

**COLLEGE OF THE CANYONS**

**NURSING STUDENT  
HANDBOOK**

**SPRING 2012**

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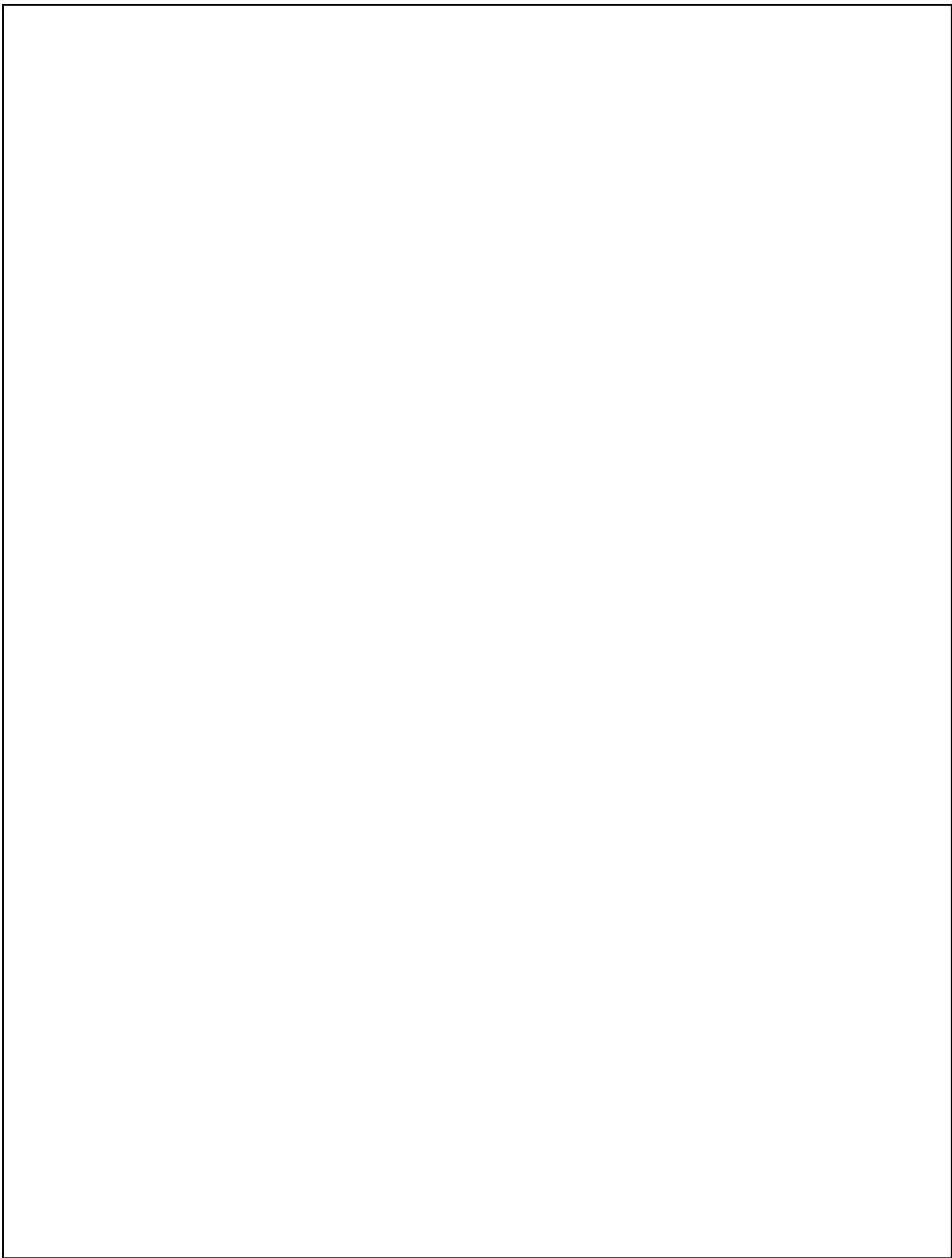
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**Registered Nursing Student Contract**

By signing below, the Registered Nursing (RN) student verifies the following:

I have read and will abide by the information in the College of the Canyons Catalog pertaining to Regulations and Policies, Admission and Registration Procedures, Student Services, and Academic Policies.

I will comply with the dress code policy established by the Clinical Affiliates and the College of the Canyons Nursing Program as stated in the RN Student Handbook. I understand that the dress code policy may vary according to the Clinical Affiliates where I am assigned. I also understand that I am representing College of the Canyons RN Program while at the Clinical Affiliates and must conduct myself according all policies established in the Student Handbook.

I verify that I have read and understand the information contained in the RN Student Handbook and will comply with all policies and requirements, including any addendums and updates as they occur.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## Registered Nursing Student Contract

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*STUDENT COPY*

**SECTION I**

**OVERVIEW OF PROGRAMS**

## **DESCRIPTION OF PROGRAMS OFFERED**

*(Complete descriptions for all nursing programs are found in the College of the Canyons catalog)*

### **TWO – YEAR GENERIC REGISTERED NURSING PROGRAM**

The two-year generic RN program is designed for the student who does not have nursing experience. The curriculum includes four semesters of both theory and clinical experience. Upon completing the nursing major, the student receives an Associate in Science degree and is eligible to take the National Council Licensure Exam (NCLEX) and be licensed as a registered nurse. Students have reciprocity with other states for licensure.

### **LVN-RN CAREER LADDER REGISTERED NURSE PROGRAM**

The LVN-RN “Career Ladder” program is designed to enhance advancement from LVN to RN. All LVN-RN students are required to take Nursing 109 (Nursing Transition) before officially entering the Program. At College of the Canyons there are two options in the Career Ladder Program. The first option is that the LVN-RN student enters the third semester of the generic program. These students are required to have a valid California VN license before starting Nursing 109. The second option is a partially online program. The sequence of course work is the same as for students entering the generic program, but some of the courses are offered online. These students are required to work for four to six months as a fully licensed Vocational Nurse.

LVN-RN students may elect to complete the Associate of Science degree with a major in nursing. Students completing this degree are eligible to take the National Council Licensure Exam (NCLEX) and be licensed as a registered nurse. The requirements for graduation are the same as for the generic RN program (see college catalog for details). These students have reciprocity for licensure in other states. Alternatively the LVN-RN student may choose the 30 unit option. These students must have met the microbiology and physiology pre-requisites with a grade of C or better. They complete the same courses as other LVN-RN students but do not take the courses required to complete the associate’s degree. The 30-unit option student will not be a graduate of College of the Canyons Nursing Program nor of the College. The student will be eligible to take the National Council Licensure Exam (NCLEX) and be licensed as a registered nurse; however, they will not have reciprocity with other states for licensure. Students considering the 30-unit option must meet with the Director of the Program before choosing this option.

## **CONTINUING EDUCATION**

Continuing education courses are offered at COC. Most of these courses may be taken by RN students for elective credit. See the COC catalog/schedule of classes for further information.

## **APPROVING AND ACCREDITING AGENCIES**

The College of the Canyons RN Program is approved by the California Board of Registered Nursing and accredited by the National League for Nursing. The respective office addresses are:

Board of Registered Nursing  
P.O. Box 944210  
Sacramento, CA 94244-2100  
(916) 322-3350  
[www.rn.ca.org](http://www.rn.ca.org)

National League for Nursing  
Accrediting Commission (NLNAC)  
3343 Peachtree Road NE, Suite 500  
Atlanta, Georgia 30326  
Phone: (404) 975-5000  
Fax: (404) 975-5020  
[www.nln.org](http://www.nln.org)

## **CLINICAL FACILITIES**

The following clinical facilities have contractual relationships with the College of the Canyons and are used in its nursing program as clinical sites:

- Burbank Unified School District
- Glendale Adventist Medical Center
- Grace Brethren Preschool, East
- Henry Mayo Newhall Memorial Hospital
- Kaiser Permanente - Bellflower
- Kaiser Permanente - Chinatown
- Kaiser Permanente – Panorama City
- Kaiser Permanente – Valencia
- New Start Homes
- Northridge Hospital Medical Center
- Olive View/UCLA Medical Center
- Providence Holy Cross Medical Center
- Providence St. Joseph's Medical Center
- SCV/UCLA Cancer Center
- Sherman Oaks Hospital
- Simi Valley Hospital
- Tarzana Medical Center
- Valley Presbyterian Hospital
- Weekday Preschool, Northridge
- West Hills Medical Center

## **STATEMENT OF PROGRAM PURPOSE AND GOALS**

The primary purpose of the faculty of the College of the Canyons Department of Nursing is to prepare entry-level registered nurses. The curriculum is designed to equip the graduate to function safely within the legal framework of registered nursing as set forth by the State of California, Department of Consumer Affairs, Board of Registered Nursing. Program graduates are eligible to take the National Council Licensure Exam (NCLEX-RN).

The ADN, Career Ladder (LVN-RN), transfer, and challenge options exist as multiple pathways to provide access to goal attainment and achievement by students. These pathways are designed to make available to students the necessary knowledge, skills, and abilities needed to serve as a foundation for success and excellence in nursing practice.

In addition the nursing faculty promotes the development of graduates who are committed to continuing their education and who are assets to the discipline of nursing, their communities, and society.

In pursuit of these purposes, the faculty endeavors, throughout all program pathways to:

1. Participate in the process of counseling and assisting interested students preparing for admission to the program.
2. Recruit, admit, and retain qualified, diverse applicants who progress through the program in a timely manner.
3. Maintain uniformly and consistently high standards of academic achievement.
4. Provide students with assistance to promote success.
5. Provide and maintain an integrated, current, and consistent curriculum which meets the needs of student, graduate, faculty, consumer, and health care providers.
6. Maintain department protocols which promote student expression and participation in class and program governance.
7. Produce graduates who attain licensure and demonstrate entry-level competence in initial employment.
8. Remain current as a faculty in nursing practice and community issues, adult teaching and learning theory, and technological advances.
9. Foster in students and graduates a commitment to excellence in practice and continued learning.

## **Program Philosophy and Outcomes**

### College of the Canyons Nursing Program Mission Statement

The mission of the Nursing Program at COC is to provide, relevant quality nursing education at the lower division level in order to meet the ongoing needs of the professional nursing workforce. The program adjusts continually to changes within the body of nursing knowledge as well as changes in the health care system to prepare entry-level professionals to work in a variety of settings. The faculty strives to meet the educational needs of students with diverse backgrounds and learning styles while facilitating life-long learning and the pursuit of advanced educational goals.

### **Philosophy**

Nursing is both an art and a science. It has its own unique body of knowledge and skills that incorporate knowledge from the physical and behavioral sciences (California Nurse Practice Act, 2010). The dynamics of nursing education are reflected in the faculty/student relationship. The nursing faculty believes that the student is the locus of learning and that the teaching-learning process is reciprocal and interactive. Therefore the faculty sees their role as facilitators – using multiple learning and innovative teaching methods to meet the educational needs of students with diverse backgrounds and learning styles. To further enhance learning, the student uses college support services such as the Teaching Learning Center, learning disability specialists, retention specialists, counseling, and financial aid as well as engages in experiences through community and service partnerships. Individualized tutoring is offered in the nursing lab. In addition to facilitating learning, the faculty seeks to foster self-direction and a commitment to life-long learning. Experiences are designed to proceed from simple to complex and general to specific to maximize the students' learning and professional growth.

### *Conceptual Framework*

The conceptual framework of the College of the Canyons Registered Nursing Program is based on the nursing metaparadigm of person, health, environment and nursing (Fawcett, 2005). The framework also includes the two overarching concepts of inquiry and caring.

#### **Inquiry:**

Inquiry is the active process of lifelong learning through questioning, studying, exploring, and analyzing. At its foundation are the concepts of the nursing process, the scientific process, and critical thinking. Critical thinking is a process of analysis, interpretation, reasoning, drawing logical conclusions, and evaluating/justifying conclusions. Nurses must develop critical thinking attitudes, acquire theoretical and experiential knowledge, and skills in order to apply critical thinking to make clinical judgments for patient care (Alfaro-LeFevre, 2007). Included in critical thinking is evidence based practice, which is

a problem solving approach to clinical decision making that integrates best current evidence gained from the scientific method with clinical expertise and patient/family preferences and values for delivery of health care (Hughes, 2008; QSEN, 2009).

### **Caring:**

Nurses participate in caring relationships with patients and families to promote health and healing. Caring is demonstrated during the nurse-patient relationship when nurses treat patients with dignity and as unique individuals with unique needs; therefore, the caring relationship promotes the humanity of the patient. Caring involves communication, compassion, competence, self-awareness, patience, concern, honesty, trust, humility, hope and a commitment to professional ethics and high standards.

### **Person:**

- Is a holistic, dynamic system with interrelationships/needs` composed of five variables: physical/physiological, psychological, socio-cultural, developmental, and spiritual.
- May be defined as an individual, group, or community.
- Has the right and responsibility to care for self and/or dependents to maintain life, health, and well being.
- Is constantly in a state of change due to interaction with the environment.
- Is capable of adaptation.
- Possesses inherent dignity, worth, and the right to self-determination.
- Is the locus of control for health care decisions.

### **Health:**

- Health is a continuum ranging from optimal wellness to illness and eventually culminating in death. Wellness differs from health in that the concept of wellness is oriented toward maximizing an individual's potential within the environment.
- Wellness is a dynamic process on the health-illness continuum and is achieved through a balance of the physical, psychological, socio-cultural, developmental, and spiritual variables.
- Each person determines when the acceptable level of wellness has been achieved.

### **Environment:**

- Is the totality of the internal and external forces which surround a person including the health care environment.
- These forces include intrapersonal, interpersonal, and extrapersonal stressors.
- Each person's interaction with the environment is dynamic and reciprocal.

## **Nursing:**

The College of the Canyons nursing faculty supports the following definition of nursing:

***The practice in which a nurse assists the individual, sick or well, in the performance of those activities contributing to health or its recovery (or peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible.  
(Virginia Henderson)***

Associate Degree Nurses function in the following roles:

Providers of care, managers of care and members of the nursing profession: (NLN, ANA) who:

- utilize knowledge from the physical, behavioral, and nursing sciences to guide safe patient centered care.
- function independently and collaboratively with the patient and members of the health care team.
- use the nursing process to guide practice and develop plans of care.
- act as an advocate to help patients achieve their personal health related goals.
- support the patient's right and responsibility to self-care.
- educate the patient about health in general and specific patient related health care needs.
- implement therapeutic direct and indirect nursing interventions rooted in evidence based practice. (AHRQ, QSEN 2007)
- utilize information technology to communicate, manage knowledge, prevent errors, and support decisions.
- practice across the lifespan in a culturally sensitive manner within the ethical and legal scope of practice (California Nurse Practice Act, 2010)
- communicate therapeutically both verbally and in writing to the members of the healthcare team.
- coordinate the quality care of a group of patients during a specific time period utilizing prioritization, delegation and conflict management
- assume the responsibility for their own ethical, professional, and legal practice within the guidelines of the Nurse Practice Act in diverse settings (NLN, QSEN 2007)

# Inquiry and Caring



Clinical Microsystem and Health Care Environment

## **Program Outcomes**

### **Program Student Learning Outcomes**

Upon completion of the nursing program, students will:

#### **Lecture:**

Integrate the perspectives of the provider of care, manager of care, and member of the nursing profession into patient care situations.

#### **Clinical:**

Function in the roles of provider of care, manager of care, and member of the nursing profession.

## **Program Objectives**

Furthermore, the graduating student will be able to:

1. Utilize knowledge, skills, and attitudes, from the physical and behavioral sciences, the humanities, and nursing sciences to provide safe and effective care applying evidence based practice.

This outcome is inclusive of several activities addressed in the California Nurse Practice Act. It assures the ability to provide basic health care with a substantial amount of scientific knowledge or technical skill. This includes the transfer of “scientific knowledge from social, biological and physical sciences in applying the nursing process” (Nursing Practice Act, Business and Professions Code Section 2725, 2010). This outcome also utilizes the Quality and Safety Education for Nurses (QSEN) guidelines for knowledge, skills, and attitudes (KSAs) focusing on the competencies of safety and evidence based practice (2009). Safety is the foundation for quality care and is defined as minimizing “risk of harm to patients and providers through both system effectiveness and individual performance” (QSEN, 2009). Safe and effective care are two of the IOM aims for improving health care quality. The evidence based practice competency is defined as integrating “best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care” (QSEN, 2009). Concepts of evidence based practice are derived from the *Patient Safety and Quality: An Evidence-Based Handbook for Nurses* published by the Agency for Healthcare Research and Quality (Hughes, 2008).

Major concepts of this learning outcome include:

- Safety
- Critical Thinking

Competencies:

- Demonstrate integration of theories and concepts from the disciplines of a liberal education into nursing theory and practice.
- Demonstrate competence and self direction in providing safe care by incorporating lifelong learning to support excellence in nursing practice.
- Exemplify the knowledge, skills, and attitudes of the nursing profession.
- Utilize evidence based practice by integrating the best current evidence with clinical expertise and patient/family preferences and values.

2. Apply the steps of the nursing process integrating critical thinking strategies necessary to provide patient centered care to diverse populations.

This outcome focuses on the nursing process and integrates the NLN/NOADN core components of assessment, caring interventions, and teaching and learning. This outcome also comprises the major categories in the NCLEX-RN test plan, which includes safe and effective care environment, health promotion and maintenance, psychosocial and physiological integrity. This outcome involves aspects of the nurse/patient relationship integrating the QSEN competency of patient centered care (Finkelman & Kenner, 2007). Patient centered care recognizes “the patient as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs“ (QSEN, 2009). In patient centered care, cultural competence enables nurses to work effectively in cross-cultural situations by emphasizing “awareness of the person’s cultural health beliefs and practices to negotiate treatment options appropriately and in a culturally sensitive way” (USDHS, 2007).

The major concepts for this learning outcome include:

- Critical Thinking
- Patient-centered care

Competencies:

- Perform holistic patient assessment including values, beliefs, attitudes, and preferences, as well as developmental, emotional, cultural, religious, and spiritual influences on health status.
- Plan strategies to provide psychosocial integrity, physiological integrity, health promotion, and maintenance within healthcare systems.
- Implement patient centered care that reflects understanding of human growth and development, pathophysiology, pharmacology, medical and nursing management across the health-illness continuum, and the lifespan.
- Provide appropriate patient teaching that reflects development, age, culture, spirituality, preferences, and health literacy to encourage involvement in self-care.
- Demonstrate caring interventions and behaviors towards the patient, family, and other members of the healthcare team advocating for culturally competent care.
- Performs psychomotor skills competently and safely.

- Address healthy people in each stage of life using the Centers for Disease Control's Health Promotion Goals ([www.cdc.gov/osi/goals/people.html](http://www.cdc.gov/osi/goals/people.html))
- Safely and competently perform all nursing interventions within the healthcare microsystem.
- Integrate evidence, clinical judgment, and patient preferences in planning, implementing, and evaluating outcomes of care.
- Evaluate the effectiveness of care in meeting quality outcomes and modify the plan of care for diverse populations.

3. Communicate effectively with patients, families, and the healthcare team utilizing multiple communication methods including personal interactions and information technology.

This outcome focuses on the core component of communication identified by NLN (2000). Therapeutic communication includes verbal and nonverbal skills to enhance the nurse patient relationship. Professional communication involves effective communication techniques and conflict resolution to produce positive working relationships. This outcome expands on communication to include information technology that is one component of QSEN pre-licensure competencies. QSEN defines informatics as using “information and technology to communicate, manage knowledge, mitigate error, and support decision making” (2009).

The major concept of this learning outcome includes:

- Communication

Competencies:

- Communicate with the healthcare team while giving report, updating patient conditions, and documenting the patient's status and care.
- Utilize therapeutic communication skills when interacting with patients and family.
- Incorporate effective communication techniques, and conflict resolution to produce positive professional working relationships to deliver evidence based patient centered care.
- Evaluate data from all relevant sources, including technology in the delivery of care.
- Apply technology and information management tools to support decision making for safe care while communicating information and monitoring outcomes.

4. Demonstrate leadership by safely coordinating the care of multiple patients, while delegating to and collaborating with the healthcare team, patient, and family to provide the highest quality of care.

This outcome focuses on the core component of Leadership and expands on the NLN/NOADN identified core component of managing care. According to the AACN's #1 Essential: Basic Organizational and Systems Leadership for Quality Care and Patient Safety, leadership includes managing care, delegating to others, coordinating care, communicating and collaborating with the healthcare team, investigating and sharing best practice guidelines, and serving as a leader in many capacities within the

healthcare environment. This outcome addresses the QSEN competencies of quality improvement and collaboration. Quality improvement is defined as using “data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems” (QSEN, 2009). Teamwork and collaboration is defined as functioning “effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care” (QSEN, 2009).

The major concept for this learning outcome includes:

- Leadership

Competencies:

- Demonstrate leadership skills to effectively implement patient safety and quality improvement within the context of the healthcare team.
- Demonstrate appropriate teambuilding and collaborative strategies when working with the multidisciplinary team.
- Apply the delegation process when working with healthcare team members.
- Coordinate the implementation of an individualized plan of care for patient and family in a culture of safety and caring.
- Differentiate the roles of the nursing profession with other healthcare members (i.e., scope of discipline, education and licensure requirements).

5. Integrate the professional, legal, and ethical components of nursing in clinical practice while demonstrating accountability and self-direction.

This outcome focuses on the core component of professionalism, which is derived from the NLN/NOADN ADN competency *Professional Behaviors*. Professionalism includes all professional, ethical, and legal principles to guide nursing practice. Major concepts of professionalism stem from two American Nurses Association documents, *Nursing: Scope and Standards of Practice* and *The ANA Code of Ethics* and the *California Nurse Practice Act*.

Major concept for this learning outcome includes:

- Professionalism

Competencies:

- Demonstrate professionalism, by: appearance, respect for self and others, and maintaining professional boundaries with patient and family.
- Demonstrates knowledge of scope of nursing practice as well as laws relevant to specialty situations as an entry-level practitioner.
- Assumes responsibility for own ethical, legal, and professional practice.
- Use national patient safety resources and other institutional and national resources for own professional development.

## References

- Finkelman, A. & Kenner, C. (2007). *Teaching IOM: Implications of the Institute of Medicine Reports for nursing education*. Silver Spring, MD: American Nurses Association.
- Institute of Medicine (2003). *Priority areas for national action: Transforming health care quality*. Washington, DC: National Academies Press.
- National League for Nursing (2008). *Position Statement: Preparing the Next Generation of Nurses to Practice in a Technology-Rich Environment: An Informatics Agenda*. New York: NLN.

## Appendix E: Metaparadigm and Interrelated Variables of the Person

Overarching Concepts								
Inquiry				Caring				
Metaparadigm								
Health	Nursing				Person	Environment		
<i>Core Concepts</i>								
	Communication	Leadership	Critical Thinking	Professionalism	Patient Centered Care		Safety	
Health Promotion/ Disease Prevention	Consultation	Collaboration with Interdisciplinary Team	Evidence Based Practice	Ethical Practice	Assessment	Psychological	Quality Improvement	Intrapersonal stressors
Health and Wellness	Therapeutic communication	Delegation	Clinical practice guidelines	Legal rights and responsibilities	Analysis	Developmental	Emergency Response Plan	Extrapersonal stressors
Health Screening and maintenance	Professional communication	Supervision	Clinical judgment	Advocacy	Plan	Spiritual	Accident/Injury Prevention	Interpersonal stressors
Alterations in body systems	Information technology	Concepts of management	Establishing Priorities	Confidentiality	Intervention	Physiological	Error Prevention	Therapeutic Environment
Principles of teaching and learning	Conflict resolution			information security	Evaluation	Cultural	Standard Precautions/ /Surgical Asepsis	Family Dynamics
Stress management					Cultural Competence	Social	Handling Hazardous and Infectious Materials	Support systems
Life style choices							Safe Use of Equipment	
High Risk Behaviors							Reporting of Incident/ Event/Irregular	

							Occurrence/Variance	
Self care								

Metaparadigm: Person				
PHYSIOLOGICAL	PSYCHOLOGICAL	SOCIO-CULTURAL	DEVELOPMENTAL	SPIRITUAL
Basic care and comfort Sleep and rest Personal Hygiene Physiological adaptation Fluid and electrolytes Hemodynamics PROTECTION: <ul style="list-style-type: none"> <li>• Immune system</li> <li>• Skin, hair, nails</li> </ul> OXYGENATION: <ul style="list-style-type: none"> <li>• Respiratory tract</li> </ul> OXYGENATION & TISSUE PERFUSION: <ul style="list-style-type: none"> <li>• CV system</li> </ul> TISSUE PERFUSION: <ul style="list-style-type: none"> <li>• Hematologic system</li> </ul> MOBILITY: <ul style="list-style-type: none"> <li>• Nervous system</li> <li>• Musculoskeletal system</li> </ul> SENSATION: <ul style="list-style-type: none"> <li>• Eye/vision</li> <li>• Ear/hearing</li> </ul> NUTRITION & ELIMINATION: <ul style="list-style-type: none"> <li>• GI system</li> </ul> METABOLISM: <ul style="list-style-type: none"> <li>• Endocrine system</li> </ul> URINARY ELIMINATION: <ul style="list-style-type: none"> <li>• GU system</li> <li>• Renal system</li> </ul> SEXUALITY: <ul style="list-style-type: none"> <li>• Reproductive system</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Body image</li> <li>• Communication</li> <li>• Assessment</li> <li>• Stress</li> <li>• Theories</li> <li>• Coping</li> <li>• Grief and Loss</li> <li>• Crisis intervention</li> <li>• Abuse/neglect</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural Competence</li> <li>• Diversity</li> <li>• Cultural aspects of health</li> <li>• Ethnic aspects of pharmacology</li> <li>• Cultural assessment</li> </ul>	GROWTH & DEVELOPMENT: <ul style="list-style-type: none"> <li>• Physical</li> <li>• Cognitive</li> <li>• Psycho-social</li> <li>• Normal aging</li> </ul>	<ul style="list-style-type: none"> <li>• Meaning</li> <li>• Hope</li> <li>• Impact on health decisions</li> <li>• Religious and Spiritual Influences on Health</li> </ul>

## **COURSE PROGRESSION**

### YEAR 1

#### First Semester

NURSNG 112 - Foundations of Nursing (4.25 units)

NURSNG 114 - Fundamentals of Nursing (6.5 units)

#### Second Semester

NURSNG 124 - Beginning Medical Surgical Nursing (5.75 units)

NURSNG 126 - Psychiatric Nursing (3.75 units)

### YEAR 2

#### Third Semester

NURSNG 234 - Intermediate Medical-Surgical Nursing (4.75 units)

NURSNG 236 - Maternal Child Nursing (5.5 units)

#### Fourth Semester

NURSNG 240 - Advanced Medical Surgical Nursing and Leadership (8.5 units)

**SECTION II**

**GENERAL INFORMATION FOR ALL STUDENTS**

## DEPARTMENT AND CAMPUS EXTENSIONS

Campus resources can assist students in many ways. All extensions listed can be reached directly by dialing (661) 362 – and the extension.

<b>Department</b>	<b>Extension</b>	<b>Instructor</b>	<b>Extension</b>
Allied Health	3369/3557/3647	Lori Brown	3103
Child Development	3541	Sandy Carroll	3040
Computer Center	3302	Mary Corbett	3042
DSPS	3341	Rachel Houghton	3123
		Adina Kim	5029
		Ann Lowe	3078
Library	3359	Valerie Malinoski	5866
Aliso lab 323	3074	Tina Rorick	3996
		Amy Shennum	5864
Nursing Lab	3335	Anh Vo	3702
Bonelli Hall -304		Tina Waller	3154
Henry Mayo Skills Lab	661-253-8926	<b>Assistant Directors:</b>	
		Tammy Bathke	5316
Tutor Learning Center (TLC)	3349	Diane Baker	5052
Blackboard Support	3344		
		<b>Assistant Dean, Program Director:</b>	
		Diane Morey	
		3214	
		<b>Dean:</b>	
		Cynthia Dorroh	
		3366	

## **NATIONAL STUDENT NURSES ASSOCIATION (NSNA)**

The Student Nurses Association of California (SNAC) is one of the fifty state constituent units of the National Student Nurses Association (NSNA). Both SNAC and NSNA offer the opportunity for the ADN student to take part in leadership and decision making skills including voting, running for office, and participating in activities, plans, and programs. COC-NSNA offers one of the few opportunities to meet with, exchange ideas with other student nurses, and so work together to reach common goals. It is strongly advised that all entering students join this organization.

## **STUDENT INVOLVEMENT IN FACULTY MEETINGS**

Students are invited to all faculty meetings. Meeting dates and times are posted in the nursing lab and mail room at the beginning of each semester.

## **MALPRACTICE INSURANCE**

Nursing students are required to carry their own malpractice insurance.

## **REPORTING OF NURSING STUDENT INJURIES/ILLNESSES**

An accident/injury occurring in connection with the school's regular curriculum program, in the clinical or classroom areas which involves injuries to the student or others, must be reported to the instructor immediately. It is the student's responsibility to report all injuries and seek follow-up.

In the event of an injury, the following are guidelines for care:

- If the injury is a **True Medical Emergency** dial "7" if on COC campus or report to the nearest emergency room. If the injury happens in the local area, the nearest emergency room is Henry Mayo Hospital at 23845 McBean Parkway, Valencia, CA 91355 – (661)253-8000. Contact Judi Nugent or Christina Chung in Human Resources immediately (within 8-hours).
- For non-sterile needle stick injuries and other **Non-emergency** injuries requiring medical care, please notify contact Judi Nugent in the Human Resources for authorization for treatment (within 24-hours). Human Resources will provide the appropriate paperwork regarding the injury.

- Unless the nursing student has pre-designated their personal physician, injured students will be sent for treatment to:

**U.S. Healthworks Medical Group**

25733 Rye Canyon Road

Valencia, CA 91355

(661)-295-2500

Hours: 8:00am-5:00pm (M-F)

**U.S. Healthworks Medical Group**

22840 Soledad Canyon Road

Saugus, CA 91350

(661)-253-8800

M – F: 8:00 a.m. – 8:00 p.m.

Sa – Su: 8:00 a.m. – 6:00 p.m.

**U.S. Healthworks Medical Group**

16300 Roscoe Boulevard, Suite 1-A

Van Nuys, CA 91406

(818) 893-4426

24 hours a day/7 days a week

- If the student is injured and unsure about medical care, the Student Health and Wellness Center at the COC Valencia campus is an excellent resource. Health center clinic hours for Fall/Spring semester are:

- Monday 8:30 am – noon and 1:30-6:00 pm
- Tuesday 8:30 am – noon and 1:30-4:30 pm
- Wednesday 8:30 am – noon and 1:30-4:30 pm
- Thursday 8:30 am – noon and 2:00-6:00 pm
- Friday 8:30 am -12:30 pm

Faculty may use their own judgment when advising the student during hours that the Student Health and Wellness Center is unavailable. If appropriate, the student may wait to see Student Health and Wellness Center the following day.

Or

The student may proceed to U.S. Healthworks for medical treatment if they prefer to seek medical care when Student Health & Wellness Center is unavailable (contact Judi Nugent in Human Resources).

- For nursing student injuries sustained **after normal office hours** (on/off campus), please contact Judi Nugent or Christina Chung as follows:
- **True Medical Emergency** (Emergency Room or Paramedic) - Immediately contact Judi Nugent on her cell phone at 661/435-1807 or **IF** Judi is unavailable, call Christina Chung on her cell phone at 818/636-8437.
  - **Non-emergency** – Contact Judi Nugent at via telephone (x3308) or email on the next business day for authorization for treatment paperwork. Please feel free to contact Judi Nugent on her cell phone with any questions.

ALWAYS THINK SAFETY. Injury can be prevented by following general rules, eliminating hazards which might cause accidents, reporting unsafe equipment to the instructor, and doing psychomotor assignments in a thoughtful and careful manner.

## **MAILBOXES**

It is a privilege for a nursing student to have a mailbox. Student mailboxes are private. You may remove items from your own mailbox only. Materials in individual mailboxes are meant for the recipient only and are confidential.

Removal of items from someone else's mailbox, even if you give it to the intended students will be grounds for disciplinary action. This falls under the section in the College of the Canyons Catalog that refers to "Any theft, conversion, damage, or destruction of and/or to any property, real or personal, belonging to the College, a member of the College staff, a student or campus visitor." See the college catalog for possible types of disciplinary action that the Vice President of Student Services can issue.

## **PAGERS AND CELLULAR TELEPHONES**

Pagers and cell phones need to be turned off in the classroom during lecture. You will have breaks where you can check for messages. Pagers may be put on vibrate in the clinical area. Cell phones need to be turned off in the clinical area as all hospitals prohibit the use of cell phones.

## **ALLIED HEALTH OFFICE**

The Allied Health Office is an integral part of the nursing program at COC. The staff manages all departments in the Allied Health Division: RN Program, continuing education courses, EMT, Medical Assisting, Nursing Assistant, Phlebotomy, and Health Science courses. One of the main functions of this office is to manage all the applicants for the RN program including maintaining the waitlist and tracking all applicants from application submission to entry into the program. This office also maintains records for all students in the nursing program. In addition the Allied Health Office staff maintains records for all nursing faculty and administrators as well as preparing reports to statewide and nationwide accrediting agencies.

All health data and specific nursing student requirements are mandated by the State of California and clinical facilities used during the four semesters of the nursing program. This health data is received by the office and is maintained through the program as well as two years post-graduation. Students are allowed to fax health data to the Allied Health Office for convenience. The fax machine is not to be used to send class assignments (such as case studies) to the office.

The Allied Health Office communicates with students by way of student mailboxes. The mailboxes are used for notifications, test results, and important communications from professors.

Students may visit the Allied Health Office Monday-Friday 0800-1600. These hours are subject to change. You may call the office at 661-362-3369, 661-362-3557 or 661-362-3647.

Email is an appropriate way to communicate with this office as well. You may reach it at [gay.mcmichael@canyons.edu](mailto:gay.mcmichael@canyons.edu).

## **ON CAMPUS BEHAVIOR**

Nursing students are expected to act professionally at all times. It is a violation of professional behavior for students to cause a disturbance in any college area. In addition students must be dressed appropriately when on the campus of any clinical facility. Students who are reported to the nursing department for having behaved unprofessionally will receive a Performance Improvement Plan (PIP) for that behavior. This PIP will be treated like any PIP in the clinical area.

## **LEARNING RESOURCES**

### **Tutoring Learning Computer Lab (TLC)**

This lab, in Bonelli Hall room 209, is used by nursing students to practice computer assisted instruction (CAI) materials as well as to take make up tests. Tutoring in English and Math is also available. The TLC hours vary during the year. It is the student's responsibility to ascertain the current hours.

### **Library**

The library is used by nursing students to research material as well as to watch assigned videos and read articles put on reserve by the professors. You may request help and orientation to the library resources from the librarians. Your student ID card is also your library card. Your card is your permanent card and is used from semester to semester. Once you enroll at the College of the Canyons and obtain an ID card you may use the library resources even when you are not enrolled in a class. You must present your ID card when checking out materials.

Videos: Videos are located at the reference desk on the second floor of the library. You may not remove a video from the library, but you may view it in one of the many rooms provided for this purpose.

Reserved materials: Articles put on reserve by an instructor can be found at the reference desk on the first floor of the library. They may not be removed from the library but there are Xerox machines if you wish to copy the article.

## **Nursing Skills Labs**

We are very fortunate to have four skills labs and one dedicated nursing computer lab which provide students with areas to practice skills and receive tutoring. Reference texts are available and can be checked out. Hours for scheduled and open labs are posted in each lab. Appointments are encouraged if you have a specific need (i.e., require individual attention from the lab coordinator or multiple supplies).

The skills labs are places for learning. Please come with a goal and a set of objectives for obtaining that goal when coming to one of the labs. It is expected that all students will maintain professional behavior at all time while in the lab. Equipment must be treated with care. Use the safety principles you have been taught. No children are allowed in the skills labs.

## **Learning Disability**

There are resources on campus to assist with the identification of learning disabilities (DSPS Office). If any student has been diagnosed with a learning disability, and has documentation from the DSPS office, it is the student's responsibility to notify the faculty. The department is willing to meet any reasonable request for assistance and accommodation. However, the responsibility remains with the student to provide relevant and recent documentation from a learning specialist that such a disability exists as well as the recommendations made by the learning specialist for helping the student. Since student disability test results are governed by legislation guarding privacy and can only be given to the department by the student, he/she is responsible for providing the above information to **each** of his/her instructors in **each** course in the program. For further information contact Jane Feuerhelm at extension 3347.

If you are having trouble in class even after getting help from tutors and instructors, you might consider being tested for a learning disability at the Disabled Students Programs & Services office located in Seco Hall – 103; [www.canyons.edu/offices/dsps](http://www.canyons.edu/offices/dsps); 661-362-3341 or TDD 661-255-7967.

## **IDENTIFICATION**

All students attending the orientation for the RN Program will need to show proof of identity with a driver's license (or State ID) when entering orientation. If a student is found to have an invalid Social Security Number while in the program, they will be dismissed from the program without a chance to return.

Students are required to have COC ID for use on campus. In addition students may have to get separate hospital ID when orienting to a specific facility.

## **GIFTS**

The department has a long time policy of requesting that no gifts be given to faculty. We encourage students to consider making a donation to nursing scholarships or the nursing lab when they graduate in lieu of gifts to individual faculty members. If you feel you want to express your appreciation to your instructor, we encourage you to write a note to the faculty member.

**SECTION III**  
**POLICIES & STANDARDS**

## **PROGRAM REQUIREMENTS**

### **Functional Ability Requirements of Students in the COC Nursing Program**

Nursing is a profession requiring extensive physical abilities applied in providing safe patient care. Deficits in functional ability can preclude a person from being able to perform all of the duties an RN student must carry out as they can result in negative consequences for patients. Applicants seeking admission who have questions about the functional abilities are referred to the nursing program director. Equal educational opportunity with reasonable accommodation will be provided for students with disabilities within the parameters of adhering to the standards of nursing practice for all students. Withdrawal from the program will be required if a student is unable to maintain functional abilities with reasonable accommodation. The first 6 items listed here involve cognitive and social skills which are factors in providing safe care.

- 1. Communication** must be accurate, clear, professional, collegial and includes effective verbal proficiency.
- 2. Cognitive ability** to collect, analyze, and integrate information and knowledge to make clinical judgments and management decisions.
- 3. Critical thinking** ability for effective clinical reasoning and judgment. Examples: Analytical thinking reasoning skills sufficient to perform deductive and inductive thinking, apply knowledge from one situation to another, process information, problem solve, evaluate outcomes, prioritize tasks, manage time, use short and long term memory, identify cause/effect relationships, develop care plans, evaluate effectiveness of interventions, gather information, organize and complete tasks.
- 4. Interpersonal skills** to establish and maintain rapport sufficient for professional interactions and relationships with a diverse population of individuals, families and groups respecting social, cultural and spiritual diversity. Examples: Capacity to recognize conflict, resolve conflict, peer accountability to ensure safe handoff communication, understand the concept of "Chain of Command" (e.g. recognizing immediate supervisor as the person to report to).
- 5. Reading and English** abilities include reading comprehension, making inferences, drawing conclusions. Need skills of punctuation, grammar, sentence structure, contextual word recognition and spelling. Examples: Reading written documents/digital displays and use of anatomical designs/diagrams.
- 6. Mathematical and Scientific** abilities includes reading and understanding columns of writing, reading graphic printouts and digital displays, calibrating equipment, converting numbers to and/or from the Metric System, measuring time, counting rates, using measuring tools, reading measurement marks, computing ratios, fractions, percentages and decimals, adding, subtracting, multiplying, dividing, algebraic application and data interpretation; and using a calculator.

### **Physical Functional Abilities to be Verified by Healthcare Provider**

The student's healthcare provider must verify the student's functional ability in all of the following areas (Yocom, 1996).

#### **The practice of nursing requires the following functional abilities:**

**1. Visual acuity**, with or without corrective lenses, sufficient for accurate observation and performance of nursing care. This includes: Collecting data from recording equipment and measurement devices, detecting a fire, drawing up medication into a syringe, see objects from 1 to 20 ft. away, using depth perception, using peripheral vision, and distinguishing colors and intensity.

**2. Hearing ability**, with or without assistive devices, sufficient for physical monitoring and assessment of patients and their environments. Examples: Hearing normal speaking level sounds, faint voices, faint body sounds (e.g. using medical equipment to hear heart & lung sounds), hearing in situations when unable to see lips (e.g. if using mask over mouth/someone's voice on the phone), and hearing alarms (e.g. high/low frequency/overhead paging system/fire alarm).

**3. Olfactory ability** sufficient to assess significant environmental and patient odors such as foul or unusual odors of bodily fluids or spoiled foods, smoke, gases and noxious smells.

**4. Tactile ability** sufficient for physical monitoring and assessment of health care needs. Examples of relevant activities include detection of: unsafe temperature levels in heat-producing devices used in patient care, anatomical abnormalities, vibrations (e.g. pulses), temperature of room, skin, etc., differences in surface characteristics (e.g. skin texture), and differences in sizes, shapes (e.g. identify body landmarks)

**5. Strength and mobility** sufficient to perform patient care activities and emergency procedures. Examples: Safely transfer patients in and out of bed, turn and position patients, hang intravenous bags, accurately read the volumes in body fluid collection devices hung below bed level, perform cardiopulmonary resuscitation. Must have ability to lift up to 35 pounds unaided (NIOSH, 2009).

**6. Fine motor skills** sufficient to perform psychomotor skills integral to patient care such as grasping small objects with hands, keying/typing, pinching, picking, twisting, and squeezing with fingers. Examples: Safely dispose of needles, accurately place and maintain position of stethoscope, manipulate small equipment and containers, such as syringes, vials, ampules, and medication packages.

**7. Physical endurance and stamina** sufficient to complete assigned periods of clinical practice activities for entire length of work role, such as standing during surgical or therapeutic procedures or performing CPR.

**8. Emotional stability** for accountability of actions to function effectively under stress, to adapt to changing situations/environment, remaining calm and able to follow through. This includes establishing therapeutic boundaries, dealing with the unexpected, focusing/maintaining attention on a task, performing multiple responsibilities concurrently, and handling strong emotions (e.g. grief, anger).

**9. Gross Motor Skills** involve broad requirements elaborated in the following.

- **Sitting-occasional:** While charting, talking on the phone, etc.
- **Standing and walking-continuous:** During all phases of patient care within the unit and throughout the hospital. This includes maintaining balance and moving within confined spaces.
- **Lifting-frequent:** From side to side, up in bed, transferring from bed to chair, from bed to gurney, etc. Weight lifted usually ranges from patients weighing 100 to 250 pounds, rarely 250 to 500 pounds (with help).
- **Pushing/Pulling-frequent:** pushing beds, gurneys and wheelchairs. Positioning patients in bed or during transfer to and from gurneys, wheelchairs and commodes. Up to 70 pounds effort.
- **Crouching/Stooping (bending at knees and waist)-frequent:** Emptying catheter drainage bags, checking chest tube containers, positioning wheelchair foot supports; During bathing, feeding, dressing changes, catheterizations, and similar procedures.
- **Twisting/Reaching-frequent:** Above shoulders and below waist.
- **Kneeling- occasional:** Transferring patients, performing CPR.
- **Handling/grasping, Operation of equipment, -frequent:** Preparing and administering medications, performing dressing changes and similar procedures, manipulating oxygen equipment, obtaining supplies, using computer mouse, etc. Setting up and monitoring IV equipment such as infusion pumps (40 pounds effort). Cardiovascular hemodynamic equipment (40 pounds effort), suction equipment (30 pounds effort), and various other items ranging from 2 to 40 pounds effort. Squeezing with hands to operate a fire extinguisher.

*This is to certify that I have read, and that I understand, the “Functional Abilities” Form, and further that I understand that each of these competencies is required for entry into the nursing program at College of the Canyons. Any change in my health status that affects my functional competencies require that I meet with the Nursing Program Director, and resubmit updated current health clearance forms. My signature below indicates that I meet all of these functional competencies.*

---

Applicant's Printed Name

Applicant's Signature

Date

**The following is to be completed by Applicant's Healthcare Provider:**

I have examined \_\_\_\_\_ (applicant's name), and find the applicant capable of delivering direct patient care and/or client services in keeping with the essential functions of the program noted above.

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**Printed Name of Healthcare Provider**

**License #**

**Signature**

**Date**

## References

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- National Council of State Boards of Nursing. (1999). Guidelines for using results of functional abilities studies and other resources. Chicago, IL: NCSBN.
- National Institute for Occupational Safety and Health (NIOSH), Safe Patient Handling Training for Schools of Nursing Curricular Materials, Veterans Health Administration (VHA), and the American Nurses Association (ANA) (2009). On November 10, 2011 retrieved from <http://www.cdc.gov/niosh/docs/2009-127/pdfs/2009-127.pdf>
- The U.S. Equal Employment Opportunity Commission. Definition of "Disability" - In General; Reasonable Accommodation. On 4/13/2011 retrieved from: [http://www.eeoc.gov/eeoc/foia/letters/1999/disability\\_general.html](http://www.eeoc.gov/eeoc/foia/letters/1999/disability_general.html) .
- The U.S. Equal Employment Opportunity Commission. Questions and Answers about Health Care Workers and the Americans with Disabilities Act. On April 13, 2011 retrieved from [http://www.eeoc.gov/facts/health\\_care\\_workers.html#\\_edn22](http://www.eeoc.gov/facts/health_care_workers.html#_edn22).
- Yocom, Carolyn J. Validation Study: Functional Abilities Essential For Nursing Practice. National Council of State Boards of Nursing, Inc., 1996.

## REQUIREMENTS FOR EACH SEMESTER

As stated in New Student Orientation and the NURSING STUDENT HANDBOOK CONTRACT, you must provide the following items before the deadline:

Background check & 10 Panel Drug Screen: on admission to Nursing Program  
Physical Exam: annually

The following items need to be addressed for currency each semester:

CPR card	Immunization
Fire card	Malpractice insurance
TB test results	

Other requirements:

Items must be current for the entire semester. For example, if a CPR card expires in March of the spring semester, it must be renewed prior to the established deadline and documentation for the renewal submitted to the Allied Health Office by the deadline. If you fail to submit these items by the deadline, the contract will be enforced and you will be dropped from the program.

### **Failure to meet deadlines:**

Students are **mandated** to meet all deadlines for submitting the required paperwork and registration for the nursing program. The paperwork is necessary to meet our contractual obligations. We will not be allowed to use clinical facilities without correct documentation of all requirements. Meeting deadlines is a part of the professional role of the registered nurse. The student's ability to meet the deadlines is a reflection of this professionalism. Therefore, if the student fails to meet the deadlines, the student will be dropped from the program. It is a minimum requirement that students are able to follow directions and accomplish tasks in a specific timeline.

Again, to make sure there is no misunderstanding, the student is responsible for completing all required paperwork by the given deadline each semester. If the student fails to complete all required paperwork by the deadline, the student will be dropped from the program. There will be no extensions of the deadline and there are no exceptions except those listed below. Students are given notice well in advance of the deadline.

Deadlines are provided to students during orientation and at the end of each semester.

### **Exceptions:**

1. One exception to the deadline is if your medical insurance will not allow you to have a physical before it is due. For example, if you had a yearly physical on January 1 and you cannot have it before January 1 of the next year without having to pay for it, then it would be acceptable to wait to have the physical at the time

permitted by your insurance company. To be granted this exception you would need to write a letter in advance explaining the situation and giving the date of your appointment. If you do not have insurance coverage for yearly physicals and have to pay for one, then this exception does not apply to you and you must comply with the deadline.

2. Immunizations cannot be done before they are due. You must provide a letter stating when you have an appointment to obtain the necessary immunizations.
3. Some malpractice insurance companies allow you to renew 60 to 90 days prior to the expiration date of the insurance. You must not wait for them to provide you with a renewal form. Find out in advance their policy and renew as early as you can. It is your responsibility to see that the renewal document is faxed to the Allied Health Office and that it arrives before the deadline. If your malpractice insurance company will not allow you to renew in advance, as letter must be provided with the specifics of that company's rules.

If you have used any of the exceptions, it is your responsibility to be sure that you have the required items as soon as you are able. There will be no reminders to you at that point. If you fail to do what you said you would do in your letter, you will be dropped from the program.

## **REGISTRATION POLICY**

Students must be registered for their courses by the deadline date set by the nursing department. Students will be notified of this date in writing. If a student does not register by this date, their seat will be given to an alternate student.

## **BACKGROUND CHECKS**

To comply with The Joint Commission, state, and local regulations regarding background checks for healthcare providers, the following position statement has been adopted from the Orange County/Long Beach (OC/LB) Consortium for Nursing, by College of the Canyons Nursing Program: Nursing students must have clear criminal background checks to participate in placement(s) in clinical facilities. The background check is not a requirement for admission to a nursing program and will be completed after an invitation for admission is received. Background checks are required for registration in clinical nursing courses. The initial background check satisfies this requirement during continuous enrollment in the program; should the educational process be interrupted, new background check will be required.

Background checks will minimally include the following:

- Seven years history
- Address verification
- Sex offender database search
- Two names (current legal and one other name)
- Three counties
- OIG search
- Social Security Number verification

Students will be unable to attend clinical facilities for the following convictions:

- Murder
- Felony assault
- Sexual offenses/sexual assault
- Felony possession and furnishing (without certificate of rehabilitation)
- Drug and alcohol offenses (without certificate of rehabilitation)
- Other felonies involving weapons and/or violent crimes
- Class B and Class A misdemeanor theft
- Felon Theft
- Fraud

Students may be denied access to clinical facilities based on offenses appearing on the criminal record which may have occurred more than seven years ago. Students must provide schools with information allowing the school (and clinical facilities as necessary) access to the background check. If the student's record is not clear, the student will be responsible for obtaining documents and having the record corrected to clear it. If this is not possible, the student will be unable to attend clinical rotations. Clinical rotations are a mandatory part of nursing education; therefore the student will be ineligible to continue in a school of nursing. Applicable BRN and/or BVN/PT guidelines will be incorporated into these guidelines as they become available

## **INFECTION CONTROL GUIDELINES**

Students must complete the following by the date set in orientation before entering program.

- Mumps positive titer
- Rubella positive titer
- Rubeola positive titer
- Varicella positive titer
- Hepatitis B vaccine begun (series of three); and positive titer submitted when series finished
- TDAP (tetanus/diphtheria and pertussis vaccine) within 10 years
- The following are required before entering program and annually:
  - Physical exam
  - TB clearance
  - Flu vaccine or waiver

All documentation (in progress and complete) must be submitted to the Allied Health Division Office by the deadlines given. Vaccinations can be obtained from the Student Health and Wellness Center at College of the Canyons.

### **Meeting Deadlines:**

These requirements must be maintained throughout the nursing program. Each clinical facility mandates that student complete and maintains the above infection control standards. It is your responsibility to meet all requirements. Regulations are such that we cannot allow students into the clinical area without the required documentation.

**Therefore, if these are not completed with documentation submitted to the Allied Health Office by the deadlines established each semester, you may be dropped from the program and your place given to an alternate.**

You should not go to your clinical assignment if you are ill. See the absence policy for the procedure to follow if you are ill. Dismissal from the clinical area due to illness is at the instructor's discretion. Documentation from a physician may be required to return to the clinical facility.

## **HEALTH REQUIREMENTS**

Students must be free from any condition (e.g., communicable diseases, infections, injuries, or any physical or psychological disorder) that would prevent the safe and successful performance of responsibilities and tasks. These are delineated in the Functional Ability Requirements in this Handbook. Any condition described above which a student develops after admission to the program may be considered sufficient cause for dismissal or suspension from the program.

The Director of the Nursing Program, in collaboration with the nursing faculty, reserves the right to request that a nursing student be examined by a health care provider if there is evidence that the student is not able to perform as described above. The provider completing the examination must be acceptable to the Director and faculty.

If at any time during the semester a student is injured, becomes seriously ill, has surgery, or becomes pregnant, a physician's note must be provided before returning to class or clinical. This release must specifically state that the student may participate in both clinical and classroom sessions without restrictions. The note is to be given to the clinical instructor and the Allied Health Office for placement in the student's file.

## **GRADING POLICY**

The theory instructor will explain the requirements and grading method at the beginning of every course. The following percentage groupings determine the letter grades used in nursing courses.

A = 90 - 100%

B = 80 - < 90%

C = 75 - < 80%

F = < 75% and below

There will be no rounding when calculating grades. Calculations will not be extended past the tenths place.

All classes must be passed with a C or better. This applies to nursing classes as well as all classes required for graduation.

## **PASSING NURSING COURSES – PROCESS**

Both lecture and lab/clinical components of a course must be passed at the 75% level in order to pass a nursing course. Failure to achieve the 75% level in either lecture or lab will result in failing the course.

### **Lecture grading:**

- All students must pass the exam portion of lecture with a cumulative score of 75% or above in order to pass the course. If the student fails to achieve the required 75% in exams, the student will fail the course. No other scores will be calculated into their grade.
- Students who achieve the required level for exams will then have grades for other assignments added to their grade for a cumulative final grade. Students must still pass at the 75% level. Therefore if the grades for other assignments lower a student to below 75% over all, the student will fail the course.

### **Clinical grading:**

- Both the written assignments and the clinical evaluation must be passed in order to pass the clinical portion of each class. The passing level for all written work is 75%.
- Clinical case studies and care plans should be considered a test. They will only be scored once.
- The written grade from clinical is not factored into the letter grade given to a student upon completion of the class.
- The Clinical Evaluation Tool describes expected behaviors and will be used to evaluate clinical performance.
- Failure to meet expected behavior will result in a written notification that performance is less than expected for the semester. Written notification will be in the form of a Performance Improvement Plan (PIP) and will include a contract for improvement.
- 3 PIP's in two consecutive semesters will result in failure from the program.

## PERFORMANCE IMPROVEMENT PROCEDURE

The following policy defines at risk behavior and describes the process for correcting the behavior. More serious behaviors considered reckless are also described and will result in immediate removal from clinical.

### PERFORMANCE IMPROVEMENT PROCEDURE

<b>RECKLESS BEHAVIOR:</b>	<b>AT RISK BEHAVIOR:</b>
<b>Chose to consciously take a substantial &amp; unjustifiable risk, or was dangerously deficient in knowledge base jeopardizing patient safety.</b>	<b>Did not recognize risk or mistakenly believed risk to be justified.</b>
<ol style="list-style-type: none"> <li>1. Endangering the welfare of patients or others:               <ul style="list-style-type: none"> <li>• Intentional harm or abuse to patients, staff, faculty, peers, school</li> <li>• Providing patient care while demonstrating physical, mental, or cognitive limitations; including, but not limited to, intoxication.</li> <li>• Abandoning a patient which then jeopardizes the patient's welfare.</li> </ul> </li> <li>2. Unprofessional/illegal behavior:               <ul style="list-style-type: none"> <li>• Deliberately falsifying the patient's chart to cover-up inappropriate care</li> <li>• Illegal acts such as stealing, or profiting from patient information</li> </ul> </li> <li>3. Hospital bans student due to inappropriate behavior.</li> </ol>	<ol style="list-style-type: none"> <li>1. Failing to meet required practice standards as defined by the clinical evaluation tool.</li> </ol>
<b>PROCESS</b>	<b>PROCESS</b>
<ol style="list-style-type: none"> <li>1. Removal from clinical immediately.</li> <li>2. There will be an investigation of the clinical issues by a departmental panel consisting of both administrator(s) and faculty.</li> <li>3. The student and instructor will have the opportunity to present their interpretation of the events leading up to the instructor's recommendation that the student be removed from clinical to</li> </ol>	<ol style="list-style-type: none"> <li>1. Remove from clinical after <u>3</u> documented incidents in any given semester or 3 documented incidents in two consecutive semesters.</li> <li>2. Student fails the current course.</li> <li>3. If the student is eligible to return to the program, he/she will be given a remediation plan to complete before returning.</li> </ol>

<p>the departmental panel.</p> <p>4. If the panel deems that the student engaged in reckless behavior, the student will immediately fail the current course and may not return to the program.</p> <p>5. The decision by the panel does not replace the college grievance procedure.</p>	<p>4. Remediation plan will consist of:</p> <ul style="list-style-type: none"> <li>• Transition class with semester appropriate goals and outcomes reflecting competencies needed for successful re-entry.</li> <li>• Academic remediation if warranted.</li> </ul>
<b>DISPOSITION</b>	<b>DISPOSITION</b>
<p>Not permitted to return to program</p>	<ol style="list-style-type: none"> <li>1. Student permitted to return to program after completion of remediation plan.</li> <li>2. Progress report completed as listed in the remediation plan for re-entry into the program.</li> <li>3. If progress report is unsatisfactory, the instructor(s) and Assistant Director will consult to determine if further corrective measures are warranted.</li> </ol>

### **DISCIPLINARY MEASURES**

It is expected that all COC nursing students exhibit the highest standards of ethical behavior in their clinical and scholastic endeavors. Nurses provide care and advocacy for vulnerable populations and must conduct themselves with integrity at all times. Behaviors which would be cause for faculty review and referral to the Vice President of Student Services with possible failure, suspension, or dismissal include but are not limited to the following:

1. Irresponsible or careless attitude
2. Untrustworthy or improper behavior
3. Breaching patient confidentiality
4. Physical or mental illness deemed sufficient to interfere with meeting objectives and progressing in the nursing program.
5. Dishonesty in classroom and/or clinical areas
6. Falsification of records
7. Behavioral evidence or actual impairment of substance abuse
8. Unsafe clinical practice that jeopardizes patient health or safety

## **ATTENDANCE POLICY**

The nursing faculty believe competency in nursing theory and practice requires regular attendance. Absences should only occur in the event of personal illness or emergency situations. Business or personal appointments, including medical and dental ones, should not be made during school hours. After an absence it is the responsibility of the student to check with the instructor about the completion of all missed assignments.

In the event a student is going to be absent from clinical it is their responsibility to notify the instructor. If a student is absent and does not notify the instructor prior to the start of the clinical shift, the student will receive a Performance Improvement Plan.

### **Clinical Attendance:**

1. If a student is absent for hospital orientation, he/she will be dropped from the course.
2. A tardy is defined by being late to clinical or pre or post-conference once these have begun. It is also defined by leaving early. Three (3) tardies equal one (1) absence. If the student is over an hour late, the instructor may consider the late arrival the same as an absence. Similarly leaving an hour or more before the end of clinical may be considered an absence.
3. Tardies cannot be made up. Any quizzes missed for tardiness or absence cannot be made up.

There are a limited number of absences allowed in clinical courses.

1. 2 day a week clinical schedule: Only 2 absences are allowed. A student will be given an advisory after 2 absences or six tardies (or any combination of absence/tardy equal to 2 absences). If a third absence or 3 additional tardies occur, the student will be dropped from the program.
2. One day per week clinical schedule: If a student had a 1 day/week clinical schedule he/she is only allowed one absence. If a second absence occurs, the student fails the course and will be dropped from the program.

## **PROGRAM CONTINUATION**

Students must receive a grade of "C" in every nursing science course, as well as each course required by the BRN for graduation as a registered nurse, to continue in the program. Failure to do so will result in course failure and dismissal from the program.

## **FAILURE/WITHDRAWAL FROM COURSE**

When a student fails a course it is their responsibility to drop any other courses for which they may already be registered. It is also their responsibility to drop the course and any other concurrent and subsequent nursing courses before the drop/withdraw deadline. Finally, the COC student nurse ID badge must be submitted to the Nursing Department.

For example if a student fails Nursing 112, they will already have registered for the following course, Nursing 114. Since Nursing 112 is a pre-requisite to Nursing 114, the student would not be able to continue into that class. The student would be responsible for dropping Nursing 114. Refer to the COC catalog for drop and withdrawal procedures.

Re-entry into the registered nurse program after failing a course or withdrawing from a course is subject to specific policies. If a student withdraws from or fails a course, they will be allowed to re-enter the program on a space available basis after completion of their individualized remediation plan.

### **GRIEVANCE POLICY**

A student having a grievance with a faculty member will be initially required to consult with that faculty member to resolve the issue. If resolution is unsuccessful, arrangements should be made to meet with the Assistant Director of Nursing or the Director of the Nursing Program.

If further guidance is needed, see the “Student Grievance Policy” in the College of the Canyons catalog under “Regulations and Policies.”

### **AUDIT POLICY**

The college audit policy is found in the college catalog under “Academic Policies”.

### **CHALLENGE POLICY** **(Credit by Examination)**

#### **Requirements:**

1. Must be admitted to the nursing program
2. Currently enrolled in a minimum of 6 semester units and in good academic standing
3. Student must provide Admissions and Records with the following documents:
  - Transcript of prior formal education and/or certificate for work or verification of work
  - Documentation of theory and clinical hours by transcript.

For further information see the College of the Canyons “Credit by Examination” policy and procedure in the COC catalog.

## **READMISSION POLICY**

A student may re-enter the COC Nursing Program only one time after failing a course, dropping a course, or withdrawing from the program. If the student wishes to be placed on the waitlist for re-entry, they must notify the Allied Health Office in writing stating that they would like to return at the first available seat. After two failures or withdrawals, a student may not return to the program.

Students who re-enter the program will be subject to all current nursing program policies as defined by the Nursing Student Handbook, catalog, and published materials and must fulfill all entrance requirements including a repeated background check and 10 panel drug screen. In addition, completion of the individualized remediation plan is required. Failure to complete the remediation plan by the specified deadline will disqualify a student from re-entering the program. Re-entry students will be admitted on a space available basis only.

### **Two year policy:**

Students who re-enter more than two years after leaving the program must take Nursing 109 – Nursing Transition – before re-entering. This applies to both generic RN students as well as LVN-RN students. If a LVN-RN student takes Nursing 109 but is not able to enter the program within two years, that student will have to repeat Nursing 109.

### **Transfer student policy:**

Students who have previously failed in another RN program will only be allowed one entry into the COC RN Program. They will not be allowed to re-enter if they fail, drop, or withdraw from the program.

## **Program Progression**

This statement provides an explanation of the student's progression through the program for the generic RN, the LVN to RN, transfer, nurse with an international degree, or 30 unit option student. The process for returning to the program after failure, withdrawal, or when the student drops out of the program is described.

### Generic RN Program Progression

#### *Complete Progression:*

- Student begins in first semester and continues through the program until graduation in fourth semester and completes the program in 4 consecutive semesters to graduate.

#### *Failure in Any Course:*

- Students failing/withdrawing from a course must complete an individualized remediation plan. Upon completion of that plan, by the established deadline, students must supply the Allied Health office with evidence of completion, including official transcripts, and/or documentation of any lab/clinical remediation. Students will be placed on the waiting list for the appropriate course once all remediation documentation has been received. Students will be re-admitted into the program on a space available basis.

- *Students often ask:*
  - If I finish by the end of one semester, will I be able to return in the next semester?  
Answer: No, that is not possible.
  - if I complete my remediation plan after the stated deadline, can I still return to the program? Answer: No. Students who fail to complete remediation plans by the deadline will not be able to return to the program.

#### LVN to RN student progression

##### *Complete Progression*

- Students begin the transition course as an LVN to RN student. Upon completion of the course, they are either placed in to an available spot in Psychiatric Nursing after those on the wait list or are placed on the wait list for Psychiatric Nursing behind others already on the list. The students are placed on the list based on their application date.
- Once they complete the transition course, they then complete Psychiatric Nursing, Intermediate Medical Surgical Nursing, and Advanced Medical Surgical Nursing to graduate.

##### *Transition Course Failure*

- Student fails, drops, or withdraws from the transition course. Students complete remediation and provides their official transcripts and if required their completion of the lab/clinical remediation to the office by their established deadline.
- Upon completion of the transition course the student repeating the transition course will be placed on the list for Psychiatric Nursing after the students completing the transition course for the first time.

##### *Failure in another Course*

- LVN to RN students failing, dropping, or withdrawing from any other course will follow the same procedure as a generic student failing a course.

#### Transfer Student progression

##### *Complete Progression*

- Students begin the Transition course as a transfer student. Students are placed on the wait list for the specific semester/course they are transferring into after other students already on the waitlist for the course. Students then begin the program in the specific course and continue through the rest of the nursing program to graduation.

##### *Transfer student failure or drop from a Course*

- Transfer students who have previously failed another RN program will only be allowed one entry into the COC RN program. After one failure in COC's RN program the student will not be allowed to return.

#### 30 Unit option students progression

##### *Complete Progression*

- Students completing the 30 unit option will complete the transition course and will be placed on the list to enter Psychiatric Nursing after the LVN to RN students, transfer

students, and students repeating the transition course along with International students as a group by their application dates.

*30 Unit Option Failure or Drop From a Course*

- When the student fails, drops, or withdraws from the transition course or specific course, the student follows the same procedure as LVN to RN students.

Nurse with an International Nursing degree progression

*Complete Progression*

- Students with international RN licenses required by the BRN to take specific courses will complete the Transition course.
- They are then placed on the list to enter the specific course after the LVN to RN students, transfer students, and students repeating the transition course along with 30 unit option students as a group by their application dates.

*International RN failure or Drop from a Course*

- When the student fails, drops, or withdraws from the transition course or specific course, the student follows the same procedure as LVN to RN students.

## **INCOMPLETE GRADE POLICY**

Incomplete grades may be assigned when course requirements are not met due to unforeseen circumstances. This grade will be given in accordance with the College of the Canyons grading policy as found the College catalog. Students must meet with faculty to discuss the reasons for the incomplete, whether or not an incomplete is appropriate to the circumstances, and ways the situation can be resolved.

An incomplete grade does not indicate that the student has satisfactorily completed the course objectives. Therefore, the student is judged unprepared to advance in the nursing program.

An incomplete grade in a nursing class must be replaced with a grade of “C” or better in order to be eligible to advance in the sequence of nursing classes. Replacement of the incomplete with a “C” or better must take place before the start of the next class in the program sequence. If an incomplete grade in a nursing course is not removed by the timeline indicated, the student will be dismissed from the program.

## **CLINICAL ASSIGNMENTS**

Students must be able to attend any clinical facility utilized by College of the Canyons during any time period (day, evening, or weekend). The instructors assign students to the clinical groups. Placements are made to provide the best learning environment for all students. Students must be able to provide transportation to any clinical facility. Transfer and returning students will take whatever space is available for their class assignment.

## **EXAMINATION ISSUES**

**Exams:** Students will be allowed to make up missed examinations if they notify the instructor of their absence ***before*** the start of the examination. Failure to do so will result in getting a zero on that exam. Students will have 48 hours to make up the examination. It is up to the instructor to decide on format of the makeup examination.

**Quizzes:** Quizzes in lecture and clinical may be made up only at the discretion of the instructor.

Reviewing examinations is up to the discretion of each course lecture instructor. Faculty may choose to review the exams in class or individually in their offices. Students need to check with each individual instructor.

No books, pencils, pens, or cell phones are allowed while reviewing an exam. The intent of a review is to understand how to improve on the next exam and also to gain an understanding about questions answered incorrectly. Test reviews are not meant to be study sessions. Exams will not be available for review until all students have taken the exam.

## **CHEATING**

It is expected that College of the Canyons nursing students will exhibit the highest standards of ethical behavior in their clinical and scholastic endeavors. Nurses provide care and advocacy for vulnerable populations and must conduct themselves with integrity.

In the event that any student in the nursing program would be guilty of cheating, he/she will be subject to disciplinary action as stated in the College of the Canyons catalog. Besides cheating on tests, it is considered cheating to submit another student's graded work as your own. This too will be subject to disciplinary action.

Plagiarism is grounds for disciplinary action as noted in the college catalog and schedule of classes. Be sure you understand how to properly cite references and the correct use of quotation marks for items that are taken directly from a source. At the same time it is inappropriate to submit a paper that is all quotations. Students must demonstrate understanding of material by being able to write papers in their own words keeping quotations to a minimum.

## **DOSAGE CALCULATION TESTS**

Performing dosage calculations requires more than just math. It involves using theoretical concepts as well. The dosage calculation tests simulate real clinical situations. Anytime you calculate a medication dosage on a test, consider that you are actually administering a drug to a patient. Safe habits are developed by consistently following safe practice standards in all situations.

Dosage calculation tests must be passed at the 100% level to allow advancement into the next level of the nursing program.

The dates of the tests will be announced in advance to give students time to prepare. Deadlines for passing this test will be announced each semester. Testing must be completed by the stated deadline. A review class will be offered during the semester. Tests will be cumulative: students will be tested on content learned during the current and previous semesters. The procedure is as follows:

### **First semester:**

Students take the first semester dosage calculation test as directed by the instructor. This test must be passed before the student is allowed to administer medications in the clinical area.

### **Second semester:**

When students advance to the OB/Peds portion of second semester, a pediatric dosage calculation test will be given. The OB/Peds faculty will determine the acceptable pass rate which allows students to administer medications to pediatric patients.

At the end of the second semester, students will take a dosage calculation test in order to qualify for advancement into the third semester of the RN program. If not, then the student may complete second semester.

### **Third semester:**

Students will take a dosage calculation test at the end of the third semester in order to qualify for advancement into the fourth semester. If not, then the student may complete third semester.

### **LVN-RN and transfer students:**

LVN-RN and transfer students will be required to pass the appropriate dosage calculation test to enter their first nursing course at College of the Canyons during Nursing 109.

Therefore some students will take more than one test in a semester: one to enter the program and one to advance to the next level.

**Re-entering students:**

Students who re-enter the program after withdrawing of failing a course will be required to pass the appropriate dosage calculation test before re-entering the program. Deadlines will be supplied to these students. Testing must be completed by the deadline or the student will be dropped from the program. NOTE: Students re-entering first semester do not need to take the dosage calculation test before re-entering. Instead these students will take the dosage calculation test when the rest of their class takes the test.

**Testing Policy:**

1. All D&C tests will be timed to simulate preparation time constraints in the clinical setting.
2. Each student will have 3 chances (3 different tests) to achieve the 100% passing level.
3. Any student who is unable to pass any of the three tests with 100% will be dismissed from the program.
4. Failing to take any of the tests at the designated time will result in dismissal from the nursing program.
5. Only basic function calculators will be allowed. NO ADVANCED FUNCTION CALCULATORS AND NO CELLULAR TELEPHONES WILL BE ALLOWED.
6. Students are advised to show their work to avoid making mistakes and to aid in tutoring if needed. Scratch paper will be provided with the test.
7. Every effort will be made to place the test results in student mailboxes within 24 hours of taking the test. No results will be given by the lab coordinator in person or by telephone.
8. Graded tests are kept in the College of the Canyons Nursing Skills Lab for review. Students are encouraged to review problems missed on their test before taking the next test.
9. Tutoring is available by appointment. Students should review their test, class notes, dosage and calculation text, and re-work missed problems before requesting tutoring.

## College of the Canyons Nursing Department

### Simulation Confidentiality Agreement

I agree to keep confidential all content of the scenarios in which I participate. I agree NOT to discuss any aspect of the simulation program, situation, or event with ANYONE else other than the actual group participants. I acknowledge that sharing information with others outside the participant group is a breach of confidentiality.

This is to protect the integrity of the scenarios so future participants don't learn about them in advance and to keep the participating students own performance confidential.

I understand each simulation program using high fidelity simulators may be videotaped for educational purposes. This agreement is for any simulation in which I am involved during the entire nursing program.

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Printed Name

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Signature

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Date

## **STANDARDS OF STUDENT CLINICAL APPEARANCE**

Uniforms with the COC patch and photo ID must be worn during clinical. Uniforms must be purchased through Dove Uniforms. Information about ordering, sizing, etc., is available on the COC Nursing Department website.

**Students must wear uniforms on campus when participating in all simulations. In first semester uniforms must be worn during Nursing 112 skills lab and during practicums.** Uniforms must be kept clean and neat. This includes COC nursing uniforms as well as uniforms or scrubs from any health care facility. No uniforms/scrubs will be worn on campus or to any skills lab after wearing the uniform in the hospital as this is a violation of infection control policies.

Whenever you are in a hospital you must dress per course requirement including wearing the COC photo ID at all times. If uniform top has a zipper, it must be zipped up all the way. If it is to prepare for clinical, review charts, or doing research for a case study the designated uniform must be worn. If permitted by the facility, an above-the-knee length white lab coat from Dove Uniform over your professional street clothes may be worn. It is inappropriate to wear jeans, shorts, sandals, exercise gear, or revealing clothing when in the hospital even if a lab coat is worn.

Long sleeves either in the form of a shirt or lab coat may be worn with uniform. Shirts may be turtle-neck or crew neckline but must be white and in good condition. Shirts may not be made of thermal material, contain any logos, and may not be discolored. Only lab coats purchased from Dove Uniforms are permitted. Faculty will ask for the shirt or lab coat to be removed for any of the above conditions or if the garment interferes with a professional appearance.

**Shoes:** All white, leather shoes must be worn when in clinical. Shoes and laces must be kept clean. Open toed/ open backed shoes are not allowed in clinical facilities.

**COC Photo ID:** This can be obtained at the COC Student Center. ID is worn on the front of your uniform above the waist. This ID must designate you as a "Student RN."

**COC Patch:** The COC patch is worn on the **left** sleeve of the uniform and lab coat.

**Hair:** If your hair is shoulder length or longer, it must be worn pulled back and off the collar. Do not wear decorative hair accessories.

**Nails:** Nails must be kept short to prevent injury to the patient. Artificial nails must be removed. No nail polish may be worn. Students violating this policy will be sent off the unit.

**Make-up:** Make-up should be carefully applied so that it enhances the wearer. Extremes should be avoided.

**Facial hair:** Men's facial hair must be short and neatly trimmed to allow for proper fit of isolation masks.

**Chest hair:** If chest hair is visible, student must wear white, short sleeve, crew neck shirt under uniform to cover the chest hair.

**Tattoos:** All tattoos must be covered.

**Jewelry:** No jewelry other than wedding rings and a watch with a second hand should be worn while in uniform. One ear accessory per ear on a post that does not hang below the ear lobe may be worn. No tongue accessories are acceptable. No other body piercing accessories are allowed.

**Gum:** Gum is not allowed while in uniform.

**Smoking:** Smoking is not allowed in college classrooms or clinical facilities. Those who wish to smoke should do so only in designated areas. Be aware that smoking immediately before patient care may be hazardous to the patient. The student may be asked to change his/her uniform if smoke can be detected on the uniform.

**Perfume/Aftershave/Deodorant:** Perfume and aftershave should not be used when caring for patients. These odors may be nauseating for an ill person or cause allergic reactions. Please use a reliable deodorant. The synthetic fabric of some uniforms picks up body odor which may be difficult to eliminate. Good oral hygiene is also necessary.

**Belongings:** Bring the following with you to clinical: black pen, bandage scissors, stethoscope, small pocket notebook, and a watch with a second hand. Your clinical instructor will tell you which papers and books to bring to clinical. Please do not bring backpacks, purses, briefcases, etc., to clinical. Hospitals do not provide lockers for students and these items cannot be placed on the nursing units.

### **STUDENT IMPAIRMENT BY ALCOHOL, DRUGS, AND/OR EMOTIONAL ILLNESS**

Substance abuse among nursing students is a major issue as it can place vulnerable patients at risk, as well as compromise the integrity of the learning environment. Nursing students are at high risk for developing substance abuse behaviors due to the inordinate levels of stress, burn-out, and the high demands of nursing school.

Chemical Dependency and Emotional/Mental Illness:

The Board of Registered Nursing considers the student use of controlled substances, dangerous drugs or devices, or alcoholic beverages to an extent or in a manner injurious to self or others to constitute unprofessional conduct. The conviction of a criminal offense involving the prescription, consumption or self-administration of the above substances is conclusive evidence thereof. (B&P 2762).

In addition, chemical dependency and mental illness are diseases and should be treated as such. The Board has established a diversion program for impaired registered nurses as a voluntary alternative to traditional Board disciplinary actions. (B&P 2770)

It is the responsibility of the student nurse who suffers from any of these conditions to seek voluntary diagnosis and treatment. It is recognized that the nature of these illnesses requires extensive and thorough rehabilitation. The Counseling and Nursing Departments as well as the Student Health Center can provide accurate information regarding treatment centers. If left untreated, this could lead to disciplinary action and may prevent licensure in California.

Procedure:

- Any student demonstrating characteristics of chemical dependency, emotional, or mental illness will be directed to a health care provider for diagnosis and treatment.
- If the student is in a patient care setting, the student will be removed from the clinical setting immediately by the instructor and referred to seek appropriate attention with a physician or the COC Student Health Center.
- The student must meet with the Director of the Nursing Program and will be referred to the Dean of Students Services for further action.
- The student may be dropped from the program.
- In order to return to the clinical setting, a physician's release is required stating that the student is deemed safe and may return without restrictions.
- Reentry into the nursing program will be considered on a space available basis only after documentation of aggressive, continuous rehabilitation, and recommendation from a physician indicating satisfactory health status.
- Students are expected to show evidence of rehabilitation when submitting their application for licensure.

This information will be discussed in new student orientation as well as provided in this handbook.

**NOTE:** The Nursing Department is subject to College of the Canyons policy regarding drug and alcohol abuse by students. A student will be dismissed from the program if he/she is deemed unsafe to practice. Students are advised to read the College of the Canyons policies governing student rights and responsibilities in the College Catalog. Every attempt will be made to help a student find appropriate agencies to help in rehabilitation. The Board of Nursing guidelines indicate that the student must participate in such a program. Crisis counseling is available in the Student Health and Wellness Center.

VickyRN. (2010). Nursing students and substance abuse. Retrieved Friday, Nov 04, 2011, from <http://allnurses.com/showthread.php?t=451781>

## **NURSING ETHICS**

The nature of nursing requires intelligence, honesty, integrity, and a mature approach to responsibility. As a nursing student soon to be a nurse, remember that personal information regarding your patient(s) is privileged and confidential in nature. At no time are you to discuss any information about your patients with your family or friends. Do not discuss your patients outside of the classroom or nurses station. Even when discussing patient care in the hospital make sure that you are not overheard by someone who is visiting the unit.

## **INTELLECTUAL PROPERTY RIGHTS**

Lecture materials obtained from the COC Nursing Program are for the personal use of the enrolled student only and may not be posted online. Permission for audiotape or videotape must be obtained from faculty.

## **UTILIZATION OF PATIENT INFORMATION**

Clinical Preparation: All accessed patient information must be hand written. No patient records may be duplicated or electronically transmitted.

During Clinical Hours: Patient information may be accessed and utilized per hospital policy with clinical instructor guidance. All documents containing patient information must be disposed of appropriately before the student leaves the clinical area.

Patient confidentiality must be protected at all times. Any evidence of a breach in (Health Insurance Portability and Accountability Act) law will follow the Performance Improvement Procedure. The following are some examples of acts that would constitute a breach in HIPAA laws:

- Accessing patient information not required for care.
- Photographs of patients or patient records obtained via cell phone or any other means.
- Posting photographs and/or any patient information on the web or social networking sites.

## **USE OF PATIENT CHARTS/MEDICAL RECORDS AFTER SCHEDULED CLASS/CLINICAL**

Patient research (as opposed to preparing for clinical) may be done after scheduled class hours and on weekends. Each facility has a different procedure for use of medical records. Consult with your instructor for the policy in your clinical facility for using the Medical Records department. When returning to the hospital it is important that you are officially identified as a nursing student at the College of the Canyons by the nursing staff

and the medical records staff. Wear your photo ID badge, lab coat or uniform, and dress appropriately as described earlier in this Handbook.

Remember you cannot remove charts from these areas and you are not allowed to have any patient contact outside of scheduled clinical time. **Under no circumstances may you photocopy, photograph or take hard copies of patient information from the hospital area.**

## PROFESSIONAL CODE OF CONDUCT

Upon accepting admission to this program, you are embarking on a noble career deserving of individuals who carry themselves with the utmost professionalism. Working effectively as a member of a team is a key to success in nursing. As a nursing student your first role as a team member begins in the classroom. You represent The College of the Canyons nursing program on campus and in the community. When you begin your clinical rotation you are a member of a clinical team which includes your clinical instructor. When you graduate and work as a registered nurse you will be a member of a team of coworkers. As a student and a team member you must abide by a professional code of conduct, as set below, and make it a part of your daily routine.

1. In order to function within the scope of your practice as a future registered nurse:
  - Do not attempt to perform a nursing procedure which you have not been taught in class. But, you are expected to know what you have been taught! This is a legal principle, as well as a requirement of your education.
  - Do not show favoritism or familiarity with patients. Students must not establish any other than professional relationships with patients or their visitors.
  - Never discuss your own personal, financial, or health issues with patients. Avoid telling “all” about yourself. Let the patient do the talking. Be a good listener.
  - Never suggest treatments or remedies to patients.
  - Be sincerely interested, but do not pry. When you are in doubt about anything, check with your instructor so that you may avoid making a mistake.
  - Never bring food to patients without permission from the R.N. caring for the patient.
  - Always clean up after yourself.
  - At the end of a clinical day students must meet with the instructor before leaving the clinical area.
  - Do not accept money or gifts from patients. Be pleasantly stubborn in your refusal. Suggest they write a note to the nursing department indicating their pleasure with your care. You may also suggest that money can be directed to the College Foundation Nursing Scholarship Program.
2. You must be self-motivated in promoting an environment of teamwork. The following describes how you can do this:
  - Accept and value the contributions everyone makes to the group. Specifically, you must listen carefully, think before you say or do something, and be organized when you ask a question. Be an active thinker and not a passive receptacle of information.
  - Value your own and your teammates time by BEING PUNCTUAL.
  - Accept the diversity in everyone’s style. Even though you know yourself best, be aware that other approaches may be just as effective as yours.
  - Be honest at all times.
  - Treat yourself and all team members with respect and courtesy. (Don’t burn bridges!)
  - Promote independence and mutual growth by seeking knowledge and sharing it with the group. Give each other encouragement and seek out opportunities to obtain all of the skills and knowledge of nursing. Consider the “see one, do one, teach one” motto as a means of mastering the many skills required of you.
  - Listen openly to new ideas and other perspectives.
  - Walk a mile in each others shoes. Especially, consider those in a different role than your own. Ex: nurse managers, patients, instructors, R.N.’s on the units you are on

as a student, pharmacist, pharmacy tech, etc. An effective and efficient team is composed of individuals who work jointly toward a common goal. Delivering quality patient care is the goal that is carried out by everyone from the housekeeping staff to the hospital CEO.

- Commit to resolving conflict without resorting to using power. Always follow the chain of command in resolving problems. Consult your instructor for ANY and ALL concerns. Many conflicts are due to misunderstanding or a lack of communication. You must communicate over and above what you think is the bare minimum. Communicate in a fair and nonjudgmental manner, be objective.
  - Take responsibility for your own emotional well-being (For example: If you feel bad about something, it is your responsibility to do something about it).
  - Ensure that you work well as a group on the unit by doing the following.
    - a. Stay focused on the cumulative goal of the group and assume responsibility for achieving that goal.
    - b. Make decisions together as much as possible. Students need to collaborate and consult with the team members, including hospital staff as well as instructor and fellow students.
    - c. Realize that each group member is accountable for the result and consequences of his/her actions.
    - d. Prioritize your duties and do not over commit. Each group member has the right to say no, as long as it does not mean neglecting his or her responsibilities. As an example, Mary is having an extremely busy day and is asked by a fellow student if she can help her bathe a patient. Mary must know her limits and not say yes at this time but offer other solutions. Mary may know that she will be less busy in an hour and can offer to help at that time. Another solution is for Mary to quickly help her classmate find someone else who may be able to help her. Mary must realize that there will be a time when she will need help; therefore she should offer a solution that is realistic and satisfying to her classmate. It is NOT OKAY for a student to say no to a procedure simply because he or she does not want to do it.
3. Foster open communication and a positive work environment by:
- using the concept of “The Golden Rule” (“Do unto others as you would have them do unto you”). The example with “Mary” (above) demonstrates this well. Communicate clearly with sincerity and honesty. Be aware how miscommunication or a lack of communication can lead to conflicts. Strive hard to be clear and specific in your communication style. Also put the same effort toward understanding others. To ensure you understand, you can clarify by repeating in your own words what you believe has been said.
  - being acutely aware of specific details when you are given instructions and also when you are giving someone instructions. Do not assume something is obvious. Repetition is better than misunderstanding.
  - acknowledging and apologizing if you have caused an inconvenience or have made a mistake. Begin by notifying your instructor IMMEDIATELY.
  - making sure you know all of the facts that are relevant to the issue before you draw conclusions about anything.
  - maintaining confidentiality as it relates to patient information as well as information related to your classmates. Redirect classmates who are talking about someone to speak directly to the person. Gossiping is unprofessional behavior.

- avoiding the spread of rumors. Rumors are generally a negative force that does not contribute to a positive work environment.
  - discussing with your instructor if you become aware of unsafe or unethical behavior. Be prepared to describe it specifically and objectively. In other words, describe the facts without judgment.
  - using the principle of communication that stresses the effectiveness of using “I” statements. For example: “*I feel/ I believe/It is my perception...*” rather than “*You make me feel...*” or “*You did...*”. A “*You*” statement implies that you are blaming someone and can make someone feel like they are being attacked. It puts them in a position to be defensive. The goal is to have a pleasant and positive work environment.
4. Be approachable and open to feedback by doing the following:
- Take responsibility for your actions and words. Be accountable by following through on your commitments. Do what you say you will do.
  - When you are given advice or criticism, take time to reflect on it, rather than blaming, defending, or rejecting. Think of it as an opportunity to improve on your weaknesses and be receptive to improving yourself. Experts in the field of communication report that there is always a little bit of truth in every criticism.
  - When in any doubt, ask for clarification of the behavior you have perceived.
  - Stay focused on what you can learn from a situation.

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- Lower, J. (2002). Developing a unit-based code of conduct. *Advance for nurses (FL Ed.)*, 2(2) 29-31.

## **BOARD OF REGISTERED NURSING POLICIES**

Nurses as well as nursing students are governed by policies established by the state legislature and regulated by the Board of Registered Nursing. The scope of RN practice (Nursing Practice Act) can be viewed at the BRN website: [www.rn.ca.gov](http://www.rn.ca.gov). You may be interested in viewing some specific policies such as:

**Scope of Regulation:** <http://www.rn.ca.gov/pdfs/regulations/npr-i-15.pdf>

**Student Workers:** <http://www.rn.ca.gov/pdfs/regulations/npr-b-15.pdf>

**Pain Assessment:** <http://www.rn.ca.gov/pdfs/regulations/npr-b-27.pdf>

**Abuse Reporting Requirements:** <http://www.rn.ca.gov/pdfs/regulations/npr-i-23.pdf>

**Acceptance and Implementation of Orders:** <http://www.rn.ca.gov/regulations/bpc.shtml>  
<http://www.rn.ca.gov/pdfs/forms/brnspring2001.pdf>  
<http://www.rn.ca.gov/pdfs/forms/brnfall2003.pdf>

**Policy Statement on Denial of Licensure:** <http://www.rn.ca.gov/applicants/lic-faqs.shtml>  
<http://www.rn.ca.gov/pdfs/enforcement/discguide.pdf>

**SECTION IV**  
**COMPETENCIES AND CLINICAL EVALUATION**

## **CLINICAL COMPETENCIES**

It is the belief of the College of the Canyons nursing faculty that being competent in clinical skills common to the profession is vital for success in both school and in the workplace. The following tools were developed to help students focus their learning in the clinical area.

### **Competency form:**

This form lists a number of psychomotor skills students need to master. It incorporates skills that span the entire four semesters of the RN Program. As instructors observe a student in the clinical area they will make notes on the level of student performance. Once the student demonstrates an independent level of performance, that will be noted on the competency form and the student will be released to do that skill on their own. It is important that students demonstrate skills regularly so that instructors can guide the student to gain independence in these skills. The competency form will follow the student through all four semesters of the program. It is expected that the student will have experience with every skill listed.

STUDENT NAME: \_\_\_\_\_

CORE  COLLABORATIVE  TRANSFER  LVN-RN

GRADUATION DATE: \_\_\_\_\_

**COMPETENCIES**

SKILL	Practicum Passed	DEMONSTRATION OF SKILLS –LEVEL OF PERFORMANCE	DATE Level 5	INSTRUCTOR SIGNATURE Clarifying student is at Level 5
<b>STERILE TECHNIQUE:</b>				
*Gloving				
*Wound Care <i>Student will do one or</i> *Catheterization <i>the other – not both</i>				
Central Line dressing change				
Trach care				
<b>MEDICATION ADMINISTRATION:</b>				
*Oral				
*SQ				
*IM				
Intradermal				
Enteral				
Topical				
IVP				
PCA				
<b>NUTRITION:</b>				
I & O (including shift totaling)				
Enteral feeding				
TPN				
<b>PHYSICAL ASSESSMENT:</b>				
*Vital signs				
*Head to toe basic assessment				
Focused assessment for content <i>Please make notation each semester. Student is not at Level 5 for category until 4<sup>th</sup> semester</i>				
<b>RESPIRATORY:</b>				

O2 therapy with nasal cannula or simple mask, complex masks				
Oral suctioning				
ETT suctioning				
Tracheal Suctioning				
Chest Tube assessment & care				
<b>SKILL</b>	<b>Practicum Passed</b>	<b>DEMONSTRATION OF SKILLS –LEVEL OF PERFORMANCE</b>	<b>DATE Level 5</b>	<b>INSTRUCTOR SIGNATURE Clarifying student is at Level 5</b>
<i>Draining bag</i>				
<i>Changing bag</i>				
<b>IV THERAPY</b>				
<i>*IV start</i>				
<i>*IV tubing and bag change</i>				
<i>*IVPB</i>				
<i>Mini-infuser</i>				
<i>Volutrol</i>				
<i>Central line flush</i>				
<i>Central line tubing change</i>				
<i>Blood transfusion</i>				

\*Practicum – initial and sign line

**INSTRUCTIONS:**

This form is started in first semester and follows the student throughout the program. It is used to record student performance in psychomotor skills which in turn helps each instructor design an individual learning program for the student. Please follow the following guidelines in completing the form:

1. **SKILL:** This column defines the psychomotor skill being assessed
2. **DEMONSTRATION OF SKILLS – LEVEL OF SKILL:** This column is used by the instructor to record the date the student performed the skill as well as the level of performance at that time. Initial the entry. Use the following scale to rate the level of performance:
  - 5 = Independent in performance. Student may safely perform this skill without the instructor being present.
  - 4 = Observed when performing skill. Student performs the skill safely and efficiently and only requires observation, no prompts, from instructor.
  - 3 = Verbal assistance needed when performing skill. Student performs the skill safely and in a reasonable period of time with verbal cues from instructor.

- 2 = Verbal and physical assistance needed when performing skill. Student performs skill safely but slowing with both verbal and physical cues from instructor.
  - 1 = Unsatisfactory performance. Student is unprepared, or is unsafe, or uses an excessive amount of time when performing the skill.
3. **DATE – LEVEL 5:** This column is used when the student performs the skill at level 5. This means that the student has demonstrated the skill a minimum of 2 times at level 4 and the instructor is confident that the student no longer needs to be observed doing this skill. Dating this column signifies to future instructors that he/she does not need to observe this student performing this skill.
  4. **INSTRUCTOR SIGNATURE:** This column is signed by the instructor at the time the student achieves level 5 in a skill. **It is not to be signed at any other time.**
- \*Some skills are starred. This indicates that a practicum is associated with this skill. Students are not allowed to perform these skills in the clinical area until they have passed the practicum.

Turn in the completed form to the Coordinator of the course at the beginning of the last week of the rotation, so that it can be passed on to the next course. It is important that the new instructor has this form before the new course begins.

**INITIAL/SIGNATURE:** Please initial and sign the appropriate section below.

SEMESTER	INITIALS	SIGNATURE

1/26/2012 3:18 PM

## EVALUATION OF CLINICAL PERFORMANCE

60

### **Clinical evaluation:**

Evaluation of performance is required at the completion of every clinical course. In addition, full semester courses evaluate performance at mid-term. Evaluation is completed using the clinical evaluation tool which lists key program concepts as well as expected clinical behaviors. The progressive behaviors reflect the increase in knowledge and skills which result in the ability to function as a provider of care, manager of care, and member of the nursing profession.

### **Tool directions:**

The clinical evaluation tool is a list of key program concepts (critical thinking, patient centered care, safety, communication, leadership, and professionalism). Below the definition are expected behaviors per semester. The behaviors are critical elements that reflect course expectations. Students are accountable for performing all behaviors from previous semesters in addition to the ones for the current semester. Failure to meet an expected behavior at the end of the rotation will result in failing the course. Also, a grade of  $\geq 75\%$  must be achieved in each key concept in order to successfully pass a course.

The grade summary will be used to record a number grade for each key concept. The number grade will provide an assessment of a student's knowledge level and ability for that concept. The grade summary is reviewed and signed by the student and instructor at the end of the rotation. Any student comments should be recorded on this summary. A copy of the summary will be made available to the student and the original will be placed in the student's departmental file.

In addition to the course grade, the clinical evaluation tool provides direction to the student of expected clinical performance. Since every behavior is considered a critical element, inability to meet an expected behavior at any time in clinical course will result in a Personal Improvement Plan.

1. **Critical Thinking:** This concept examines the students' ability to make decisions using critical thinking skills and to utilize knowledge from the sciences, humanities, and nursing science.

<i>Makes decisions that reflect knowledge of facts and use of critical thinking.</i>			
First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Uses a logical approach to solve patient problems 1.2 Validates data 1.3 Identifies normal from abnormal 1.4 Recognizes changes in patient condition	2.1 Recognizes relevant facts and reaches correct conclusions 2.2 Explains theoretical concepts of beginning medical/surgical situations 2.3 Gives verbal evidence of applying theoretical concepts to psychiatric situations	3.1 Identifies focused data and recognizes inconsistencies 3.2 Identifies missing information and determines if the information is available 3.3 Integrates concepts from the sciences and humanities into plans for solving problems in complex nursing situations 3.4 Integrates concepts from the sciences and humanities into plans for solving problems in OB/Peds nursing situations	4.1 Solves problems to make decisions for patient situations with complex multisystem issues 4.2 Justifies nursing decisions based on knowledge from the sciences, humanities, and evidence nursing science
<i>Recognizes and reports behavioral and physiological changes due to drugs and other therapies, and adjusts care accordingly</i>			
First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Researches medications/therapies he/she is administering and can state actions, precautions, and signs of toxicity 1.2 Checks relevant diagnostic tests for results	2.1 Explains medications/therapies he/she is administering and can describe the beneficial effects to the patient as well as the risks involved 2.2 When medications are used for more than one disease, begins to differentiate which disease is the target of treatment	3.1 Incorporates medication/treatments into total assessment 3.2 Distinguishes expected changes in diagnostic tests as the result of medication therapy from those which indicate abnormal findings 3.3 Correlates relevant medication therapy with patient's disease process	4.1 Anticipates and evaluates the effects of medication/treatments as well as medication interactions with each other

2. Patient Centered Care: This concept examines the students' ability to use a consistent process to create a plan of care that incorporates the patient's goals, multifaceted needs, and environmental stressors.

<i>Assessment: Utilizes a systematic approach to assessing patient needs and desired level of wellness</i>			
First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Identifies basic physical, psychological, socio-cultural, developmental, and spiritual self-care needs	2.1 Begins to complete a focused assessment based on disease process	3.1 Proficiently performs a focused assessment based on understanding of complex disease processes	4.1 Anticipates priority assessment areas based on patient condition and focuses assessment accordingly
1.2 Performs a head to toe assessment	2.2 Classifies relative importance of assessment findings including lab and history	3.2 Focuses on priority issues related to patient self-care deficits	4.2 Anticipates potential outcomes based on history findings
1.3 Recognizes intrapersonal and extra personal stressors	2.3 Assesses behavioral cues indicating psychological, socio-cultural, developmental, spiritual, and environmental stressors	3.3 Assesses complex behavioral cues indicating intrapersonal and extra personal stress	4.3 Incorporates a holistic approach to assessing patient care needs
1.4 Distinguishes between normal and abnormal lab, history, and assessment findings	2.4 Recognizes patient personal goals for treatment	3.4 Uses specialty assessment tools to assess intra-partum, post-partum, and newborn patients	4.4 Monitors patient response through analysis of lab data and exam findings
1.5 Identifies patient's key problem focusing on basic patient needs and desired level of wellness	2.5 Uses specialty assessment tools, e.g. Mental Status Examination	3.5 Analyzes trends in lab values and past medical history and compares to current patient response	4.5 Performs assessment as appropriate for patient condition
		3.6 Recognizes signs of patient deterioration	4.6 Intervenes appropriately to signs fo patient deterioration
		3.7 Identifies conflicts between patient goals and the plans for treatment	

*Plans of care*

First Semester	Second Semester	Third Semester	Fourth Semester
<p><b>Diagnosis</b></p> <p>1.1 Formulates a list of nursing diagnoses based on assessment data with instructor input</p> <p><b>Plan</b></p> <p>1.1 Formulates a plan of care, in collaboration with the patient and staff, which provides for the patient's safety, comfort, hygiene</p> <p><b>Implementation</b></p> <p>1.2 Begins to perform fundamental psychomotor skills safely and effectively</p> <p>1.3 Acts as a patient advocate at a basic level</p> <p>1.4 Demonstrates caring by treating patients with dignity and as unique individuals when interacting at a basic level</p> <p>1.5 Adjusts care to reflect cultural and spiritual sensitivity as well as the patient's mental and physical status at a basic level</p> <p><b>Evaluation</b></p> <p>1.1 Evaluates care plans related to patient safety, comfort and hygiene and suggests modifications</p>	<p><b>Diagnosis</b></p> <p>2.1 Formulates a list of nursing diagnoses based on assessment data</p> <p><b>Plan</b></p> <p>2.1 Formulates a plan of care, in collaboration with the patient and staff, which addresses the priority needs of patients with non-complex med-surg</p> <p>2.2 Formulates a plan of care, in collaboration with the patient and staff, which addresses the priority needs of patients with mental health issues</p> <p><b>Implementation</b></p> <p>2.1 Performs beginning psychomotor skills safely and effectively in noncomplex patient situations</p> <p>2.2 Acts as a patient advocate at a beginning level</p> <p>2.3 Promotes patient self-care</p> <p>2.4 Demonstrates caring by treating patients with dignity and as unique individuals when interacting at a beginning level</p> <p>2.5 Adjusts care to reflect cultural and spiritual sensitivity as well as the patient's mental and physical status at a beginning level</p> <p>2.6 Responds to changes in health status</p> <p><b>Evaluation</b></p> <p>2.1 Evaluates beginning med/surg and psychiatric nursing care</p>	<p><b>Diagnosis</b></p> <p>3.1 Develops and prioritizes collaborative nursing diagnoses</p> <p><b>Plan</b></p> <p>3.1 Formulates a plan of care, in collaboration with the patient and staff, which provides for the patient's safety, comfort, hygiene, and addresses the priority needs of complex med-surg or OB/Peds patients</p> <p>3.2 Develops individualized care plans focusing on complex patient care issues and risk reduction</p> <p>3.3 Includes significant others in plan of care</p> <p><b>Implementation</b></p> <p>3.1 Performs intermediate psychomotor skills safely and effectively in complex med/surg &amp; OB/Peds situations</p> <p>3.2 Act as a patient advocate at an intermediate level</p> <p>3.3 Implements prioritized and focused care appropriately in med/surg and OB/Peds situations.</p> <p>3.4 Demonstrates caring by treating patients with dignity and as unique individuals when interacting at an intermediate level</p> <p>3.5 Adjusts care to reflect cultural and spiritual sensitivity as well as the patient's mental and physical status at an intermediate level</p>	<p><b>Diagnosis</b></p> <p>4.1 Develops and prioritizes collaborative nursing diagnoses</p> <p><b>Plan</b></p> <p>4.1 Formulates a plan of care, in collaboration with the patient and staff, which provides for the patient's safety, comfort, hygiene, and addresses the priority needs of 4-5 patients</p> <p>4.2 Includes significant others in plan of care</p> <p><b>Implementation</b></p> <p>4.1 Integrates, prioritizes, and adapts psychomotor skills to complex patient care situations</p> <p>4.2 Responds to changes in patient health status by modifying care to meet current needs</p> <p>4.3 Acts as a patient advocate at an advanced level</p> <p>4.4 Demonstrates caring by treating patients with dignity and unique individuals even in emergency or critical situations</p> <p>4.5 Adjusts care to reflect cultural and spiritual sensitivity as well as the patient's mental and physical status</p> <p align="center">a. at an advanced level</p> <p><b>Evaluation</b></p> <p>4.1 Evaluates advanced plans of care, modifies, and implements changes.</p>

	plans and suggests modifications	<p>3.6 Adjusts care to reflect cultural and spiritual sensitivity as well as the patient's mental and physical status at an intermediate level Numbering please</p> <p>3.7 Takes steps to minimize complications from treatment</p> <p><b>Evaluation</b></p> <p>3.1 Evaluates complex care plans and implements modifications</p>	
<b><i>Provides Patient Teaching</i></b>			
<b>First Semester</b>	<b>Second Semester</b>	<b>Third Semester</b>	<b>Fourth Semester</b>
<p>1.1 Supports and reinforces teaching plans of other health professionals</p> <p>1.2 Explains procedures to patient/family</p>	<p>2.1 Develops short range teaching plans based on patient goals and needs</p> <p>2.2 Rephrases medical information into lay terms for patient/family</p> <p>2.3 Evaluates effectiveness of teaching whether done formally or informally</p> <p>2.4 Provides patient teaching related to medication/therapy</p>	<p>3.1 Develops realistic teaching plans depending upon the patient's situation, value system, and developmental level</p> <p>3.2 Collaborates with patient, and family to implement patient education</p> <p>3.3 Identifies need for further patient/family teaching</p> <p>3.4 Teaches patients about medication, treatments, and home care</p>	<p>4.1 Develops both short term and long range teaching plans to address management of therapeutic regime</p> <p>4.2 Collaborates with patient, family and health care team to implement patient education</p> <p>4.3 Modifies patient teaching methods based on patient/teaching response</p> <p>4.4 Develops and teaches comprehensive teaching plans preparing the patient for effective management of their therapeutic regime</p>

**3. Safety: This concept examines the students' ability to provide safe care individually and within the health care system**

<i>Delivers Safe Care</i>			
First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Checks orders for accuracy 1.2 Identifies patient using 2 forms of identification prior to any intervention 1.3 Uses appropriate transfer and body mechanics techniques 1.4 Uses basic patient care equipment safely	2.1 Uses equipment safely including IV pumps	3.1 Uses equipment safely to provide complex care such as suctioning, accessing central lines, and administering anti-coagulation therapy	4.1 Uses all patient care equipment safely 4.2 Analyzes and proactively reduces hospital risks

**4. Communication: Measures the ability to communicate with patients, families, and the health care team.**

<i>Verbal and Non-verbal Communication</i>			
First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Identifies self, is respectful, speaks clearly, and enunciates distinctly 1.2 Assumes positions which will aid in observation and communication with patient while competently performing basic nursing procedures 1.3 Compensates for sensory deficits and/or language barriers 1.4 Reports to staff accurately	2.1 Focuses on patient concerns 2.2 Uses broad openings clarifying, focusing, and active listening techniques to help patients explore feelings 2.3 Communicates effectively when performing beginning psychomotor skills 2.4 Summarizes information and reports to staff accurately	3.1 Communicates appropriately with patients of all ages and their families taking into consideration the developmental level and barriers to communication 3.2 Communicates effectively when performing complex psychomotor skills 3.3 Prioritizes information and reports to staff in an organized and accurate manner	4.1 Anticipates communication issues and plans care to facilitate communication of patient concerns and educational needs 4.2 Communicates appropriately with patients even when performing psychomotor skill for the first time 4.3 Draws conclusions based on information and reports to staff in an organized, accurate, and concise manner
<i>Written Communication</i>			
First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Completes basic written records accurately, promptly, legibly, and concisely using appropriate terminology and conforming to agency policy (including electronic health record)	2.1 Completes written records related to beginning med/surg and psychiatric issues accurately, promptly, legibly, and concisely using appropriate terminology and conforming to agency policy (Including electronic health record)	3.1 Completes written records related to complex med/surg and maternal/child issues accurately, promptly, legibly, and concisely using appropriate terminology and conforming to agency policy (including electronic health record)	4.1 Completes written records including charting, transfer, and discharge accurately, promptly, legibly, and concisely using appropriate terminology and conforming to agency policy (including electronic health record)

**5. Leadership: The ability to manage care and collaborate with the health team**

<i>Management and Organization</i>
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First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Organizes and manages the basic care of 1-2 patients 1.2 Sets priorities for care with assistance from instructor	2.1 Organizes and manages beginning care of 2 med/surg patients or one psychiatric patient 2.2 Develops daily schedule and utilizes time efficiently to conserve energy for patients and self 2.3 Demonstrates assertiveness by actively seeking help when unable to manage a patient problem	3.1 Organizes complex care for 3 patients and up to 2 mother-baby dyads 3.2 Focuses care based on the priority patient care needs 3.3 Collaborates with the patient and health team and seeks assistance from appropriate resources 3.4 Demonstrates assertiveness by taking an active role in managing patient problems	4.1 Actively organizes and manages care of 4-5 patients 4.2 Delegates and supervises care appropriately 4.3 Prioritizes patient care and adjusts priorities based on new orders, results of diagnostic testing, and/or changes in patient condition 4.4 Collaborates with all members of the health team to provide continuity of care

6. Professionalism: Examines the students' development of an ethical practice and a professional attitude based on the Nurse Practice Act, College policies and standards of practice

<i>Practices within Legal and Ethical Parameters</i>			
First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Describes professional, legal, and ethical issues related to patient care 1.2 Maintains confidentiality 1.3 Recognizes potential conflicts between personal values and professional responsibilities 1.4 Conforms to school and agency policies 1.5 Reports errors 1.6 Recognizes mandatory reporting 1.7 Situations and follows agency policy for reporting	2.1 Applies laws relating to the mentally ill 2.2 Identifies ethical issues	3.1 Describes liability issues for nurses caring for the childbearing family and patient and family rights issues 3.2 Begins to employ a systematic approach to resolving ethical issues	4.1 Analyzes practice situations with potential legal ramifications and predicts outcomes based on knowledge of Nurse Practice Act 4.2 Assumes responsibility for own ethical, professional, and legal practice

*Develops a professional attitude and professional self-care*

First Semester	Second Semester	Third Semester	Fourth Semester
1.1 Arrives on time to clinical area	2.1 Verbalizes understanding of stressful situations	3.1 Remains calm in clinical setting and intervenes effectively to reduce stress	4.1 Maintains a positive approach in unfamiliar or difficult situations while continuing to meet patient needs
1.2 Is prepared for clinical as evidenced by completing all forms, knowledge of medications, procedures, and patient care needs	2.2 Identifies ways to reduce stress Adapts to changing clinical situations	3.2 Remains professional when dealing with inappropriate behavior	4.2 Resolves conflicts professionally
1.3 Remains calm and effective even when performing a task in front of instructor and/or when handling a difficult patient situation	2.3 Demonstrates less need for direction as rotation progresses	3.3 Demonstrates less need for direction as rotation progresses	4.3 Demonstrates less need for direction as rotation progresses
1.4 Demonstrates less need for direction as rotation progresses			

## CLINICAL GRADING SUMMARY KEY

	<b>A = ≥ 90%</b>	<b>B = ≥ 80% &lt; 90%</b>	<b>C = ≥ 75% &lt; 80%</b>	<b>F = &lt; 75%</b>
<p><b>Critical Thinking</b> Solves clinical issues</p>	<p>Almost always anticipates issues and plans accordingly</p> <p>Almost always problem solves independently</p> <p>Almost always sees the big picture</p> <p>Minor prompts needed at times</p>	<p>Often anticipates issues and plans accordingly</p> <p>Often problem solves independently</p> <p>Often sees the big picture</p> <p>Prompts needed occasionally</p>	<p>Sometimes anticipates issues and plans accordingly</p> <p>Sometimes problem solves independently</p> <p>Sometimes sees the big picture</p> <p>Needs guidance</p>	<p>Rarely anticipates issues and plans accordingly</p> <p>Rarely problem solves independently</p> <p>Rarely sees the big picture</p> <p>Needs strong guidance to problem solve</p>
<p><b>Clinical Skills</b> Performs clinical skills in a proficient, coordinated, and efficient manner</p>	<p>Almost always</p> <p>Only needs minor prompts to correct technique</p>	<p>Often</p> <p>Needs prompting at times to complete tasks correctly</p>	<p>Sometimes</p> <p>Needs verbal and physical guidance to correct technique</p>	<p>Rarely</p> <p>Needs frequent prompts and close supervision to maintain safe technique</p>

## CLINICAL GRADE SUMMARY

Student Name: \_\_\_\_\_

Course Number \_\_\_\_\_ Date: \_\_\_\_\_

Absences \_\_\_\_\_ Tardies \_\_\_\_\_

Final Score: \_\_\_\_\_

### Grading Scale

≥ 90% = A  
≥ 80% < 90% = B  
≥ 75% < 80% = C  
< 75% = F

\_\_\_\_\_% **1. Critical Thinking:** This concept examines the students' ability to make decisions using critical thinking skills and to utilize knowledge from the sciences, humanities, and nursing science.

\_\_\_\_\_% **2. Patient Centered Care:** This concept examines the students' ability to use a consistent process to create a plan of care that incorporates the patient's goals, multifaceted needs, and environmental stressors.

\_\_\_\_\_% **3. Safety:** This concept examines the students' ability to provide safe care individually and within the health care system.

\_\_\_\_\_% **4. Communication:** This concept measures the students' ability to communicate with patients, families, and the health care team.

\_\_\_\_\_% **5. Leadership:** This concept measures the students' ability to manage care and collaborate with the health team.

\_\_\_\_%

**6. Professionalism:** This concept examines the students' development of an ethical practice and professional attitude based on the Nurse Practice Act, college policies, and standards of practice.

**Student Signature:** \_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_

**SECTION V**  
**GRADUATION AND LICENSURE**

## **ADN GRADUATION CHECKLIST**

During the first semester of the RN program, the student needs to get counseling to create an education plan to complete the associate degree with a major in nursing from COC. During the third semester of the associate degree program student nurses must seek advisement again from a college counselor who will validate that all transcripts have been received and that all course work is completed, in progress, or needed in order to graduate from the College of the Canyons at the end of the fourth semester. Please see the College of the Canyons for specific courses required to complete the associate degree in nursing.

A Petition for Graduation must be signed at the beginning of the final semester in the Admissions Office. After the petition is signed, each student will be notified of other arrangements which are needed to participate in the graduation ceremony.

To commemorate completion of the nursing program, all classes are encouraged to participate in the campus commencement activities at the end of the spring semester. These are the only college sponsored commencement events. In addition, individual classes are invited to plan a pinning ceremony at the completion of the program.

## **APPLYING FOR RN LICENSURE**

Before completing the program students will be advised how to apply online for licensure. The Board of Registered Nurses will notify students when these applications have been received. The BRN screens applicants for licensure to protect the public. The BRN denies licensure for crimes which are substantially related to nursing qualifications, functions, or duties (see policy statement in the appendix).

The Board will send information to the student regarding the procedure for applying for the National Council Licensure Examination (NCLEX-RN). You may access this information at [www.rn.ca.gov](http://www.rn.ca.gov).

COC has review software in the nursing computer lab for the NCLEX exam and a video explaining NCLEX by computer adapted testing.

## **LETTERS OF RECOMMENDATION**

Each student desiring faculty to complete letters of recommendation may obtain a form from the mailroom. The student portion should be completed before giving it to the faculty member. It is recommended that you request recommendations from your 3<sup>rd</sup> and 4<sup>th</sup> semester clinical instructors, as hospitals are interested in your performance at the end of your nursing education. Two weeks is generally required for the faculty to complete the form and have it prepared by the Allied Health Office.

## PINNING CEREMONY

The nursing pinning ceremony recognizes the accomplishments of student nurses upon completion of the nursing program course of study. In this ceremony, students receive their COC nursing pin. All graduating students are encouraged to participate. Families and friends are encouraged to attend.

A faculty advisor assigned to the class will meet with students at the beginning of the fourth semester to provide policy information about the ceremony. A committee is then formed to plan the ceremony and present suggestions to the rest of the graduating class. Ceremony plans will be decided by class majority using a confidential ballot. The results of the vote are final. The committee will then ensure plans are completed.

Please note, nursing pins must be ordered early in the semester to have them available for the ceremony. **Only the official COC nursing pin may be used in the pinning ceremony.**

If the class chooses to develop a slide show for the pinning ceremony, it must be approved by the Nursing Program Director at least 2 weeks prior to the date of the Pinning Ceremony. Failure to do so will result in forfeiture of the privilege. Content of the slide show must maintain the professional standards of the nursing program as reflected by the Ethics and Code of Conduct section of the Student Handbook. For example; photos of mannequins or students must not be revealing and must maintain patient privacy.

The ceremony is held at the Performing Arts Center (PAC) on the college campus. PAC personnel determine the date and time according to the PAC agenda. There will be only one ceremony per semester.

Students are required to wear the COC graduation gown. All dress code requirements (including jewelry and hair) described in the student RN handbook must be followed. The class faculty adviser has the right to exclude any student from participating in the ceremony if proper dress is not met. Care should be taken that graduation attire is pressed and shoes are clean.

Faculty will have the honor of announcing student names and pinning students during the ceremony. Faculty are assigned this honor on a rotating basis. The Director and Assistant Directors of the nursing program will present certificates to the students. Only participants and invited speakers from the college and the community are allowed on stage.

**Nursing Pin Information:**

COC nursing pins can be ordered from:

JH Recognition Company  
7800 S.W. Barbur Boulevard  
Portland, OR 97219-2823  
503-244-1165  
800-547-7781  
877-244-1167 fax  
[www.jhrecognition.com](http://www.jhrecognition.com)

**SECTION VI**  
**STUDYING AND TEST-TAKING**

## TAKING EXAMINATIONS

### REDUCE YOUR TEST ANXIETY

There is no doubt that grades are important, but some students and their parents place unrealistic importance on them. If you feel that you fail a test when you receive a grade lower than A, you may be creating unnecessary unhappiness for yourself by insisting that you be perfect or do better than your best.

Since anxiety results from fear, test anxiety can usually be avoided by preparing thoroughly for tests. Don't cram. If you are well prepared to take a test, you will not have much to fear. Anxiety directs thoughts *inward* to think about discomfort; but good test-taking methods direct thoughts *outward* to think about answering test questions correctly.

Sleep and eat well before tests. If you are well rested and nourished, you will be in better physical condition to cope satisfactorily with any nervousness you experience during tests. You may also find that the following exercises will help you to relax when you are anxious.

1. Without actually smiling, relax your face and feel yourself smiling on the inside
2. Take a very deep breath - a breath so deep that you imagine it reaches to the soles of your feet.
3. Then, still smiling inside, let our breath out very slowly.

If you have never done an exercise such as this one, it may seem foolish to you. However, it is not foolish; it is very relaxing and composing. The next time you are anxious or uncomfortable, do this exercise; you are likely to find that it helps you feel better.

### BASIC TEST TAKING STRATEGIES

#### SKIM TESTS AND PLAN TEST-TAKING TIME

Before you answer any questions on a test, skim it to learn how many questions you must answer and how many points are given for each correct answer. For example, when skimming a test, you may find that you need to answer a total of 30 questions: 15 multiple choice questions, 10 true/false questions-

*, and 5 short answer questions. If it is not stated on the test how many points you will receive for each correct answer, ask your teacher what the point values are. You must know the point values for answers to plan your test-taking time wisely. If the answers to 30 questions have equal value, each correct answer will have a value of **3.33** points ( $3.33 \times 30 = 99.9$ ). In this case, you should plan to spend approximately equal time answering each question; if you have 60 minutes to answer questions, you should plan to spend approximately two minutes answering each of the 30 questions.*

On the other hand, if the answers to 5 short answer questions have a value of 10 points each and the other 25 questions have a value of 2 points each, you should plan to spend approximately half of your time answering the short answer questions. In this case, the 5 short answer questions will account for half of the test score ( $5 \times 10 = 50$ ) and the other 25 questions will account for the other half of the score ( $25 \times 2 = 50$ ).

## BASIC TEST-TAKING STRATEGIES

### READ THE DIRECTIONS AND FOLLOW THEM

If you take a multiple choice test, you can usually predict that you should select the correct answers to the questions. Also, if you take an essay test, you can usually anticipate that you must give fairly long, written answers to the questions. However, always read the directions carefully and follow them exactly.

A test direction may be different from what you expect. If teachers give explanations after they distribute a test, listen very carefully to everything they say. Students who arrive late to tests often miss the explanations that teachers give and, as a result, lose points that they should not lose. If you must be late to a class, do not be late on the day of a test.

Always read directions carefully and follow them exactly. Failure to read and follow test directions is a major cause of test grades that are lower than they should be. It is extremely discouraging to lose points on tests for failure to read the directions.

### ANSWER THE EASIEST QUESTIONS FIRST

When you take a college test your objective should be to answer as many questions correctly as you can in the time that is available. You increase your chance of achieving this goal if you answer the easiest questions first. There are four reasons that this is true.

1. You are likely to answer correctly all the questions you can answer correctly. If you *answer the easiest questions first, you will answer all of the questions you are most likely to answer correctly in case time runs out before you are able to answer all the questions.*
2. You will build up your test-taking confidence and perhaps avoid undue test anxiety. If you dwell on one or two difficult questions during the first few minutes you are taking a test, you may worry whether you will do well on the test and thus create anxiety that may prevent you from doing your best. On the other hand, if you answer the easiest questions first, you may build up your confidence that you will be able to answer some of the more difficult questions correctly as well.
3. You may think of the answers to some of the difficult questions. You have no doubt had the experience of not being able to answer a question at the moment it was asked but of then remembering the answer later. This often happens while taking tests. If you cannot think of the answer to a question immediately, do not worry. During the time it *takes you to answer other questions you will often think of answers to questions that you could not answer the first time you read them.*
4. You may find an answer to a difficult question. Sometimes the questions on a test are inter-related so that one question suggests the correct answer to another question. As , you answer the questions on a test, look for information that will help you give or select an answer to a question that you were unable to answer the first time you read it.

When you answer multiple choice, true/false and similar types of questions, read a question twice. If you are unable to answer it after the second reading, move on to the next question. Continue in this way until you have read each question and answered as many as you can after the first or second reading. Then, re-read each unanswered question twice again and answer as many of them as you can after the third or fourth reading. if you are unable to answer a question after you have read it four times, move on to the next unanswered question. Proceed through the test in this way as many times as are necessary for you to select an answer for each question.

## BASIC TEST-TAKING STRATEGIES

Also answer the easiest questions first when you solve problems for mathematics, science, accounting and similar courses. Skim through the problems on a test to find the ones that you believe you can solve most quickly. If you have 10 problems to solve in 5 minutes, you should plan to spend an average of five minutes on each of the 10 problems. However, if you can solve five of the easiest problems in an average of three minutes each, you will have solved half of the problems *in 15 minutes. This will leave you 35 minutes, or an average of seven minutes each* to solve the more difficult problems.

### USUALLY ANSWER ALL THE QUESTIONS

You should answer all the questions on a college test unless you have specific instructions not to answer all of them. Also, it may not be wise to answer all the questions on a test if you know that you will be severely penalized for guessing incorrect answers. There are a few teachers who deduct extra points for incorrect answers to multiple choice, true/false and similar types of questions. If you ever have such a teacher, he or she will make it clear to you that you should not guess.

However, the grades for most college tests are computed by counting the number of correct answers; credit is given for correct answers no matter what method was used to select answers. *Therefore, when you do not know the answer to a question, you should select or give an answer even if you have to guess.*

There are two reasons that you should give an answer for all multiple choice, true/false and matching questions. First, other students who take the test you take know that they may increase their test scores by guessing at answers, and they guess at answers they do not know. Since your test score will be compared to their test scores, you deserve to have the same advantage that they have when they guess. Second, if you gain any points by guessing at answers, these points may offset any points that you lose that you should not lose. When you answer a multiple choice, true/false or matching question, there is always a chance that you will make an error and give an incorrect answer to a question that you should have answered correctly. If this happens, you will lose points that you should not lose. If you gain points by guessing correct answers, the points you gain will offset any points you lose that you should not lose.

### CHECK YOUR ANSWERS CAREFULLY

One careless error on a test can make a great deal of difference when the grade is computed. If there are 40 questions on a test and you answer 31 of them correctly, your grade is C+, but if you answer 32 of them correctly, your grade is B—. It is worth your time to proofread your answers to be certain you do not lose points for carelessness.

When you answer essay questions, plan your test-taking time so that you will have a few minutes to proofread your answers and to correct what you wrote. Also, when you solve mathematical problems for a test, reserve time to check answers for careless mistakes.

However, when you check your answers to multiple choice, true/false and matching questions, take care before you change any answer you have written. Studies have found that some students have a tendency to change correct answers to incorrect answers. Therefore, once you have written answers for these types of questions, do not change them unless you are certain they are incorrect. When tests with multiple choice, true/false or matching questions are returned to you, examine any answers you changed when you took the test. You will soon learn whether you have the tendency to change correct answers to incorrect answers. If you do, you know that you must be extra careful about changing answers to questions once you have written them.

## BASIC TEST TAKING STRATEGIES

### IGNORE OTHER TEST TAKERS

*When you take a test, think only of answering as many questions correctly as you can. Select a comfortable seat where you can answer questions completely free of distractions from other students. Do not try to impress other students by being the first to finish a test.*

If some students finish before you do, ignore them. Do not worry whether they have answered more questions correctly than you will. Some of the people who finish tests first do receive high test grades, but also some students complete tests quickly because they do not know the answers to many questions. Others who finish tests quickly do satisfactorily, but they would have done better if they had taken the time to check their answers carefully. Also, if any classmate ever asks to see your answers during a test, do not show them. It is not your problem when other students are poorly prepared to take tests. Don't make it your problem.

### LEARN FROM YOUR INCORRECT ANSWERS

The best opportunity you have to improve your test-taking ability is to learn from the questions that you answered incorrectly. Test-taking is a skill, and skills are learned by making mistakes and learning from mistakes. When teachers return tests and review the answers to questions, study your incorrect answers to understand why you answered them incorrectly. When you analyze tests, you may find out that you devoted too much attention to learning information in a textbook and not enough time in learning information in class notes.

Also, when test questions are reviewed in class, avoid arguing with teachers about the correct answers to questions. If you disagree with the way tests are graded, it is usually best to discuss this with teachers in private rather than in classes.

### USE WHAT YOU HAVE LEARNED

Are you excessively nervous or excited when you take tests? If so, discuss this problem with a counselor; some colleges provide help for students who have too much test anxiety.

Before you answer any questions on tests, skim them to determine how many questions you must answer and how many points you will receive for each correct answer. Use this information to plan your test-taking time. When tests are returned, decide whether this strategy helped you to do your best on them.

Describe a direction for a test you have taken in college that you consider to be unusual but that was very important to answer test questions correctly.

When you take tests, use the suggestions described previously to answer the easiest questions first. When tests are returned, decide whether this strategy helped you to do your best on them.

When a test with multiple choice, true/false or matching questions is reviewed, examine the answers that you changed while taking the test. Did you change correct answers to incorrect answers? If so, should you be extra cautious about changing answers to test questions once you have written them?

Do you ever become nervous when other students finish tests before you do? If so, use the suggestions given to overcome this unproductive attitude.

When tests are reviewed, study your incorrect answers to understand why you answered them incorrectly. Use what you learn to answer more questions correctly the next time you take a test.

## CHARACTERISTICS OF MULTIPLE CHOICE QUESTIONS

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Multiple choice questions are usually either incomplete statements followed by possible ways the statements may be completed, or they are questions followed by possible answers. The following question is an incomplete statement followed by ways the statement may be completed.

1. Unless vegetarian diets are well prepared, they are likely to be deficient in:
  - a. calcium and vitamin C
  - b. protein and vitamin C
  - c. protein and riboflavin
  - d. phosphorous and calcium

This example is a question followed by possible answers to it.

2. Which of the following is the most common cause of death among Americans?
  - a. Stroke
  - b. Hypertension
  - c. Cancer of the lungs
  - d. Coronary heart disease

The first part of a multiple choice question is called the stem and the choices that are given for answers are called options. Both of these questions have four options: a, b, c, and d. Also, they both illustrate two important characteristics of multiple choice questions: (1) they should be clearly stated and (2) there should be only one correct answer.

The correct answer to the first question is option c, and the correct answer to the second question is option d.

## BASIC STRATEGY FOR MULTIPLE CHOICE QUESTIONS

When multiple choice questions are properly written, one option is the correct answer and the other options are distracters. The theory is that correct answers should be selected only by students who know correct answers and other students should be "distracted" and select one of the other options - one of the distracters. Therefore, the strategy to use when answering a multiple choice question is to decide which options are distracters and to select as the correct answer the option that is not a distracter.

One way to identify distracters is to analyze a multiple choice question as though it is a series of true/false questions. The following question may be analyzed in this way.

1. Oxygen is produced through a process called:
  - a. Heliotaxis
  - b. Eutrophication
  - c. Photosynthesis
  - d. Oxygenation

This question, like most multiple choice questions, is actually a series of true/false questions, only one of which is "true."

- |    |   |     |
|----|---|-----|
| a. | Oxygen is produced through a process called heliotaxis.     | (F) |
| b. | Oxygen is produced through a process called eutrophication. | (F) |
| c. | Oxygen is produced through a process called photosynthesis. | (T) |
| d. | Oxygen is produced through a process called oxygenation.    | (F) |

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When you answer multiple choice questions, cross out each option that you decide is a distracter. For example:

- a. Heliotaxis
- b. Eutrophication
- c. Photosynthesis
- d. Oxygenation

In this example, a student has decided that oxygen is not produced through a process called heliotaxis or oxygenation. She has decided the correct answer must be either eutrophication or photosynthesis, and eventually she will decide that one of these options is a distracter and cross it out too, then select as the correct answer the option she has decided is not a distracter. The correct answer is option c.

### SELECT THE ANSWER YOU LEARNED

The questions on college tests are almost always based on information that is printed in course reading material or that is stated during class lectures or discussions. Keep this in mind and you will avoid making unnecessary errors when you answer multiple choice questions.

For example, students in a psychology course learn that correlation co-efficients are either positive or negative. But some of them are confused when they are called upon to answer the following question:

1. The correlation between the number of sunbathers on a beach and the number of pairs of sun glasses present is usually:
  - a. positive
  - b. negative
  - c. bifurcated
  - d. parallel

The correct answer is positive, but some students are confused by the option bifurcated and select it. They are usually insecure individuals who believe that if they don't know an answer then it must be the right answer. This is an example of an extremely poor test-taking strategy. Since test questions are almost always based on information presented in a course, it is irrational to select an answer because it is not known. The only time an unfamiliar term or phrase should be selected as the correct answer to a question is when it has been determined that all of the other options are distracters.

### UNDERLINE NOT, EXCEPT, INCORRECT AND FALSE

Many multiple choice questions are answered incorrectly because students fail to observe the words not, except, incorrect and false. When professional test writers use these words in the stems of multiple choice questions, they print them in italic type or underscore them. Unfortunately, many teachers do not italicize or underscore these words when they use them in multiple choice questions.

It is absolutely essential for you to find not, except, incorrect and false in stems because if you do not find them you may select incorrect answers.

## DON'T BE CONFUSED BY EXAMPLES

Sometimes multiple choice questions have an example in the stem or a series of examples for options. The following question that might appear on a test for a business or advertising course has an example in the stem.

1. Charles Martin wants to have a sales promotion that will attract customers and also benefit them in proportion to the amount of money they spend at his hardware store. Which of the following sales promotion methods will best serve Mr. Martin's objectives?
  - a. Money refunds
  - b. Free samples
  - c. Trading stamps
  - d. Retailer coupons

Some students are unnecessarily confused by questions such as this one. They worry, for example, who Charles Martin is and what it was they were supposed to have learned about hardware stores. The question, though, is not about Charles Martin or hardware stores; it is about sales promotion methods. It could have been written this way:

2. Which of the following sales promotion methods may be used to attract customers to a store and also benefit customers in proportion to the amount of money they spend at the store?
  - a. Money refunds
  - b. Free samples
  - c. Trading stamps
  - d. Retailer coupons

Option c is the correct answer to both questions. Do not be distracted by the examples in the stems of multiple choice questions. Instead, try to imagine how the stem would be worded if it did not include an example.

## DON'T BE CONFUSED BY SEQUENCES

Multiple choice questions about sequences also often cause unnecessary difficulty for some students. The following question might appear on a test for a psychology, sociology, or health education course.

1. Which of the following is the correct sequence for the psychosexual stages Freud identified?
  - a. Oral, anal, phallic, genital
  - b. Anal, phallic, oral, genital
  - c. Oral, anal, genital, phallic
  - d. Anal, oral, genital, phallic

Students who study sequences will know that the oral stage comes first and that options b and d are, therefore, distracters. They will draw lines through these two options and examine options b and c to decide which of them lists the sequence they studied. The correct answer is a.

## ABSOLUTE STATEMENTS MAY BE INCORRECT ANSWERS

Absolute statements exclude all possibilities except the one they state. For example: All children love chocolate.

There is no student who enjoys taking tests.

If there is one child who does not love chocolate or one student who enjoys taking tests, these statements are false. Absolute statements often include words such as every, all, always, invariably, best, no, none, never, and worst. These and similar words in the options of multiple choice questions are clues that the options may be distracters.

On the other hand, words such as many, most, usually, generally, frequently, often, seldom, and some tend to appear in correct answers. For example:

Many children love chocolate.

Students generally do not enjoy taking tests.

These statements are probably true. When you have difficulty selecting the correct answer to a multiple choice question, you will sometimes find help by remembering that statements are probably incorrect when they include words such as all or never, and they are probably correct when they include words such as some or seldom.

### **INSULTS OR JOKES MAY BE INCORRECT ANSWERS**

Insulting or ridiculous statements in options for multiple choice questions are seldom correct answers. For example:

1. When children have extremely low intelligence, educators refer to the as:
  - a. Idiots
  - b. Morons
  - c. Imbeciles
  - d. Totally dependent

It is insulting to refer to anybody as an idiot, moron or imbecile. The correct answer to the question is option d.

When options for multiple choice questions are insulting or ridiculous statements, assume that they are probably distracters and that the correct answer is probably one of the other options.

### **HIGH OR LOW NUMBERS MAY BE INCORRECT ANSWERS**

Some multiple choice questions have options that are a series of numbers. For example:

1. *The number of words per minute in a radio advertisement should not exceed:*
  - a. 100
  - b. 150
  - c. 200
  - d. 250

When you must guess at a correct number to questions of this type, you are likely to increase our chance of selecting the correct answer if you eliminate the lowest and highest numbers and select from the other options. The correct answer is option b.

Of course, you should always answer test questions using information you have learned. However, studies of multiple choice questions have found that when options are a series of numbers, *chances are that the correct answer is not the highest or lowest number in the series.*

### MORE COMPLETE STATEMENTS MAY BE CORRECT ANSWERS

When one option for a multiple choice question is a more complete statement than the others, it may be the correct answer. For example:

1. Syntax refers to the arrangement of words into:
  - a. phrases
  - b. clauses
  - c. sentences
  - d. phrases, clauses and sentences

Option d includes everything stated in options a, b, and c. It is the correct answer.

### ALL OF THE ABOVE MAY BE THE CORRECT ANSWER

There is a definite tendency for the option all of the above to be the correct answer to multiple choice questions. All of the above often serves the same function as a more complete answer. Compare the following questions:

1. Partners in a marriage are likely to be similar in:
  - a. height and weight
  - b. hair and skin color
  - c. general health
  - d. all of the above
2. Partners in a marriage are likely to be similar in:
  - a. height and weight
  - b. hair and skin color
  - c. general health
  - d. size, coloring and health

Option d is the correct answer to both questions.

Also, when you know that two options are correct and a third option is *all of the above*, you know that *all of the above* is the correct answer.

### ONE OF TWO SIMILAR-LOOKING ANSWERS MAY BE CORRECT

When two options for a multiple choice question are similar looking, the correct answer is likely to be one of the two similar looking options. For example:

1. The loss of all sensation in your hand would most likely result from:
  - a. aphasia
  - b. hallucinations
  - c. damage to afferent spinal nerves
  - d. damage to efferent spinal nerves

Options c and d are very similar looking; the correct answer is option c. Experienced question writers usually write multiple choice questions so that test-takers will not be able to use this clue to correct answers.

Unless you are told that you will be severely penalized for incorrect answers, always select an answer for every multiple choice question, even if you must guess at some answers. When you guess at any answer to a multiple choice question with four options (a, b, c, and d) you have a 25 percent chance of guessing the correct answer. When you guess at an answer to a multiple choice question that has five options (a, b, c, d and e) you have a 20 percent chance of guessing the correct answer.

# TEST TAKING STRATEGIES

## PART 1: STRATEGIES TO USE DURING THE TEST

### A. Read the Question Carefully

1. Keys in the question:
  - a. Who?
  - b. What?
  - c. When?
  - d. What for?

#### Question #1

To prevent respiratory complications in the patient who has had abdominal surgery, what nursing actions are of highest priority in the postoperative period?

- a. Monitor vital signs every hour until stable
- b. Encourage coughing and deep breathing every two hours
- c. Apply anti-embolism stockings
- d. Administer pain medications as ordered

*Who?*

*What?*

*When?*

*What for?*

#### Question #2

To prevent respiratory complications in the patient who has had abdominal surgery, what nursing actions are of highest priority in the postoperative period?

- a. Monitor vital signs every hour until stable
- b. Encourage coughing and deep breathing every two hours
- c. Apply anti-embolism stockings
- d. Administer pain medications as ordered

*Who?*

*What?*

*When?*

*What for?*

## TEST TAKING STRATEGIES (Continued)

### Question #3

A 38 year old woman had an abdominal hysterectomy. The nurse is giving preoperative instructions to the woman and her husband. Which statement by the husband indicates to the nurse that more instruction is needed?

- a. "My wife will need extra rest for a while when she comes home from the hospital."
- b. "I will do the grocery shopping for two weeks after she comes home from the hospital."
- c. "I will call the doctor if there is a lot of bleeding."
- d. "We will wait a few months before trying to have another baby."

*Who?*

*What?*

*When?*

*What for?*

2. Keys in the answer choices:

- a. Absolutes
- b. Qualifiers

### Question #4

Which statement indicates the best understanding by the nurse regarding range of motion exercises?

- a. All hospitalized persons should have passive range of motion exercises performed.
- b. Active range of motion exercises should not be performed by persons who have had joint replacement surgery.
- c. Range of motion exercises are usually appropriate for immobilized patients.
- d. The nurse should never perform passive range of motion exercises without a written order from the physician.

*Who?*

*What?*

*When?*

*What for?*

## TEST TAKING 'STRATEGIES (Continued)

### Question #5

The nurse is caring for a newly admitted patient who is in danger of going into shock. While assessing the patient, the nurse should understand which of the following about shock?

- a. Blood loss is always present
- b. Respirations will decrease
- c. Blood pressure rises
- d. Respirations may increase

*Who?*

*What?*

*When?*

*What for?*

### Question #6.

The patient is receiving Thorazine. What side effect must the nurse assess the patient for because he is taking Thorazine?

- a. Hypertension
- b. Elevated blood pressure
- c. Orthostatic hypotension
- d. Increased vital signs

*Who?*

*What?*

*When?*

*What for?*

### Question #7

Before taking vital signs, the nurse must:

- a. Count the pulse for 30 seconds and multiply by 2
- b. Count respirations for one full minute
- c. Pump the blood pressure cuff higher than the patient's usual systolic pressure
- d. Wash hands

*Who?*

*What?*

*When?*

*What for?*

## TEST TAKING STRATEGIES (Continued)

### Question #8

The nurse is teaching the patient dietary sources of iron. Which answer the patient gives indicates a need for more instruction?

- a. Spinach
- b. Broccoli
- c. Collard greens
- d. Yogurt

*Who?*

*What?*

*When?*

*'What for?'*

### Question #9

The nurse is caring for a three-year-old child with a congenital heart defect. The child has a low tolerance for frustration and always wants to have his way immediately. The nurse understands that the primary reason the child with a congenital heart defect has difficulty dealing with frustration is that children with heart defects:

- a. are frequently tired
- b. have had little chance to learn to deal with frustrations
- c. have usually been "spoiled" by their families
- d. are emotionally immature

*Who?*

*What?*

*When?*

*What for?*

## B. Rules of the Game

1. Answer all the questions
2. If you don't understand the question or if more than one answer looks correct, read the question again.
3. Don't read the question more than three times.
4. Go back only to difficult questions.
5. Change answers only from confidence; never from doubt.

## PART 2: STRATEGIES TO USE IN PREPARING FOR TESTS

- A. Determine the type of test questions.
- B. Study for understanding and application
- C. Study for clarity:
  - 1. Look for similarities and differences
  - 2. Identify what is unique about a condition
  - 3. Use visual cues or rhymes
- D. Study for regularly and often

## TAKING NOTES

1. Preview before you read.
2. Skim sections of chapters.
3. Read and underline with a purpose.
4. Decide what you want to study.
5. Make notes for studying. Keep notes as simple as possible. Use outline form. Keep words to a minimum.
6. Recite information you want to learn.

### THE IMPORTANCE OF NOTES

There are three reasons it is important for you to make notes for the things you want to learn in your books.

1. The simple act of writing information in notes will often help you to learn it. When you make notes, you process information in your mind to state ideas in your words.
2. Written notes reduce the amount of information you need to learn. When you make notes, you are forced to decide what you will and will not learn; the notes for a book do not include all the information in the book. Also, good notes condense information by summarizing it in fewer words than are used in books.
3. Your notes are organized in ways that make it easier for you to learn information. Textbooks are organized to make information understandable to most college students; they are not written with the intention that you will study directly from them. But the notes you make are organized to make it possible for you to learn information in ways that are most efficient and meaningful to you.

Notes for books may be written on notebook paper or on **3 x 5** index cards.

After underlining or highlighting a chapter of a book and deciding what information you will study in it, use the following guidelines to write notes on paper or cards:

1. Write titles for notes that describe exactly what you want to learn.
2. List the information about topics in your notes in ways that will help you to learn it.
3. Include examples in your notes.

Headings in textbooks will often give you all the help you need to write descriptive titles for notes. When headings for sections of chapters are not very descriptive of the information they explain, rewrite the titles to make them more descriptive. Use words such as method, types, comparison, benefits, characteristics and sequence to write descriptive titles for your notes. Descriptive titles will help you remember information correctly and recall it accurately.

List information in notes so it will be easy for you to learn.

Examples are included in notes because they aid in understanding the meanings of terms and the explanations of concepts.

If you do not have the habit of using examples to help you in understanding and remembering terms and concepts, you are likely to be pleased when you start using them. Students often report that their ability to remember and recall increases dramatically as a result of studying examples in books and thinking of their own examples.

## STUDY GROUPS

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If you are not already in a study group, shop around for one. If you can't find one, start one. If you are hesitant just try it out and see how you like it. For example, organize a temporary group to prepare for one event such as a major exam or a massive project. If you like studying and working together, you can meet on a more permanent basis.

Your schedule is most likely to mesh with those of other students in your clinical rotation. See if you can interest a half dozen of them in joining you.

Successful study groups have certain ground rules. For the group to be effective, every nursing student in it must agree to the following:

1. Understand and accept the group purpose or mission.
2. Contribute ideas, information, opinions, and feelings.
3. Invite and encourage other members to do the same.
4. Listen intently.
5. Demonstrate respect and support for other members.
6. Help keep the discussion relevant.
7. Periodically help summarize the major points.
8. Give examples and share pertinent clinical experiences.
9. Refrain from eating, smoking, or knitting during the session.

### HOW TO MAKE A GOOD STUDY GROUP BETTER

#### Time

Always meet at the same time.

#### Place

Always meet at the same place.

#### Begin

Always begin on time.

#### Monitor

Appoint a monitor to keep the group on target and the discussion moving. Focus on the here and now. Don't let the group spend too much time dwelling in the past or fretting about the future.

#### Goal

At the beginning of the session, state a goal.

"Today we will discuss Chapters 4 and 5," or "This group is reviewing for the anatomy midterm."

#### Discuss

Allow free-flowing of discussion on anything relevant to the group's goal. Identify major concepts, clarify discrepancies between text and lecture, share examples from clinical experience, relate theory to practice. If questions arise that cannot be quickly and accurately answered, don't waste time pooling ignorance. Appoint one member to check with the instructor and report back to the group.

#### Review

Review lecture notes, highlights of outside readings, films, class objectives, lists to be memorized, etc.

## STUDY GROUPS

### (Continued) Quiz

Drill each other. Use test questions at the end of the chapter or, better yet, construct your own.

"Lately we've each been bringing two "trivia" questions to group. It's not only fun, it also forces each member to read and review before the study session. Constructing questions has helped me think the way instructors think when they're making up tests."

### Summarize

Periodically pause and recap the major points under discussion. At the end of the session, summarize what you have accomplished and list the things that still need to be done.

### Divide

Whenever possible, divide tasks and activities.

"We split up the objectives, with each member being responsible for just a few. That person gathers the information and brings copies for everyone to the next meeting. It saves so much time!"

### Assign

Assign individuals or sub-groups to tasks, and be sure to specify dates for completion. End

Always end on time.

### Socialize

After the official end of the group, members may feel free to leave or to stay and chat. The benefits of playing together should not be under-estimated.

"We had a problem maintaining student morale, so about once a month we have some kind of get-together where we can relax and talk or joke about our problems. Last semester we had three hours between classes, and every so often we would order pizza to be brought in or we would go out for lunch. At our Christmas party, we all got together and composed a letter to Santa telling him about all our 'goofs' in clinical. It was fun and reassuring to hear everyone else made 'goofs' like I did."

When students form study groups or support groups, they are "networking." You may be interested to learn that student networks reach far beyond your own campus. They operate on a national and an international level. If you would like to extend our network, write to:

National Student Nurses' Association  
**555** West 57th Street  
New York, New York 10019  
(215) 581-2211

**OR**

Canadian University Nursing Students'  
Association School of Nursing, Universite  
de Montreal

CP 6128  
Montreal, Quebec  
Canada, H3T 1J4  
(514) 343-6437

Registered nurses band together in groups for the same reason students do - to survive;  
and for one even better reason - to thrive. (Materials prepared by Sue Albert in  
consultation with DSP&S)