

HIGHLINE COMMUNITY COLLEGE
Associate Degree Nursing Program

I acknowledge that I have received a copy of the Student Handbook of the Highline Community College Associate Degree Nursing Program. Furthermore, I have read it carefully, understand the information contained in it and intend to comply with the policies of the Nursing Program.

Signature _____

Printed
Name _____

Date _____

HIGHLINE COMMUNITY COLLEGE
Associate Degree Nursing Program

STUDENT HANDBOOK
2008-2010

PROGRAM APPROVED BY:

Washington State Nursing Commission
310 Israel Road SE
Tumwater, WA 98501
360-236-4700

PROGRAM ACCREDITED BY:

National League for Nursing Accrediting Commission
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INTRODUCTION

Welcome to the Associate Degree Nursing Program at Highline Community College! Our Nursing Program is approved by the Washington State Nursing Care Quality Assurance Commission and is accredited by the National League for Nursing Accrediting Commission. Successful completion of this program will qualify you to sit for the National Council Licensure Examination for Registered Nurses. Beyond preparing you for that examination, however, the faculty of this program strives to prepare highly qualified nurses who are prepared for professional practice. To that end, the faculty practice according to the following **Mission Statement**:

*We, the nursing faculty,
are committed to excellence in nursing
as exemplified by graduates who are caring professionals
that value life-long learning.*

To Achieve Our Mission, We Will:

- *Use a selective admissions process to identify students with the highest potential for success.*
- *Provide high-quality educational opportunities that include both didactic and experiential learning.*
- *Create an atmosphere that is conducive to learning and that is supportive of students while maintaining high standards.*
- *Provide faculty with ongoing professional development opportunities.*
- *Maintain state approval and national accreditation.*

The purpose of this Student Handbook is to provide information important to nursing students throughout the Nursing Program. Please read this handbook closely and become familiar with its contents. When questions arise about the program, this handbook will be used as the guide to answer them.

You have been carefully selected for admission and the faculty is confident you will be successful. We are committed to your success and to the success of nursing as a profession.

Sincerely,
Barbara Smith, RN MN
Nursing Program Coordinator

NURSING

Nursing as defined by the American Nurses Association (ANA, 2004) includes the following six essential features.

- Provision of a caring relationship that facilitates health and healing
- Attention to the range of human experiences and responses to health and illness within the social and physical environments
- Integration of objective data with knowledge gained from an appreciation of the patient or group's subjective experience
- Application of scientific knowledge to the processes of diagnosis and treatment through the use of judgment and critical thinking
- Advancement of professional nursing knowledge through scholarly inquiry and
- Influence on social and public policy to promote social justice

Highline Community College provides education leading to an Associate of Applied Science in Nursing. With this preparation, the graduate will be eligible to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Success on NCLEX-RN prepares graduates for licensure as Registered Nurses. Who are prepared to function as safe, beginning level nurses in non-specialized settings in a variety of health care institutions. See Appendix for information about other levels of nursing practice.

The profession of nursing is a highly respected one. The reasons for this are many but a great deal of it has to do with the fact that clients put their lives in nurses' hands. Clients place their trust in nurses and nurses, in turn, must be worthy of that trust.

The law relating to nursing care states in WAC 246-840-700:

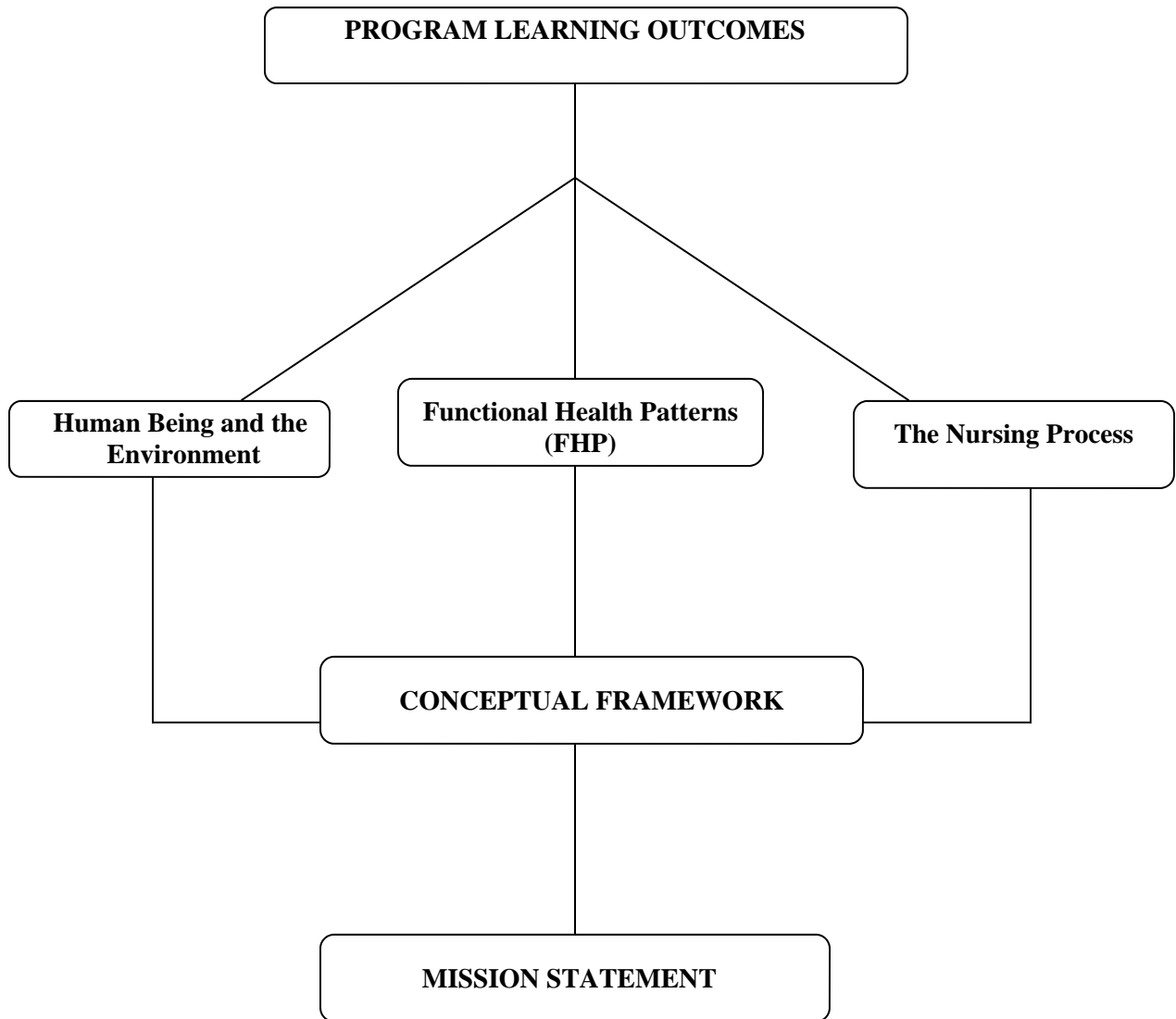
Each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the standard of nursing practice. The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person.

Nursing students are also held to this standard. (ANA, 2004)

CONCEPTUAL FRAMEWORK

Nursing spans a very broad range within science and art: human life, preventive health care, illness, healing, and health education to name just a few. As a relatively new profession, there exists much debate regarding what the practice of nursing is and how it ought to be approached educationally. The Nursing (ADN) program developed the following conceptual framework to be used as a tool to aid students in developing an integrated concept of nursing that they will be able to implement in their professional practice. The conceptual framework serves much the same purpose as the framework of a house—they are the foundation and structure within which various concepts can be studied sensibly and in relationship to one another. See Figure 1.0

Figure 1.0 CONCEPTUAL FRAMEWORK



A. HUMAN BEINGS AND THE ENVIRONMENT

The nursing faculty believes that the human being is an individual who has intrinsic worth and value. Every person is an integration of biological, emotional, intellectual, spiritual, and social elements. The individual is an open system interacting with the physical environment as well as with the environment of the family, community, and culture. Each person has a basic right and responsibility for self-determination within the society. The individual exists on a continuum of wellness and illness within this constantly changing environment.

B. FUNCTIONAL HEALTH PATTERNS (FHP)

All human beings have in common certain functional patterns that contribute to their interaction with the environment, health, illness, and quality of life. The FHP focus on the client's usual ways of living and directs attention to all of the factors that impact the individual. These patterns are the focus of nursing assessment. Use of FHP for assessment provides a standardized data collection method that can be used for any setting, client age or condition. Use of the FHP in assessment focuses on the nursing model rather than the medical model. (See Appendix for an in-depth explanation of each of the Functional Health Patterns).

While the human being may be studied in terms of parts such as Functional Health Patterns, it is critical to remember that the client is first and foremost a whole. The nurse should recognize the separate functioning of each part, and yet must continually integrate all parts into a unified view of the individual as a unique human being. This requires an ongoing examination of each part, its effect on all other parts and the relative equilibrium of the system as a whole. This is not an easy task, but it is essential to obtaining a thorough and accurate perception of another human being.

C. THE NURSING PROCESS

The registered nurse must have a means for applying knowledge to actual client care. The nursing process is the methodology used in the nursing profession to accomplish this task. It is an orderly manner of determining the client's problems, making plans to solve them, implementing the plan and evaluating the effectiveness of the plan in resolving the identified problems. Optimally, the nurse works with the client throughout this process so that the client is actively involved in identifying problems, in planning care and in evaluating the outcome of care.

1. ASSESSMENT

- a. Gathering data: Collecting all appropriate facts and information about the client in terms of the 11 Functional Health Patterns. Data is collected through observation, interview and/or interaction, records, reports, test results and all other written references. The client is considered one of the most important sources of information.
- b. Analyzing data: Sorting out, examining and interpreting gathered information in order to identify the client's actual or potential problems.

2. NURSING DIAGNOSIS

- a. Identifying problems: The result of analysis is a clear concise understanding of the client's problems. Each problem is then translated into a specific problem statement.
- b. Validating the problem: Listing those items of specific data and/or theory rationale that verify the existence of or potential for developing the problem. Although validation is part of analysis, it is listed as a separate step because it helps clarify and distinguish between the overall pool of gathered data and those particular items of data that were used in identifying the problem.

3. PLANNING CARE

- a. **Prioritizing**: Viewing the problem list as a whole and ordering according to urgency of need and relative importance.
- b. **Establishing an expected outcome**: Setting a goal for each aimed at decreasing or eliminating the problem or its impact. The goal is stated as an “expected outcome” (EO) in terms of the client’s functioning or behavior.
- c. **Devising a plan of care**: The plan is a list of nursing actions, approaches, and interventions designed to assist the individual client to meet the expected outcome. Each action is based upon a scientific rationale.

4. IMPLEMENTATION

Implementation involves the actual carrying out of the plan of action. It includes organizing for the action, administering the action and following through with any required comfort measures and/or care of equipment. Documentation of all care measures is required.

5. EVALUATION

- a. **Evaluating the outcome**: Judging the degree of success or failure of the nursing actions, i.e., the client’s response relative to the criteria listed in the “expected outcomes”. Like assessment, evaluation involves the active collection of subjective and objective data from a variety of sources. However, evaluation differs in that the data collection is more selective and focused on the particular problem statement and expected outcome. In evaluation, the collected data is compared to the criteria of the expected outcome thereby indicating the degree of success achieved. When the EO is evaluated as unsuccessfully achieved, the EO and/or plan of action is modified. If the EO was achieved, a decision is made about whether the problem is now resolved or should be continued with a progressively modified or extended EO. In this way, the evaluation step is frequently not an end point, but a step from which the nursing plan is revised and made more effective.
- b. **Evaluating the plan of care**: Critically examining the soundness of the plan of care that was developed. Evaluation in this respect includes consideration of such factors as:
 - 1) Were priorities accurate?
 - 2) Was the plan consistent with the client’s wishes and the physician’s plan?
 - 3) Was the client’s unique situation considered?
 - 4) What contributed to the overall success or failure of the plan?
 - 5) Was anything omitted?

This broader kind of evaluation reflects the nurse’s commitment to providing care that is not merely effective but of high quality as well.

D. NURSING STUDENT / GRADUATE OUTCOMES

The Nursing Program has the responsibility to the public to assure that its students and graduates are competent. In order to guarantee this, the program utilizes the following as criteria to measure competence.

The outcomes listed below delineate competencies which have been developed by graduates at the point of completion of this program. Objectives for theory, clinical and laboratory courses are based on these outcomes.. Students/graduates who achieve these outcomes are prepared for excellence in nursing practice.

Upon completion of this program, students/graduates will:

CRITICAL THINKING

- Use appropriate thinking skills to effectively define and solve problems
- Apply specific knowledge and skills to various clinical situations with accurately stated rationale
- Perform analysis of data: determine relevance, critique information and ideas, identify relationships, draw conclusions, and conduct evaluations

COMMUNICATION ABILITIES

- Demonstrate proficiency in the English language and health care terminology
- Communicate with clarity, a sense of purpose, congruence between verbal and nonverbal messages and respect for others
- Use technology as an aid for written communication

THERAPEUTIC NURSING INTERVENTIONS

- Use the nursing process (assessment, diagnosis, planning, implementation, and evaluation) as a framework for delivery of care to clients in various settings
- Demonstrate proficiency in technical knowledge and skills: psychomotor skills, therapeutic communication, client education, use of technology, and computational skills
- Display caring behaviors in interactions with clients, such as providing individualized care, showing respect for the diversity of others, being supportive and promoting maximum independence and wellness

INTERPERSONAL WORKING RELATIONSHIP SKILLS

- Demonstrate effective leadership skills in delegating tasks, establishing and maintaining effective working relationships with others and supervising and evaluating other personnel
- Use collaborative skills, such as teamwork, advocacy for the client, interdisciplinary referrals and coordination with other health care providers, in providing goal-oriented care
- Organize and prioritize care for the individual and for groups of clients
- Use appropriate techniques in conflict management and resolution with individuals and in group dynamics
- Provide for continuity and coordination of care across the health care continuum

LIFELONG LEARNING

- Effectively use resources, including technology, to access information
- Demonstrate self-direction in the assessment of personal needs and abilities, developing a plan for meeting own needs, and applying previous knowledge to current situation
- Participate in continuing education
- Seek and incorporate feedback from others to foster professional development

PROFESSIONALISM

- Adhere to the legal and ethical standards of the profession
- Demonstrate personal responsibility: accountability for own actions, completion of assignments, performance within limitations of personal abilities and scope of practice, self-discipline
- Engage in behaviors that promote self-care
- Maintain standards of care to promote quality of process and outcomes
- Contribute to the profession through participation in professional organizations and sociopolitical awareness

PROGRAM POLICIES AND PROCEDURES

Students must abide by all policies and procedures within the Highline Community Campus-wide handbook *Student Rights and Responsibilities*.

Refer to: http://www.highline.edu/home/catalog/appendices/college_policies.html#rights
<http://www.highline.edu/stuserv/vpstudents/srr.html>

All students admitted to the Nursing Program are required to read the Student Handbook of the Highline Community College Associate Degree Nursing Program. After review, each student will be required to acknowledge in writing, willingness to comply with these policies.

GENERAL INFORMATION / PROGRAM POLICIES

I. Fees

Fees are collected at registration as described below. The HCC Quarterly will list all relevant fees. **All fees are nonrefundable.**

Liability Insurance Fees:

Liability (malpractice) insurance is required of all nursing students. Students are charged an annual fee upon registration for N111 and N211. Re-entry students may be charged prorated fees if registration occurs after Fall quarter.

Laboratory Fees:

A laboratory fee will cover the cost of consumable materials used in the Health Occupations Learning Lab.

Program Fee:

A fee will be assessed quarterly to provide up-to-date instructional materials appropriate for the nursing profession.

Other fees:

Other fees include fees for required NCLEX predictor tests.

II. Insurance

No student may attend clinical without proof of current accident insurance on file. **It is the student's responsibility to submit required documents on time. Students may not attend clinical experiences until insurance documents have been completed which could result in course failure.**

Accidents occurring in the clinical area must be reported to the nursing instructor and department coordinator. Emergency first aid treatment, if necessary at the clinical site, is the financial responsibility of the student. Students should report to their own physician for more extensive care. Students bear the cost of all expenses associated with treatment. An Accident/Incident Report must be filed in the office of the Nursing Program Coordinator.

III. Required Standardized Testing

During the final quarter of the program, students will be charged a fee to purchase one standardized achievement test supplemental to class evaluation. It is mandatory that students participate and complete this exam. Additional standardized tests may be offered at various times throughout the program to familiarize students with the NCLEX exam process.

IV. Background Check

A check of student's background for Criminal History Information is required. Certain crimes on the record may hinder the student's ability to achieve course outcomes. The clinical agency may not allow a student to enter their facility due to the results of the background inquiry especially where violent crimes and sex offenses are concerned. If this occurs, the Nursing Program Coordinator will inform the student of his/her options.

V. Health

Students are required to submit a completed Student Health and Safety Requirement Checklist by the established deadline **prior to any clinical activities**. The Nursing Program Coordinator reviews each student's form and contacts the student for further clarification as needed.

It is the responsibility of the student to notify the instructor if, due to illness or injury s/he is unable to perform the activities listed in the Job Description for Nursing Students.(see Appendix) The student must provide a written request for restrictions or modifications. A written statement from a primary care provider may be required. The "Certification for Clinical Return" form (see Appendix) is available from the Health Occupations secretary. The faculty will determine if restrictions allow the student to meet course objectives.

Students may not attend clinical activities when they:

- A.** Are experiencing the acute phase of a communicable disease.
- B.** Are under the influence of alcohol or any drug (prescription or non-prescription) that affects motor and/or cognitive function.
- C.** Are physically or mentally unable, for any reason, to concentrate on clinical concerns and provide safe client care.

Violations of any of these standards will result in faculty review and possible referral to the Student Judicial Affairs Administrator according to the Highline Community College policy outlined in the HCC Student Rights and Responsibilities.

VI. Communicable Diseases Policy

Students are not permitted to attend clinical experiences while in the active and acute phase of a communicable disease transmitted primarily via airborne methods (e.g. influenza, pneumonia, chicken pox).

Students diagnosed with conditions that are not generally transmitted via airborne means (e.g. staphylococcus, hepatitis and all sexually transmitted diseases/conditions including herpes and HIV infection) may continue in the program with certain provisions. The following policies apply specifically to communicable diseases:

- A.** No applicant will be denied program admission based on diagnosis of a communicable disease, providing the student is capable of achieving program objectives within the limitations of the disease.
- B.** Routine screening of students for communicable diseases other than tuberculosis is not required. TB screening via a two-step TB test must be done on admission. Repeat TB skin tests are required on an annual basis. Students must submit the results to the Nursing Department before attending clinical.
If the student has a newly positive PPD, a chest X-ray is required. If the PPD has been known to be positive and a chest X-ray has been documented, a TB symptom check by his/her healthcare provider must be done and the results submitted.
If the student has previously received the BCG vaccine, s/he must have a PPD. If this is positive, then the student may be required to have either a chest X-ray or a TB symptom check. These students must then submit results of a yearly symptom check.
- C.** The student must complete a series of three doses of the Hepatitis B vaccine. The first two (2) doses must be completed prior to attending clinical in the first quarter of the program.
- D.** The student must show evidence of immunization or immunity for poliomyelitis, measles, mumps, rubella, varicella, tetanus, and diphtheria.
- E.** In the first quarter of the program, students will be introduced to personal safety measures and universal precautions to prevent spreading/contracting communicable diseases. Thereafter, curriculum content related to the implications of caring for clients with communicable diseases will be integrated into all nursing courses.

- F. As students move through a variety of clinical courses, they are exposed to clients who have communicable diseases. Students may not discriminate in their provision of nursing care by refusing to be assigned to these clients. Refusal to provide nursing care based on intentional discrimination of any type will result in course failure.

VII. Latex Allergies

Students must report latex sensitivities to the nursing instructor at the beginning of the clinical and lab course so that accommodations can be made.

VIII. Standards of Conduct

- A. Cheating, plagiarism and other forms of academic dishonesty are unacceptable at Highline Community College. Plagiarism or cheating will result in a grade of zero for the effected assignment(s) / test(s), and referral to the Student Judicial Affairs Administrator for additional sanctions as permitted or required by college policy.

Students are responsible for knowing the college policy on cheating and plagiarism. Refer to: *Highline Community College Course Catalog* and the *Student Rights and Responsibilities Handbook*.

- B. Verbal and written communications must be truthful. Any falsification of verbal or written communication is viewed seriously by the nursing faculty. The consequences of such behavior will be determined on an individual basis by the faculty and may include referral to the Student Judicial Affairs Administrator.

- C. Disorderly, abusive or bothersome conduct, especially if it interferes with teaching and learning will not be tolerated. The consequences of such behavior will be determined on an individual basis by the faculty and in accordance with the college's policy outlined in the Student Rights and Responsibilities. The consequences may include referral to the Student Judicial Affairs Administrator.

All the examples in this section not only demonstrate unacceptable behavior by students, they violate the standards of the nursing profession. Violations of these standards will result in faculty review and may result in referral to the Student Judicial Affairs Administrator.

IX. Smoking

In keeping with Highline Community College campus policies, smoking is allowed only in designated areas on campus. Many clinical sites are non-smoking facilities.

X. Pagers and Cellular Phones

When in the classroom, Health Occupations Learning Lab or clinical setting, pagers and cellular phones must not be heard. Cell phone conversations must be conducted outside the lab, the classroom or the clinical unit.

XI. Children

Children are not allowed in the classroom or lab. Children may be allowed in the lab for special events only.

XII. Student Accommodations

Highline Community College provides academic and support services to insure equal access for students with disabilities. Contact Access Services (located in Building 99) to discuss accommodations.

XIII. Class Announcements

Class announcements will be made verbally during class time and/or posted on Blackboard. Students are responsible for all announcements made during class time and for reading Blackboard postings on a daily basis, Monday through Friday.

XIV. Student Opportunities for Faculty/Course/Program Evaluation

Students have the opportunity to evaluate instructors and courses on a quarterly basis. Program evaluation is done through formal and informal survey methods

XV. Grievance Policy

A. The Need for a Grievance Procedure:

There are a variety of issues or problem situations that may arise between students and instructors who interact closely in the learning process of nursing education.

The grievance procedure outlined below provides both students and instructor with an outline of the appropriate steps to be followed in the event of conflict.

B. Explanation of Steps in the Student Grievance Procedure:

1. **Student-Instructor Negotiations:** The student will meet with the instructor and attempt to work out differences.
2. **Nursing Program Coordinator:** If discussion with the instructor has not resolved the situation satisfactorily, the student may contact the Nursing Program Coordinator. The coordinator will explore the issue and possible solutions with the student and/or act as a mediator in a student-instructor meeting. For faculty who are in the tenure process, the coordinator will refer problems immediately to the current Division Chair.
3. **Health, Education and Physical Education Division Chair:** If discussion with the Nursing Program Coordinator has not brought satisfactory resolution of the issue, then the student may make an appointment with the Division Chairperson to further explore the problem and examine possible solutions.

The student must submit in writing to the Division Chair and the Nursing Program Coordinator a description of the complaint and a chronology of the attempts at resolution. After reviewing the complaint with the parties involved, the Chair will provide a written response to the student and Nursing Program Coordinator that includes the resolution to the complaint.

4. **Vice President for Academic Affairs:** If the student is not satisfied with the resolution made by the Division Chair, the student will be directed to provide to the Vice President for Academic Affairs all written materials provided to the Chair and the response from the Chair.

XVI. Outside Working by Student

Students working more than 16-20 hours per week frequently have difficulty maintaining satisfactory clinical progress and academic achievement. Although working or not working is a personal choice of the student, faculty may recommend that the student reconsider work commitments when his/her academic progress is jeopardized. Students are urged to seek counseling and/or assistance from the Financial Aid Office.

XVII. Financial Aid

Financial aid is processed through the Financial Aid Office, located in Building 6. A number of grants, loans, scholarships, tuition waivers, and jobs are available to qualified students.

Additional funding may be offered to nursing students. The student should contact the HCC Foundation Office and Women's Programs and check the bulletin boards in the Health Occupations laboratory for information regarding these avenues for financial aid.

XVIII. Student Organizations

- A.** All students have the opportunity to participate in HCC student government, clubs, organizations, and activities sponsored by various groups on campus.

- B.** Nursing students may become members of the National Student Nurses Association (NSNA). The mission of NSNA is to:
 - a. Organize, represent and mentor students preparing for initial licensure as registered nurses, as well as those nurses enrolled in baccalaureate completion programs
 - b. Convey the standards and ethics of the nursing profession
 - c. Promote development of skills needed to be responsible and accountable members of the nursing profession
 - d. Advocate for high quality health care
 - e. Advocate and contribute to advances in nursing education

Students may join individually or collectively. Faculty members act as club advisors.

- C.** Nursing student government functions as a chapter of the National Student Nurses Association. Elections are held during the spring quarter of the program to select officers from the first year nursing class: president-elect, vice-president-elect, secretary-elect, and treasurer-elect. After completion of the first year these officers become part of the leadership team for the nursing student government.

COURSE—RELATED POLICIES AND INFORMATION

Refer to Appendices for Sample Student Schedule of Courses for LPN-RN and 2-Year Students.

I. Credit Values and Clock Hour Equivalents

1. Lecture: Contact hours in which the predominant instructional mode is lecturing and other learning activities prepared and facilitated by the instructor. Conduct of instruction is continually under the direction of the instructor. One credit is equivalent to eleven theory class hours per quarter. One credit = 11 clock hours.
2. Clinical: Contact hours in the Health Occupations laboratory, hospital or other health care facility when the students are under the direction of an instructor and the instructor is on site. One credit is equivalent to twenty-two clinical hours per quarter. 1 credit = 22 clock hours.
3. Community Clinical: Contact hours in which the student is in a community-based setting with intermittent instructor supervision. One credit is equivalent to thirty-three community clinical hours per quarter. 1 credit = 33 clock hours.

II. Theory Courses

Helpful Hints:

Student success in this program requires attending class. In addition, the student should expect to routinely spend a minimum of two to three hours of study for each hour spent in class. Keep up with the reading assignments. Do not leave them for the night before the exam. Review your notes after each class session. Studying in groups is often beneficial. Remember that learning is your responsibility.

A. Class Attendance

Theory class attendance is strongly recommended. In accordance with the Campus Grading Policy, students who have not attended at least 60% of the scheduled class sessions held during the first 5 instructional days of the academic quarter may be withdrawn from the course by the instructor.

B. Academic Progression

A passing grade in the Nursing Program is 80% (2.5). Failure occurs when the cumulative grade in a theory course is below 80%. If it becomes apparent during the course that it will be mathematically impossible for the student to achieve 80%, immediate dismissal may occur. Withdrawal from all other nursing courses within one week will be required. If the failure occurs within two weeks of the end of a quarter, the student may be allowed to complete other courses that quarter at the discretion of the faculty.

C. Evaluation

All theory and self-managed learning courses are graded using a numerical grade point. In the Nursing Program, the grade assigned for each course is based upon the raw score percentage of total achieved points divided by total possible points:

Total number of correct test items & other points (assignments)
Total number of test items & other points

If the percentage is greater than 80, extra credit will be added, as earned according to course syllabus. Extra credit will not allow an otherwise failing student to pass.

| <u>Percentage</u> | <u>Decimal Grade</u> | <u>Percentage</u> | <u>Decimal Grade</u> |
|-------------------|----------------------|-------------------|----------------------|
| 95 - 100% | 4.0 | 72% | 1.9 |
| 94% | 3.9 | 71% | 1.8 |
| 93% | 3.8 | 70% | 1.7 |
| 92% | 3.7 | 69% | 1.6 |
| 91% | 3.6 | 68% | 1.5 |
| 90% | 3.5 | 67% | 1.4 |
| 89% | 3.4 | 66% | 1.3 |
| 88% | 3.3 | 65% | 1.2 |
| 87% | 3.2 | 63%-64% | 1.1 |
| 86% | 3.1 | 60%-62% | 1.0 |
| 85% | 3.0 | 58%-59% | 0.9 |
| 84% | 2.9 | 56%-57% | 0.8 |
| 83% | 2.8 | 55% | 0.7 |
| 82% | 2.7 | 54% | 0.6 |
| 81% | 2.6 | 53% | 0.5 |
| 80% | 2.5 | 52% | 0.4 |
| 79% | 2.4 | 51% | 0.3 |
| 78% | 2.3 | 50% | 0.2 |
| 77% | 2.2 | 49% | 0.1 |
| 75%-76% | 2.1 | 48% | 0.0 |
| 73%-74% | 2.0 | | |

I: Incomplete: An incomplete is given when the student was in attendance and did satisfactory work but was not able to complete the course requirements because of illness or other extenuating circumstances. Students will need to complete incomplete course requirements by the end of the 1st week of the next quarter.

D. Late Papers

Late papers are subject to a penalty of a 10% decrease in grade per calendar day the paper is late unless the instructor has given permission in advance.

E. Rescheduled Examinations

Students are expected to be in attendance at each scheduled exam. If personal illness or family emergency occurs, students must contact the instructor prior to the test and make arrangements to take the test at the earliest possible date and no later than one week after the scheduled exam. The test will then be proctored and timed by the campus Testing Center. The instructor will not be present to clarify any questions about test items.

Early testing is up to the discretion of the faculty member. Rescheduled testing will be considered a missed scheduled exam.

The following represents the policy of the HCC nursing program regarding rescheduled exams:

1. 2-year students may reschedule two exams over six quarters without faculty action. LPN - Registered Nursing students may reschedule one exam over three quarters without faculty action.
2. All scores on subsequent rescheduled exams will be reduced 10%.
Example: If student earned 100%, test score would drop to 90%.
3. Multiple missed exams at one time will be counted as one incident; for example, three missed finals in one week due to illness count as one missed exam.
4. Quizzes may be made up at the discretion of the nursing instructor.

F. Test Confidentiality

Faculty may assign seating for tests at their discretion.

G. Test Item Evaluation

Test items are written carefully and reviewed many times prior to classroom administration. In nearly all cases, the test question is judged valid and reliable. However, the instructor has the option to revise a test item as described in course syllabus.

1. Multiple Answers Accepted: If the instructor reviews a test item and determines that more than one answer is correct, the scoring is modified so that credit is given to each student who selected one of the correct answers.
2. "Bonus" Point Item: When students have difficulty with a valid test question, the instructor may elect to make that item a "bonus" point. Credit will be given to those students who selected the correct answer and the total number of points possible will be reduced by one.

H. Classroom Test Review Policy

Scantrons will be graded with the correct response printed behind the incorrectly selected answer. The test and scantron will be returned to the student for review during a regularly scheduled class period, during an out-of-class session, in the Health Occupations Lab or during the faculty member's office hours. Grades will be posted on Blackboard and are accessible only to the individual student.

Test review is a privilege during which students and instructor interact professionally concerning concepts that have been tested. Test review in class will be terminated if this privilege is abused. Individual questions may be better answered by a later appointment with the instructor.

I. Test Taking

Students are to provide their own Scantron forms for testing. They must also bring a #2 pencil and a good, non-smearing eraser.

Basic Rules for NCLEX-style testing

1. Use time wisely and effectively. Allow no more than 1 minute per question. If you can't answer a question, make an intelligent guess.
2. Read the question carefully. Actively reason through the question. Identify the intent of the item based on information given
3. Know the parts of the question
 - a. Background statement: informational scenario
 - b. Stem: specific question or intent statement
 - c. Options: list of possible answers
4. Understand the stem first; then look for the answer. Underline key words in background information and stem (i.e., first, best, initial, early, most appropriate, except, least, not).
5. Select the option that best completes the question or solves the problem. Relate options to the question and balance them against each other.
 - a. Answer difficult questions by eliminating obviously incorrect options first
 - b. Choose options that promote therapeutic, respectful, communication.. Avoid inappropriate, punitive responses.
 - c. Select options that relate to common needs or the population in general.
 - d. Select options that are correct without exception.
 - e. Select options that reflect good nursing judgment.
6. Don't assume any information not given. Don't read in or add any information not given.
7. Review your answers. Avoid changing answers without good reason.

III. Laboratory Classes

A. Skills

The initial introduction of each skill will be an opportunity to observe and practice new nursing skills. Information will be presented through readings, audiovisual aids and computer simulations. Instructors will provide demonstrations to small groups.

Proficiency in a skill requires independent practice and collaborative learning with fellow students. The student must expect to practice the skill a minimum of three times before testing. Additional time is available in the Learning Lab for independent practice.

Students will be required to demonstrate the skill to an instructor before performing the skill in the clinical setting. Students must meet minimum criteria to pass the Return Skills Demonstration (RSD): 100% proficiency in critical skills, no greater than two areas which require assistance by the faculty and no areas in which the student is dependent on faculty in order to complete the skill. If the student does not meet the minimum criteria on the first attempt, s/he must reschedule the RSD according to the course syllabus. Unsatisfactory performance of the same skill on the second RSD will result in course failure and will require the student to withdraw from the program.

Laboratory learning requires close contact with fellow students. Failure to demonstrate personal and professional honesty, integrity and responsibility will not be tolerated as they do not reflect nursing as a profession.

B. Lab Rules

1. All cell phones and pagers must be turned to the silent mode in the lab. Cell phone conversations must be taken outside of the Lab.
2. Eating is allowed in designated areas. No food or drink is allowed in computer areas. In order to prevent bacterial growth, all utensils and food particles must be cleaned up immediately.
3. There are computers in the Health Occupations Learning Lab for class assignments. Students must use their own computer disk. Printing from the computers is permitted but must not exceed three pages. Therefore, students may not download articles or print Nursing Quarterly Papers.
4. There are library reference materials available for writing papers or research assignments. These materials may be checked out through the Lab Technician. Any library materials that have been checked out and not returned are subject to a fee and holding of grades until the item is returned or the fee is paid.

IV. Clinical Courses

A. Attendance

On-time attendance is mandatory for all clinical courses. When unexpected situations arise that force a student to be late or prevent a student from attending, the student must report the absence to the instructor and the assigned clinical unit PRIOR to the beginning of the clinical shift.

Greater than two absences in a row in N111, N113, N115 and N211 or more than one absence in N194 or 213 may result in inability to meet the course objectives. All community clinical hours must be attended.

B. Assignments

Written assignments are critical tools both for learning and for evaluation of progress. Realistic deadlines for assignments are established, and must be met. Failure to complete written assignments within the designated time limits will be reflected in the Clinical Outcomes and Quarterly Evaluation Criteria.

If the student does not complete assignments necessary to meet the clinical course criteria, the clinical instructor, after consultation with the nursing faculty will assign either a grade of “no credit” (failing and dismissal from the nursing program) or “I” (incomplete, with deadlines for completion and satisfactory performance in the following quarter). A grade of “incomplete” is assigned only to the student who was unable to complete one or two assignments due to personal circumstances and was otherwise in good standing.

C. Selecting Your Clients

After the first quarter, selection of your client(s) must be done prior to your scheduled clinical shift. Time should be allowed to gather and research the required data for your Client Care Sheet(s). Communication of your client selection must be documented according to the procedure discussed in orientation.

It is expected that you will select a variety of clients, with diagnoses consistent with what you are studying in theory classes (whenever possible), as well as clients who need medications or procedures which correspond to lab skills for the quarter. Avoid selecting clients who have just been transferred out of the Intensive Care Unit. A good resource for selecting a client would be the charge nurse. It is also helpful to select a client who will likely be in the hospital for the two clinical days.

D. Dress Code

The HCC Nursing Program has a standardized dress code designed to promote an easily identified professional image and to maintain infection control standards. All HCC nursing students are required to abide by this dress code for any activities related to a clinical course. If modifications cannot be made immediately, the student may be required to leave the clinical setting.

1. **General Requirements:** These guidelines apply to all clinical situations, even those where a uniform is not required.

- A. **ID:** Students will purchase a picture ID badge from the college. The badge must be worn at all clinical experiences.
- B. **Hair:** Worn off the collar and arranged neatly (pulled back in a ponytail or pinned up). Beard/mustache must well groomed.
- C. **Nails:** Manicured and short-to-medium length. Pale polish only, no acrylic.
- D. **Jewelry:** Minimal, wedding band OK
- E. **Earrings/Body Piercing / Tattoos.** Per clinical site policy.
- F. **Make-up:** Minimal.
- G. **Perfume:** Absolutely no perfume/cologne of any type. Many people are allergic to the chemicals used in the fragrance; others find it offensive.
- H. **Body:** Clean and deodorized to convey cleanliness and to avoid offending others in physically close situations.
- I. **Gum:** Nursing students may not chew gum during clinical.

2. **Clinical Uniform:**

The following describes the official HCC uniform. The uniform may not be worn for outside employment. Students are required to purchase two uniforms so change between clinical days is easier.

*Only uniforms purchased from the specified vender may be worn.

Purchased at any uniform shop:

- A. **Shoes:** All-neutral-tone, solid color shoes (no stripes). No clogs, sandals, canvas tennis shoes or open-back shoes.
- B. **Sweaters:** Students are not to wear their own sweaters with the college uniform. If a t-shirt or turtleneck is needed under the uniform for warmth, it must be plain white.
- C. When in the hospital to select clients, students must dress in conservative street clothes with college uniform lab coat/cardigan over them and photo ID or wear full uniform with photo ID.

E. **First Aid and C.P.R. Cards**

Students must have a current adult, infant, and child CPR card on entry into the program. They must also have a current 1st Aid card or LPN license. First Aid (LPN license) and CPR must be current throughout the Nursing Program. Proof of this must be submitted to the Health Occupations Secretary BEFORE starting the program.

F. **Licensed Practical Nurses**

Licensed Practical Nurses must maintain a current and unencumbered license while enrolled in the Nursing Program.

G. **Student Safety**

Clinical experiences may begin in the morning or evening hours. Students are reminded to use all precautions in traveling between clinical sites and cars in the dark. No student should ever leave the hospital alone; security guards are available at the clinical agency for escort, if necessary.

H. **Clinical Misconduct**

1. Giving untruthful information or reasons for not attending a clinical experience.
2. Coming to the clinical area while under the influence of drugs, including alcohol.
3. Engaging in or attempting to engage in sexual misconduct with a current client, family member, or colleague.
4. Breaking something that belongs to a client and not reporting it.
5. Failing to report an incident involving actual or potential harm to a client.
6. Taking hospital equipment or clothing to use at home.
7. Eating food intended for or belonging to a client.
8. Taking or using medications from the hospital for personal use.
9. Recording that medications, treatments or observations were done when they were not, or recording they were done before their actual completion.
10. Discussing clients in public places, (e.g., within hearing of clients or family, at the nursing desk, in the cafeteria,) or with personnel who have no involvement in the care of the client.
11. Failing to provide verbal and documented information to a client about treatments, medications or recommended health behaviors.
12. Failing to question an order when in doubt.
13. Violating client confidentiality, including copying medical records or printing computerized medical records.

I. **Safe Clinical Practice:**

The faculty will provide a safe laboratory and clinical practice for the student. Laboratory practice and evaluation may require activities that necessitate physical interactions between students.

Parenteral injection practice will take place only in the Health Occupations Learning Lab. Injections will be done on models only. In the clinical setting instructor observation is required for every parenteral injection until the student is evaluated to be independent. Medications administered by intravenous push may only be administered with the instructor's direct supervision.

Nursing students are never to administer chemotherapy, experimental drugs or medications by epidural route. Nursing students are not to administer blood or blood products. Nursing students are not to do venipuncture. Nursing students are not to accept verbal or telephone physician orders.

J. Unsafe Clinical Practice

The intent of this policy is to recognize the program's responsibility to educate its students while providing safe client care. Any student who engages in unsafe clinical practice will be asked to leave the clinical setting, will be in jeopardy of failing the course and will be subject to possible program dismissal.

Unsafe practice is any behavior that places, or has the potential to place, the client in imminent physical or psychosocial danger. Psychosocial injury includes, but is not limited to, psychological, sociological, cultural, ethnic and spiritual trauma. Examples of unsafe clinical practice include, but are not limited to:

1. Failure to assess or evaluate a client's status.
2. Failure to institute nursing interventions as required by the client's condition.
3. Failure to document accurately or intelligibly.
4. Falsifying client care records.
5. Failure to perform actions in a manner consistent with school, hospital or clinical policy.
6. Causing or contributing to the physical or emotional abuse of the client.
7. Delegating inappropriately or failure to supervise those to whom nursing activities have been delegated.
8. Performing activities for which the student is unprepared; failure to obtain adequate instruction or supervision in the performance of activities.
9. Violating the confidentiality of information concerning the client, except where required by law or for the protection of the client.
10. Appropriating for personal use medications, supplies, equipment or personal items of the client, agency, or institution.
11. Attending clinical while impaired by any mental, physical or emotional condition to the extent the student may be unable to practice with reasonable skill and safety.
12. Abandoning clients by leaving a nursing assignment.
13. Attending clinical while impaired by alcohol or drugs.
14. Conviction of a crime involving physical abuse or sexual abuse relating to the practice of nursing.
15. Removing copies of the client medical records or medication records from clinical facility.

The Clinical Outcomes and Quarterly Evaluation Criteria

Clinical learning in nursing education is focused on the progressive acquisition of a wide range of skills, abilities and attitudes toward the achievement of clearly defined competencies. The HCC Nursing Program emphasizes independent learning and individual responsibility for one's own progress. The student is primarily responsible to know the clinical objectives, plan actions to achieve the objectives, and establish times with the instructor to demonstrate achievement of the objectives. Evaluative feedback is shared with the student throughout the clinical course and in the final conference.

1. Description

The HCC Nursing Program clinical evaluation process is based on the Clinical Outcomes and Quarterly Evaluation Criteria (see Appendix) which was created specifically for this program's curriculum. The tool includes six sections, each headed by a major program outcome, as follows:

- I. Critical Thinking
- II. Communication Abilities
- III. Therapeutic Nursing Interventions
- IV. Interpersonal Working Relationship Skills
- V. Lifelong Learning

VI. Professionalism

Within each section are clinical outcomes that are to be achieved by the end of the program. Each of the clinical outcomes is defined by behavioral criteria that provide the basis for evaluation. While the outcomes remain the same throughout the program, the quarterly criteria are specific and leveled for each sequential clinical course. The accompanying evaluation scale rates student performance according to the amount of direction, guidance and correction needed by the student.

2. **Distribution**

The instructor receives one Clinical Outcomes and Quarterly Evaluation Criteria for each student, which serves as the official record. The official copy is placed in the student's academic file at the end of the course.

3. **Formative (Weekly) Evaluation Process**

Throughout the clinical course, the instructor rates each student weekly on the objectives for which the instructor has obtained evaluation data. The instructor brings each student's Clinical Outcomes and Quarterly Evaluation Criteria, rated for the previous week, to the clinical site for review by the student. Students are urged to note their ratings, particularly those that are less than "Independent" or not rated, and focus upcoming clinical activities on those areas.

4. **Summative (Final) Evaluation Process**

At the end of the course, the instructor determines a final rating for each outcome based upon his/her professional judgment about the student's performance in relation to the evaluation criteria. The instructor and student discuss the final evaluation and review personal/specific goals for the upcoming quarter.

5. **Final Evaluation Conference Guidelines**

Instructor Responsibilities:

- a. Prepare the final evaluation based on clinical course outcomes listed in the Clinical Outcomes and Quarterly Evaluation Criteria and complete the Psychomotor Nursing Skills Record.
- b. Schedule a conference with the student following the last clinical shift.
- c. Review the student's self-evaluation and the instructor-prepared evaluation with the student, adding verbal feedback/examples as needed. Assist the student in discussing her/his performance and formulating goals/objectives for improvement in upcoming clinical courses.
- d. File the Clinical Outcomes & Quarterly Evaluation Criteria in the student's permanent academic file.
- e. Review and update the Psychomotor Nursing Skills Record with the student.
- f. Communicate with the lab instructor if student demonstrates a deficit in a previously acquired skill.

Student Responsibilities:

- a. Review Clinical Outcomes & Quarterly Evaluation Criteria noting your progress toward satisfactory levels of performance in each area.
- b. Spend some time reviewing your experiences during this clinical course and your performance in relation to the outlined outcomes as well, as the personal goals you established for yourself at the beginning of the clinical course.
- c. Complete the Quarterly Goals/Self-Evaluation sheet in advance of your final conference.

K. **The Psychomotor Nursing Skills Record**

1. **Description:**

This document (see Appendix) itemizes the technical skills that should be acquired during each quarter of the program. Space is provided for rating student abilities in the performance of each skill. Evaluation of student ability is based on a scale that rates the quality/expeditiousness of skill performance and the degree of instructor assistance required by the student to complete the skill safely and accurately.

2. **Distribution:**

One official Psychomotor Nursing Skills Record for each student is placed in the clinical folder at the beginning of the program. At the end of the sixth quarter, (3rd quarter for LPN-RN students) the official copy of the Psychomotor Nursing Skills Record will be placed in the student's permanent file. Copies of this document are available to the student for potential employers to verify student skill acquisition. Students must request in writing a copy of the Skills Record.

3. **Skills Evaluation Process:**

During clinical experiences, evaluation is ongoing. Students are responsible to select clients who require the skills they need to have evaluated and to set up times for evaluation by the instructor. Students must first demonstrate to the instructor that they have satisfactorily performed the skill in the lab.

In addition, there are several issues related to skills performance which are evaluated within the Clinical Outcomes and Quarterly Evaluation Criteria, including:

- a. Compliance with HCC-defined and hospital-defined procedures.
- b. Remaining within own parameters of knowledge and ability.
- c. Properly obtaining instructor supervision or evaluation.
- d. Demonstration of growth in independent functioning.

No complex skill may be done for the first time clinically without the instructor being present. There are some skills that always require an instructor's presence such as IV push medications. The clinical instructor will clarify any specific instructions. Skills rated below "Independent" require an instructor's continued supervision.

L. **Learning Contracts**

The Learning Contract (see Appendix) results from an assessment of the student's performance revealing some deficits. While the student satisfactorily meets many course objectives, there are some that require the student's immediate attention and improvement in order to meet the level at which the student should be performing. This contract is established to clarify specific problem areas and direct the student's learning.

When placed on a Learning Contract, the student and instructor meet privately to review the contract, establish a plan and review deadlines. A copy of the contract is given to the student.

If the criteria are met within the designated time frame, the contract is removed. If the criteria are not met, the student will progress to a Probationary Contract (see Appendix). A student may continue on a Learning Contract into the next quarter(s). If a second contract is required for the same issue, it must be a Probationary Contract.

M. **Probationary Contracts**

The nursing faculty uses a Probationary Contract when the student demonstrates significant deficits. A Probationary Contract may be established even if a Learning Contract has not been used previously.

When placed on this contract, the student and the instructor meet privately to review the contract, establish a plan and review deadlines. A copy of the contract is given to the student. In general, the contract emphasizes specific objectives that are not currently being met.

If the criteria are met in the designated time frame, the contract is removed. If the criteria are not met, program dismissal will result. Only one Probationary Contract may be established per student during the Nursing Program.

N. **Program dismissal**

Program dismissal may result even if the student has not had a prior Learning or Probationary Contract.

DISMISSAL AND RE-ENTRY PROCEDURES

I. Program Withdrawal/Dismissal

Students who leave the program generally fall into one of the following three categories: **1)** meeting course objectives but are leaving for health or personal reasons, **2)** voluntary withdrawal due to imminent failure or **3)** dismissal due to course failure, violation of program policies, failure to adhere to ethical standards or failure to meet the conditions of a Probationary Contract. Students who leave for health or personal reasons usually are offered re-entry, contingent on time elapsed since withdrawal and available positions.

All nursing theory, laboratory, clinical and self-managed learning courses are interdependent, sequential and concurrent; therefore, when a student fails a program-required course, the student must withdraw from the program. If the failure occurs within two weeks of the end of the quarter the student may be allowed to complete other courses at the discretion of the faculty.

Dismissal occurs if the student:

- A. Achieves, or will achieve, less than 2.5 in a required nursing theory course.
- B. Fails a clinical or laboratory course, with or without a learning or probationary contract. Withdrawal from or failure of a clinical course may occur for many reasons, including, but not limited to the following:
 - 1. Failure to meet clinical course objectives
 - 2. Violation of program policies
 - 3. Failure to adhere to ethical standards
 - 4. Failure to satisfactorily meet the conditions of a Probationary Contract
- C. Fails a self-managed learning course and/or a Distance Learning course.

II. Exit Interview

When a student leaves prior to program completion, an exit interview with the Nursing Program Coordinator is required to review the student's options. A letter summarizing this interview will be mailed to the student and a copy placed in the student's academic file. A deadline for re-entry requests will be made at this time. Not all students are eligible to request re-entry.

An announcement will be made at the next possible theory class after the exit interview. "the nursing faculty wants to let you know that _____ is no longer in the program."

III. Re-entry Policy

The nursing faculty subscribes to the philosophy that failure in an initial attempt does not negate the possibility of eventual program success.

The purpose of this policy is to identify the elements that form the basis for a decision of whether or not to offer and/or grant re-entry to a student who has left the Nursing Program. Fairness to students and providing for client safety are prime considerations in establishing this policy. While certain criteria can be elucidated and prioritized, the final decision is based on the faculty's professional judgment in both the educational and nursing arenas.

IV. Re-entry Process

Following the exit interview, the student must submit a written request to re-enter the program. The Nursing Program Coordinator must receive the letter by the date established during the exit interview or in the letter summarizing the exit interview. The student must explain the reasons for failure and set forth a detailed plan to increase the chance of success if re-entry is granted. Students who fail on re-entry after a previous course failure are not eligible for re-entry.

V. **Granting or Denying Re-Entry**

After the request letter is received, the nursing faculty may elect to meet with the student to discuss the re-entry request. The nursing faculty review the student's file and either grant or decline to offer re-entry. If re-entry is offered, the faculty establishes an individualized schedule of re-entry requirements that is sent to the student. **Re-entry is entirely at the discretion of the faculty.**

The faculty considers a request for re-entry at the earliest possible faculty meeting after receipt of the letter of request from the student. Students who leave for health or personal reasons usually are offered re-entry, contingent on time elapsed since withdrawal and available positions. The following factors, listed in priority, are considered in deciding whether or not to grant re-entry to a student who withdrew while performing unsatisfactorily or who was dismissed due to course failure or violation of program policies:

1. No more than two years have elapsed since the student left the program
2. According to the faculty's professional judgment, the student demonstrates potential for success in the program and the profession.
3. The student shows insight into problems resulting in unsuccessful performance.
4. The student provides a written plan for remedying areas of failure.
5. Clinical failure was not related to significant safety issues involving judgment.

Based on these criteria, a decision is made either to grant the re-entry request, or to deny the request. If the request for re-entry is granted, the faculty then determines what re-entry conditions must be met; for example, remedial coursework, counseling for anxiety management, or repetition of previously completed nursing courses.

If the student agrees to comply with the re-entry conditions, the student may re-enter the program, **if space is available**. If the student elects not to comply with the re-entry conditions, re-entry would not be granted.

Summary

1. Student re-entry is predicated on space availability.
2. Students who re-enter the program must comply with program policies applicable to the year in which they re-enter.
3. Failed or incomplete courses must be retaken for credit.
4. The student may elect to re-take a course for credit to achieve a higher grade.
5. Repetition of theory courses completed prior to the quarter in which the student left the program may be required if the faculty believe that will improve student success.
6. The required re-entry clinical coursework depends upon the level of student ability at the time of program dismissal. A complete clinical course may be required. The student is responsible for updating and successfully demonstrating skills and nursing process in the Health Occupations Learning Lab prior to clinical experiences.
7. Students readmitted after a **clinical course failure must retake the clinical course and pass the clinical objectives at a completely satisfactory level in order to proceed. No Probationary Contract** will be allowed in the re-entry practicum or any future practicum.

If the student agrees to comply with the re-entry requirements, she/he must respond in writing and sign the letter of re-entry requirements. The student is responsible to set up a conference with the Nursing Program Coordinator by a specified date prior to the re-entry quarter so that proper planning can occur. Failure to contact the Nursing Program Coordinator as required automatically cancels all re-entry arrangements.

LETTER OF REFERENCE INFORMATION

One important aspect of the job search is gathering letters of reference. Potential employers generally request two letters of reference, at least one of which is usually written by a nursing instructor who has observed the student's clinical performance. Students who are employed as a nursing assistant, nursing technician or LPN should obtain one letter of reference from an immediate supervisor. In general, letters may be written "To Whom It May Concern" and be hand-carried to the potential employer when applying for a position.

The Highline Nursing Faculty will, at their discretion, prepare honest and personalized letters of reference. Students should check with the places where they intend to apply to see if a specific form of reference letter is required, or if certain student abilities must be addressed in the letter. To accommodate the many requests for letters, the following guidelines have been established:

1. Requests for letters of reference must be received in writing by the faculty member **TWO WEEKS** prior to when they are needed.
2. In general, it is best to seek a letter of reference from the **MOST RECENT CLINICAL INSTRUCTOR**. Theory instructors with whom the student has had extensive contact are another good source; however, they may not be able to comment on the student's clinical performance.
3. Remember that letters are based on the student's performance in school. Dependability, punctuality, integrity, leadership potential and ability to function as team members are areas that employers are interested in, as well as academic and clinical competence.

STUDENT GUIDELINES FOR PAPERWORK

DESCRIPTION

The Client Care Sheet (CCS) is a method of applying the Nursing Process in the provision of care to clients. The written assignment also provides a means for instructors to evaluate accuracy of client care and student knowledge.

COMPLETION OF THE CCS

Scholarly work requires that you use sources to give credibility to your writing, to ensure accuracy of your factual content, and to give a knowledge base for you to build on in your critical application of the material for your specific paper. However, you need to integrate the sources into your own writing, not merely lift the sources—we are not asking you to merely compile content from different authors into one edited work. In order to do this without plagiarizing another author’s work, you need to give credit to your sources.

One obvious way to use resource materials is to directly quote another author’s work. Using quoted material should be done sparingly. Quotations should be used for emphasis (e.g., a powerful statement made by an expert in the field), to present material from an author that you will elaborate on (e.g., applying the quoted material to your specific client, arguing for or against the author’s position), or when there is no other way to state or rephrase the information without substantially and negatively altering its meaning. If you use a quotation, you need to copy the original material exactly and enclose it in quotation marks (“...”). If you need to alter the quoted material in some way, you need to indicate your editing: replace deleted words/phrases with ellipses (...), enclose altered words in [brackets], and follow grammatical or spelling errors with (sic) to indicate you recognize the original author’s error.

As much as possible, you need to paraphrase or adapt other people’s writing to integrate it into your own. There are several ways to do this to avoid plagiarism but also to retain accuracy of the original facts and ideas. One way is to use multiple sources—read pathophysiology content from two or more texts before writing your paper to expose you to multiple ways of presenting the material. Another way is to take brief notes on the key points from your source and write your paper from your notes, not the actual source. You need to substantially alter the wording, phrasing, and sentence and paragraph structure in order to avoid violating the spirit of the copyright/fair use laws that protect individuals’ original work.

References should be cited whenever you have closely used the source for a given sentence, section, or paragraph, even if you have not directly quoted the material. Technical information, statistics, and lists are examples of information that should be referenced. If you have questions about using and citing references, you should speak to your instructor, or seek out campus writing resources (tutors, writing texts) to help you with this.

Formal papers require a bibliography list and citations in the text immediately following direct quotations or very close paraphrases. Less formal paperwork (e.g., Client Care Sheet/Nursing Care Plan) does not require separate bibliography lists; however, sources still must be cited to avoid plagiarism.

Requirements For Nursing Quarterly Paper (NQP)

The NQP is a formal college-level written assignment. It must be word-processed, double-spaced, grammatically correct, and well organized. Phrases and/or bullets may be used in the Assessment and Plan of Care sections only. American Psychological Association (APA) format must be used for all formal papers. Reasonable due dates for the NQPs are established and communicated early in the quarter.

CLINICAL CONFERENCE FORMAT

PURPOSES

1. To increase discussion/application of concepts presented in theory courses as they pertain to clinical experiences.
2. To increase understanding and application of group dynamics principles.
3. To develop group interaction and leadership abilities.
4. To develop confidence in oneself as an independently functioning nurse who initiates and contributes to professional interaction in the clinical/work setting.

DESCRIPTION

1. At least once each clinical week, the instructors and students will meet for a clinical conference. The time and place will be arranged by the instructor and communicated to all students ahead of time. Students are expected to organize their activities so that they can attend and be on time to all conferences.
2. These conferences should be a vehicle for student interaction. The clinical instructors are present to assist students in developing their own process. This is a time for peer interaction and clinical learning. The conferences will be interesting and informative, depending on what the students put into them.

APPENDICES

FUNCTIONAL HEALTH PATTERNS

- 1) **Health Perception—Health Management:** the client’s awareness of personal health and well-being, health practices, understanding of how health practices contribute to health status, and relevance to current activities and future planning.
- 2) **Nutrition—Metabolic:** the client’s description of food and fluid intake, and relationship of intake to metabolic needs; includes indicators of ineffectual nutrition or metabolic functioning. Problems in this pattern may arise from a physiologic, psychological, or sociologic base.
- 3) **Elimination:** the description of all routes and routines of the client’s bowel and bladder functioning; includes any aids to excretion.
- 4) **Activity—Exercise:** the client’s overall activities of daily living, self-care, and recreational activity. Because the individual’s energy level and mobility are affected by proper functioning of the neuromuscular, cardiovascular, and respiratory systems, nursing diagnoses related to dysfunctions in these systems are included. Emphasis is on activities of major importance to the client.
- 5) **Sleep—Rest:** the client’s 24-hour routine of rest, relaxation, and sleep. The pattern is based on a 24-hour day and looks specifically at how an individual rates the adequacy of sleep, rest, and relaxation in terms of both quantity and quality.
- 6) **Cognitive—Perceptual:** the client’s cognitive functional performance and sensory performance. Includes the adequacy of sensory modes, such as vision, hearing, taste, touch, and smell, and the compensation or prostheses used for disturbances. Reports of pain perception and how pain is managed also are included. Cognitive functional abilities such as language, memory, and decision-making are addressed. The cognitive-perceptual pattern deals with thought, thought processes, and knowledge, as well as the way the patient acquires and applies knowledge. A major component of the process is perceiving, which incorporates the interpretation of sensory stimuli.
- 7) **Self-Perception—Self-Concept:** the client’s self-assessment regarding attitudes, ability, worth, and verbal and nonverbal communication. As the nurse interacts with the client, the most important knowledge the client contributes is self-knowledge. It is this knowledge that determines the individual’s manner of interaction with others. This knowledge base is most often labeled “self-concept”. One’s self-concept is composed of beliefs and attitudes about the self, body image, self-esteem, and abilities.
- 8) **Role—Relationship:** the client’s assessment of all roles, related responsibilities, and interrelatedness between these factors and other people. Includes perception of the major roles and responsibilities in their current life situation. Satisfaction or disturbances in family, work, or social relationships and responsibilities related to these roles are included.
- 9) **Sexuality—Reproduction:** the client’s satisfaction or dissatisfaction with their sexuality; includes any dysfunction in sexual reproduction.

- 10) **Coping—Stress Tolerance**: the client's effectiveness or non-effectiveness in dealing with difficult situations, how these situations are handled, the client's reaction to the situation, and support available. Describes general coping pattern and effectiveness of the pattern in terms of stress tolerance.
- 11) **Value—Belief**: ideas held in esteem by the client; guiding principles for overall lifestyle. This pattern looks specifically at how the individual not only retains faith and enhances his or her value-belief system in times of stress, but also at how physical illness can interfere with the individual's ability to practice religion and maintain beliefs, values and spiritual life. Also considers how a person's judgment, interpretation of, and maintenance of faith can affect or interfere with health care practices.

Sample Student Schedule for LPN-RN Courses

| Fall | Winter | Spring |
|--|--|--|
| N224 LPN-RN Issues & Trends 2 credits N192 LPN-RN Core Concepts 4 credits N193 LPN-RN Lab Practicum 2 credits N194 LPN-RN Nursing Practicum 2 credits | N211 Nursing Practicum 3 credits N220 LPN-RN Medical-Surgical Nursing I 5 credits N221 LPN Maternal/Child 2 credits | N214 LPN-RN Community-Based Practicum 1 credit N233 LPN-RN Psych. Mental Health Nursing 3 credits N250 LPN-RN Community-Based Nursing 3 credits N225 LPN-RN Medical-Surgical II 3 credits |

Sample Student Schedule for Nursing Program- 2 year students

| Fall | Winter | Spring | Fall | Winter | Spring |
|--|---|--|--|---|---|
| N101 Core Concepts in Nursing I, 3 credits | N102 Core Concepts in Nursing II, 2 credits | N103 Core Concepts in Nursing III, 2 credits | N201 Issues and Trends I, 1 credit | N251 Community-Based Nursing, 1 credit | N202 Issues and Trends II, 1 credit |
| N121 Pharmacology in Nursing I, 2 credits | N141 Medical Surgical I, 4 credits | N142 Medical Surgical Nursing II, 3 credits | N241 Medical Surgical Nursing III, 4 credits | N231 Psychiatric Mental Health Nursing, 6 credits | N231 Psychiatric Mental Health Nursing, 6 credits |
| N131 Psychosocial Concepts I, 2 credits | N132 Psychosocial Concepts II, 1 credit | N122 Pharmacology in Nursing II, 1 credit | N211 Nursing Practicum IV, 5 credits | Or N242 Maternal Child Nursing, 5 credits | Or N242 Maternal Child Nursing, 5 credits |
| N111 Nursing Practicum I, 3 credits | N113 Nursing Practicum II, 4 credits | N115 Nursing Practicum III, 4 credits | | N212 Nursing Practicum V, 5 credits | N212 Nursing Practicum V, 5 credits |
| N112 Lab Practicum I, 2 credits | N114 Lab Practicum II, 1 credit | N116 Lab Practicum III, 1 credit | | Or N213 Nursing Practicum VI, 3 credits | Or N213 Nursing Practicum IV, 3 credits |

NECESSARY SKILLS & ABILITIES FOR NURSING STUDENTS

In order to be successful in the Highline Community College Nursing Program, a student must be able to consistently perform certain physical and mental tasks in a variety of settings. The following is a Job Description for Nursing Students that outlines these requirements.

General Job Description:

The nursing student is responsible for performing client assessment, planning care delivery, performing nursing interventions, teaching clients and family members about their medical condition and evaluating the effects of care. This includes reviewing the client's chart; assessing the client's current condition, clarifying complaints and concerns; communicating this information to the health care team and understanding and implementing physician's orders. The student will assist clients with meals, position them, transfer them out of bed, and assist with walking. Direct care includes administering medications, completing nursing procedures such as catheterization, suctioning, wound care, and responding to emergencies as they occur. This is an active, busy position requiring the ability to keep track of a large number of activities at one time.

Essential Functions:

Essential functions necessary for this program include the use of the senses to gather information (e.g., detecting color changes in the skin, hearing heart and lung sounds through a stethoscope, palpating pulses, and feeling hot/cold skin). Nursing requires the use of speech, reading, and writing to communicate with clients, families, and other health care professionals. The job will require the ability to synthesize information from a variety of sources and apply it in making decisions regarding client care. The student must have emotional stability and flexibility to function effectively in situations of stress, while placing client needs first.

Working Environment:

There are many settings in which the nursing student will gain experience; i.e., hospital, nursing home, public health, school setting, clinic or consulting role. The most physically demanding is in a hospital or skilled nursing facility setting.

Percent of Time Spent:

Standing and walking are both frequent and alternating for the entire workday. Occasional sitting is possible when taking clients' history or recording on the client's chart.

Sitting 10 % Standing 50 % Walking 40 %

Machines, Tools or Moving Equipment:

Nursing students will use a variety of medical supplies and equipment to include but not limited to: stethoscope, blood pressure cuffs, medications, Patient Controlled Analgesia (PCA) machines, IV poles, IV tubing and pumps, Continuous Passive Movement (CPM) machines, syringes, lifts, hospital beds, and bladder scanners.

While Working The Student Must:

| YES | NO |
|-----------------------------------|-----------|
| Twist----- <u>X</u> | _____ |
| Stoop/bend----- <u>X</u> | _____ |
| Squat----- <u>X</u> | _____ |
| Kneel----- <u>X</u> | _____ |
| Crawl----- <u>X</u> | _____ |
| Climb----- <u>X</u> | _____ |
| Push/Pull----- <u>X</u> | _____ |
| Grasp/ Handling----- <u>X</u> | _____ |
| Reach over shoulders---- <u>X</u> | _____ |
| Reach at waist----- <u>X</u> | _____ |
| Reach below waist----- <u>X</u> | _____ |

| YES | NO |
|-----------------------------------|-----------|
| Lifting to 10 lbs.----- <u>X</u> | _____ |
| Lifting 11-20 lbs.----- <u>X</u> | _____ |
| Lifting 21-50 lbs.----- <u>X</u> | _____ |
| Lifting over 50lbs.----- <u>X</u> | _____ |

| YES | NO |
|-----------------------------------|--------------|
| Carry to 10 lbs.----- <u>X</u> | _____ |
| Carry 11-20 lbs.----- <u>X</u> | _____ |
| Carry 21-50 lbs.----- <u>X</u> | _____ |
| Carry over 50lbs. ----- <u> </u> | <u> X </u> |

Activities

Occasional twisting while working in clients' rooms to work around tables and chairs while caring for the client.
Occasional stooping and/or bending to retrieve supplies from lower storage areas. Will push/pull a variety of medical equipment on wheels as well as clients in wheelchairs or on stretchers. Continuous grasping and handling of medical supplies, equipment, medications and client care items required for client care. Will reach full range of motion with majority of work being at waist level, with some reaching overhead to hang IV's and below waist to measure and empty drainage units.

Continuous lifting of medical supplies equipment weighing up to 25 lbs. Some assisting of 2-person lifting of clients. Identifying specific weights lifted in a transfer is difficult because it is dependent upon the amount of assistance the client is able to offer.

Continuous carrying of medical supplies and equipment weighing up to 5lbs. Some carrying of items weighing up to 25-30 lbs. Will use carts to transport.

This job may be modified: **YES** X **NO**

During each shift nursing students are assigned to perform client care that includes direct care functions and administration of medications and treatments. Lifting assistance is usually available for items that are too heavy. The student could be relieved of some emergency response duties, but would have to be prepared to administer emergency care if other personnel were not available to do so.

HIGHLINE COMMUNITY COLLEGE
Associate Degree Nursing Program

N111 CLINICAL OUTCOMES AND QUARTERLY EVALUATION CRITERIA

STUDENT _____ QTR 1st (FALL) YEAR _____

INSTRUCTOR _____ ABSENT _____

TARDY _____

AGENCY/UNIT _____

WEEKLY INITIALS:

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

Evaluation of clinical outcomes occurs weekly with summative (final) ratings at the end of the course. The clinical program outcomes are listed with detailed, leveled, quarterly criteria. A higher score on an outcome cannot be achieved until performance on all criteria related to that outcome meets that higher rating standard. Weekly ratings provide ongoing feedback to the student regarding current performance and areas in which to improve. Summative ratings reflect the instructor’s professional judgment regarding the student’s overall achievement of the outcome. Evaluation of written work is included in the rating for the week in which it was submitted. Comments on performance follow the ratings. Instructors keep the official copy and make all entries in ink. Students are required to review/initial the tool each week.

RATINGS:

- 3: Independent:** Student requires minimal guidance, cueing, or correction to perform; shows much initiative; uses instructor for validation of problem-solving in new/complex situations
- 2: Assisted:** Student requires moderate guidance, cueing, or correction to perform; shows some initiative; uses instructor for validation of problem-solving in routine/common situations and for assistance in new/complex situations
- 1: Dependent:** Student requires significant guidance, cueing, or correction to perform; shows little initiative; uses instructor for assistance in problem-solving in routine/common situations
- X: Not applicable:** Student absent; Student at observational experience; Not assessed

NOTE:

Criteria in **bold** are critical behaviors and must be assessed weekly. The remaining criteria are less frequently occurring, non-critical (but still important), or difficult to ascertain with the usual weekly assessment methods; these will be assessed at least once per rotation, based on student responses on one-time assignments—further evaluation may be done if additional evaluation opportunities present themselves.

Criteria marked with an asterisk (*) in certain quarters will be acceptable at “Assisted” level (2) at end of quarter, due to insufficient amount of theory content at that level, or historically known length of time required for practice of a certain behavior before independence can reasonably be expected.

A Learning or Probationary Contract may be established to focus the student on specific deficits. When a contract is established, the student is given a document that outlines contract terms/processes. Contract criteria include problem areas that impede progress, deficits that indicate possible course failure, or areas with insufficient data to thoroughly evaluate the student.

Formative ratings that indicate deficits may result in a clinical contract at any time. At the end of the quarter, a summative rating of less than “Independent” (or “Assisted” for any criterion marked with an asterisk { * }) on three to five critical behaviors (criteria in bold type), or four to six non-critical behaviors (in regular type) will result in a clinical contract. A summative rating of less than “Independent” (or “Assisted” for any criterion marked with an asterisk { * }) on six or more critical behaviors (criteria in bold type), or seven or more non-critical behaviors (in regular type) will result in a clinical course failure.

QUARTERLY ASSIGNMENTS:

Must each be completed at a satisfactory level or redone for credit in clinical course:

- Weekly CCS
- Interaction Analysis
- Clinical Worksheets
- Quarterly Goals/Self-Evaluation
- Clinical Issues Report

N111 CLINICAL EVALUATION CRITERIA

I. CRITICAL THINKING

A. Uses appropriate thinking skills to effectively define and solve problems

1. Gathers appropriate information to support basic clinical problem-solving

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

B. Applies specific knowledge and skills to various clinical situations with accurately stated rationale

1. Defines client medical diagnose(s), pathophysiology and identifies relevant symptoms
2. Identifies treatments and nursing procedures for client
3. Recognizes age related changes and their implications for specific client populations

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

C. Performs analysis of data: determines relevancy, critiques information and ideas, identifies relationships, draws conclusions, and conducts evaluations

- *1. Identifies expected assessment findings from textbook/references
- *2. **Identifies normal and abnormal findings for vital signs**
3. Demonstrates awareness of possible interactions between acute and chronic conditions
4. Observes and critiques performance of Medication Nurse

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

II. COMMUNICATION ABILITIES

A. Demonstrates proficiency in the English language and health care terminology

- 1. Utilizes correct grammar and spelling in written and verbal communication**
- 2. Uses basic medical terminology and approved abbreviations in client charting and assignments**

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

B. Communicates with clarity, a sense of purpose, congruence between verbal and nonverbal messages, and respect for others

- *1. **Demonstrates ability to communicate with clients, families, and other health care providers**
2. Interacts with clients in a goal-directed manner
- 3.. **Uses therapeutic communication appropriately with clients**
4. Identifies possible discrepancies between verbal and nonverbal communication in self and others
5. **Displays courtesy and respect in interpersonal interactions**

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

N111 CLINICAL EVALUATION CRITERIA (CONTINUED)

- C. Uses technology as an aid for written communication
 1. Uses word processing to complete written assignments

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

III. THERAPEUTIC NURSING INTERVENTIONS

- A. Uses the nursing process (assessment, diagnosis, planning, implementation, and evaluation) as a framework for delivery of care to clients in various settings
- *1. **Obtains client history from medical record and client interview**
 - 2. **Performs basic physical assessments**
 - 3. **Implements facility-established plan of care by performing approved basic care skills**

*

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

- B. Demonstrates proficiency in technical knowledge and skills, and use of equipment.
- 1. **Performs approved skills safely**
 - 3. **Safely uses equipment in providing client care**

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

- C. Displays caring behaviors in interactions with clients, such as providing individualized care, showing respect for the diversity of others, being supportive, and promoting maximum independence and wellness
- 1. **Assesses factors that influence delivery of client care: cultural background, religious beliefs, personal values, health beliefs and practices, emotional response, developmental issues, lifestyle, socioeconomic status, and support systems**
 - 2. **Provides care that promotes dignity, comfort, and coping mechanisms of client**
 - 3. **Identifies strategies to keep client environment organized and safe**
 - 4. **Interacts appropriately for client developmental and knowledge level and in consideration of client health beliefs**

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

N111 CLINICAL EVALUATION CRITERIA (CONTINUED)

- D. Uses a sound knowledge base as the foundation for delivering care
1. **Uses appropriate resources when delivering care**
 2. **Performs only skills that have been successfully evaluated in the laboratory**

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

IV. INTERPERSONAL WORKING RELATIONSHIP SKILLS

- A. Establishes and maintains effective working relationships with others
1. Identifies tasks from client care assignment that could be delegated
 2. Differentiates between effective and ineffective working relationships
- B. Uses collaborative skills, such as teamwork, advocacy for the client, interdisciplinary referrals, and coordination with other health care providers, in providing goal-oriented care
1. **Clarifies client treatment plan with staff RN and other available personnel**
 - *2. Advocates for client by contributing information to health care team
 3. Seeks out opportunities to assist others
 4. **Notifies instructor or staff RN when care requires additional personnel**

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

- C. Organizes and prioritizes care for the individual and for groups of clients
1. **Completes required care on time for 1 client**
 2. Discusses staff organizational methods for completing care delivery

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

- D. Uses appropriate techniques in conflict management and resolution with individuals and in group dynamics
1. Acknowledges conflict when it arises
 2. **Participates actively in group discussions during clinical conferences**

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

N111 CLINICAL EVALUATION CRITERIA (CONTINUED)

- E. Provides for continuity and coordination of care across the health care continuum
1. Identifies where client will go upon discharge
 2. Identifies criteria for client readiness for discharge
 3. **Reports client care situations beyond own skill level to RN or instructor**
 - *4. **Written documentation and oral reports to instructor and staff are clear and accurate**
 5. **Coordinates any time off unit with staff RN, and reports off to staff RN whenever leaving unit**
 6. Identifies contributions of non-nursing members of health care team to client outcomes

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

V. LIFELONG LEARNING

- A. Effectively uses resources, including technology, to access information
- *1. **Gathers data from a variety of resources which are current, reliable, and professionally respected**
 2. Properly documents and credits sources of information as appropriate

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

- B. Demonstrates self-direction in the assessment of personal needs and abilities, developing a plan for meeting own needs, and applying previous knowledge to current situation
- *1. Engages in realistic self-assessment of strengths and areas for continued growth
 - *2. **Establishes and works toward goals relevant to knowledge base and performance level**
 - *3. **Applies concurrent theory content to clinical situation**

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

- C. Seeks and incorporates feedback from others to foster professional development
- *1. **Demonstrates integration of feedback from instructor and staff**

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

VI. PROFESSIONALISM

- A. Adheres to the legal and ethical standards of the profession
1. **Abides by school, agency, and state policies and standards of care and behavior**
 2. Identifies possible legal and ethical dilemmas and relevant legal standards and ethical principles

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

N111 CLINICAL EVALUATION CRITERIA (CONTINUED)

B. Demonstrates personal responsibility: accountability for own actions, completion of assignments, performance within limitations of personal abilities and scope of practice, self-discipline

1. **Completes client care and academic assignments by established deadlines**
2. **Limits actions to those on par with personal knowledge level, skill experience and training, and seeks assistance appropriately**
3. **Is self-motivated in seeking learning opportunities and completing assignments**
4. **Comes adequately prepared for clinical**

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

C. Engages in behaviors that promote self-care

1. Recognizes risk factors for professional burnout
2. Identifies strategies to prevent professional burnout

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

D. Maintains standards of care to promote quality of process and outcomes

1. Identifies facility standards that promote quality nursing care

| 1 | 2 | 3 | 4 | 5 | SUM |
|---|---|---|---|---|-----|
| | | | | | |

VII. INDIVIDUALIZED OBJECTIVES

This space is for the objectives written by the student on the Quarterly Goals/Self-Evaluation form. Please enter the goals here and rate them weekly.

- A. _____
- B. _____
- C. _____
- D. _____

| | 1 | 2 | SUM | 3 | 4 | SUM |
|----|---|---|-----|---|---|-----|
| A. | | | | | | |
| B. | | | | | | |
| C. | | | | | | |
| D. | | | | | | |

HIGHLINE COMMUNITY COLLEGE
Associate Degree Nursing Program
PSYCHOMOTOR NURSING SKILLS RECORD

STUDENT NAME _____ **GRADUATION YR** _____

INSTRUCTOR/SITE:

QTR 1 _____ **QTR 2** _____

QTR 3 _____ **QTR 4** _____

QTR 5 _____ **QTR 6** _____

This document serves as the official record of skill acquisition and performance in the clinical area. Evaluation of skill performance is ongoing throughout the nursing program. The rating scale is based on quality and expediency of skill performance and degree of supervision required to perform the skill properly. Instructors provide the minimal cues needed to assure that the skill is performed safely and accurately.

Performance Ratings (all qualities must be met to achieve rating):

- I = Independent** Safe; accurate; skillful; confident. Completes skill efficiently, able to identify own errors and self-correct. Uses instructor only for validation of problem-solving.
- A = Assisted** Safe; accurate; somewhat skillful, but not confident. Skill completion is inefficient, unable to identify own errors or self-correct. Uses instructor for reassurance, redirection.
- D = Dependent** Unsafe; inaccurate; unskilled; uncoordinated; inefficient. Unable to perform skill without continuous direction from instructor.
- Obs = Observed** Student was able to observe procedure, or discuss with clinical instructor, but unable to demonstrate/practice skill.

NOTE: Evaluation of the student's overall progress in skills acquisition is made in the Clinical Outcomes and Quarterly Evaluation Criteria.

Overview of process:

One copy of this document is issued per student for the duration of the program. During clinical experiences, instructors keep the document for each student, recording skill performance evaluations as they occur. **Students may review or request a copy of their official document at any time, but may not make any marks on it.**

The student is responsible to:

- 1) Complete lab evaluation requirements by established deadlines;
- 2) Seek experiences that will provide opportunities for skill acquisition;
- 3) Obtain instructor or contact RN supervision prior to initial clinical performance of a skill and for any skill rated “assisted” or “dependent;”
- 4) Make arrangements for instructor evaluation of skill performance;
- 5) Make arrangements for instructor supervision for all IV push medications;

The instructor is responsible to:

- 1) Assist and support student in developing technical and assessment skills;
- 2) Clarify which skills must be observed by instructor only (not staff);
- 3) Evaluate skill performance, using rating scale and appropriate cue level;
- 4) Share evaluation outcome (rating and feedback) with student;
- 5) Maintain official skills record, with final entries initialed and rated in ink.

| SKILLS | 1 | 2 | 3 | 4 | 5 | 6 |
|--------------------------|----------|----------|----------|----------|----------|----------|
| Ambulation* | | | | | | |
| Bedmaking: | | | | | | |
| Occupied* | | | | | | |
| Unoccupied* | | | | | | |
| Bed Pan | | | | | | |
| Blood Glucose Monitoring | | | | | | |
| Catheter Care | | | | | | |
| Catheterization: | | | | | | |
| Female* | | | | | | |
| Male* | | | | | | |
| Chest Tubes | | | | | | |
| Dressing Changes | | | | | | |
| Dry Dressing* | | | | | | |
| Wet-to-dry Dressing* | | | | | | |
| Documentation | | | | | | |
| Elastic Hose* | | | | | | |
| Enema* | | | | | | |
| Feeding an Adult Patient | | | | | | |
| Handwashing* | | | | | | |
| Heat and Cold | | | | | | |
| Hygiene: | | | | | | |
| Bedbath* | | | | | | |
| HS Care | | | | | | |
| Newborn Bath | | | | | | |
| Oral Care | | | | | | |
| Intake & Output | | | | | | |
| Irrigations: | | | | | | |
| Nasogastric* | | | | | | |
| Wound* | | | | | | |
| Other | | | | | | |
| IV Therapy: | | | | | | |

| SKILLS | 1 | 2 | 3 | 4 | 5 | 6 |
|--------------------------------------|----------|----------|----------|----------|----------|----------|
| Bag Change* | | | | | | |
| Blood Products | | | | | | |
| Central Lines* | | | | | | |
| Discontinue IV* | | | | | | |
| Dressing Change* | | | | | | |
| Drip Rate* | | | | | | |
| Heplock* | | | | | | |
| IV Push (always requires instructor) | | | | | | |
| Piggy Back Meds | | | | | | |
| Pumps | | | | | | |
| Site Assessment | | | | | | |
| TPN | | | | | | |
| Tubing Change* | | | | | | |
| Mechanical lifters | | | | | | |
| Medications: | | | | | | |
| Eye Drops | | | | | | |
| Inhaler | | | | | | |
| Infant Meds | | | | | | |
| Intradermal | | | | | | |
| Intramuscular* | | | | | | |
| Nasogastric/PEG* | | | | | | |
| Nebulizer | | | | | | |
| Oral* | | | | | | |
| Subcutaneous* | | | | | | |
| Suppository | | | | | | |
| Topical | | | | | | |
| Nasogastric Intubation* | | | | | | |
| Nasogastric/PEG Feeding* | | | | | | |

| SKILLS | 1 | 2 | 3 | 4 | 5 | 6 |
|--------------------------------|----------|----------|----------|----------|----------|----------|
| Nasotracheal Suctioning* | | | | | | |
| Ostomy Care* | | | | | | |
| Oximetry | | | | | | |
| Physical Assessment* | | | | | | |
| Positioning* | | | | | | |
| Range of Motion* | | | | | | |
| Restraints* | | | | | | |
| Sequential Compression Devices | | | | | | |
| Specimen Collection: | | | | | | |
| Urine | | | | | | |
| Other | | | | | | |
| Sterile Technique* | | | | | | |
| Tracheostomy Care* | | | | | | |
| Tracheostomy Suctioning* | | | | | | |
| Traction | | | | | | |
| Transferring* | | | | | | |
| Urinal | | | | | | |
| Vital Signs | | | | | | |
| TPR* | | | | | | |
| B/P* | | | | | | |
| | | | | | | |
| | | | | | | |

Highline Community College
Associate Degree Nursing Program
LEARNING CONTRACT

STUDENT _____ **QTR OF PROGRAM** _____

INSTRUCTOR _____ **DATE** _____

PURPOSE

Assessment of your clinical performance reveals deficits in your learning progress in Nursing _____. While you satisfactorily meet many criteria, there are some that require your immediate attention and improvement in order to achieve the level at which you should be performing. This Learning Contract is established to clarify specific problem areas and direct your learning activities.

FOCUS

The evaluation criteria, which are below standard, have been listed here below.

REQUIREMENTS

- a. Unless otherwise noted, you must achieve the required level of ratings on all listed criteria.
- b. You are expected to achieve all other course objectives and complete regular assignments as per the course syllabus. Any additional required assignments and their specific deadlines are as follows:

Due Date: _____

PROCEDURE

Complete the section on the back of this sheet with your plan to improve your performance. If the contract extends into the next course, you must meet with your upcoming instructor prior to the first clinical shift. Signing below acknowledges your intention to fulfill the contract. If you choose not to comply, you must make an appointment with the Program Coordinator immediately, per the Grievance Procedure.

EVALUATION

This learning Contract will be evaluated _____. Evaluation of outcomes will be noted on the back of this form and discussed with you. Failure to fulfill this contract will result in a Probationary Contract or course failure.

SIGNATURES:

Instructor _____ **Date** _____

Student _____ **Date** _____

PLAN FOR PERFORMANCE IMPROVEMENT:

EVALUATION OF CONTRACT:

SIGNATURES:

Instructor _____ **Date** _____

Student _____ **Date** _____

Highline Community College
Associate Degree Nursing Program
PROBATIONARY CONTRACT

STUDENT _____

QTR OF PROGRAM _____

INSTRUCTOR _____ **DATE** _____

PURPOSE

Assessment of your performance reveals significant deficits in your progress. You are below standard in a sufficient number of areas that you are not meeting the criteria and are in jeopardy of failing Nursing _____. This Probationary Contract is established to emphasize the identified deficits and mandate your immediate attention/improvement in these areas.

FOCUS

The evaluation criteria, which are below standard, have been listed here below.

REQUIREMENTS

- a. Unless otherwise noted, you must achieve the required level of ratings on all listed criteria.
- b. You are expected to achieve all other course objectives and complete regular assignments as per the course syllabus. Any additional required assignments and their specific deadlines are as follows:

_____ **Due** _____

_____ **Due** _____

PROCEDURE

Complete the section on the back of this sheet with your plan to improve your performance. If the contract extends into the next course, you must meet with your upcoming instructor prior to the first clinical shift. Signing below acknowledges your intention to fulfill the contract. If you choose not to comply, you must make an appointment with the Program Coordinator immediately, per the Grievance Procedure.

EVALUATION

This Probationary Contract will be evaluated _____. Evaluation of outcomes will be noted on the back of this form and discussed with you. Failure to fulfill this contract will result in failure of Nursing _____ and termination from the Nursing Program.

SIGNATURES:

Instructor _____ **Date** _____

Student _____ **Date** _____

PLAN FOR PERFORMANCE IMPROVEMENT:

EVALUATION OF CONTRACT:

SIGNATURES:

Instructor _____ **Date** _____

Student _____ **Date** _____

HIGHLINE COMMUNITY COLLEGE
Associate Degree Nursing Program

CERTIFICATION FOR CLINICAL RETURN

Name _____

Student ID Number _____

The above named person is a student in Highline's Associate Degree Nursing Program. In order to assess that person's ability to participate in the clinical care of clients as a student, please provide the following information as indicated by the person's condition:

No longer contagious as of: _____

Lifting restriction (describe): _____

Taking medications that impair judgment
(list): _____

Other Restrictions

Comments:

Printed Name: _____ **Signed** _____

Telephone Number _____

REQUIREMENTS and COMPARISONS OF
NURSING ASSISTANT and NURSING TECHNICIAN POSITIONS

| <u>NURSING ASSISTANT (NA)</u> | | <u>NURSING TECHNICIAN (NT)</u> | |
|--------------------------------------|---|---------------------------------------|---|
| 1. | Must be certified by Washington State Nursing Care Quality Assurance Commission (WSNCQAC) | 1. | Same except called Registered Nursing Technician |
| 2. | Requires a \$15 fee to WSNCQAC and an \$82 fee for test | 2. | Requires \$140 fee |
| 3. | Requires exam | 3. | No exam |
| 4. | Can get a job anytime then get a job | 4. | Must have job offer first. Employer completes Employer Verification |
| 5. | Contact Michelle Francis @ WSNCQAC (360) 725-2597. FAX official transcripts to her at FAX # (360) 493-2581 that show completion of 2 nd quarters and your mailing address Application on WSNCQAC website- https://www2.wa.gov/doh/hpqa-licensing/hps6/Nursing_Assistant/forms.htm | 5. | Application on WSNCQAC website- https://www2.wa.gov/doh/hpqa-licensing/hps6/NurseTech/forms.htm |
| 5a. | Application for certification exam available at Promissor http://www.asisvcs.com/indhome.asp?PCAT=0748NURSE | 6. | Barbara Smith signs Education Verification p. 3 |
| 6. | Barbara Smith signs Program Director Attestation p. 1 | 7. | Valid for 1 year, expires on your birthday |
| 7. | Valid for 1 year, expires on your birthday | 8. | Can only work while a student in good standing in an approved nursing program. Can continue to work 30 past graduation only. |
| 8. | You can work as long as certified | | |
| 9. | Eligible after completing equivalent of Nursing Assistant Training (end of 2nd quarter) AND must have 7 hours AIDS training. Offered in N102 or available in community-Information available at https://www2.wa.gov/doh/hpqa-licensing/hps6/NurseTech/documents/ai dsreq.pdf | | |
| 10. | See WAC's regarding practice limitations at http://apps.leg.wa.gov/WAC/default.aspx?cite=246-841-400 | 9. | Eligible after completing 1st clinical course AND must have 7 hours AIDS training. Offered in N102 or available in community-Information available at https://www2.wa.gov/doh/hpqa-licensing/hps6/NurseTech/documents/aidsreq.pdf |
| | | 10 | See WAC's regarding practice limitations at http://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-870 |
| | | 10a | May only do skills verified as completed by nursing |

program. Never administer blood, IV meds, chemotherapy, scheduled drugs, or central lines