability to safely and competently perform previously learned nursing skills. The list of skills and standards will be distributed to students, and faculty will be available to assist in skills practice prior to the scheduled date. Students unable to perform the nursing skill in a competent and timely manner will be referred for remediation (see section 7. 6).

7.6   Clinical Skills Remediation

If a student fails a scheduled skills check (see above), or is unprepared or unsafe in performing a skill in the clinical setting, the student will be referred back to the skills lab for remediation. The student will not be permitted to perform the skill in the clinical setting until after they have successfully demonstrated skill mastery in the Skills Lab. The student is responsible to use all available resources to be prepared to complete the skill(s) at the appropriate level. The Nursing Program Director will be made aware of and assist in the scheduling of an instructor to facilitate the evaluation. After practicing the skill, the student will have one evaluation opportunity in which he/she demonstrates successful performance of the specified skill(s). Students are responsible to have the Remediation Form completed once the skill objectives have been met and must return it to the referring instructor. If during this re-evaluation the student fails to successfully demonstrate the specified skill(s) in a competent and timely manner, the student will be dismissed from the program.

7.7   Invasive Procedures

In certain nursing courses, students will have the opportunity to practice specific invasive procedure on mannequins and/or consenting nursing students. The invasive procedures that may be practiced on consenting nursing students are limited to:

- Injections (Normal Saline): Intramuscular, Subcutaneous, Intradermal
- Venipunctures
- Fingersticks

A faculty member **must** be in attendance during any invasive procedures practice session involving consenting nursing students.

Receiving injections or venipuncture administered by other nursing students is strictly voluntary, and will not adversely impact their grades should they choose to not participate. Students will be informed of risks of these procedures prior to clinical lab. Students must sign a release/consent form (Appendix L) prior to receiving any invasive procedure. The form must be signed at the beginning of each academic school year and will be maintained in the student's academic file. If the student wishes to change his/her consent at any time during the year, a new form must be signed, dated, and placed in the student's file.

PART IV MISCELLANEOUS INFORMATION

8.0   Graduation and Pinning Ceremony

8.11   BBCC Graduation

Students who meet the requirements for graduation are encouraged to participate in the graduation ceremony at Big Bend Community College. Application for graduation can be made (Through CTCLink) during the final quarter of the Nursing Program (see Appendix K). Upon receipt of the application for graduation, the Admissions/Registration Office will provide specific information regarding graduation.

8.12   Pinning Ceremony

A pinning ceremony for Associate Degree Nursing Level II graduates will be held once a year at the end of the academic school year. Graduating nursing students will plan the pinning ceremony with assistance from the class president and the Nursing Program Director. The date and time will not conflict with BBCC's graduation. The ASB (Associated Student Body) supports pinning through some funding that is available for student organizations. The ASB funds are used for invitations and decorations. The pinning ceremony does not take the place of graduation from the college.

8.1   Student Records

Student records related to academic and clinical performance shall be retained and stored in the department for five years.

8.2   Student Class Officers

Each class will have officers to represent their fellow nursing classmates. Level I students will be elected during the nursing program's first quarter and Level II students will elect their officers at the beginning of Level II fall quarter.

8.31   Description of Officer Roles

President – Attend faculty meetings or delegate if unable to attend, report concerns of nursing students at faculty meetings and report back to class, conduct and call nursing student meetings, act as liaison between faculty and nursing students and organize committees for specific functions (graduation, community service, etc.) with the assistance of faculty.

Vice President – Perform duties delegated by the President and assist with presidential duties if the President is unable.

Representative to Advisory Committee – Qualifications: Enrollment in the BBCC Level II nursing program, in good standing status and minimum grade point average in nursing courses of 2.5. Responsibilities: Represent Level I and Level II nursing students at the Advisory Committee meetings, attend all Nursing Advisory Committee meetings or provide a substitute to attend and serve as a representative from September through June of the academic school year. This individual is selected by the faculty.

APPENDICES

Appendix A
Notification of Counseling
Big Bend Community College
Nursing Program

NUR_____Date_____Student_____

☐　　Your performance demonstrates you have failed to adhere to the Code of Ethics for Nurses:

Provision 1
☐ 1.1 Respect for human dignity
☐ 1.2 Relationships to patients
☐ 1.3 The nature of health
☐ 1.4 The right to self-determination
☐ 1.5 Relationships with colleagues and others
Provision 2
☐ 2.1 Primacy of the patient's interests
☐ 2.2 Conflict of interest for nurses
☐ 2.3 Collaboration
☐ 2.4 Professional boundaries
Provision 3
☐ 3.1 Protection of the rights of privacy and confidentiality
☐ 3.2 Protection of human participants in research
☐ 3.3 Performance standards and review mechanisms
☐ 3.4 Professional responsibility in promoting a culture of safety
☐ 3.5 Protection of patient health and safety by acting on questionable practice
☐ 3.6 Patient protection and impaired practice
Provision 4
☐ 4.1 Authority, accountability, and responsibility
☐ 4.2 Accountability for nursing judgments, decisions, and actions
☐ 4.3 Responsibility for nursing judgments, decisions, and actions
☐ 4.4 Assignment and delegation of nursing activities or tasks

Provision 5
☐ 5.1 Duties to self and others
☐ 5.2 Promotion of personal health, safety, and well-being
☐ 5.3 Preservation of wholeness of character
☐ 5.4 Preservation of integrity
☐ 5.5 Maintenance of competence and continuation of   professional growth
☐ 5.6 Continuation of personal growth
Provision 6
☐ 6.1 The environment and moral virtue
☐ 6.2 The environment and ethical obligation
☐ 6.3 Responsibility for the healthcare environment
Provision 7
☐ 7.1 Contributions through research and scholarly inquiry
☐ 7.2 Contributions through developing, maintaining, and implementing professional practice standards
☐ 7.3 Contributions through nursing and health policy development
Provision 8
☐ 8.1 Health is a universal right
☐ 8.2 Collaboration for health, human rights, and health diplomacy
☐ 8.3 Obligation to advance health and human rights and reduce disparities
☐ 8.4 Collaboration for human rights in complex, extreme, or extraordinary practice settings
Provision 9
☐ 9.1 Articulation and assertion of values
☐ 9.2 Integrity of the profession
☐ 9.3 Integrating social justice
☐ 9.4 Social justice in nursing and health policy

☐ Your performance indicates you have failed to meet a Standards of Academic Performance

☐ Your performance indicates you have failed to meet a Standard of Clinical Nursing Practice:

☐ **Standards of Care**
_____ Standard 1 Assessment
_____ Standard 2 Diagnosis
_____ Standard 3 Outcome Identification
_____ Standard 4 Planning
_____ Standard 5 Implementation
_____ Standard 5A Coordination of Care
_____ Standard 5B Health Teaching and
        Health Promotion
_____ Standard 6 Evaluation

☐ **Standards of Professional Performance**
_____ Standard 7 Ethics
_____ Standard 8 Advocacy
_____ Standard 9 Respectful and Equitable
        Practice
_____ Standard 10 Communication
_____ Standard 11 Collaboration
_____ Standard 12 Leadership
_____ Standard 13 Education
_____ Standard 14 Scholarly Inquiry
_____ Standard 15 Quality of Practice
_____ Standard 16 Professional Practice
        Evaluation
_____ Standard 17 Resource Stewardship
_____ Standard 18 Environmental Health

Description of infraction:

_____

_____

_____

_____

Attached document: ☐ **Yes** or ☐ **No**

Action(s) needed to be taken by student to continue in the Nursing Program:

☐ Action Plan:

_____

_____

_____

_____

_____

☐ Return to Skills Lab for remediation (Remediation slip should also be completed).

Skill/date to be completed:

_____

_____

☐ Meet with instructor and Program Director as scheduled below:

Student Signature: _____   Date: _____

_____   _____
                 Faculty   Director

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Appendix B

Big Bend Community College Health Education Programs

Chemical dependency is defined by the Washington State Department of Health under RCW 18.130.180 (the misuse of alcohol, controlled substances or legend drugs) as unprofessional conduct.

The Health Education department at Big Bend Community College has adopted the following positions:
- Chemical dependency may have a negative impact on all aspects of life
- Chemical dependency is a condition that can be successfully treated
- Chemical dependency of a health education student will compromise client safety and clinical standards of performance
- Faculty have a primary responsibility to the students enrolled in the department's health education programs
- Faculty have a responsibility to intervene when patient safety in the clinical setting is compromised
- Faculty have a responsibility to demand professional behavior from students in all aspects of the curriculum as professionalism is one of the industry's standards health education students who are chemically dependent must address that problem before they resume pursuing their professional healthcare career

Substance Abuse Policy
1. Pre-clinic Drug Screening
   a. All health education program students are required to submit to a urine drug screening prior to the beginning of their clinical or externship experiences.
   b. Screening is required by clinical affiliates so that students may deliver care to their patients.
   c. Students will be advised of the procedure to follow to complete the urine drug screening prior to the beginning of clinical or externship experiences.
   d. Students will pay for their screening.
   e. Students cannot begin clinical or externship experiences until screening has been successfully completed
   f. Students receiving negative drug screens (or positive screens due to permissible prescriptive drugs) will be permitted to begin clinical or externship experiences.
   g. Students testing positive for alcohol, or other illegal substances or for non-prescribed legal substances will be dismissed from the program.

2. Program Drug Screening
   This policy refers to the use/misuse of, or being under the influence of alcoholic beverages, illegal drugs, or drugs which impair judgment while on duty in any health care facility, school, institution or other work location.
   a. The student will be asked to submit to a urine drug-screening at student's expense if the health education faculty, clinical instructor, or staff at the clinical facility where the student is assigned have reasonable cause to suspect that the student is mentally or

physically impaired due to alcohol or substance abuse immediately prior to or during the performance of his/her clinical or externship duties OR

b. Perceives the odor of alcohol or observes behavior such as, but not limited to, slurred speech.

    1) The student will be removed from the patient care area, immediately submit to a drug test and be sent home by taxi cab or with a designated driver.

    2) If the results of the test(s) are positive, the director of health education program may recommend that the student be dismissed from the program or

c. If the results indicate a positive drug screen for alcohol or illegal substances or for non-prescribed legal substances, the director of health education programs will withdraw the student from the program for a period of one year. After one year of absence from the program, the student may request to reenroll.

d. Evidence of rehabilitation related to the alcohol/drug illness to include the following:

    1) Documentation of a completed program from a recognized treatment program.

    2) Acknowledgement of continued attendance in a 12 Step Anonymous Program.

    3) Evidence of after-care attendance upon completion of the treatment program.

    4) Letter/documentation from treatment facility and therapist stating that the student would be able to function effectively and provide safe and therapeutic care for patients in a clinical or externship setting.

    5) Repeat drug screen for alcohol/drugs immediately prior to readmission and random testing for the duration of the health education program.

e. If a student, after being readmitted to the health education program, has positive results on an alcohol/drug screen a second time, the student will be permanently dismissed from the health education program.

f. If the results of these tests indicate a negative drug screen for alcohol or other illegal substances or for non-prescribed legal substances, the student shall meet with the director of health education within 24 hours of the test results to discuss the circumstances surrounding the impaired clinical or externship behavior.

    1) If the indicator was the odor of alcohol, the student will be mandated to discontinue the use of whatever may have caused the alcohol-like odor before being allowed to return to the clinical or externship setting.

    2) If the indicator was behavioral, consideration must be given to a possible medical condition being responsible for the symptoms. A medical referral for evaluation may be indicated

g. No clinical or externship absences will be attributed to the student's attendance as long as the timelines are met.

h. If a student refuses to submit to a urine drug screen, the student will be removed from the clinical or externship setting pending a full investigation by the director of health education. The student will be transported home and remain out of the clinical or externship area until the investigation is completed and decision is finalized.

Appendix C.
Nursing Program Grading scale and
Comparison to BBCC's Grading System

Grading Scale	Letter Grade	GPA	BBCC Nursing Score	BBCC Letter Grade	BBCC GPA
Superior Achievement	A	4.0 3.9	99-100 97-98	A	3.8-4.0
	A-	3.8 3.7	96 95	A-	3.5-3.7
Above Average Achievement	B+	3.6 3.5 3.4	94 93 92	B+	3.2-3.4
	B	3.3 3.2 3.1	91 90 89	B	2.9-3.1
	B-	3.0 2.9 2.8 2.7	88 87 86 85	B-	2.5-2.8
Average Achievement *Lowest grade acceptable to progress in Nursing Program	C+	2.6 2.5 2.4 2.3	84 83 82 81	C+	2.2-2.4
	C	2.2 2.1 *2.0*	80 79 *78*	C	1.9-2.1
Minimum Achievement	C- and D	1.9 1.8 1.7 1.6 1.5 1.4 1.3 1.2	77 76 75 74 73 72 71 70	C- D+ D	1.5-1.8 1.2-1.4 0.9-1.1
	D-	1.1 1.0 .9 .8 .7	69 68 67 66 65	D-	0.7-0.8
	F	0.0		F	0.0

Adopted May 2018

Appendix D
Why is Plagiarism a Nursing Code of Ethics Concern?
Hannah Leaf *DNP, RN, CCRN*

Plagiarism has been recognized as a violation of academic integrity for centuries and continues to be a prominent topic in nursing education (Carter et al., 2019). Nursing students learn theoretical content and depend on the previous work of others while formulating clinical care plans, carrying out didactic case studies, or other scholarly assignments requiring written communication. If students are unable to locate and evaluate scholarly work, read evidence-based practice (EBP), and formulate an analysis without plagiarizing existing work, patient outcomes are directly affected as a result of this acknowledged problem. LaDuke (2013) opinioned the following in an article regarding the consequences of not finding a solution to this problem: if a nurse plagiarizes or otherwise acts unethically in academia, how can he or she be expected to "learn to think with a moral compass" in the clinical arena?

Carter et al. (2019) penned a scholarly, peer-reviewed article regarding plagiarism and the unethical implications in practice. They determined teaching students the fundamentals of American Psychological Association (APA) formatting are imperative steps nursing faculty often neglect (Carter et al., 2019). With a vast amount of information available on the internet, the increasing incidence of plagiarism is alarming (Perkins, 2015). Pence (2009) emphasized the need for nursing students to learn how to avoid plagiarism due to the ethical components required in the nursing profession. Likewise, Carter et al. (2019) echoed those concerns detailing plagiarism not only affects the work students do in the classroom, but translates to the clinical setting. Nurses are taught to uphold the professional standards of honesty, integrity and ethics; thus, it's the nursing educator's duty to address plagiarism and help construct an ethical foundation for students. Reasonable solutions to the growing problem of plagiarism involves clear parameters regarding plagiarism and introducing low stakes assignments or curriculum early into nursing education to aid in student learning and application of APA formatting (Carter et al., 2019).

References

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LaDuke, R. (2013). Academic dishonesty today, unethical practices tomorrow? *Journal of Professional Nursing, 29*(6), 402-406. https://pubmed.ncbi.nlm.nih.gov/24267935/

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Appendix E.
WA DOH Criteria for Licensing

   Below is the criteria used for staff to recommend approval for applications with convictions for Commission's Final Approval. Criteria is based on a one time incident.

NOTE: Where the recommended action is "Issue with sanctions," the file is referred to CMT

F-Felony; Class A or B – Deny 10 years; Class C – issue after 5 years with sanctions

G-Gross Misdemeanor – Issue with sanctions

M-Misdemeanor – Issue

Incident	If conviction occurred within the last 3 years	If conviction occurred 3-10 years ago	M/G/F (Class)
Criminal Trespass 2	Issue with sanctions	Issue credential	G
False reporting	Issue with sanctions	Issue credential	G
Making False or Misleading Statements	Issue with sanctions	Issue credential	G
Marijuana 40 grams or less	Issue with sanctions	Issue credential	M
Obstructing a Law Enforcement Officer	Issue with sanctions	Issue credential	G
Possession of drug paraphernalia	Issue with sanctions	Issue credential	M
Prostitution	Issue with sanctions	Issue credential	M/G
Resisting Arrest	Issue with sanctions	Issue credential	G
Shoplifting	Issue with sanctions	Issue credential	M/G
DUI – first offense- (no bodily harm)	Issue credential	Issue credential	G
DUI – second offense	Issue with sanctions	Issue credential	G
Simple Assault	Issue with sanctions	Issue credential	G
Telephone Call Harassment	Issue with sanctions	Issue credential	G
Welfare Fraud	Issue with sanctions	Issue credential	G
Animal Cruelty	Issue with sanctions	Issue credential	G
Assault 4	Issue with sanctions	Issue credential	G
Coercion	Issue with sanctions	Issue credential	G
Minor in possession of alcohol	Issue with sanctions	Issue credential	M
Drug convictions (Gross misdemeanor)	Issue with sanctions requiring monitoring	Issue with sanctions or require proof of completion of program	G

Incident	If conviction is 0-5 years	If conviction occurred 5-10 years ago	
Attempt to Elude	Issue with sanctions	Issue credential	F
Conspiracy	Issue with sanctions	Issue credential	G
Criminal Trespass 1	Issue with sanctions	Issue credential	G
Malicious Mischief 3	Issue with sanctions	Issue credential	G
No Contact Order Violation	Issue with sanctions	Issue credential	G
Possession of Stolen Property 3	Issue with sanctions	Issue credential	G
Reckless Endangerment	Issue with sanctions	Issue credential	G
Theft 3	Issue with sanctions	Issue credential	G
UIBC under $250	Issue with sanctions	Issue credential	G
Drug convictions (Felony)	Deny credential or issue under monitoring program	Deny credential or require proof of completion of program	F
Assault 3	Deny credential	Issue with sanctions	F (C)
Criminal Mistreatment 2	Deny credential	Issue with sanctions	F (C)
Custodial assault	Deny credential	Issue with sanctions	F (C)
Extortion 2	Deny Credential	Issue with sanctions	F (C)
Forgery	Deny credential	Issue with sanctions	F (C)
Indecent Exposure victim under 14	Deny credential	Issue credential	G
Malicious Mischief 1	Deny credential	Issue with sanctions	F (B)
Malicious Mischief 2	Deny credential	Issue credential	F (C)
Possession of Stolen Property 2	Deny credential	Issue with sanctions	F (C)
Promoting Prostitution 1	Deny credential	Issue with sanctions	F (B)
Theft 2	Deny credential	Issue with sanctions	F (C)
Vehicle Theft	Deny credential	Issue with sanctions	F
UIBC over $250	Deny credential	Issue with sanctions	F (C)
Arson	Deny credential	Deny credential	F
Assault 1	Deny credential	Deny credential	F (A)
Assault 2	Deny credential	Deny credential	F (B)
Bomb threat	Deny credential	Deny credential	F (B)
Burglary 1 or 2	Deny credential	Deny credential	F(A&B)
Child molestation	Deny credential	Deny credential	F
Communication with a minor for immoral purposes	Deny credential	Deny credential	F

Criminal Mistreatment 1	Deny credential	Deny credential	F
Extortion 1	Deny credential	Deny Credential	F
Indecent liberties	Deny Credential	Deny credential	F
Murder	Deny credential	Deny credential	F
Possession of Stolen Property 1	Deny credential	Deny credential	F
Residential Burglary	Deny credential	Deny credential	F (B)
Theft 1 or Robbery 1 and 2	Deny credential	Deny credential	F
Rape 1,2,3	Deny credential	Deny credential	F

RCW 18.130.055 states: (1) The disciplining authority may deny an application for licensure or grant a license with conditions if the applicant:
(c) Has been convicted or is subject to current prosecution or pending charges of a crime involving moral turpitude or a crime identified in RCW 43.43.830

Excerpted from DOH NCQAC : https://doh.wa.gov/sites/default/files/legacy/Documents/6000//A21.07.pdf?uid=62bdbe99c2a77

Appendix F.

What will disqualify a person from working with vulnerable adults?

If your record shows a conviction for the following crimes, you are automatically disqualified:

Aggravated murder
Arson 1st degree
Assault in 1st degree
Assault in 2nd degree
Assault in 3rd degree
Assault in 4th degree (Simple Assault)
Assault of a child in 1st degree
Assault of a child in 2nd degree
Assault of a child in 3rd degree
Burglary 1st degree
Child abandonment
Child abuse or neglect as defined in RCW 26.44.020
Child buying or selling
Child molestation 1st degree
Child molestation 2nd degree
Child molestation 3rd degree
Criminal abandonment
Criminal mistreatment 1st degree
Criminal mistreatment 2nd degree
Custodial assault
Custodial interference 1st degree
Custodial interference 2nd degree
Extortion 1st degree
Extortion 2nd degree
Extortion 3rd degree
Felony indecent exposure
Forgery
Incest
Indecent liberties

Kidnapping 1st degree
Kidnapping 2nd degree
Malicious harassment
Manslaughter 1st degree
Manslaughter 2nd degree
Murder in 1st degree
Murder in 2nd degree
Patronizing a juvenile prostitute
Promoting pornography
Promoting prostitution 1st degree
Prostitution
Rape in 1st degree
Rape in 2nd degree
Rape in 3rd degree
Rape of a child 1st degree
Rape of a child 2nd degree
Rape of a child 3rd degree
Robbery 1st degree
Robbery 2nd degree
Selling or distributing erotic material to a minor
Sexual exploitation of minors
Sexual misconduct with a minor 1st degree
Sexual misconduct with a minor 2nd degree
Theft 1st degree
Theft 2nd degree
Theft 3rd degree
Unlawful imprisonment
Vehicular homicide
Violation of a child abuse restraining order

If your record shows a conviction for the following crimes, you may be hired without department action against the facility if the conviction date (court date) is three (3) or five (5) years before the employment application date:

Three (3) years must pass: Assault in the 4th degree, Prostitution and Theft 3rd degree

Five (5) years must pass: Forgery and Theft 2nd degree

If your record shows a conviction for the following crimes, the facility may disqualify you:

Manufacture of a controlled substance, delivery of a controlled substance, possession with the intent to manufacture a controlled substance and possession with the intent to deliver a controlled substance

If your record shows that you have been convicted (in any state) of a crime that is equivalent to a crime on the list above or a crime that has been renamed, you may be disqualified.

If a court, a department of the state, disciplinary board or dependency action has found that you have abused, neglected, exploited or sexually abused any minor or vulnerable adult, you may be automatically disqualified

If your record shows that you have been convicted of other crimes related to care of vulnerable adults or children, you may be disqualified under facility licensing regulations.

Appendix G
BBCC HEALTH OCCUPATIONS STANDARD PRECAUTIONS

The BBCC Health Education Department has adopted the following guidelines for our students for prevention of infectious diseases in health care settings in which they are participating.

1. We will operate under the assumption that all clients are potential carriers of any infectious disease transmission.

2. All students will routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any patient is anticipated.

3. Gloves will be worn for touching blood and body fluids, mucous membranes or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids and for performing venipuncture and other vascular access procedures. Gloves must be changed after contact with each patient. Gloves may be washed if necessary when caring for the same patient while meeting hygienic needs such as peri-care or fecal incontinence.

4. Hands and other skin surfaces will be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.

5. All students will take precautions to prevent injuries caused by needles, scalpels and other sharp instruments or devices during procedures; when cleaning used instruments, during disposal of used needles; and when handling sharp instruments after procedures. The needles will not purposely be bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades and other shape items will be placed in puncture-resistant containers for disposal. These containers are located above the sink in each patient room.

6. Masks and protective eyewear or face shields will be worn during any procedure that is likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose and eyes. Gowns or aprons should be worn during any procedure that is likely to generate splashes of blood or other body fluids (i.e. operating room, delivery room, emergency room).

7. To minimize the need for emergency mouth to mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.

8. Students who have exudative lesions or weeping dermatitis may need to refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

9. Pregnant health care workers are not known to be at greater risk of contracting infections, but certain conditions may create a risk to the unborn infant. Because of this risk, pregnant students must strictly adhere to precautions to minimize the risk. A student presenting documentation of pregnancy will not be assigned to a client with known infectious diseases.

10. Failure to follow Standard Precautions can result in maximum fine to the Health Care Agency.

Standard Precautions (Tier One)

- Standard precautions apply to blood, all body fluids, secretions, excretions (except sweat), nonintact skin, and mucous membranes.
- Hands are washed between client contacts after contact with blood, body fluids, secretions, and excretions and after contact with equipment or articles contaminated by them; and immediately after gloves are removed.
- Gloves are worn when touching blood, body fluids, secretions, excretions, nonintact skin, mucous membranes or contaminated items. Gloves should be removed and hands washed between client care.
- Masks, eye protection or face shields are worn if client care activities may generate splashes or sprays of blood or body fluid.
- Gowns are worn if soiling of clothing is likely from blood or body fluid. Wash hands after removing gown.
- Client care equipment is properly cleaned and reprocessed and single-use items are discarded.
- Contaminated linen is placed in a leak-proof bag and handled to prevent skin and mucous membrane exposure.
- All sharp instruments and needles are discarded in a puncture-resistant container. CDC recommends that needles be disposed of uncapped or that a mechanical device be used for recapping.
- A private room is unnecessary unless the client's hygiene is unacceptable. Check with an Infection Control Professional.
-

Transmission Categories (Tier Two)

Category	Disease	Barrier Protection
Airborne Precautions	Droplet nuclei smaller than five microns; measles; chickenpox (varicella); disseminated varicella zoster; pulmonary or laryngeal TB	Private room, negative airflow of at least six exchanges per hour, mask or respiratory protection device (see CDC TB Guidelines)
Droplet Precautions	Droplets larger than five microns, diphtheria (pharyngeal); rubella; streptococcal pharyngitis, pneumonia, or scarlet fever in infants and young children; pertussis; mumps; mycoplasma pneumonia; meningococcal pneumonia or sepsis; pneumonic plague	Private room or cohort clients; mask
Contact Precautions	Direct client or environmental contact; colonization or infection with multidrug-resistant organism; respiratory syncytial virus; shigella and other enteric pathogens; major wound infections; herpes simplex; scabies, varicella zoster (disseminated)	Private room or cohort clients; gloves, gowns

Appendix H
Nurse Technician Information

From WAC 246-840-010 - Definitions:

(30) "Nursing technician" means a nursing student preparing for RN or LPN licensure who meets the qualifications for registration under RCW 18.79.340 who is employed in a hospital licensed under chapter 70.41 RCW or a nursing home licensed under chapter 18.51 RCW, or clinic. Approved nursing education programs do not include nontraditional schools as defined in subsection (26) of this section.
From WAC 246-840-840 - Nursing Technician:

The purpose of the nursing technician credential is to provide additional work related opportunities for students enrolled in an LPN, ADN, or BSN program, within the limits of their education, to gain valuable judgment and knowledge through expanded work opportunities.
(1) The nursing technician is as defined in WAC 246-840-010(30).
(2) The nursing technician shall have knowledge and understanding of the laws and rules regulating the nursing technician and shall function within the legal scope of their authorization under chapter 18.79 RCW and shall be responsible and accountable for the specific nursing functions which they can safely perform as verified by their nursing program.
(3) The nursing technician shall work directly for the hospital, clinic or nursing home and may not be employed in these facilities through a temporary agency.

From WAC 246-840-860 - Nursing technician criteria:

To be eligible for employment as a nursing technician a student must meet the following criteria:
(1) Satisfactory completion of at least one academic term (quarter or semester) of a nursing program approved by the commission. The term must have included a clinical component.
(2) Currently enrolled in a nursing commission approved program will be considered to include:
(a) All periods of regularly planned educational programs and all school scheduled vacations and holidays;
(b) Thirty days after graduation from an approved program; or
(c) Sixty days after graduation if the student has received a determination from the secretary that there is good cause to continue the registration period.
(d) Current enrollment does not include:
(i) Leaves of absence or withdrawal, temporary or permanent, from the nursing educational program.
(ii) Students who are awaiting the opportunity to reenroll in nursing courses.

From WAC 246-840-870 - Functions of the nursing technician:

The nursing technician is authorized only to perform specific nursing functions within the limits of their education, up to their skills and knowledge, as verified by their nursing program. The nursing technician:

(1) May function only under the direct supervision of a registered nurse who has agreed to act as supervisor and is immediately available.

(2) May gather information about patients and administer care to patients.

(3) May not assume ongoing responsibility for assessments, planning, implementation, or evaluation of the care of patients. The nursing technician may participate in all aspects of the nursing care process under the guidance of the registered nurse and within the scope of the nursing technician's education.

(4) May never function independently, act as a supervisor, or delegate tasks to licensed practical nurses, nursing assistants, or unlicensed personnel.

(5) May not administer chemotherapy, blood or blood products, intravenous medications, scheduled drugs, nor carry out procedures on central lines.

(6) May not perform any task or function that does not appear on the verification sent to the nursing technician's employer by the nursing program in which the nursing technician is enrolled. This document verifies that the nursing technician has demonstrated the ability and is safe to perform these tasks and functions. If the nursing technician is requested to perform any task not verified by the nursing program, the nursing technician must inform their supervisor that the task or function is not within their scope and must not perform the task.

From WAC 246-840-905 - How to register as a nursing technician:

(1) An individual shall complete an application for registration on an application form prepared and provided by the secretary of the department of health. This application shall be submitted to P.O. Box 47864, Olympia, Washington 98504-7864.

(2) Every applicant shall provide:

(a) The application fee under WAC **246-840-990**.

(b) A signed statement from the applicant's nursing program verifying enrollment in, or graduation from, the nursing program. If the applicant has not yet graduated, this statement will include the anticipated graduation date.

(c) A signed statement from the applicant's employer or prospective employer certifying that the employer understands the role of the nursing technician and agrees to meet the requirements of RCW **18.79.360**(4).

Appendix I
NCLEX PN/RN INFORMATION

WAC 246-840-025   Initial licensure for Registered Nurses and Practical Nurses
Registered nursing and practical nursing applicants' educated in a commission approved Washington state nursing education program and applying for initial licensure must:

(1) Successfully complete a commission approved nursing education program. For applicants from a commission approved registered nurse program who are applying for a practical nurse license:
(a) Complete all course work required of commission approved practical nurse programs as listed in WAC **246-840-575**(2). Required courses not included in the registered nurse program may be accepted if the courses were obtained through a commission approved program.
(b) Be deemed as capable to safely practice within the scope of practice of a practical nurse by the nurse administrator of the candidate's program.

(2) Successfully pass the commission approved licensure examination as provided in WAC **246-840-050**. Testing may be allowed upon receipt of a certificate of completion from the administrator of the nursing education program.

(3) Submit the following documents:
(a) A completed licensure application with the required fee as defined in WAC **246-840-990**.
(b) An official transcript sent directly from the applicant's nursing education program to the commission. The transcript must include course names and credits accepted from other programs. Transcripts must be received within ninety days of the applicant's first taking of the examination. The transcript must show:
(i) The applicant has graduated from an approved nursing program or has successfully completed the prelicensure portion of an approved graduate-entry registered nursing program; or
(ii) That the applicant has completed all course work required in a commission approved practical nurse program as listed in WAC **246-840-575**(2).
(c) Applicants from a commission approved registered nurse program who are applying for a practical nurse license must also submit an attestation sent from the nurse administrator of the candidate's nursing education program indicating that the applicant is capable to safely practice within the scope of practice of a practical nurse.

WAC 246-840-050   Licensing examination

(1) The current series of the National Council of the State Boards of Nursing Registered Nurse (NCSBN) Registered Nurse or Practical Nurse Licensing Examination (NCLEX-RN® or NCLEX-PN®) shall be the official examinations for nurse licensure.

(2) In order to be licensed in this state, all nurse applicants shall take and pass the National Council Licensure Examination (NCLEX-RN® or NCLEX-PN®).

(3) Only applicants who complete the education, experience, and application requirements of WAC **246-840-025**, **246-840-030**, **246-840-035** or **246-840-045** will be eligible for the examination.

(4) The commission will notify applicants who have filed the required application documents and met all qualifications of their eligibility to take the examination.

(5) Applicants must file an examination application directly to the testing service, along with the testing service's required fee.

(6) The executive director of the commission shall negotiate with NCSBN for the use of the NCLEX®.

(7) The examination shall be administered in accord with the NCSBN security measures and contract. All appeals of examination procedures and results shall be managed in accord with policies in the NCSBN contract.

WAC 246-840-060   Release of results of examination.

(1) The commission will notify applicants of the examination results by mail.
(2) Applicants who pass receive a license to practice as a practical nurse or registered nurse from the

commission provided all other requirements are met.
(3) Applicants who fail the examination will receive a letter of notification from the commission, including information on retaking the examination. The applicant may retake the examination no sooner than forty-five days following the date of the last exam taken.
(4) The applicant's examination results will be maintained in his/her application file with the department of health.

Appendix J. **Distribution of Content for NCLEX Examination**

	Percentage of items from each subcategory	
Client Needs	NCLEX-PN 2023	NCLEX-RN 2023
Safe and Effective Care environment		
Coordinated Care (PN) Management of Care (RN)	18-24%	15-21%
Safety and Infection Control	10-16%	6-12%
Health Promotion and Maintenance	6-12%	6-12%
Psychosocial Integrity	9-15%	6-12%
Physiological Integrity		
Basic care and comfort	7-13%	6-12%
Pharmacological and parenteral therapies	10-16%	13-19%
Reduction of Risk Potential	9-15%	9-15%
Physiological Adaptation	7-13%	11-17%

The following processes are integrated into all Client Needs categories of the Test Plan: *Nursing Process; Caring; Communication and documentation; Teaching and Learning; and Culture and Spirituality*

See http://www.ncsbn.org/ for more information.

Appendix K BBCC Nursing Program Curriculum

LEVEL I - ADN PROGRAM		
*NOTE: These courses may be taken any time before its placement in the time line		
FALL QUARTER	WINTER QUARTER	SPRING QUARTER

NUR 110
Fundamentals   4 cr
NUR 111
Fundamentals Practicum   3 cr
NUR 135
Nursing Skills Laboratory   1 cr
NUR 114
Pharmacology   2 cr
PHIL 102
 Ethics and Policy in Healthcare I
                            1 cr
PSYC 101
Psychosocial issues in
Healthcare I   1 cr
                            12 cr
*BIOL& 260
 Microbiology   5 cr
                            5 cr
	NUR 120
	Beginning Nursing Concepts I 5 cr
	NUR 121
	Beginning Nursing Practicum I 4 cr
	NUR 136
	Nursing Skills Laboratory 1 cr
	PHIL 103
	Ethics and Policy II 1 cr
	PSYC 102
	Psychosocial Issues II 1 cr
	                            12 cr
	*NUTR& 101
	 Nutrition 5 cr
	                            5 cr
		NUR 130
		Beginning Nsg Concepts II 5 cr
		NUR 131
		Beginning Nursing Practicum II
		                            5cr
		NUR 137
		Nursing Skills Laboratory 1 cr
		PSYC 103
		Psychosocial Issues III 1 cr
		                            12 cr
		*PSYC& 100
		Intro to Psych 5 cr
		                            5 cr

TOTAL 17 credits	TOTAL 17 credits	TOTAL 17 credits
LEVEL II – ADN COMPLETION		
FALL QUARTER	WINTER QUARTER	SPRING QUARTER

NUR 210
Advanced Nsg Concepts I   4cr
NUR 211
Advanced Nsg Practicum I   5 cr
NUR 235
Nursing Skills Laboratory   1 cr
PHIL 201
Ethics and Policy   III   1 cr
PSYC 201
 Psycho social Issues IV   1cr
                            12 cr
*PSYC& 200 Lifespan
Psychology   5 cr
                            5 cr
	NUR 220
	Advanced Nsg Concepts II 4 cr
	NUR 221
	Advanced Nsg Practicum II 5 cr
	NUR 236
	Nursing Skills Laboratory 1 cr
	PHIL 202
	Ethics and Policy IV 1 cr
	                            11 cr
	*CMST& 220
	Fundamentals of Speech 5 cr
	                            5 cr
		NUR 230
		Advanced Nursing Concepts III
		                            5 cr
		NUR 231
		Advanced Nursing Practicum III
		                            4 cr
		PHIL 203
		 Ethics and Policy V 1 cr
		PSYC 202
		Psychosocial Issues V 1 cr
		                            11 cr
		*MATH 146 Intro to Statistics
		                            5 cr
		                            5 cr

TOTAL 17credits	TOTAL 16 credits	TOTAL 16 credits

Big Bend Community College Nursing Program
Level I and Level II Associate Degree
DTA Curriculum Requirements

SUPPORT COURSES			
PREREQUISITES			
Course #	Course Title	CR	Year
BIOL& 160	General Biology	5	
CHEM& 121	Chemistry	5	
BIOL& 241	Human A & P I	5	
BIOL& 242	Human A & P II	5	
ENGL& 101	English Composition I	5	
Subtotal		**25**	
COREQUISITES LEVEL I			
NUTR& 101	Nutrition	5	
BIOL& 260	Microbiology	5	
PHIL 102	Ethics and Policy	1	
PHIL 103	Ethics and Policy	1	
PSYC 101	Psychosocial Issues	1	
PSYC 102	Psychosocial Issues	1	
PSYC 103	Psychosocial Issues	1	
PSYC& 100	Intro to Psychology	5	
Subtotal		**20**	
COREQUISITES LEVEL II			
PSYC& 200	Lifespan Psychology	5	
CMST& 220	Public Speaking	5	
PHIL 201	Ethics and Policy	1	
PHIL 202	Ethics and Policy	1	
PHIL 203	Ethics and Policy	1	
PSYC 201	Psychosocial Issues	1	
PSYC 202	Psychosocial Issues	1	
MATH&146	Statistics	5	
Subtotal		**20**	

ELECTIVES				
Course #	Course Title	CR	Year	Complete Grade
ENGL&102 or ENGL 235 or ENGL 201		5		
Humanities from distrib		5		
Subtotal		**10**		

Total Support Courses	**75**	

NURSING CORE COURSES LEVEL I				
Course #	Course Title	CR		
NUR 110	Fundamentals	4		
NUR 111	Fundamentals Practicum	3		
NUR 135	Nursing Skills Lab	1		
NUR 114	Pharmacology	2		
NUR 120	Beg. Nursing Concepts I	5		
NUR 121	Beg. Nursing Practicum I	4		
NUR 136	Nursing Skills Lab	1		
NUR 130	Beg. Nursing Concepts II	5		
NUR 131	Beg. Nursing Practicum II	5		
NUR 137	Nursing Skills Lab	1		
Subtotal				
Course #	Course Title	CR		
NUR 210	Adv. Nursing Concepts I	4		
NUR 211	Adv. Nursing Practicum I	5		
NUR 235	Nursing Skills Lab	1		
NUR 220	Adv. Nursing Concepts II	4		
NUR 221	Adv. Nursing Practicum II	5		
NUR 236	Nursing Skills Lab	1		
NUR 230	Advance Nursing Concepts III	5		
NUR 231	Advanced Nursing Practicum III	4		
Subtotal		**29**		

GENERAL EDUCATION (PRE-REQUISITES AND SUPPORT COURSES)	75
CORE NURSING COURSES	60
TOTAL CREDITS FOR NURSING DTA MRP DEGREE	135

Appendix L Invasive Procedure Policies
Big Bend Community College
Nursing Program

The use of human subjects for educational purposes carries the responsibility to protect the rights, well-being and personal privacy of individuals; to assure a favorable climate for acquisition of practical skills and the conduct of academically oriented inquiry, and to protect the interests of Big Bend Community College. Within the Nursing Program, courses involve classroom, laboratory and clinical activities where learning by students requires the use of fellow students as part of training for procedures and/or demonstrations. Students are offered the opportunity for voluntary participating in invasive procedures should they feel that it will enhance their learning experience.
Benefits:
   Participation in a learning experience necessary to become a nurse after adequate theory and use of mannequins to refine skill
   Acquisition of empathy for future clients undergoing this procedure
Appropriate Alternatives:
   The exclusive use of training mannequins that have been used extensively prior to the injection of a human subject (patient) in the healthcare setting.

Injections may involve being the recipient of injections administered by a fellow student - one intramuscular, one subcutaneous, and one intradermal. Each will contain sterile saline and be given under the direct supervision of the nursing instructor.
Possible Risks and Discomforts:
1. Damage to a nerve, muscle or other soft tissues
2. Introduction of infection into body tissues
3. Pain resulting from the procedure itself
4. Anxiety

Venipunctures may involve being the recipient of one or more venipunctures performed by a fellow student under the direct supervision of the instructor.
Possible Risks and Discomforts:
1. Damage to nerve, muscle or other soft tissues
2. Introduction of infection into body tissues or vessels
3. Pain resulting from the procedure itself
4. Bleeding that could result in ecchymosis or a hematoma

Fingerstick may involve receiving numerous fingersticks performed by fellow students during the laboratory unit of this course for the purpose of obtaining capillary blood specimens.
Possible Risks and Discomforts:
1. Introduction of infection into body tissues
2. Pain resulting from the procedure itself
3. Bleeding that could result in ecchymosis.

Big Bend Community College
NURSING PROGRAM
Consent for Invasive Procedures

I understand that in my nursing education I will have the opportunity to practice specific invasive procedures on mannequins and/or consenting nursing students. The invasive procedures that may be practiced on consenting nursing students are limited to intradermal, intramuscular, subcutaneous injections of normal saline, venipuncture and venipuncture with catheter insertion and/or fingersticks. I understand that a faculty member of the nursing faculty who is a registered nurse must be in attendance during any practice session in which injections, venipuncture or venipuncture with catheter insertion and fingersticks are practiced. I will not perform, nor allow to be performed on me, any practice session (on or off campus) in which injections, venipuncture or venipuncture with catheter insertion are practice, or fingersticks unless a faculty member of the Nursing Program is present.

I understand that receiving injections or venipuncture or fingersticks administered by other nursing students is **strictly voluntary**, and will not impact my grade. I understand that the risks of these procedures include pain, infection or damage to tissue or nerves. I hereby release, and will not hold Big Bend Community College, its faculty and staff, and my classmates liable, for any injury or complication that may result from any and all activity occurring in the practice sessions.

NOTE: This form is to be signed and dated each academic school year. If the student wishes to change his/her consent at any time the quarter, a new form must be signed and dated.

I **give my consent** for nursing students to practice injections of normal saline, fingersticks, venipunctures, and/or venipunctures with catheter insertion on me.

Student Signature: _____ Date: _____

Print Student Name: _____

I **decline** to have nursing students practice injections of normal saline, fingersticks, venipunctures, and/or venipunctures with catheter insertion on me.

Student Signature: _____ Date: _____

Print Student Name: _____

Appendix M NSNA Code of Academic and Clinical Conduct

Preamble

Students of nursing have a responsibility to society in learning the academic theory and clinical skills needed to provide nursing care. The clinical setting presents unique challenges and responsibilities while caring for human beings in a variety of health care environments. The Code of Academic and Clinical Conduct are based on an understanding that to practice nursing as a student is an agreement to uphold the trust with which society has placed in us. The statements of the Code provide guidance for the nursing student in the personal development of an ethical foundation and need not be limited strictly to the academic or clinical environment but can assist in the holistic development of the person.

A Code for Nursing Students

As students are involved in the clinical and academic environments we believe that ethical principles are a necessary guide to professional development. Therefore, within these environments we;

Advocate for the rights of all clients.

Maintain client confidentiality.

Take appropriate action to ensure the safety of clients, self, and others.

Provide care for the client in a timely, compassionate and professional manner.

Communicate client care in a truthful, timely and accurate manner.

Actively promote the highest level of moral and ethical principles and accept responsibility for our actions.

Promote excellence in nursing by encouraging lifelong learning and professional development.

Treat others with respect and promote an environment that respects human rights, values and choice of cultural and spiritual beliefs.

Collaborate in every reasonable manner with the academic faculty and clinical staff to ensure the highest quality of client care

Use every opportunity to improve faculty and clinical staff understanding of the learning needs of nursing students.

Encourage faculty, clinical staff, and peers to mentor nursing students.

Refrain from performing any technique or procedure for which the student has not been adequately trained.

Refrain from any deliberate action or omission of care in the academic or clinical setting that creates unnecessary risk of injury to the client, self, or others.

Assist the staff nurse or preceptor in ensuring that there is full disclosure and that proper authorizations are obtained from clients regarding any form of treatment or research.

Abstain from the use of alcoholic beverages or any substances in the academic and clinical setting that impair judgment.

Strive to achieve and maintain an optimal level of personal health.

Support access to treatment and rehabilitation for students who are experiencing impairments related to substance abuse and mental or physical health issues.

Uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.

Adopted by the NSNA Board of Directors, October 27, 2009

Appendix N. STUDENT PORTFOLIOS

The Nursing Program at Big Bend Community College incorporates a portfolio collection by the student to review achievement and demonstrate that the learning outcomes have been met. A portfolio is a purposeful, self-maintained collection of a student's work that exhibits the individual's efforts, progress, and achievements. It should demonstrate self-responsibility and accountability toward the development of the professional nursing role. The portfolio can also benefit the student in self-evaluation as papers and projects completed by the student are added throughout the course of study within the Nursing Program.

Furthermore, the portfolio can enhance the student's resume with specific examples of personal, professional, and academic growth and excellence. Examples of committee, professional, and community involvement can augment the student's academic accomplishments. The collection of materials within the portfolio may prove to be valuable as the student seeks employment and further education.

A format for organizing your collected items that demonstrate growth and development in your professional practice are listed. You have the freedom to utilize other examples and/or to have an item document other roles than the one listed for that program outcome.

Portfolios will be evaluated quarterly:
NUR 110, NUR 120, NUR 130
NUR 210, NUR 220, NUR 230 Portfolio submissions should be concrete evidence of your progress toward each of the 6 learning outcomes. Concrete evidence will include submitted/graded work, evaluations from faculty or ancillary staff, or certificates or other evidence. In rare occasions, self-reflection may be used – however, this should be used to support your concrete evidence, not replace it.

Often, items could be used in different categories: for example, a teaching project could be used to demonstrate communication skills (Communicator) or to show your development of a patient teaching unit (Provider of Care). A care plan might be evidence of clinical decision-making (Manager), or as evidence of safe effective care (Provider). An ethics or cultural assignment could be used either as evidence of effective care (Provider) or responsibility/accountability in practice (Professional).

You should be reviewing the learning outcomes with every document you submit (as well as the definitions of the core-concepts) in order to assure that you are addressing all the learning outcomes throughout the program.   Possible submissions:

- Teaching plans and projects (including pharmacology, skills lab, and clinical assignments)

- Learning Outcome Questions

- Graded Papers or assignments (including ethics, leadership, clinical papers)

- Clinical care plans

- Concept Maps

- Clinical evaluations

- Clinical reflection tools

- Clinical simulations reviews

- Evidence of educational offerings attended outside of class

- Participation in NSNA or other professional organization

- Volunteer work or community activity

Portfolio Evaluation Rubric

Core Concepts	Learning Outcomes	No evidence (1)	Questionable evidence with vague examples of learning experiences (2)	Inconsistent evidence, with some concrete and some vague examples of learning experiences (3)	Consistent evidence, with concrete examples of learning experiences (4)	Strong evidence with concrete examples of learning experiences (5)	Standard: Level I 18 points (3.0 or better) Level II 24 points (4.0 or better) SCORE
Communicator	Communicate effectively to deliver relevant, accurate and complete information to patients, families, and the healthcare team. (C)						
Provider of care	Deliver safe and effective physical, psychosocial, cultural, and spiritual care to the whole person in a variety of settings. (POC.1)						
	Plan, initiate, and evaluate patient teaching including assessment of current knowledge, use of appropriate materials and techniques (POC.2)						
Manager of care	Demonstrate clinical decision-making based on best current evidence, clinical expertise, and the nursing process to develop safe plans of care in a variety of settings. (MOC)						
Professional	Assume responsibility and accountability in the practice of registered nursing as defined by the professional standards and codes of nursing (P.1)						
	Demonstrate effective collaboration within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve educational and institutional growth (P.2)						
Total							/ 6 =