Columbia Gorge Community College

Nursing Program
Student Handbook
OCNE EDITION
NURSING STUDENTS
2019 - 2020
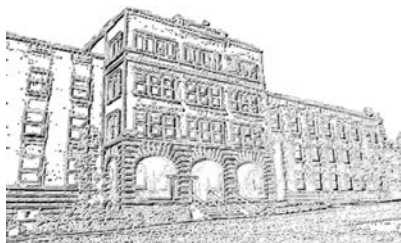
2019-2020 - WELCOME

The Director of Nursing & Health Occupations and Nursing Program Faculty at Columbia Gorge Community College congratulate you on your choice of nursing as a career!

This Nursing Program Student Handbook has been created to provide you information, policies and procedures directly related to your studies in this nursing program. You are responsible for knowing and understanding the policies and procedures found in this Handbook. If you have any questions about the information contained in this Handbook, please be sure to ask for clarification. If you find additional information, not presented here, that would be helpful with your success as a student, please let us know.

We are happy that you are here and we look forward to working with you to acquire the requisite knowledge and skills necessary to become a caring and competent nurse.

Director of Nursing & Health Occupations and Nursing Program Faculty
Columbia Gorge Community College

COLUMBIA GORGE COMMUNITY COLLEGE

NURSING PROGRAM

STUDENT HANDBOOK

OCNE EDITION

Developed: August 2018
Revised: Aug 2019; Sept 2018; Dec 2018

Columbia Gorge Community College Nursing Program

Mission Statement

Our mission as nurse educators, in accordance with the mission of the college, is to provide an educational program to our diverse community leading to an Associate of Applied Science Degree in Nursing that prepares students for entry-level nursing practice in varied settings within a dynamic healthcare environment.

Accreditation

Columbia Gorge Community College (CGCC) is accredited through The Northwest Commission on Colleges and Universities (NWCCU), the accrediting agency for this region. Credits, certificates and degrees earned at CGCC appear on a CGCC transcript and are transferable to four-year institutions subject to the specific policies of those institutions. Prior to fall 2013, CGCC's credit instruction, certificates and degrees were awarded through a contract with Portland Community College (PCC), a NWCCU accredited college. Fall term 2013 CGCC began awarding its own credits, certificates and degrees.

The Nursing Program at CGCC is approved by the Oregon State Board of Nursing (OSBN). The Program's most recent self-study and site visit were in the spring of 2015. In June 2015, the OSBN granted approval the CGCC Nursing Program for the maximum amount of eight (8) years to April, 2023.

Acknowledgement

The CGCC Dean of Nursing & Health Occupations and Faculty wish to thank Rogue Community College Nursing Program for sharing their program handbook and expertise in helping us develop this Nursing Program Student Handbook, OCNE Edition.

Columbia Gorge Community College
Nursing Program

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APPENDICES

1. <u>INTRODUCTION</u>

Admission into the CGCC Nursing Program is the culmination of hours of preparation and the beginning of a course of study in nursing. The completion of the Nursing Program and successful passing of the licensure examination will mark your entry into the profession of nursing.

The nursing profession requires a high degree of knowledge, skill, judgment, and integrity. The American Nurses' Association *Code of Ethics for Nurses* (attached as Appendix I) provides standards for the role. Your responsibilities as a student nurse contained in this Handbook follow from these standards.

The nursing faculty is committed to assisting you in successfully completing the Nursing Program. The college and the nursing faculty are mandated by the Oregon State Board of Nursing (OSBN) to ensure that those who complete the Nursing program are prepared to provide safe patient care.

This Nursing Program Student Handbook contains general information about the college and nursing program, outlines expected behaviors and defines the guidelines by which student success is measured. It is to be used as a reference and is binding for the current academic year. It is reviewed and revised on an annual basis.

Students are required to read and comply with rules that have been designed to help them to successfully complete the Nursing Program and enter the nursing profession.

<u>Statement of Professional Conduct</u>

While enrolled in the Nursing Program at CGCC the student is expected to demonstrate conduct and behavior which conforms both to the policies that are set forth in this Handbook and the policies in the Columbia Gorge Community College Student Handbook.

2. **THE PROGRAM**

2.1. **Philosophy**

Nursing and Health. We believe that nursing is a dynamic profession that is both science and art. We define nursing as a set of deliberate activities involving caring, psychomotor skills, and creative and critical thinking applied to the health needs of clients/patients. Nursing is concerned with potential and actual alterations in the health of individuals, families, and groups. We define health as holistic in its scope: physiological, psychological, sociocultural, developmental, and spiritual. Nurses, through the delivery of care, promote and restore health, prevent illness, facilitate coping, and assist clients/patients to achieve either an optimal level of health and function on the health-illness continuum or a peaceful death.

Healthcare and the Role of Nursing. We believe in meeting healthcare needs by being cognizant about the ways in which healthcare is delivered in our region or in any community we serve. We appreciate the interdisciplinary nature of well-rounded healthcare and are committed to promoting nursing as integral to an interdisciplinary healthcare team. The nurse's role within the team is that of a client/patient advocate who focuses on his/her holistic needs.

Practice of Nursing. We are committed to building the professional body of knowledge that constitutes nursing because we believe the practice of nursing is enhanced by both diversity and complexity. We support the continuum of occupational categories that make up nursing and can be differentiated by scopes of practice regulated by state licensing bodies, as well as by education, experience, and certification. Just as certified nursing assistants through advanced practice personnel are differentiated by specific competencies, associated degree nurses are differentiated by specific competencies required for entry into nursing practice.

Holistic Care. Opportunity will be given to the student to provide holistic nursing care to individuals and families in diverse clinical settings, including long-term care facilities, assisted-living facilities, and a number of community-based sites. In these settings the nursing student will begin to develop an understanding of how health and wellness beliefs and practices, in tandem with cultural influences, can affect functional health patterns when there is a disruption in the client's/patient's health. As students progress through the Nursing Program, the scope and depth of learning will increase in complexity. Students will transition from simple to more complex applications of the concepts of holistic healthcare, critical thinking, and reflective practice and will be able to increasingly assist with the adaptation process of clients/patients and families as they navigate the health-illness continuum.

Acquisition of Knowledge. Learning is a lifelong process which is influenced by the individual learner's characteristics and needs. These characteristics include differences in learning styles, varying levels of motivation, and influences from previous or current life experiences. Learning is evidenced by long-term change in cognitive, affective, and/or psychomotor functioning. Both teacher and learner share responsibility in the learning process. The learner's acquisition of knowledge and development of problem-solving skills are ultimately the responsibility of the learner.

The student is an active participant in the learning process. Learning is acquired through continual interaction, participation, collaboration, and feedback with students, patients, instructors and the environment. We believe learning occurs at various rates depending on the individual's innate ability. Learning occurs best when it progresses from basic concepts to the more complex. We believe learners possess unique learning styles and as educators must rely on a variety of teaching methods, learning strategies and supportive technology to accommodate those styles.

Nursing Education. We believe the most important guiding principle in nursing education is that of balancing clients'/patient' rights to safe and effective care with students' rights of access to education. We further believe that associate degree nursing is an appropriate entry level for registered nursing. CGCC's Nursing Program has co-admission with Oregon Health & Science University (OHSU) and a co-admission option with Linfield College Adult Degree Program. In addition, many of our graduates have continued their education at other four year colleges or universities.

The nursing program has the responsibility to produce safe, ethical, competent graduate nurses prepared in critical thinking skills, relationship/communication skills and primary (prevention), secondary (early identification and treatment), and tertiary (return to highest level of function) care skills which ready them for a rapidly changing healthcare environment.

We believe instructors are role models exemplifying the professional and personal characteristics required to function as excellent clinicians, teachers, facilitators, counselors, and advisors. It is the educator's role and responsibility to be a supportive, responsive, effective guide and motivator, and catalyst in the student's acquisition, assimilation, and accommodation of knowledge.

Both the student and healthcare professionals who have had contact with the student should contribute to student evaluations. However, in the end, it is the responsibility of the instructor to evaluate student learning and clinical performance.

2.2. <u>CGCC Nursing Program Core Values*</u>

1. Leadership
   - Serve as examples, promoting teamwork and flexibility
   - Actions guided by ethical values

2. Respect
   - Appropriate respect for all individuals
   - Compassion for all
   - Compassionate care

3. Collegiality
   - Positive interactions, thoughts and attitudes
   - Teamwork oriented

4. Professionalism
   - Lead by example
   - Honesty and integrity
   - Commitment to excellence

5. Scholarship
   - Teaching current, evidence-based nursing
   - Skill-based competency

6. Student Centered
   - Value various learning styles
   - Dignity
   - Confidentiality
   - Diversity
   - Supportive environment

7. Forward Thinking
   - Open to change, suggestions, and new ideas
   - Critical thinking and clinical judgment

*Developed by Dean of Nursing and Health Occupations and Nursing Program Faculty 2008-2009

2.3. <u>Program Glossary</u>

2.3.1. Community: An interacting population of diverse individuals and groups in a common location.

2.3.2. Community-based Nursing: A philosophy of practice (how a nurse practices) not a location where a nurse practices. Major concepts that need to be present in community-based nursing are:

a. Individual/family has primary responsibility for healthcare decisions.

b. Health and social issues cannot be separated – they interact.

c. Treatment effectiveness, not technology alone, directs care decisions.

2.3.3. Clinical Judgment: "An interpretation or conclusion about a patient's needs, concerns or health problems and/or the decision to take action (or not), and to use or modify standard approaches, or to improvise new ones as deemed appropriate by the patient's response." (Tanner, C. A. Thinking like a nurse: A research-based model of clinical judgment in nursing. <u>Journal of Nursing Education</u>. 2006 Jun; 45(6): 204-11.)

2.3.4. Critical Thinking: Thinking that is guided by standards, that is deliberate, where the thinker can identify the element of thought present in the process and is routinely self-assessing, self-examining and self-improving.

2.3.5. Functional Health Patterns: Behaviors a person uses to interact with the environment and maintain health. The behaviors are affected by bio-psycho-social-spiritual, cultural and developmental factors, and can be used to identify strengths and needs of individuals.

2.3.6. Health: A condition in which all functions of the mind and body are normally active.

2.3.7. Health Maintenance: Activities designed to preserve the functional health status of an individual. This includes activities that aim at preventing adverse behaviors that may affect an individual's and/or communities' functional health status.

2.3.8. Health Restoration: Activities that aim at assisting a client/patient to return to a former level of functional health status.

2.3.9. Holistic Health: An ever changing process that connects the mind, body and spirit. This process is affected by changes in a client's/patient's view of health and his or her functional health patterns.

2.3.10. Human Needs: The physiological, psychological, sociocultural, developmental, and spiritual requirements of humans that motivate behavior. The state and quality of an individual's health can be estimated by assessing these requirements.

2.3.11. Nursing Process: A systematic, problem-solving approach to identify, prevent, and treat actual and potential health problems. It is a way of organizing the delivery of nursing care to clients/patients, and consists of 5 steps: assessing, diagnosing, planning, implementing and evaluating.

2.3.12. Professionalism: Behavior that upholds the high level of competency, accountability and ethical standards of a given profession, i.e. nursing.

2.3.13. Reflective Practice: Reflective practice contains the element of reflective judgment. Judith M. Wilkinson in Nursing Process & Critical Thinking, 4th edition, describes reflective judgment as "a kind of reasoning that considers a broad array of possibilities and reflects on the merits of each in a given situation. It is a type of *critical thinking* and is used by some experts to describe critical thinking (i.e., they would say that critical thinking is reflective reasoning…). Reflection is useful in *decision making* and *problem solving*, and is essential when the problem is complex and has no simple, 'correct' solution. Nurses use reflective judgment when dealing with moral conflict and ethical problems, for example." (p. 65).

2.3.14. Standards of Care: Guidelines for nursing practice used to establish expectations for the reasonable and appropriate care of patients. Standards of care are established by a variety of organizations (e.g. American Nurses Association, Joint Commission on Accreditation of Healthcare Organizations, Institute for Safe Medication Practices, individual institutions, specialty nursing organizations, and State Boards of Nursing) to define quality of nursing care.

2.4.   Conceptual Framework

In recognition of the need for competent entry-level nurses capable of working in today's health care settings, Columbia Gorge Community College has joined with Oregon Health & Science University (OHSU) and ten other community colleges throughout Oregon to form the Oregon Consortium for Nursing Education (OCNE). The OCNE conceptual framework is structured around three essential considerations. First, the curriculum is relevant to Oregon's current and anticipated future health care needs. Second the curriculum supports learning experiences designed to promote the "deep learning" considered necessary for competent practice. Third, measures of learning include formative and summative assessment tools such as cross-program rubrics designed to recognize multiple ways of knowing and facets of understanding critical to human interaction.

CGCC draws upon the work of OCNE to define a conceptual framework consistent with shared professional values and the fundamental concepts of the nursing process. CGCC recognizes that

the use of the nursing process provides nursing with a common language and one way to teach problem solving, promote scientific reasoning and critical thinking, and maximize accountability and responsibility.

Within the context of the nursing process as a way of teaching problem solving, CGCC supports Tanner's Integrative Model of Clinical Judgment. The Model identifies a multifaceted, complex decision-making process focusing on the concepts of noticing, interpreting, responding and reflecting. Research on clinical judgment has shown reasoning patterns used by expert nurses are dependent upon a variety of factors including the nurse's knowledge and experience, contextual factors, knowledge of the patient and recognition of normal trajectories (Tanner, 2006). Traditional, clinical judgment skills used by experts are not taught but acquired over time. With the goal of developing entry-level practitioners capable of quickly transitioning from novice to expert, CGCC has incorporated the Integrative Model of Clinical Judgment throughout the curriculum. The concepts of pattern recognition, focused data gathering, generation of alternative solutions and reflection are woven throughout the curriculum enabling beginning practitioners to quickly identify methods of reasoning that promote accurate clinical judgment in a variety of settings.

2.5   CGCC AAS in Nursing Program Competencies

The curriculum incorporates learning experiences leading to the attainment of CGCC and OCNE competencies. Material is presented in a spiral approach with topics and competencies revisited throughout the program at increasing levels of difficulty. Progression through the program occurs when attainment of identified benchmarks is demonstrated.

The OCNE/CGCC competencies are based on a view of nursing as a theory-guided, evidenced-based discipline. The competencies also recognize that effective nursing requires a special kind of person with particular values, attitudes, habits and skills. Accordingly, there are two categories of competencies: professional competencies and nursing care competencies. Professional competencies define the values, attitudes and practices that competent nurses embody and may share with members of other professions; nursing care competencies define relationship capabilities nurses need to work with patients and colleagues, the knowledge and skills of practicing the discipline and competencies which encompass understanding of the broader health care system. In all cases, the client/patient/resident is defined as the recipient of care, is considered an active participant in care, and includes the individual, family, or community. Nursing care competencies recognize that a competent nurse provides safe care across the lifespan directed toward the goals of helping patients (individual, families, or communities) promote health, recover from acute illness and/or manage a chronic illness and support a peaceful and comfortable death.

OCNE agreed upon competencies, benchmarks, glossaries and rubrics adapted for use by the CGCC program, are found at the end of the Nursing Program Student Handbook or will be distributed at appropriate times during the program.

THE STUDENT

3.1.   Rights

Columbia Gorge Community College students in all programs and divisions have certain rights and responsibilities as outlined in the CGCC Student Handbook. It is the policy of Columbia Gorge Community College and its Board of Education that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, national origin, religion, age, disability, veteran status, sexual orientation and any other status protected by applicable local, state, or federal law in any educational programs, activities, or employment. Persons having questions about equal opportunity and nondiscrimination should contact Lori Ufford, Vice-President of Instructional Services.

The *CGCC Board of Education Policy on Student Rights, Responsibilities and Conduct (Board Policy Cold 30.A)* thoroughly define the college's philosophy and policies regarding student rights and responsibilities, student conduct, academic integrity, grievance policy and student notifications. (See Appendix II; entire policy is posted on the CGCC website at https://www.cgcc.edu/policies/30a-student-rights-responsibilities-and-conduct

The *CGCC Student Handbook* details various policies, including the Student Grievance Procedure. Step 1 in the grievance procedure shall be a person-to-person discussion between the student and the faculty/staff member. If the student is not satisfied with the outcome of Step 1, the student shall have a person-to-person discussion with the Director of Nursing & Health Occupations. If the student is not satisfied with the outcome of this meeting, the student will proceed to Step 2 in the college grievance procedure, which is a formal written grievance submitted to the Chief Student Services Officer. See the most current CGCC Student Handbook posted on the CGCC website for details of this process.
https://www.cgcc.edu/sites/default/files/student-services/Student-Handbook.pdf

3.2.   Resources

3.2.1. Faculty and Student Services Advisors

During the first year of the Nursing Program, a primary faculty member will be assigned to assist each nursing student, and address any concerns the student may have. During the second year of the program, faculty share primary instructor duties. Full-time nursing instructors will have office hours posted outside the faculty offices.

Advisors are available in Student Services to assist students with degree planning. The student is responsible for registering in a timely manner for all required co-requisite classes needed for degree completion.

3.2.2. Other Campus Resources

A variety of resources are available on campus to aid student learning. These resources include the:

- Tutoring Center,
- Computer labs including the Nursing Computer Lab,
- Nursing Skills Labs,
- Rural Clinical Simulation Center. (See Appendix III), and
- CGCC Library.

Library Use and Journal Article Information

- If you want to use an article for an assignment out of a journal that is not on the Nursing Program approved journal list, the article must be approved by an instructor.

- When you request an article through inter-library loan, it may take a few days to get it (sometimes it is emailed or faxed and then the time frame could be shorter).

- An article requested through inter-library loan usually does not have a fee associated with it, but it can. The library staff will let you know this.

- If an article is published in a journal from another country, it might be harder to get and is more likely to have a fee associated with it.

- If a student finds an article that has a fee, they should ask the librarians for help in finding other articles and resources for their research projects.

- Make sure that any article you request through inter-library loan is available in English. Just because an abstract is in English does not mean the article itself is available in English.

- If you need an article that is required reading for an assignment, your instructor may have a notebook on reserve in the library that either contains the article or directs you to search a particular database for the article. Your instructor may also give you other instructions directly on how to access the article.

3.2.3. Course Syllabus

Each course in the Nursing Program (as well as all other college courses) has a course syllabus. The syllabus describes the course and all requirements that must be met to obtain a passing grade. Course requirements, outcomes, learning activities, and examinations are designed to assist students to meet minimal skill levels required for the safe practice of nursing. Students are required to complete all learning activities and reach all learning objectives by the deadlines stated in the syllabus. Students are encouraged to keep copies of the syllabus and associated documentation for each course taken as a record of their accomplishment within the Program.

3.2.4. Clinical/Community Partner Issued Equipment

At various times in the Nursing Program students are issued badges or other items/equipment in order to identify the student or to participate in clinical. These items may include a facility badge, FSBS scanning badge or barcode, "badge buddy," emergency code badge, parking pass, etc. It is the responsibility of the student to return all community partner issued equipment as according to course syllabi. Also, any lost items should be reported to the clinical faculty immediately. Fines may be imposed on the student by CGCC or its community partners for lost/stolen items. If not returned, the student will be reviewed for progression in Program.

3.2.5. Professional Organizations

Professional persons have a responsibility to be active in organizations that enhance their professions through membership and participation. The nursing faculty represent several professional organizations and encourage student nurses to explore organizations such as the National Organization for Associate-Degree Nursing, the Oregon Nurses Association and the CGCC Student Nurse Association (see Appendix IV).

3.3.   Nursing Program Guidelines

The Nursing Program is designed to assist each student to develop the knowledge and skills needed to safely practice as a Registered Nurse. Nursing theory, skills laboratory, and the clinical component are interdependent and must be taken concurrently.

3.3.1. Attendance/Absence/Lateness

a. Attendance and participation in class are integral parts of the learning process and are required. Students who are absent from class are unable to participate in discussion or group activities. Students who are absent may miss points for activities, attendance, participation, in-class assignments or quizzes. Possible actions include but are not limited to requiring the student to make an appointment with the instructor and demonstrate (e.g. verbally or in writing) attainment of the outcomes for the missed class(es). Excessive absenteeism will be noted on any requested letter of reference.

b. Announced or unannounced in-class written assignments and/or quizzes with points assigned will be used as learning and evaluation tools from time to time. Students absent from class will not be able to make up the in-class written assignment or quiz. Instructors reserve the right to consider individual student circumstances.

c. Students are expected to attend all classes (including orientations) and clinical (including Skills Lab and simulation), to report on time, and to submit all written work on time. For students in our program, a high positive correlation has been demonstrated between regular attendance and satisfactory grades.

d. Students are responsible for knowing which classes, clinical, skills lab, and simulation experiences are mandatory. Class announcements, e-mail, and/or syllabi are used to communicate information about mandatory attendance.

e. Students who are going to be late or are not able to attend a mandatory event are responsible to notify the instructor **verbally** prior to the beginning of the mandatory event.

f. Students who miss mandatory sessions will be required to make up the missed time in a manner determined by faculty and/or the student's clinical instructor.

g. Students who arrive late or miss mandatory sessions will be reviewed for progression, which may result in dismissal from the Program. Dismissal may be looked at if the mandatory session:
   - Cannot be repeated and therefore the student would miss crucial content.
   - Missed content is required for the development of required skills
   - Missed content is required for student and/or patient safety

h. Instructors reserve the right to provide a make-up exam at their discretion. Instructors reserve the right to determine the date of a make-up exam at their discretion. Instructors reserve the right to require a provider's note for any personal illness or family illness.

i. *Any student who arrives late for the start of an exam will receive an automatic 5% reduction from the possible points available on the exam.

j. *Any student who misses an exam will receive an automatic 10% reduction from the possible points available on the make-up exam.

k. Emergent and/or mitigating situations, such as a death in the family, will be reviewed at a student's request by the Director of Nursing & Health Occupations for an evaluation of the situation and whether or not a loss of points will occur.

3.3.2. <u>Clinical, Skills Lab, Simulation and Other Required Clinical &/or Classroom Orientation Attendance</u>

a. **Attendance is required at all clinical facility days and all clinical experiences, including but not limited to Skills Lab (demonstrations, practices and check-offs), Simulation, Clinical Case Studies, and in the classroom at times identified on the student calendar as orientation or mandatory.** If a student is unable to attend a clinical experience, **<u>the student</u>** must notify the following individuals:

1. Clinical facility – the clinical instructor must be notified prior to the beginning of the student's shift.

2. Skills laboratory – the Skills Lab Coordinator must be notified **prior to 8 a.m.** the day of skill laboratory class.

3. Simulation lab – the lead faculty must be notified prior to the beginning of the Simulation experience.

4. Classroom orientations or other mandatory events (e.g Learning Activities)– the lead faculty as identified by the student calendar must be notified prior to the beginning of the class.

5. Other clinical settings, such as scheduled alternative clinical experiences (ACEs) – either the identified instructor for the clinical or, if no instructor is scheduled to be present at the clinical, the student's clinical instructor for the term must be notified before the clinical is scheduled to begin.

b. **Continuity of clinical instruction is vital.** Each term, students are notified of their clinical days and hours. Students must be available for clinicals at any time, any day of the week, including evenings and weekends. This is especially true in the last course of the Program when students are in Preceptorship. In the first 5 terms of the Program, every absence of scheduled clinical hours* will be recorded on a Tracking form. In Preceptorship, total hours are tracked and extra clinical days may be scheduled; the minimum number of clinical hours must be achieved by the last day of the identified timeframe for clinical.

c. The student will be placed on a Performance Improvement Plan if he or she:
- Misses 10 percent or more of scheduled clinical hours (clinical, skills lab, simulation, and/or classroom hours or orientations) during any term, even if the absences are made up. The student may fail the course if additional scheduled clinical hours are missed.

- Has a pattern of late arrivals for clinical experiences.

NOTE: If a student is absent from class or clinical because of health reasons, it is the prerogative of the instructor to require the student to obtain a written health clearance from a physician, physician assistant or nurse practitioner.

3.3.3. <u>Guidelines Governing Clinical Placement of a Student in a Facility</u>

 a. The facilities where students acquire practice skills (referred to as "clinicals") are carefully selected by the Nursing Program's faculty.

 b. Students are assigned to a specific facility based on a variety of factors, including but not limited to practice level, faculty supervision, and availability of experiences that fit learning outcomes. Faculty may consider students' personal requests for placement.

 c. Not all students can have experiences in all facilities, but all students are assured placement for experiences needed for successful completion of the Nursing Program.

 d. Due to the rural nature of our area, it may be necessary to assign a student to a clinical placement in a facility in which they also work. In this case the following guidelines will be considered:

  3.3.3.d.1. If reasonable, the student will be assigned to a different unit than where they work. Here the learning opportunities and the OCNE competency rubrics and benchmarks for the course must be considered.

  3.3.3.d.2. The clinical instructor will talk with the student at the beginning of the clinical rotation about how to handle any inappropriate requests and about not stepping outside of their student nurse role. Documentation of this conversation will be noted on the student's initial Conference Record.

  3.3.3.d.3. The clinical instructor will monitor the student to insure the student stays in the student role.

3.3.4. <u>Policies Related to Student Health</u>

 a. <u>**Injury/Illness/Surgical Procedure:**</u>

Students with a fever, diarrhea, an open lesion (e.g. "weeping" sores) or a contagious disease must not be in the clinical setting. Questions regarding a cold or cold sore and clinical attendance may be directed to the instructor. For any condition, e.g., an illness, injury, prescription medications or surgery that could impact the student's ability to safely perform patient care while maintaining their own safety and that of the patient, a statement will be required from a physician/licensed primary health care provider (Provider) stating the student is medically cleared to perform patient care responsibilities without restriction as spelled out in the program's Technical Standards. If the Provider identifies restrictions are required, faculty will review the medical release form information provided by the physician/licensed health care provider and determine if the student can continue in clinical experiences. The student must share a copy of the program's "Technical Standards" document with the Provider when requesting the medical release, and must provide the Director of Nursing & Health Occupations or instructor with a copy of the medical release by the time frame specified by the instructor.

Students must report all body fluid splashes, needle sticks, and other accidents or events that could endanger their health occurring during clinical training to the facility, instructor and College immediately. The instructor will assist the student in obtaining treatment, if required, and completing the required forms in accordance with institutional policy and CGCC policy. Worker's Compensation Insurance covers student injuries in a clinical facility but application must be made as soon as possible. Worker's Compensation Insurance does not cover student injuries in the skills lab/simulation lab setting and students are responsible for any associated costs.

A student who has suffered an injury or has had a surgical procedure, will also be required to provide written documentation from their Provider that states the student can meet all the Technical Standards of the Nursing Program in order to return to clinical practice.

b. **Pregnancy/Post-partum:**

A pregnant student must understand that the clinical performance expected of her is the same as that expected of any other student. Upon notification/diagnosis of pregnancy, a student will share with their licensed health care provider a copy of the Technical Standards. The student will then be required to provide written documentation from her health care provider that states she is able to meet the CGCC Nursing Program Technical Standards in order to continue to participate in clinical practice. If the Provider places any restrictions on clinical performance of those functions, faculty will review and determine if the student can continue in clinical experiences and in the program. The written documentation from Provider will be delivered to the Director of Nursing & Health Occupations.

A student who is post partum must also have written documentation from the Provider that states the student can perform all functions required in the program without restriction.

3.3.5. Evaluation

Faculty have the legal, ethical, and professional right to evaluate students in the classroom and clinical setting and determine a grade, and will discuss student performance with each other and/or in faculty meetings as needed.

Theory Evaluation

Grades will <u>not</u> be rounded and will be awarded using the following scale for all nursing courses:

Percent Grade:

90.00 - 100%	=	A
82.00 - 89.99%	=	B
75.00 - 81.99%	=	C
66.00 – 74.99%	=	D
Below 66.00 % cumulative on exams and/or on all required work	=	F

Students must achieve a weighted average of 75% or greater on all theory exams. See individual course syllabi for summative and final exam weighting in that course. If a student does not achieve the course-specific weighted average of 75% or greater on all exams in each nursing course, he/she will not pass that course and will not be allowed to continue in the program. **A student must pass all nursing courses taken in a term to progress on to the next term of the Program.**

Once the student has met the 75% score on theory exams, and passed the pass/no pass class components, any remaining graded course components will be integrated into their score as outlined in the course syllabus.

Testing Policy

The Nursing Program's philosophy of testing is the acquisition of knowledge, rather than memorization of individual questions. The ultimate goals of tests are to assess your knowledge and to prepare you for the NCLEX-RN. To this end**, use of websites that collect/share exam questions and answers is considered cheating.**

Tests may contain more than one instructor's test questions. In order to provide consistency, the following guidelines and procedures will be followed in each course.

Theory Exams: Attendance at all examinations, scheduled tests, and quizzes is mandatory. If a student cannot attend an examination, test, or quiz due to an unexpected occurrence, the student is responsible to notify the **course instructor verbally <u>before</u>** the beginning of the examination.

See **Attendance/Absence/Lateness** for more information on Testing Policies.

NOTE: To protect the testing environment for all students, when an exam, test or quiz begins, the instructor will close the door and the student might not be admitted after the door is closed.

A student missing an exam, test or quiz will be required to arrange with the instructor to take the exam, test or quiz as soon as possible.

Test Return
Each test is analyzed for validity of questions after it is given. Since this process can be time consuming, the appropriate time to return the tests and Scantrons for review will be determined by the instructors, and may vary throughout the term. An effort will be made to return these as soon as possible. A test will not be returned for review until all students have taken it.

Group Test Reviews
- Test review is optional per instructor discretion.
- Student attendance is optional.
- Test questions may not be copied and during review no pen/papers are utilized.
- In preparation for test review, table tops will be cleared (nothing but the exam packet will be allowed at the student's table).
- Student exam materials will be passed out along with question rationale and students will be allowed to talk to each other while reviewing their exam.
- Instructors will not engage in debate or defend questions at this time.
- Faculty may choose to allow submission of a written request for review of a question.
- At the end of the test review time, students will return their exams, Scantrons, and rationale prior to exiting the room.
- Faculty retain the right to conduct test review in an alternative manner.
- There is no formal test review for final exams.

Individual Test Review
- No test will be kept by students.
- If you wish to review the test with a specific instructor, you must schedule an appointment.
- If you wish to do a general review of the test, you must schedule an appointment with nursing faculty. Office hours for first and second year faculty are posted outside their respective offices. The syllabus also contains office phone numbers and email addresses for faculty.

Question Discussion

Faculty value students' efforts to acquire knowledge in their nursing education. The expectation, related to question discussion, is that it will be conducted professionally, as evidenced by a student scheduling time with the instructor to adequately address the discussion, along with providing data to support the discussion.

Other Components of Evaluation

The skills laboratory and clinical components are mainly pass/no pass (graded quizzes and learning activities may also be a portion of clinical evaluation). Pass/no pass will be determined by the clinical instructor or preceptor, based on the student's ability to meet the OCNE competency rubrics and benchmarks for the course. A student who fails to meet competencies and benchmarks or clinical professional standards may be issued a Performance Improvement Plan (PIP), a Probation Contract and/or fail the course. Each student must attend a mid-term and final conference to discuss and evaluate clinical performance. The clinical grading criteria are

described in the OCNE competency rubrics and benchmarks for the course for each nursing course, found in the course syllabus.

Students must demonstrate **math competency** in both the clinical and the skills lab settings. Students will be required to pass a written examination with a score of 96 percent or better every term. The course syllabus will describe the requirements needed to meet the math competency each term as well as the date by which this must be successfully completed.

3.3.6. Graduation Guide/Progression Policy

Students who enter the Nursing Program in the 2019/20 academic year can find a listing of courses required for graduation with an AAS in Nursing (OCNE Curriculum) in the CGCC catalog. The catalog also contains a curriculum map which identifies which term non-nursing courses are recommended to be taken. Students are expected to choose non-nursing elective courses that do not interfere with nursing courses and clinical experiences. Nursing courses must be taken in sequence and in the term designated by the Nursing Program. Both the classroom and clinical components of each nursing course must be passed for the course to be passed. Each nursing course is offered only one time each academic year. **All nursing courses in any given term must be passed in order for the student to progress on to the next term in the program.** Students must complete all courses in this program (see college catalog) with a 'C' grade or higher (a pre-req/preparatory course GPA of 3.0 or higher is required for nursing course enrollment and an overall GPA of 2.0 in subsequent years is required) to continue in and complete the program, receive their degrees, and be eligible to take the national licensure exam (NCLEX-RN).

Safe clinical performance and professional behavior (including integrity and accountability) are described throughout this Handbook. If a student is dismissed from the program (or withdraws while failing) because of serious or multiple breaches of patient safety or professionalism, the student will not have the option of re-entry to the program. If a student fails or leaves the classroom or clinical portion of a course but is allowed to return the following year (see Rules Governing Re-entry into the Nursing Program following), the current graduation guide requirements must be met.

Clinical attendance, appropriate participation and establishing or maintaining professional and ethical values systems is a requirement in order for students to progress through the nursing program. Clinical attendance, participation and student conduct are monitored throughout the program. In order for students to have a clear understanding of minimum program standards and the consequences of substandard performance a "Clinical Professionalism: Attendance and Participation Tool" (Tool) will be utilized. The Tool is found in Appendix V. Please note that points for absenteeism will NOT accrue past the current term, however points for substandard performance will accrue throughout the entire program. By instructor and team decision, points may be modified for extenuating circumstances (e.g., extreme illness or death in the family). A first year student who accrues 5 points on the Tool any time during the year (or a second year student who accrues 10 points cumulative over both years) will be put on Probation. A first year student who accrues 10 points on the Tool any time during the year (or a second year student

who accrues 15 points cumulative over both years) will fail the clinical portion of the course and not be allowed to progress through the program.

Be aware that a grade of **C (75%) or higher** in all theory components and a **Pass** in all clinical/laboratory components of the clinical courses in the Nursing Program is required. If a student fails to receive the required passing grade in any nursing course(s) in any given term, the student may apply to reenter the Nursing Program (see re-entry requirements section below for specific limitations); however, a student is only entitled to reenter the Nursing Program once. Failure to receive the required grade in any nursing course following re-entry after a voluntary or involuntary withdrawal will result in permanent dismissal from the Nursing Program.

The Nursing Faculty are committed to promoting student success. To this end, the faculty provide feedback through the use of OCNE competency rubrics and benchmarks throughout the term and faculty advise students where they are in relation to those rubrics and benchmarks. If problems that may affect student success in a clinical Nursing course are detected, faculty inform students and assist them in developing a plan that identifies goals and actions for improved performance. Students are responsible for implementing the plan, including following up on referrals for help and arranging additional conferences with their instructor as needed to follow up on problems. Faculty inform students about and document problems according to the following:

a. **Performance Improvement Plan (PIP):** This procedure is intended to call attention, as early possible, to a situation or situations that, if uncorrected, could lead to academic failure. A PIP documents the problem(s) identified by an instructor or instructors, a plan to remedy the problem(s), and the student-instructor conference to discuss the problem(s) and plan. The student will be offered an opportunity to document their perception of the problem(s) on the PIP. (See Appendix V).

   - Examples of classroom-related performance which indicate a need for a PIP include a pattern of submitting assigned work late and/or missing or arriving late for tests. Instructors may track this through the use of email.

   - Examples of non-classroom related performance which indicate a need for a PIP include missed skills check offs, repeated "No Pass" on skills check offs, repeated need for re-mastery, missed clinical time, inadequate preparation for clinical assignment, failed Nursing Care Plan, and unsafe clinical practice.

b. **Probation Contract** is a notice to a student that immediate changes are needed in some problem(s) and/or behavior(s) to prevent either failure or dismissal from the Program. *Subsequent occurrences of problems and/or behaviors during a Probation Contract period will result in disciplinary action, which may include dismissal from the program.* Academic dishonesty, clinical performance issues (including Skills Lab and unsafe clinical practice), and substance use are examples of behavioral categories for which students may be placed on a Probation Contract. A conference with the student, instructor(s) and the Director of Nursing & Health Occupations will be scheduled. The Probation Contract documents the problems and/or behaviors, the action plan

to remedy them, specifies the conditions for retention and progression in the Nursing Program, and documents the conference. Students receive a copy of the Probation Contract. (See Appendix V).

- **Academic Dishonesty.** Students who fail to practice academic honesty as expected (see Appendix II for references to CGCC's Academic Integrity Policy) will be placed on a Probation Contract, if not dismissed from the program. Students placed on a Probation Contract for academic dishonesty will remain on the Probation Contract for the remainder of their enrollment in the Nursing Program, whether enrollment is consecutive or interrupted by time out of the Program. A second occurrence of academic dishonesty will result in dismissal from the Program.

- **Clinical Performance.** It is expected that students will practice safely at all times during their clinical experiences, which includes Skills Lab assignments and check offs. Safe practice in the performance of nursing care requires the application of scientific knowledge and technical and cognitive skills to provide for the welfare and to protect the well-being of patients. Safe practice demands that practitioners be aware of personal and professional limitations that could affect the safety of their performance. Students who do not demonstrate safe practice may be placed on a Probation Contract, if not dismissed from the Program. Students who do not demonstrate safe clinical behaviors while on a Probation Contract may be barred from the clinical practicum. This would result in a "No Pass" and the student would not progress in the program.

Unsafe clinical behavior is demonstrated when the student:

1. Violates or threatens the physical safety of the patient.
2. Violates or threatens the psychological safety of the patient.
3. Violates or threatens the microbiological safety of the patient.
4. Violates or threatens the chemical safety of the patient.
5. Violates or threatens the thermal safety of the patient.
6. Inadequately and/or inaccurately utilizes the nursing process.
7. Violates previously learned principles which threatens the safety of the patient.
8. Assumes inappropriate independent/dependent action or decisions.

Whether the problems in student performance result in a PIP, a Probation Contract or dismissal from the Program, is a Nursing faculty decision with input from the Director of Nursing and Health Occupations as needed. In making this decision, faculty consider the implications of prior and current student performance for patient safety, professional and personal integrity, and student success. While faculty make every effort to alert students as early as possible to problem situations, **there is no implied process that requires a PIP or a Probation Contract or that either must precede dismissal**.

Students wishing to appeal a progression decision must follow the CGCC Appeals Process. Students who appeal the decision regarding their continuation in the program are allowed to attend theory class until the appeal is concluded. It is up to the discretion of the Director of

Nursing & Health Occupations in consultation with faculty as to whether a student would be allowed to attend skills lab and simulation experiences while the appeal is pending. Students may not attend clinical/experiences in any facility while their appeal is pending.

3.3.7. <u>Written Work</u>

Unless otherwise directed by the course instructor, all written work must be typed, and it will be judged on its content, spelling, Nursing Program Writing Standards, and timeliness. The college has computer resources to help students with the typing requirement. Students who turn in late written work will be reviewed for progression in the Nursing Program by the Nursing Faculty. Timeliness of submission of any electronic or written work remains the responsibility of the student. It is also each student's responsibility that assignments get to the correct faculty member by the due date and time.

All assignments are expected to be done individually unless otherwise directed by faculty. Any assignment that is found not to have been done individually may receive a zero. Students must not allow others to copy or use their work or supply answers or data to other students.

<u>**Plagiarism.**</u> **Submitted assignments that evidence copy-and-paste answers from any source not original to the student's own work are considered plagiarized and will receive a zero for that assignment or be required to be redone.** If a student is required to redo an assignment, the maximum graded score will be a 75%. The term "plagiarism" refers to the use (either intentionally or unintentionally) of another person's words or ideas without giving credit to that person. It can include actions such as buying or borrowing an entire paper or assignment from someone (including from an electronic source such as the Internet) or copying phrases, sentences, ideas or sections of text from any source without using quotation marks appropriately or without citing the source. A course for student tips to avoid plagiarism can be found at https://owl.english.purdue.edu/owl/resource/589/02/

Whether or not APA format is required for an assignment, at no time is it appropriate for a student to copy large portions of material from any source into any assignment. Students should summarize content in their own words.

Plagiarism on the part of a student is a very serious offense and, in addition to the above, will result in disciplinary action that may include receiving a failing grade for the course and possible institutional sanctions including suspension or expulsion. Cheating may result in an immediate F grade for the entire course. All Nursing Program faculty will be notified of the cheating or plagiarism.

"Academic integrity is vital for nurses to possess in their everyday life. Honesty and integrity are important for all scholastic careers, especially nursing. I plan to uphold my academic integrity by adequately citing all sources I use and also by doing my own work throughout the course. I believe that cheating is not acceptable in every aspect of life and I will live up to my commitment to never do so.

"I will never plagiarize and will pursue everything I do with honesty and integrity. I will work hard for everything I attempt. Also, I will not cheat and/or copy other students work. I will also do my best to learn the most possible and complete scholarly work.

"I will give myself adequate time to work on assignments this semester and work carefully to document all sources used properly, to avoid unintentional plagiarism. I'll also maintain my own ethical standards by never copying anyone else's work. I take great pride in my education and work hard!" (Elison, J. (2011). *Academic dishonesty.* StuNurse.com (ed. 19), 4-7.)

3.3.8.   Student Concerns/Academic Difficulties

If a student has an academic problem or concern, it should be discussed with the individual instructor first in a private one-to-one setting. If the situation cannot be resolved this way, the concern should be brought to the Director of Nursing & Health Occupations; if still unresolved, the student should follow the Appeals Processes as outlined in the CGCC Student Handbook.

3.3.9.   Faculty/Student Communication

Students will have the opportunity on a scheduled quarterly basis or as needed to provide feedback regarding the curriculum and express their questions/concerns/ideas via the "Student/Faculty Roundtables." The purpose of the these meetings is to receive student feedback regarding the curriculum and discuss general concerns about the program, schedules, etc. Faculty will then discuss the concerns and ideas, as necessary, in faculty meetings and will bring the decisions back to the students.

Individual concerns will be dealt with on an individual basis. Students with individual concerns are to discuss them directly with the appropriate faculty, and may request the Director of Nursing & Health Occupations or an uninvolved faculty member to be present for the discussion. Students will also have the opportunity to impact the program and affect the curriculum through formal and informal evaluation methods (e.g. program outcome and program satisfaction surveys) and through representation on the Student/Faculty Roundtables.

3.3.10. Faculty Office Hours

Each full-time nursing instructor is available during five office hours per week. These hours are posted each term on the instructor's office door or can be obtained through the administrative assistant, and appointments should be made through the instructor. Students may request appointments at times other than office hours if the need arises. Full time instructors monitor student e-mails (sent only to the instructors' cgcc.edu address). Part-time instructors can be contacted via e-mail (sent only to the instructors' cgcc.edu address) throughout. During clinical hours instructors are available via phone.

Faculty members are off duty evenings and weekends and may not monitor their email unless otherwise specified (e.g. weekend call availability during the final clinical course). Students should attempt to communicate with an instructor during weekdays and office hours. Emergency notifications may be made by phone to the number specified by the instructor.

3.3.11. <u>Use of Electronic Devices</u>

Professional behavior is exemplified by using cell phones, i-pods, PDA's, laptops or other electronic devices only when authorized by faculty and for nursing program use. Cell phones will be turned off for theory lecture and all Nursing Program testing situations. During clinical experiences both students and faculty may carry cell phones in a pocket on vibrate. Use of them during clinical should be in an off-stage area.

Many students find audio recording lectures to listen to at other times beneficial to their learning. Per ORS.540(6)(b) and a theory of implied consent, students may audio record lecture presentations for their personal use and/or to share with another student enrolled in the class. Students explicitly do not have permission or consent to post lectures on any type of digital/electronic platform or social media. Students do not have permission to visually record activities in any learning environment without specific permission to do so by the instructor and any other party in the recording.

Additionally, students do not have permission or consent to record any conversation with faculty or staff outside of lecture. As a caution, any person who records the conversation of another must have permission to do so.

3.4. <u>Policy for Students Who are Unsuccessful or Voluntarily Withdraw from the Nursing Program</u>

Minimum criteria for passing each course in the Nursing Program is no lower than a C grade. Progression in the Program requires a passing grade in all nursing courses and an overall GPA of 2.0.

<u>A student may only be admitted and/or re-admitted to the Program a total combination of 2 times.</u> Therefore, a student in the Program for a second time who fails to obtain a passing grade in any nursing course would be dismissed from the Program. In the case of extenuating circumstances, such as a major illness, an appeal may be made to the Director of Nursing & Health Occupations. The appeal must occur as soon as reasonably possible and, if approved and the student is otherwise in good standing (see below), a re-entry agreement will be issued. The decision of the Director is such cases is final.

In the following scenarios where a re-entry agreement may be issued, it is up to the discretion of the Nursing faculty and the Director of Nursing & Health Occupations whether a student is in good standing and if a re-entry agreement will be offered. Examples where a student would not be considered to be in good standing include a violation of safety or professionalism, dismissal from the Program, or violation of any CGCC student policy. These examples are not all inclusive but representative of the types of instances when a student would not be in good standing.

A student possessing a valid re-entry agreement may apply for re-entry the following year. Approval of an application to return to the Program will be dependent on availability of space and adequate resources at the time of application.

Nursing theory, skills laboratory, and a clinical component are interdependent in some courses. A student re-entering the Program and re-taking a course with a clinical component must repeat that entire nursing course, not just the portion of the course that the student failed.

3.4.1.   Rules for First Year, First Term Admitted Students:

1. If a student withdraws from the Program and/or all first term nursing courses, no seat is saved and the student must apply for admission to the Program if they wish to try again.

2. If a student finishes fall term but does not receive a passing grade in any of the first term nursing courses, the student must apply for admission to the Program if they wish to try again.

3. If a student withdraws from one of the first term nursing courses but not both courses, the student may finish the course in which they are still enrolled; however, they may not progress on to winter term without having passed all required first term nursing courses. If the student passes the remaining fall term course and is in good standing, a re-entry agreement will be offered per guidelines in the introduction to this policy and a seat saved for them in the following year's admitted cohort. If re-admitted to the first term, the student would only need to re-take the nursing course they did not pass. This is a one-time offer; if the re-entry offer is declined or the student is not able to fill the seat for any reason, the seat will be given to another applicant. If the student wanted to enter the Nursing Program in a subsequent year, the regular admissions process must be followed and the student would be required to take and pass all fall term nursing courses, including any fall term nursing courses previously passed.

3.4.2   Rules for Students Who Have Successfully Passed the First Term Nursing Courses and Are in Term 2 – 6 of the Program:

1. If a student withdraws from the Program and/or all nursing courses in a term or a student does not pass any of the nursing courses in a term, and they are otherwise in good standing, a re-entry agreement will be issued per guidelines in the introduction to this policy and the student may apply for re-entry the following year. Approval of an application to return to the Program will be dependent on availability of space and adequate resources at the time of application.

2. In terms 2 or 3 of the Program, if a student withdraws from one of the nursing courses in a term but not all, the student may finish the course(s) in which they are still enrolled. They may not progress on to the following term without having passed all required

nursing courses in the current term. If the student is in good standing, a re-entry agreement will be issued per guidelines in the introduction to this policy. Acceptance back into the Program will be dependent on availability of space and adequate resources at the time of application. If re-admitted the following year or a subsequent year, the student would only need to re-take the nursing course(s) they did not pass.

3. Special policy for NRS 224: If a student withdraws from or fails the last course in the Program, NRS 224, and they are otherwise in good standing, a re-entry agreement will be issued indicating the student would need to apply for and repeat the winter term course, NRS 222. Approval of an application to return to the Program will be dependent on availability of space and adequate resources at the time of application.

To apply, any Re-entry student must:
- Confirm intent to return to the Nursing Program by submitting an eligibility determination with the Re-entry application.
- Meet all criteria specified in the Re-entry agreement if applying within one year of leaving. Note: These criteria will still be considered for Re-entry applicants who are beyond the one-year of leaving. There may be other requirements as well—see the Re-entry application.
- Submit a Re-entry application to Student Services during the time frame specified on the application.

3.5 Advanced Placement

Advanced Placement admissions information and applications may be obtained at Student Services. Specific requirements related to Advanced Placement are contained in the application. Any student who left another nursing program with an 'F' or a 'W' for any nursing course on their transcript, or who was dismissed from a program before a grade was transcripted, must attach a letter from the director of their previous program to the CGCC Nursing Program application. To be considered eligible for the CGCC Nursing Program, the letter must indicate the previous program would allow the student to re-enter. Advanced Placement applicants from another OCNE program who left their program while failing or having failed a nursing course or who are in any disciplinary process for classroom behavior or clinical performance such as clinical probation or documented performance at less than the expected level will not be considered for admission to the program.

3.6 Professional Conduct in the CGCC Nursing Program

Students must demonstrate professional behavior (discussed below) at all times in the CGCC Nursing Program. This includes, but is not limited to, being on-time to all sessions, including exams, skills labs, simulation and clinicals. Students who are tardy to mandatory sessions will have their behavior documented and this behavior may result in the student being placed on a Performance Improvement Plan (PIP) or Probation Contract when a pattern of tardiness is

observed. It is the instructor's option to prohibit the student from attending a mandatory session when they are tardy (in which case the requirement will have to be made up at a later time).

Students may not engage in private conversations or in dialog that disrupts any classroom, lab or clinical session. Students who do so are being disrespectful and are interfering with the learning environment. Instructors who observe students engaged in this or any other unprofessional behavior, or any behavior that in the instructor's view is distracting to any of the nursing learning environments, may ask the student to change the specific behavior. The instructor has the option of asking these students to leave the setting. If the behavior does not change and, in the view of the instructor, has become a pattern, the student will be reviewed for progression.

"Reviewed for progression" means that a Performance Improvement Plan (PIP) or Probation Contract will be created and/or a student's continuing in the Program will be reviewed. Students are reminded that PIPs or Probation Contracts do not cease to exist at the end of a quarter, but are retained in the student's folder to carry forward to the next quarter, or any date specified.

3.7 **Professional Behavior**

Graduates from any nursing program are expected to perform in a manner that reflects the standards defined by the Oregon State Board of Nursing and by the nursing profession as a whole. Nursing students must learn to function in accordance with the accepted standards of practice mandated by the profession. For this reason, the expected professional behavior should be viewed as necessary preparation for the ultimate role that the student will assume when entering the profession.

Students are expected to display professional behavior on campus, in all clinical experiences, and whenever in the student uniform outside of clinical settings (i.e., going to and from clinical settings). When in uniform, students are readily recognizable as Columbia Gorge Community College Nursing students, and their behavior reflects not just on themselves, but on the Nursing Program, the College and the Nursing profession. Students need to understand that it is a privilege to be in a clinical facility. It is a service the facilities are providing to us. We are guests. It is vital that a student will represent our college and themselves well. A student who does not behave in a professional manner will be reviewed for progression.

Professional behavior includes, but is not limited to, the following:
- ❖ Guarding patient and facility confidentiality at all times
- ❖ Displaying respect for all persons
- ❖ Communicating with others in a responsible and positive (civil) manner
- ❖ Being accountable for one's own actions
- ❖ Being honest and trustworthy
- ❖ Abstaining from the use of alcohol and illegal substances when functioning in a professional capacity

3.8 OSBN Position on role of Nursing Students in Clinical

 "Oregon Revised Statute exempts students in approved nursing programs from holding a nursing license when functioning in a nursing role as part of the planned program of study (ORS 678.031(2). While a student is not a licensee, they are able to demonstrate the full scope of nursing practice as is appropriate to their level of learning in an approved nursing program. The nursing student, therefore, may be viewed as a nurse when carrying out assigned clinical care as part of their curriculum. The Oregon State Board of Nursing places the requirement on the schools of nursing to ensure that appropriate competencies are developed and validated and that all aspects of patient safety are considered in student nurse clinical assignments. All authorities to act in the nursing scope of practice must be linked to the program-assigned clinical experience and the nursing student may not enact any part of the nursing role outside of a formal clinical assignment." Email communication from Joy Ingwerson, MSN, RN, CNE, Policy Analyst, Nursing Education and Assessment, Oregon State Board of Nursing, 2.23.2017

"The safety of the public is always the main concern for the Board, and in the case of students, the Board holds the nursing program to standards that focus on safety. Students must have criminal background checks and function under the direction from the nursing faculty or an assigned clinical teaching associate…. So, the student in a pre-licensure nursing program is not licensed but may practice nursing under the auspices of the nursing program. Students may not practice nursing at any time other than when they are engaged in the clinical learning required by their program…." Ingwerson, J.(May 2017). Test your knowledge of unique licensing issues. *Oregon State Board o Nursing Sentinel, 36*(2), 10-11.

3.9 Code of Conduct in Clinical Facilities

     1. Students are required to report all injuries or accidents involving their assigned patients to the instructor as soon as possible who, in turn, will assist the student to follow appropriate program and facility policies, including notifying the Director of Nursing & Health Occupations of the incident as soon as possible.

     2. Students must communicate changes in patient status (including discharge) or abnormal V.S., lab values, or assessment findings to their clinical instructor and staff in a timely manner. If the problem is serious or could be life threatening or result in immediate harm to a patient, first locate a facility RN to help deal with the problem, then notify the instructor.

     3. Students are required to wear appropriate clothing as identified in the Professional Appearance and Grooming section of this Handbook. Students must identify themselves as a "student nurse" to patients. Patients have the right to refuse student care if they so desire.

     4. Students are advised that it is unprofessional and unethical to receive money or gifts from patients, or to continue relationships with patients after clinical hours or after patients have been discharged. If faced with any of these situations, the student should discuss it with her/his instructor.

     5. Students may not use student status to gain access to the records of anyone for any purpose other than to prepare for or provide patient care or for required program assignments.

     6. Students may not leave the clinical site (building) during scheduled clinical time without specific permission of the instructor. Students must communicate plans to leave the unit for breaks and meal time to appropriate facility staff and the instructor.

     7. Students must recognize their role as students and, if employed in a scheduled clinical site, must clearly communicate to staff their role as students during clinical hours.

8. If a student is given instructions that fall outside their scope or conflict with program policies, the student must explain the program requirements, decline the activity and communicate with the instructor as soon as possible.

9. A student must display requisite knowledge and satisfactorily pass instructor evaluation of skills. Whether a student is "cleared" to perform a skill or activity or not, there is a duty on the part of students to provide safe and reasonable care in activities they have studied and refrain from any action or intervention that they do not feel adequately prepared to deliver to a patient, and to seek help when they are uncertain.

3.10   Clinical Violations and Confidentiality

Students are expected to practice safely at all times during their clinical experiences, which include skills lab assignments and check-offs. A student who demonstrates unsafe clinical behavior or fails to make adequate progress toward competency rubrics and benchmarks for the course may be placed on a probation plan or dismissed from the Nursing Program. Unsafe clinical practices encompass a variety of actions that either threaten or disrupt the biological, psychosocial, physical, or physiological well-being of clients/patients.

Among the most serious of clinical violations is the breach of client/patient confidentiality. Under the provisions of the 1996 Health Insurance Portability and Accountability Act (HIPAA), anyone whose activities directly and intentionally put them in contact with protected health information (PHI) defined in the statute must be aware of the requirements surrounding the protection of health information, and must not violate the policy of the healthcare facility or the provision of the statute. Students are expected to protect client/patient health information in all circumstances. This includes the conscious elimination of reference to client/patient initials, room numbers, or other personal information that could be easily recognized as an identifier on all documents, whether electronic or hard copy. Special care should be taken by the student when copying documents to assure that potentially sensitive materials not be left in or around a public area. Conversations containing any information about a client/patient should not take place outside the walls of a closed room or space and should occur only for the purpose of treatment or instruction.

3.11   Social Networking Policy

Any student who posts material on a blog or social networking site (e.g., Facebook, LiveJournal, or Twitter, etc.) with respect to Columbia Gorge Community College or any clinical affiliate that would violate College policy or that could otherwise create a risk of substantial disruption to College operations may be subject to discipline, including possible dismissal. This specifically includes, but is not limited to, breaches of confidentiality or illegal activities. Students need to be aware of the potential consequences of disclosing patient-related information via social media. Students need to be mindful of facility policies, relevant laws, and professional standards regarding patient privacy and confidentiality and their application to social and electronic media. Also, be aware that the moment something is posted, it lives on a server that can always be discoverable in a court of law. Students should be aware that public blogs and profiles may be periodically and randomly monitored.

Absolutely no reference to a patient, even if all identifying factors have been removed, should ever be shared electronically via any social networking site or vial email outside of the password protected CGCC email. CGCC email communication of any patient information should be only for clinical education purposes. Clinical facility or staff pictures or information must never be shared via email or social networking sites. Students must never take pictures of patients whether or not a patient gives permission. Any pictures needed for educational purposes will be taken only by clinical facility or CGCC staff following facility and CGCC policies with appropriate signed permissions.

Any violation of this policy will result in a review for progression and may result in dismissal from the Nursing Program.

3.12   Substance Use

1.   The Columbia Gorge Community College's Code of Conduct includes a specific policy regarding the use of alcohol and drugs and how alcohol and drugs may result in conduct issues. Drugs and alcohol can have an academic impact as well, and Nursing students may be subject to adverse academic consequences for violating alcohol or drug policies as well as this policy.

It is a violation of CGCC policy for students to possess, consume, be perceptibly under the influence of, or furnish alcoholic beverages, as identified by federal or state law, on College-owned or controlled property or at any College or student organization supervised function. It is also a violation of CGCC policy for students to possess, consume, be perceptibly under the influence of, or furnish any narcotic or dangerous drug, as defined by Oregon Revised Statutes, on College-owned or controlled property or at any College or student organization supervised function, except when use or possession is lawfully prescribed by an authorized medical doctor or dentist. Violation of this policy may result in expulsion, suspension, or disciplinary probation.

Because of the special circumstances surrounding the training of future nurses, the Nursing Program has this supplemental substance use policy that operates in conjunction with the College's policy. The Code of Conduct is separate and a student may be disciplined under it in addition to any academic consequences that may result under Nursing Program policies.

All alcohol and drug test results, evaluation and counseling reports, and other related information obtained as a result of this policy will be treated in a confidential manner. Access to this information will be limited to those who have a need to know and will be kept separately from a student's academic record.

3.12.1.1   In all aspects of providing patient care and in activities the College determines are related to patient care, nursing students must perform safely and effectively. They are, therefore, responsible for avoiding potential adverse effects on their behavioral, physical, emotional, and mental states that could result from the use of drugs, whenever and wherever taken, including alcohol, marijuana, and any "over the counter" or prescription medications.

(1). Students are not allowed to participate in patient care if they are under the influence of any alcohol or drugs/medications which affect safe and appropriate functioning.

(2). It is the responsibility of students to notify the clinical instructor if they are taking any drugs/medications that have potential adverse effects on their ability to perform safely and effectively, including medications which are prescribed by a provider.

(3). An instructor will dismiss a student from the clinical setting if the instructor believes there is any question about the student's ability to function safely and responsibly in patient care.

(4). If a student misses mandatory time due to being found under the influence or unsafe to practice, their progression in the Program will be reviewed. In consultation with the Director of Nursing & Health Occupations or his or her designee, the Nursing Faculty will decide what actions are appropriate.

3.12.1.2   The College will not discriminate against any student based on a disability and will provide reasonable modifications or accommodations when available to address issues raised by medication. Clinical sites are typically able to exclude students who exhibit unsafe or irresponsible behavior. Such exclusion could mean that a student would not be able to achieve course outcomes and could, therefore, not be able to continue in the Nursing Program. The College in its sole discretion, however, may determine a student may not continue in the Nursing Program because of alcohol or drugs/medications, regardless of a clinical site's decision.

2.   Performance, behavior, appearance or breath odor may suggest the use of alcohol or other drugs/medications. While other conditions may cause some of the following, behaviors and signs suggestive of substance misuse include:

a. A change in a person's behavior, such as
   - inappropriate responses
   - unpredictable behavior deviant from usual, acceptable behavior
   - inappropriate or bizarre response/laughter
   - irritable, restless manner
   - impulsive actions
   - repeated tardiness or absence
   - accidents or near-misses involving patients or equipment
   - diminished work performance
   - diminished grooming, disheveled appearance

b. A change in a person's apparent cognitive function, such as
   - slowed thinking processes or very impulsive thinking
   - immobilization or panic with resulting inability to think or act
   - severe psychological distress
   - threats to kill or harm oneself or another person
   - poor judgment regarding safety issues for self, patients, and coworkers

c. A change in a person's apparent physical symptoms, such as
- complaints of blurred vision; dilated or constricted pupils; bloodshot eyes
- slurred speech
- breath odors or general odor of alcohol
- excessive sweating
- emaciated or unusual weight loss
- tremor or twitching, especially early morning
- poor coordination or unstable gait
- complaints of morning headache; abdominal or muscle cramps; diarrhea
- diaphoresis
- odor of alcohol
- severe physical distress; e.g., seizures, chest pain, respiratory distress

d. Violations of law, such as
- possessing a weapon or hazardous object
- possessing, using, or transferring any narcotics, hallucinogen, stimulant, sedative or similar drug other than in accordance with a licensed healthcare provider's order

3. Violation of College policy or reasonable suspicion of substance misuse either while on the College campus or in a clinical setting will be handled by the Nursing Program as follows:

a. <u>College Campus</u>
The student will be required to explain the violation or behavioral changes. At the discretion of the Nursing Faculty in consultation with the Director of Nursing & Health Occupations or his/her designee, the student may be required to submit to immediate testing of body fluids for chemical substances. In this case the student will be escorted by the Director of Nursing and Health Occupations, an instructor or other college representative to a laboratory designated by the nursing program (see information regarding transportation below). The collection and testing will be performed in a manner which preserves the integrity of the specimen. In consultation with the Director of Nursing & Health Occupations or his-or her designee, the Nursing Faculty will decide what actions are appropriate.

b. <u>Clinical Setting</u>
The student will be required to explain the violation or behavioral changes. Any nursing instructor or immediate supervisor who believes that a student in a clinical setting is in violation of the College or Nursing Program Substance Use Policy, or exhibiting behaviors or signs suggestive of substance misuse, or is for any reason a threat to patient safety, will remove the student immediately from the patient care responsibilities. The instructor has the right to confiscate, in the presence of a witness, any substance(s) for identification. The behaviors and signs observed by the instructor will be documented by the instructor and, if possible, validated by another nurse (another CGCC nursing instructor, nursing supervisor on duty, or nurse manager). The instructor will require the student to submit to body fluid collection and immediate testing performed by a laboratory designated by the nursing program. The collection and testing will be

performed in a manner which preserves the integrity of the specimen. The student will be escorted to the laboratory by an instructor or other college or hospital representative as soon as possible after the student has been removed from patient care responsibilities.

The following statements apply to either on campus or in clinical situations as discussed above:

- The Director of Nursing & Health Occupations/nursing instructor/college representative will arrange for the student's safe transportation to the laboratory and home afterwards (taxi when available and if needed; faculty are not to go alone with a student and a student is not to drive him/herself).

- Failure to give written consent, without qualification, to such alcohol or drug testing and/or release of test results to the Director of Nursing & Health Occupations, or failure to provide bonafide samples for such testing will be considered implied admission of substance use in violation of this policy and grounds for appropriate disciplinary action, including the possibility of immediate dismissal from the nursing program.

- The student involved in the alleged violation will be temporarily excluded from the Nursing Program until the test results have been received and reviewed by the Director of Nursing & Health Occupations, who will follow the Nursing Program's procedure for possible student dismissal/temporary exclusions.
- Immediately or as soon as reasonably possible after the test has been performed, Director of Nursing & Health Occupations, or in her absence, the Lead Clinical Instructor will be informed of the drug test results.

  a) If the results are negative, the student shall meet with the Director of Nursing & Health Occupations within 24 hours of the test results to discuss the circumstances surrounding the impaired behavior. Based on the information provided and further medical evaluation if warranted, the Director of Nursing & Health Occupations will make a decision regarding return to the program activities. If the student is permitted to return to the program, opportunity for make-up will be provided, and the student will be expected to make up missed time and assignments. A student who disagrees with the program's decision may appeal under certain circumstances following guidelines in the CGCC Student Rights and Responsibilities Handbook found on the CGCC webpage.

  b) If the test results are positive, the Director of Nursing & Health Occupations will take appropriate action including the possibility of dismissal from the Nursing Program on the grounds of substance use. The student will pay the costs associated with the testing. A student who disagrees with the program's decision may appeal under certain circumstances following guidelines in the CGCC Student Rights and Responsibilities Handbook found on the CGCC webpage. If the student is a C.N.A. or LPN positive results will be reported to the Oregon State Board of Nursing (OSBN).

The Substance Use Policy is a CGCC approved policy; *Revised 7.09.2014; 10.03.18

The National Council of State Boards of Nursing (NCSBN) provides the following courses free of charge: "Understanding Substance Use Disorder in Nursing" and "Nurse Manager Guidelines for Substance Use Disorder." NCSBN's Substance Use Disorder (SUD) toolkit, brochures, posters, a book and the two continuing education courses were developed so that nurses could identify the warning signs of SUD in patients, nurses and the general public and provide guidelines for prevention, education and intervention. All of these resources are now available free of charge from https://www.ncsbn.org/substance-use-disorder.htm

3.13 **Mandatory Reporting to Oregon State Board of Nursing**

If a nursing student holds a certificate or license issued by the Oregon State Board of Nursing and engages in behavior defined as "Conduct Derogatory to the Standards of Nursing Defined" [see Oregon Administrative Rules (OAR) 851-045-0070], the situation will be reported to the Board.

3.14 **Harassment**

The college has a "zero tolerance" policy against harassment of any sort: physical, mental, verbal, or sexual. The college is committed to maintaining both a working and a learning environment that is free of harassment for all persons. If a student is the object of any such harassment or sees any type of harassing behavior, the student's primary faculty and the Director of Nursing & Health Occupations or the Chief Student Services Officer should be notified immediately. An investigation will be conducted following college policy. Harassing behavior can lead to dismissal from the Nursing Program. Please see Appendix II for further information.

3.15   Professional Appearance/Grooming

Professionalism, infection control, and safety are the main considerations for policies regarding dress code/personal appearance. If specific policies at an assigned clinical facility contain dress code components not included in the following information, those policies will also apply to students. Professional appearance guidelines are given to respect our community partners' policies and enhance the student's employment opportunities after graduation. Faculty decision will be the final authority on what does or does not constitute acceptable appearance.
Only students currently enrolled in the Nursing Program may wear scrubs or lab coats with Nursing Program logos or other identification. Students may wear their scrubs to and from campus, while on campus, to and from clinical and while in clinical. Students must behave in a professional manner at all times when wearing Nursing Program clothing.

❖ **Professional Appearance: Hospital-Based Settings & Simulation Lab**
In **hospital-based settings**, students should follow the dress code for professional appearance outlined below unless otherwise instructed by the clinical instructor:

- The Nursing Program uniform will be worn in all clinical practice areas with exceptions made for NRS 224 (see below). The uniform must not allow a student's midriff, thighs, back, private areas or underwear to be exposed (whether while standing still or moving).
- All in-coming students to the Program are required to purchase and wear only the standard-issue navy scrubs available in the CGCC Bookstore. These scrubs have Columbia Gorge Community College Nursing Program in white embroidery on the top.
- CGCC logo Program patches shall be placed on lab coats on the left arm approximately one-inch below the shoulder seam or where the sleeve naturally falls over the shoulder.
- Student's CGCC Nursing Program issued photo ID shall be worn in clinical settings. Badge will be above the waistline at eye level where it can be seen by patients and staff.
- Tops worn under scrubs shall be white or the same color as the scrub with a standard crew-neck, simple-neckline, or turtlenecks (no thermals, writing, or logos). Long or short sleeve is acceptable.
- Shoes must be clean, in good repair, solid color (white, black, dark blue, brown, or tan only are acceptable) with no distracting colored logos, closed-toe and closed-heel. Shoes must provide safe, secure footing and be appropriate for the work being performed and not impair the ability to perform work duties. Protective shoes and socks must prevent blood or other potential infectious materials from reaching skin. The following are not appropriate footwear: flip flops, slippers, excessively high-heeled shoes, *Crocs*, & boots.
- All clothing must be modest, neat, clean, free of stains, wrinkle-free, hemmed, in good repair and fit appropriately. Undergarments should be worn and shall not be conspicuous through clothing. Socks (stockings) will be worn and the visible portion will be a professional color: white, black, dark blue, brown, gray, or tan (compression stockings needed by students are the exception).
- **NRS 224.** Students will be allowed to wear their own scrubs. Uniform tops must be appropriate and may not include camouflage print or display brand name, logos, or other prints considered inappropriate for the patient care environment. Uniform pants must be of solid color black, blue, or white. In lieu of a school patch on left arm students must have and display their student photo ID above the waistline where it is visible to others.

❖ **Professional Appearance: Community-Based Settings**

In **community-based settings**, students should follow the dress code for professional appearance outlined below:

- All clothing and shoes must be neat, clean, and in good repair.
- Avoid extreme styles on dress and personal grooming.
- Shirts/tops must be an appropriate size without fitting too tightly and must have sleeves. The neckline should be high enough so that cleavage is not visible.
- Clothing shall be modest, not provocative (i.e., skin-tight clothing). Clothing must not allow a student's midriff, thighs, back, or private areas to be exposed (whether while standing still or moving).
- The outer layer of clothing shall not consist of undershirts, tank tops, muscle shirts, T-shirts, sweatshirts, short skirts, tights, or sweat pants. Camouflage or military fatigue type clothing shall not be worn.
- Clothes with large logos, slogans, or sayings shall not be worn.
- Shorts, including longer style walking shorts, are not acceptable.
- Pants must fit appropriately without being tight; leggings/stretch pants, leather pants, sweat pants, and jeans ("jean-cut" or "jean-style" pants in any color) may not be worn.
- Shoes must be safe and appropriate to the work being done; not thong sandals, spike-heeled, or platform shoes; no open-toes shoes; shoes must have heel strap; heels may be no higher than two inches. Socks (stockings) will be worn as described above.
- Hats may not be worn indoors except for health, safety, or religious reasons.
- In addition to the above policies, lab coats with Program patches with CGCC logo and student's photo ID shall be worn, as directed.
- **Exception:** attire for some community-based settings are street clothes with student's photo ID, no lab coat. Students in preceptorship or ACE experiences in community settings may dress in a way that the agency allows; e.g., in Hospice, student may wear professional looking jeans. Please check with your instructor as to the proper attire.

❖ **Professional Appearance: Skills Lab**

In **skills lab**, students should follow the dress code as outlined below:

- Students may wear their usual clothing to **skills demos and practices**, including jeans (must be clean and without holes).
- Shoes which protect the feet must be worn to skills lab practices.
- Clinical attire, as described above in the clinical attire section, including name tag, must be worn for skills lab practice and check-offs and for simulation lab settings. Students not appropriately attired will not be allowed to test or participate. On weeks where a student has clinical and skills testing or simulation lab, the student may wear their own clean scrubs to the skills/simulation event. Guidelines for this are the same as described under NRS 224 above.

❖ **Grooming Policy in the CGCC Nursing Program All Settings**

In **hospital-based, Simulation Lab, community-based, and Skills Lab settings**:

- Hairstyles should look professional. Hair will be controlled (braided or tied back) so as to not contaminate, interfere with (vision) or job function/work and prevent injury. Dreadlocks and Mohawks are not allowed during clinical rotation. Hair color must be a natural human color.
- Facial hair, if present, must be neatly trimmed & clean—no growth extending down neck.
- Makeup, if worn, will be conservative.
- Fingernails should be clean, short, and only clear polish is allowed. Acrylic or other types of artificial nails are not permitted in clinicals or skills lab
- No piercing may be visible except only earrings and nose piercings (e.g. no tongue jewelry allowed). Earrings are limited to two piercing per ear lobe - no dangling earrings or earlobe gauging/tapers. Nose jewelry is limited to one stud (jewel) no larger than 2mm in diameter. Note: PHRMH Clinical Dress Code: "Facial piercings are limited to 2 earrings. Remove all nose, eyebrow, lip or tongue jewelry."
- All tattoos must be covered unless located on a part of the skin that would be washed during normal hand washing. Students are advised that having visible tattoos may impact the student's clinical placement and/or job prospects after graduation.
- In clinical settings, an injury to the hand which requires bandaging will require the Band-Aid to be removed & hands washed before entering patient room and leaving patient room. Band-Aid can be replaced between patient care and per clinical facility policy. If an injury could pose an infection risk, a student may be removed from the floor.
- Body odor, whether from heavy fragrances, smoke, or perspiration, is offensive, and fragrances may cause allergic responses or respiratory distress in patients. To avoid odor on student's uniforms, students are required to refrain from smoking or wearing fragrances while in uniform**.**
- Students should consider that tobacco, coffee, some other beverages, and certain foods may leave strong odors on breath that are offensive to clients/patients.
- **No gum chewing is allowed (this includes nicotine gum).**
- If a student arrives at a clinical practice session in violation of these grooming rules, the student will be asked to correct the violation immediately or leave the session for the day. If the student is required to leave, the student must arrange for an alternative time to make up the missed clinical session. Repeated violations will affect grade for the course.

3.16   **Technical Standards**

INTRODUCTION

Columbia Gorge Community College Associate Degree Nursing Program has the responsibility to society to educate competent health care providers to care for their patients with clinical judgment, broadly based knowledge and competent technical skills at the entry level.

The program has academic as well as technical standards (non academic criteria) students must meet in order to successfully progress in and graduate from the program.

The Technical Standards document is provided in order to assure that the students who enter the program know and understand the requirements, and can make informed decisions regarding the pursuit of this profession.

TECHNICAL STANDARDS*

Columbia Gorge Community College provides the following technical standards with examples of learning activities to inform prospective and enrolled students of the skills required in completing their chosen profession's curriculum and in the provision of health care services. These technical standards reflect the performance abilities and characteristics that are necessary to successfully complete the requirements of clinical based health care programs. These standards are not a requirement of admission into the program. Individuals interested in applying for admission to the program should review these standards to develop a better understanding of the skills, abilities and behavioral characteristics required for successful completion of the program.

Students admitted to the Nursing Program are expected to be able to complete curriculum requirements which include physical, cognitive, and behavioral core competencies that are essential to the functions of the entry level professional nurse. These core competencies are considered to be the minimum and essential skills necessary to protect the public. These abilities are encountered in unique combinations in the provision of safe and effective nursing care.

Progression in the program may be denied if a student is unable to demonstrate the technical standards with or without reasonable accommodations.

Columbia Gorge Community College is obliged to provide reasonable accommodations to qualified students with disabilities, which may include academic adjustments, auxiliary aids and/or program modifications. Accommodations that fundamentally alter the nature of the academic program, could jeopardize the health and safety of others, or cause an undue burden to the program are not considered reasonable accommodations. Regular consistent attendance and participation is essential to learning, especially for all scheduled clinical experiences.

*Revised 2018 based on statewide guidelines developed by the Oregon Council of ADN & PN Programs (OCAP).

1. Cognitive:

1. Recall, collect, analyze, synthesize, and integrate information from a variety of sources.
2. Measure, calculate, reason, analyze and synthesize data.
3. Problem-solve and think critically in order to apply knowledge and skill.
4. Communicate effectively with individuals from a variety of social, emotional, cultural, and intellectual backgrounds.
5. Relay information effectively, accurately, reliably, and intelligibly including thorough and accurate use of computers and other tools, to individuals and groups, using the English language.
6. Effectively collect, analyze, synthesize, integrate, recall and apply information and knowledge to provide safe patient care for assigned clinical shifts.

Examples of learning activities found in the nursing curriculum and related to industry standards:
- Process information thoroughly and quickly to prioritize and implement nursing care.
- Sequence or cluster data to determine patient needs.
- Develop and implement a nursing plan of care for patients in acute, long term and community settings.
- Discriminate fine/subtle differences in medical word endings.
- Report verbally and in writing patient data to members of the healthcare team.
- Appropriately interpret medical orders and patient information found in the medical record.
- Perform math computations for medication dosage calculations.
- Apply knowledge/skills gained through completion of program prerequisites, including requirement for computer proficiency.

2. Physical:

Motor:
1. Coordinate fine and gross motor movements.
2. Coordinate hand/eye movements.
3. Negotiate level surfaces, ramps and stairs.
4. Work effectively and efficiently within a limited space.
5. Effectively manage psychomotor tasks to provide safe patient care for up to twelve (12) hour clinical shifts.

Examples of learning activities found in the nursing curriculum and related to industry standards:
- Transfer patients in and out of bed from stretchers and wheelchairs.
- Control a fall by slowly lowering patient to the floor.
- Perform cardiopulmonary resuscitation (CPR).
- Lift, move, turn, position, push, or pull patients and/or objects, weighing up to 35 pounds.

- Reach to place or access equipment such as intravenous fluid bags or bend or squat to reach catheter bags, within compliance of safety standards.
- Transport equipment and supplies to the patient bedside.
- Manipulate small equipment and containers, such as syringes, vials, ampules, and medication packages, to administer medications.
- Dispose of needles in sharps container.
- Dispose of contaminated materials in a safe and compliant manner.
- Complete assigned periods of clinical practice (up to twelve (12) hour shifts, days, evenings, or nights, holidays, weekdays and weekends).
- Complete skills tests within assigned time limits.

Sensory:
1. Acquire information from demonstrations and experiences, including but not limited to information conveyed through online coursework, lecture, small group activities, demonstrations, and application experiences.
2. Collect information through a variety of senses and/or using appropriate and approved equipment.
3. Use and interpret information from diagnostic procedures.

Examples of learning activities found in the nursing curriculum and related to industry standards:
- Detect changes in skin color, condition, or temperatures (i.e. pale, ashen, grey, or bluish).
- Detect a fire in the patient care environment.
- Draw up a prescribed quantity of medication into a syringe.
- Observe patients in a room from a distance of 20 feet away.
- Detect sounds related to bodily functions using appropriate equipment, such as a stethoscope.
- Detect alarms generated by mechanical systems such as those that monitor bodily functions, fire alarms, call bells.
- Observe and collect data from recording equipment and measurement devices used in patient care.
- Communicate with patient and members of the healthcare team in person and over the phone in a variety of settings, including isolation and the operating room where health team members are wearing masks and there is background noise.
- Detect foul odors of bodily fluids or spoiled foods.
- Detect smoke from burning materials.
- Detect unsafe temperature levels in heat-producing devices used in patient care.
- Detect anatomical abnormalities, such as subcutaneous crepitus, edema, or infiltrated intravenous fluids.
- Feel or note vibrations, such as an arterial pulse, using touch or approved equipment.

3. Behavioral:
1. Demonstrate ability to function effectively under stress and adapt to changing environments to provide safe patient care.
2. Maintain effective communication and teamwork to provide effective patient care.
3. Examine and modify one's own behavior when it interferes with others or the learning environment.
4. Possess attributes that include compassion, empathy, altruism, integrity, honesty, responsibility and tolerance.
5. Accept responsibility for own actions and communicate in a courteous, assertive, non-aggressive, non-defensive manner with instructors, peers, staff and healthcare team members.
6. Integrate feedback into own performance.

Examples of learning activities found in the nursing curriculum and related to industry standards:
- Exercise judgment, meet acceptable timeframes for patient care delivery (acceptable timeframes are reflected by ability to carry out the usual patient care assignment for a particular point in the program, work effectively under stress, and adapt to rapidly changing patient care environments.
- Accept accountability for actions that resulted in patient care errors.
- Deal effectively with interpersonal conflict if it arises; maintain effective and harmonious relationships with members of the healthcare team.

FACULTY ASSESSMENT, INTERVENTION AND SUPPORT
Any student demonstrating behaviors that call to attention an indication of the student not meeting the technical standards will be excused from the practicum or classroom setting. These behaviors include but are not limited to
- Physical symptoms
- Impaired judgment
- Mental or emotional symptoms
- Disruptive, inappropriate, or inconsistent behavior patterns.

3.17   HAZARDOUS PATIENT CARE:

To protect both themselves and their patients, students are required to use standard precautions when caring for all patients. Additional facility-mandated precautions may be required. Students in the clinical facility must follow the facility's procedures for handling garbage, soiled linen, and bio-hazardous materials.

3.18   NEEDLE STICK POLICY:
All needle sticks, splashes of body fluids, and any exposure to susceptible body fluids must be reported to a faculty member immediately for determination of possible blood-borne disease exposure. Upon exposure the student will notify the clinical instructor – the clinical instructor will assist the student with the policy within the clinical facility for immediate and follow-up care related to the exposure.

3.19   <u>**Pinning Ceremony Guidelines**</u>

The Pinning Ceremony is the culmination of hard work and perseverance in the CGCC Associate Degree Nursing Program. It is a tradition in the profession of nursing and historically has been a wonderful celebration of success.

The CGCC Pinning Ceremony for second year graduating students occurs one to two days before the CGCC graduation ceremony and is held on the CGCC campus. Pictures in gown are at 5:00pm, the ceremony is from 6:00 – 7:00pm, and a reception on campus from 7:00 – 8:00pm follows the ceremony.

In order to create a smooth preparation for each class, the below guidelines have been provided by the Nursing Program.

<u>**Pinning Ceremony Guidelines**</u>

CGCC Nursing Program's responsibility:

- ❖ Invitations – 10 per graduate
- ❖ Programs
- ❖ Computer/Projector Equipment for slideshow if needed
- ❖ Refreshments, napkins, cups, plates for the reception after the ceremony

The Graduating Class's Responsibility – WITH DIRECTOR OF NURSING & HEALTH OCCUPATIONS APPROVAL:

- ❖ Guest Speaker
- ❖ Ceremony decorations (color choice)/music selection (if any) – not to exceed $200.00

Some classes choose to have an event for family and friends after the pinning ceremony. This is completely optional and the students' responsibility.

Attire

Graduates are to wear professional attire. The class picture will be taken in graduation gowns.

PINS

CGCC nursing pins are unique to this school.   Information about purchasing pins is available from the Nursing and Health Occupation Administrative Assistant. Cost varies according to gold and quality. Students are responsible for purchasing pins.

3.20   Clinical Requirements, Records and Forms

a.   Immunization and Screening Requirements

I**mmunization/Immunity validation** is required for all students in the Nursing Program and follows Centers for Disease control (CDC) guidelines. This and other clinical requirements have been established by the Oregon Health Authority in OAR 409-030; these requirements are standardized across the State https://www.oregon.gov/oha/HPA/HP/Pages/SCT.aspx . Students must provide proof of immunizations or immunity by a deadline to be identified before program entry as follows:

Immunization/immunity validation is required for MMR [measles (rubeola), mumps, rubella (German measles)], Tdap [tetanus, diphtheria, and pertussis], varicella (chicken pox), and hepatitis B. This standard follows the Oregon Department of Human Services requirements for students involved in clinical experiences to have documentation of immunity; exemptions are possible based on certain conditions. The DHS also requires that a student has had or is in the process of receiving the hepatitis B immunization series (3 shots) or has immunity by titer; CGCC nursing students must have the series completed prior to the end of the fall term course, NRS 110. In November 2017, the FDA approved Heplisav, a 2-dose series with doses separated by 1 month; this may be substituted for the 3 shot series above. It is in the best interest of each student to know his or her status regarding immunity and to take appropriate measures to ensure protection for these communicable diseases.

These requirements also must be met by re-entry or advanced placement or re-entry students prior to admittance/re-admittance into the Program.

Rules surrounding immunizations are in place to protect the student, patients, and the other workers at the clinical facility whom the student may encounter, including other students and faculty. The terms of clinical affiliation agreements are clear that it is the expectation of the facilities that all students are fully immunized for the above selection of diseases. Immunization declination is allowed only for reasons of medical contraindication and must be accompanied by required documentation (written statement of exemption signed by a qualified medical professional). Clinical experiences in OB/Maternal Child are not allowed if a student has no evidence of MMR immunization or immunity.

A clinical facility has the right, by contractual agreement, to refuse educational access to its clinical areas to any individual who does not meet the facility's standards such as those for health (including immunizations or immunity to certain diseases). A student denied such access will require program status review to determine if clinical requirements and program needs for evaluation can be met with the remaining (if any) clinical options. Inability to place a student in adequate clinical experiences because of facility denial of access will result in student dismissal from the program.

Other Immunization/Immunity Considerations:
- A student who becomes pregnant while in the Nursing Program and is not properly immunized or does not have proof of immunity to any of the above diseases **may** be denied clinical placement by a facility for the duration of the pregnancy.
- A student who travels outside of the United States or is exposed to certain diseases in the United States within thirty (30) days of the start of clinical may be denied clinical placement by a facility until the appropriate incubation period has passed.

Annual Flu Immunization proof is required by most clinical facilities attended during fall and/or winter terms. Declination forms are still allowed at this time but students who do so will likely be required to wear personal protective equipment (e.g., masks) at all times when in any patient care area.

Tuberculin screening is required for all students in the Nursing Program and follows Centers for Disease control (CDC) guidelines. For entry into the Program, the student must document evidence of two (2) negative 2-Step **tuberculin (TB) skin tests**, also known as Purified Protein Derivative ("PPD") or provide evidence of a negative Quantiferon Gold test. In order to comply with facility requirements, the first negative test can be any time after August 1st of the year prior to entry; the second test must be after June 15 of the year of entry. Procedure for TB skin test (TST): If the reaction to the first-step TST is classified as negative, a second-step TST is obtained no sooner than 1 week later. Any student with a positive TST is required to follow up with a local health department or provider. If a student has a history of a positive TB test, healthcare provider documentation of negative chest x-ray and negative symptom review for the previous 12 months must be provided; a negative Quantiferon Gold test is acceptable. A student must have received treatment or be undergoing treatment if there is evidence of a positive history. *After admission to the Program, proof of a negative TST or other documentation, as discussed above, will be required annually while enrolled.*

Results of immunization/immunity validation and tuberculin screening must be completed by any newly admitted student. These must be presented to the Nursing Office by a date which will be specified in writing or the student will forfeit their seat in the Nursing Program. For students starting at the beginning of the Nursing Program, this date will be prior to the start of NRS 110, with the exception of completion of the Hepatitis B immunization series, which must be completed and proof submitted by the end of fall term.

b. A 10-Panel Urine Drug Screen must be passed by the student prior to the first day of class in the Nursing Program. Forms for authorization will be provided by the nursing office. Any student who cannot have this screening completed and VALID results received by the Nursing Office by the date specified will forfeit their seat in the Nursing Program. Invalid results include a positive urine drug screen, "not eligible for a safety sensitive position", "confirmed positive", positive for THC or that a urine substitute has been used or "not consistent with human urine" will result in revocation of acceptance or dismissal from the program, and if the student is a CNA or LPN such results will be reported to the OSBN. Initial or subsequent urine drug screen results showing "dilute specimen" will require the student to submit another urine specimen at their own cost by the deadline given by the Director of Nursing & Health Occupations.

Be aware that our clinical sites—including Mid-Columbia Medical Center and Providence Hood River Memorial Hospital—are committed to providing and maintaining an alcohol and drug-free workplace. The only exception made for "no drug tolerance" rules are typically for individuals who use as directed a drug which is prescribed for the individual by a physician or licensed practitioner and which does not impair safe or efficient performance. Facilities reserve the **right to refuse clinical placement** in their respective facilities of any student who cannot pass a drug screen and they reserve the right to remove any student from their facility for suspected violation of their no drug tolerance policy.

The CGCC Nursing Program has no obligation to find alternative placement for students who have been barred from participating in clinical by a facility. The Nursing Program reserves the right to require a student to complete an additional drug screen at any time while in the Program for cause (see Substance Use Policy, Section 3.12) or if there is an approved interruption in the student's course of study.

Additional Information on Marijuana and Medical Marijuana. Legalization of marijuana use in Oregon occurred on July 1, 2015. Be aware that 1) While marijuana is now legal at the State level, it is not legal at the federal level; federal law has supremacy over state law and our facilities must comply with federal law; 2) Neither state nor federal disability laws require facilities to accommodate medical use of marijuana; and 3) Depending on type and frequency of use, marijuana can remain in the body and be detected on a drug screen for weeks to months. In response to legalization of marijuana use in Oregon, the Oregon State Board of Nursing wants "licensees, certificate-holders, and applicants to be educated and informed about the use of substances and impairment in the workplace." https://www.oregon.gov/OSBN/Pages/Cannabis-Legalization.aspx

c.   **Criminal History Background Check and Sex Offender Check**

A **criminal history background check and sex offender check** must be completed prior to the first day of class in the Nursing Program. If you have been convicted of a felony, be advised that this conviction may prevent your placement in clinical training. The Oregon State Board of Nursing may deny licensure to a person who has been convicted of certain crimes. Therefore, the Columbia Gorge Community College Nursing Program requires a criminal background check and sex offender check for incoming students. CGCC reserves the right to deny admission or program continuation to any applicant/student whose background poses a threat to the College, nursing profession and/or the health care community. The CGCC Nursing Program also reserves the right to revoke admission to any applicant or current student in the nursing program whose criminal history or sex offender history is found to prevent placement in clinical training. If you have a criminal history of any nature, you can contact the Oregon State Board of Nursing for specific questions.

The Nursing Program reserves the right to require additional criminal background/sex offender checks for cause or if there is an approved interruption in the student's course of study.

d. Cardiopulmonary Resuscitation (CPR) Certification

Certification for American Heart Association (AHA) Basic Life Support (BLS) for providers is required for clinical experiences at all facilities. ***Certification must be current and must not expire while in the Nursing Program.*** A student should complete this training <u>no earlier</u> than June 1st during the year of entry into the nursing program and <u>no later</u> than a date which will be specified in writing in order to meet this requirement.

e. Other Miscellaneous Forms (See Appendix VI for a listing of forms required for entry).

f. Accident Forms

If a student is involved in an accident while on campus or at a clinical practice site, the student must immediately notify his/her instructor and the following forms must be completed. Both forms are available from the Health Occupations Administrative Assistant. In addition, if the accident is at a clinical site, any facility forms will also need to be completed.
- The *Columbia Gorge Community College Incident/Accident Report Form* is to be completed for all injuries.
- The *CGCC Nursing Program Unusual Occurrence/Exposure Incident/Medication Error (Actual/Potential) Report Form.*

g. Latex Allergy

Students may encounter latex products in skills lab and clinical.
- Students *__must__* sign a Latex Allergy Form prior to the first day of skills lab, and notify the Skills Lab Coordinator and their Clinical Instructor before skills lab or clinical experiences each term.
- THE SKILLS LAB COORDINATOR WILL MAKE EVERY EFFORT TO PROVIDE NON-LATEX ITEMS TO ALL STUDENTS. IT IS THE RESPONSIBILITY OF THE STUDENT TO MONITOR LATEX CONTENT BY READING LABELS.
- SOME CLINICAL SETTINGS HAVE LATEX PROCEDURE GLOVES. IT IS THE STUDENT'S RESPONSIBILITY TO OBTAIN NON-LATEX GLOVES FOR HIS/HER USE IN CLINICAL.

General guidelines have been developed by the American Nurses Association:
- ❖ Be aware of the problem of latex allergy.
- ❖ **Choose a level of glove protection according to need; vinyl gloves may be appropriate. In general, choose low protein gloves that are powder-free.**
- ❖ Wash hands after glove use.
- ❖ Report symptoms of contact dermatitis as soon as possible and have the causative agent determined accurately.
- ❖ Do not use oil-based emollients (petroleum derivatives, mineral oil) with latex glove use! Use of petroleum-based lotions significantly increases the absorption of latex proteins and can greatly increase sensitization.
- ❖ Know your rights if you become sensitized, including the right to have an alternative product made available to you or used around you.

h. Other Allergies (including perfumes or soaps)

Students may encounter products in skills lab/clinical to which they have a known sensitivity or allergy.

- Students *__must__* submit sensitivity/allergy information in writing to the Director of Nursing & Health Occupations prior to beginning the Program. The Skills Lab Coordinator & Clinical Instructor must be notified before skills lab or clinical experiences each term.
- THE SKILLS LAB COORDINATOR WILL MAKE EVERY EFFORT TO PROVIDE ALTERNATIVE PRODUCTS TO USE FOR THE STUDENT WITH AN IDENTIFIED ALLERGY. IT IS THE RESPONSIBILITY OF THE STUDENT TO MONITOR AND AVOID ITEMS WHICH MIGHT TRIGGER AN ALLERGIC REACTION.
- CLINICAL SETTINGS MAY REQUIRE USE OF CERTAIN PRODUCTS TO WHICH A STUDENT MAY BE ALLERGIC. IT IS THE STUDENT'S RESPONSIBILITY TO USE APPROVED ALTERNATIVE PRODUCTS, IF AVAILABLE.
- IF A STUDENT WITH AN IDENTIFIED ALLERGY POSES A THREAT TO PATIENT/CLIENT SAFETY BECAUSE NO ALTERNATIVE PRODUCT CAN BE FOUND/APPROVED FOR USE, THE FACILITY MAY DENY PERMISSION FOR THE STUDENT TO ATTEND CLINICAL IN THEIR FACILITY. IF NO ALTERNATIVE CLINICAL EXPERIENCE CAN BE FOUND, THE STUDENT MAY NOT BE ABLE TO PASS THEIR BENCHMARK RUBRIC REQUIREMENTS FOR THE TERM AND THUS NOT PASS THE COURSE.

APPENDIX I

American Nurses' Association

CODE OF ETHICS FOR NURSES

ANA Nursing Ethics is part of The Center for Ethics and Human Rights, which maintains the ANA Nursing Code of Ethics.

Provision 1
The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Provision 2
The nurse's primary commitment is to the patient, whether an individual, family, group, or community or population.

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

Provision 4
The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.

Provision 5
The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

Provision 6
The nurse, through individual and collective effort, establishes maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

Provision 7
The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

Provision 8
The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

Provision 9
The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

Source: American Nurses' Association, copyright 2015.
http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses

APPENDIX II

CGCC Board of Education Policies

30.A – Student Rights, Responsibilities and Conduct
Adopted: 2013-06-11

Students Rights and Responsibilities
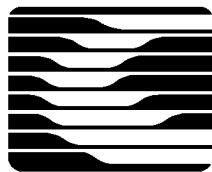Student Conduct
Academic Integrity
Grievance Policy
Student Notifications
Related Administrative Rules and Operating Procedures

See the Columbia Gorge Community College website for the most current version of the above academic policies which apply to all CGCC students.

https://www.cgcc.edu/policies/30a-student-rights-responsibilities-and-conduct

COLUMBIA
GORGE
COMMUNITY
COLLEGE

APPENDIX III

COLLEGE RESOURCES

A.   **Financial Aid at Columbia Gorge Community College**
Columbia Gorge Community College makes every effort to ensure that all students are informed of financial aid resources available to them. Students are notified via their Columbia Gorge Community College email account of any requests for information along with their award letter. General financial aid information is posted online at http://www.cgcc.edu/financial-aid, in the college catalog, schedule, handbook and in Student Services.

The Financial Aid Office administers a variety of aid programs in the form of scholarships, grants, loans and part-time employment (federal work-study) to eligible students who need assistance to attend college. Financial Aid can be used to cover the cost of tuition and fees, books and supplies, room and board, transportation and personal expenses; as long as an expense is education-related and falls in one of these categories, it is eligible. For example, scrubs are an eligible supply needed for nursing clinical.

Financial aid can come from various sources such as:
- Federal grants, such as the Pell Grant (need-based, not available to students with a Bachelor's degree)
- State grants, such as the Oregon Opportunity Grant (limited need-based funding on a first-come, first-serve basis)
- Direct Education Loans, such as the Direct Subsidized and Direct Unsubsidized Loans.
- Federal Work Study (need-based)
- Columbia Gorge Community College Foundation scholarships (full year or winter/spring application)
- Office of Student Access and Completion (OSAC) scholarships
- Private grants/scholarships
- Veterans' educational benefits

The amount of aid awarded is subject to eligibility, availability of funding, and date application is completed. All grant funds are free and are not repaid by the student. Loans must be repaid according to the terms of the Master Promissory Note (MPN). Email financialaid@cgcc.edu if you have any questions. You can also go to http://cgcc.edu/financial-aid for the most current information. For general financial aid questions or to schedule an appointment/phone appointment with the Financial Aid employee, please call 541-506-6011.

The first step in applying for federal financial aid is to complete a FAFSA (Free Application for Federal Student Aid). This must be done yearly and is available beginning October 1 of each calendar year for the next school year. The application is available online at https://fafsa.ed.gov/. Please make sure to use the Columbia Gorge Community College school code (041519). You will need an FSA ID to submit your FAFSA. Please make sure you have this set up prior to filling out your FAFSA by going to https://fafsa.ed.gov/.

*NOTE: Most if not all scholarships require students to have completed the most recent FAFSA.
*NOTE: The student's eligibility is based on the Expected Family Contribution (EFC) determined by a government-developed formula based on information provided on the FAFSA (income, assets, dependents, number in college, etc.).

B.   **Tutoring Center**
Individualized help is available and free for all enrolled students through the Tutoring Center. See quarterly postings of specific tutoring topics, instructors, locations, and available times. Students may request tutoring for any class offered in the schedule by contacting their advisor.

C.   **Advising**
Primary Faculty are assigned to each student every term, and these faculty members should be contacted when a concern occurs. A Program Advisor from among nursing faculty members will be assigned every term; the student will meet with them for purposes of clinical conferencing, review of their portfolio and benchmark progress, and submit portions of their portfolio and benchmark progress to them. An Academic Advisor is available in Student Services to advise Nursing Program students in career decisions or regarding personal concerns. The Director of Nursing & Health Occupations and the Vice President of Student Services are also available to discuss student concerns. Students are responsible for the completion of all program and college requirements for graduation.

D.   **Library**
The Library contains current texts and periodicals as well as specific reading materials placed on reserve by instructors each term. It is to the student's advantage to schedule a block of time each week to spend in the Library reading current periodicals and other texts. Faculty highly recommends that students use the Research Librarian to quickly find the desired periodical topics.

E.   **Curriculum**

1.   Transcript Evaluation
Classes taken previously from other institutions may be evaluated for transfer credit through Student Services. It is the student's responsibility to have this done and then to forward the results to his/her advisor in the program.

2.   Class Schedules
The Nursing Program will attempt to have the class schedules available at least two weeks before the beginning of each term. Students are currently being automatically enrolled in the corresponding nursing course(s) each term. Students who have a financial hold may not be enrolled until that is resolved. Students may need permission from their CGCC non-nursing academic advisor to register for a non-nursing course.

3.   Course Descriptions
 See College Catalog

APPENDIX IV

Columbia Gorge Community College Student Nurse Association
(January 29, 2004)
Updated: May 29, 2007; September 29, 2014

STATEMENT OF PURPOSE:

Columbia Gorge Community College (CGCC) Student Nurse Association (SNA) is a fellowship of nursing students involved in the College and community. SNA assists in the development of professional identity, provides a means of interaction between students and the College, addresses issues specific to community based nursing, and provides a link to state and national nursing organizations.

Goals:
- Foster self-improvement, academic excellence, and leadership within the nursing profession.
- Provide opportunities to mentor for the exchange of information and incorporation of ideas.
- Provide a means of interaction between students, faculty, and the College.
- Facilitate interaction and association between all CGCC nursing and pre-nursing students.

CRITERIA FOR MEMBERSHIP:

Voting members must be currently enrolled in the nursing program. Non-voting members are any enrolled CGCC student interested in nursing and SNA alumni. Meetings are open to any interested CGCC student, faculty, staff, or administrative member and will not exclude any person based on race, sex, creed, national origin, age, religion, or disability.

RULES AND PROCEDURES:
- No membership dues or fees for participation in SNA
- Meetings will be minimum of 1 per quarter.
- Parliamentary Procedure and Robert's Rules of Order will be used to conduct all meetings as necessary.
- Officer positions include President (second year student), Vice-president (first year student), Treasurer (second year student), and Secretary (first year student).
- Voting members hold one (1) vote each.
- All funds received for support of SNA will be maintained in a CGCC fiduciary account.

SNA OFFICERS:
President:
Vice-President:
Treasurer:
Secretary:
Faculty Advisors:

Student Nurse Association

<u>Duties of Officers</u>

President (second year student):
- Give leadership to the SNA organization
- Arrange speaker for alternate meetings (duty shared with vice-president)
- Preside at all association meetings or make arrangements with vice president for necessary absences
- Plan meeting agendas, with assistance of faculty advisor if necessary.
- Present business to the association
- Represent the association at all times
- Attend Oregon SNA Convention (held Winter term), if able
- Identify need for creation of special committees

Vice-president (first year student):
- Perform all duties of chairperson in the event of his/her absence
- Arrange for speaker for alternate meetings (those not covered by president)
- Shall fill office of chairperson in case of vacancy in the office until next scheduled meeting, when new chairperson will be elected
- Perform duties as assigned by the chairperson
- Membership promotion

Treasurer (second year student): Duties when applicable or appropriate:
- Make a report of finances at each meeting
- Construct annual report with faculty advisor
- Head the committee for Fund Raising
- Work with Nursing & Health Occupations Administrative Assistant to make deposits to fiduciary account and write purchase orders with approval of faculty advisor
- Assist faculty advisor in writing budget for following school year

Secretary (first year student):
- Record minutes of SNA meetings and attendance at meetings
- Distribute minutes of meetings with help of Nursing & Health Occupations Administrative Assistant.
- Review and present minutes of previous meeting at each meeting in conjunction with chairperson, as needed

APPENDIX V

Progression Forms

INCLUDES:

- Performance Improvement Plan (PIP)

- Probation Contract

- Clinical Professionalism: Attendance and Participation Tool

Columbia Gorge Community College
Nursing Program

Performance Improvement Plan

Student Name_____   Course: _____Date:_____

Problem	Action Plan
Student's perception:	

This plan will be in effect through _____.

In the event that the student does not carry out the above plan and/or continues to demonstrate a pattern of similar behavior, the student's progression in the nursing program will be reviewed by the faculty and Dean of Nursing & Health Occupations. The student may be requested to withdraw from the course, or fail the course.

Date:_____   Faculty Signature:_____

Student Signature:_____Director Signature:_____

Columbia Gorge Community College
Nursing Program

Student:_____   Date: _____ Course:_____

Probation Contract

Problem	Action Plan

This plan will be in effect through _____ _____**.**

In the event that the student does not carry out the above plan and/or continues to demonstrate a pattern of similar behavior, the student's progression in the nursing program will be reviewed by the faculty and Dean of Nursing & Health Occupations. The student may be requested to withdraw from the course, or fail the course.

_____ _____   _____ _____
Faculty Signature   Date   Student Signature   Date

_____ _____
Director of Nursing   Date

Point Values (Circle)	Clinical Professionalism: Attendance & Participation Tool
	Points will be accrued as noted below. Tardiness and Absence occurrences are measured *per clinical rotation.* Unprofessional and unsafe clinical behaviors *will accumulate* throughout the entire nursing program. See student handbook for more information.
	Lateness (see Student Handbook regarding *lateness*) **with notification**
0.5	0-20 minutes late
1	21-40 minutes late
1.5	41-60 minutes late
2	1 hour or more late
2	Lateness without notification
3	**Absence** from clinical – instructor was notified at least ½ hour prior to clinical start time. (Consecutive days missed is considered 1 occurrence of absence.) Student may be required to complete a case study(s) &/or make up the day. .
7	No call/no show/ or student did not notify instructor concerning absence at least ½ hour prior to clinical start time (student will not receive additional points for absence). Student may be required to complete a case study.
	Unprofessional Behavior
3	Student is sent home from clinical by instructor for any reason
1	Not following clinical dress code and/or grooming/hygiene/personal health standards.
5	Insubordination: non-compliance or disrespect to those in leadership or authority: Program Dean, instructor, clinical site nurse, preceptor or agency manager.
5	Impolite/disrespectful behavior to faculty, director, agency staff, peers, patients, family, or visitors.
1	Unapproved or unauthorized use of cell phone
2	Late clinical assignment * see syllabi for definition
6	HIPPA violation
	Unsafe Clinical Behavior
2	Not maintaining knowledge base of skills
6	Actions that create a potential for harm through negligence or willfulness. This can include proceeding with patient care *without* proper preparation, or clinical instructor's knowledge and/or approval to give care.
15	Lying or covering up a mistake in the clinical setting. This includes falsifying any documentation.
	Action
3 or greater	Written Performance Improvement Plan (PIP): A student who accumulates 3 or more points will meet with clinical faculty to initiate a PIP.
5 or greater	Probation Contract: A student who accumulates 5 or more points (10 or more in 2nd year –cumulative for both years) will meet with clinical faculty and the Dean of Nursing to initiate a Probation Contract. Failure to comply with conditions of the Probation Contract will result in clinical failure.
10 (15 second year) or greater	**Failure of Clinical:** A student who accumulates 10 or more points in first year or 15 cumulative points (first and second year) in the second year will receive an "F" in the nursing course associated with the clinical.

APPENDIX VI

Required Program Forms

Associate Degree Nursing Program

The following forms and requirements are due by various dates as specified in the Nursing Program Student Orientation Session held in June of each year. In the case of immunization /immunity verification and evidence of a current American Heart Association (AHA) BLS Provider CPR card that will not expire while in the program, these requirements must be completed and acceptable proof submitted to the Nursing Office by the deadline(s) indicated or the student will forfeit their place in the Nursing Program. In the case of Waitlisted Students, Re-Entry, or Advanced Placement students, separate deadlines will be assigned but also have this same rule apply.

1. Permission to Use Picture, Quote, or Personal Statement
2. Contact Information
3. Student Request for Employment and Scholarship Reference
4. Latex Allergy form
5. Student Disclosure/Authorization to Release Information
6. BLS (CPR), TB Screening, and Immunizations Information Acknowledgment
7. Authorization to Release Information (Drug Screening)
8. Disclosure and Authorization Regarding Procurement of Background Reports
9. Signed Statement of Information (received regarding Criminal Conviction History information that will be requested for background checks)
10. Individual Media Release Form
11. Information Gathering Release—Employment Records
12. Liability Release – Live Phlebotomy Practice Form

The following **additional** forms are **yearly** requirements for all students unless otherwise notified by the Dean of Nursing & Health Occupations:

1. Confidentiality Statement
2. Required Documentation: Tuberculin Screening
3. Nursing Program Student Handbook Agreement
4. Student Acknowledgement of Yearly Mandatory Trainings

APPENDIX VII

Columbia Gorge Community College
Nursing Program

STATE LICENSURE APPLICATION INFORMATION

A. Application for Registered Nurse Licensure

1. The College will award an Associate of Applied Science in Nursing degree to students who successfully complete the required courses as outlined in the CGCC Catalog. Application for RN licensure may be made in any state; the following is information for licensure application through the Oregon State Board of Nursing (OSBN).

2. For RN licensure in Oregon, go to the OSBN website and look under the section titled "License Applications" — http://www.oregon.gov/OSBN/pages/index.aspx

3. Instructions and fees are included in the information provided. You will need to provide a recent passport photo identification verification signed by either the Dean of Nursing & Health Occupations or a Notary Public. Application for the state license and actual NCLEX-RN exam are separate processes and are done online at separate websites.

4. You must request a transcript be sent to the OSBN from Columbia Gorge Community College. Request that your transcript be held until final grades and recent degree can be included. This is essential prior to the OSBN issuing a license.

B. Disclosure Questions

Students need to be aware that the application for Oregon RN licensure will include a national finger-print based criminal background check and questions about arrests, convictions, or sentencing for any criminal offense in any state, a history of any disciplinary actions pending or taken against a nursing license in any state, or the presence of any physical, mental or emotional condition that might affect the person's ability to practice nursing. Students are directed to contact the OSBN if they have such personal histories and have questions about policies for licensure. Failure to answer the license application questions truthfully and completely will result in delay of the license application and possible denial of licensure.

APPENDIX VIII

OREGON CONSORTIUM FOR NURSING EDUCATION (OCNE) COMPETENCIES AND INFORMATION

The competencies defined by faculty in OCNE partner programs are based on a view of nursing as a theory-guided, evidenced-based discipline. The competencies recognize that effective nursing requires a special kind of person with particular values, attitudes, habits and skills. Accordingly, there are two categories of competencies, professional competencies, and nursing care competencies. Professional competencies--define the values, attitudes and practices that competent nurses embody and may share with members of other professions; nursing care competencies--define relationship capabilities that nurses need to work with patients and colleagues, the knowledge and skills of practicing the discipline and competencies that encompass understanding of the broader health care system. In all cases, the client/patient is defined as the recipient of care, is considered an active participant in care, and includes the individual, family or community. Nursing care competencies recognize that a competent nurse provides safe care across the lifespan directed toward the goals of helping client/patient (individuals, families or communities) promote health, recover from acute illness and/or manage a chronic illness and support a peaceful and comfortable death.

Professional Competencies:

1. **A competent nurse bases personal and professional actions on a set of shared core nursing values** through the understanding that...

    1.1 Nursing is a humanitarian profession based on a set of core nursing values, including: social justice (from the ANA statement), caring, advocacy, protection of patient autonomy and prevention of harm, respect for self and others, collegiality, and ethical behavior, and that a competent nurse embodies these values.

    1.2 There are ethical dilemmas embedded in clinical practice; an obligation of nurses is to notice, interpret, respond and reflect on these dilemmas using ethical principles and frameworks as a guideline.

2. **A competent nurse uses reflection, self-analysis, and self-care** to develop insight through the understanding that...

    2.1 Ongoing reflection, critical examination and evaluation of one's professional and personal life improves nursing practice.

    2.2 Reflection and self-analysis encourage self-awareness and self-care.

    2.3 Pursuing and advocating healthy behaviors enhance nurses' ability to care for client.

3. **A competent nurse engages in intentional learning** with the understanding that...

3.1 Engaging in intentional learning develops self-awareness of the goals, processes, and potential actions of this learning and its effects on client care.

3.2 Purposely seeking new, relevant knowledge and skills guides best practice development.

3.3 Integrative thinking establishes "connections between seemingly disparate information and sources of information" that will be applicable to new situations.

3.4 There is an array of communication and information technologies available to enhance continuous, intentional learning.

4. **A competent nurse demonstrates leadership in nursing and health care** through the understanding that...

4.1 An effective nurse is able to take a leadership role to meet client needs, improve the health care system and facilitate community problem solving.

4.2 A competent nurse effectively uses management principles, strategies and tools.

4.3 An effective nurse is skilled in working with assistive nursing personnel including the delegation of responsibilities and supervision.

5. **A competent nurse collaborates as part of a health care team** through the u **u**nderstanding that...

5.1 The client is an essential member of the healthcare team.

5.2 Successful health care depends on a team effort, and collaboration with others in a collegial team is essential for success in serving clients.

5.3 Learning and growth depend on receiving and using constructive feedback; effective team members must be both open to feedback and able to give useful feedback in a constructive manner.

5.4 Supporting the holistic development of colleagues creates an environment that positively impacts client care.

6. **A competent nurse practices within, utilizes, and contributes to the broader health care system** through the understanding that...

6.1 Professional nursing has a legally defined scope of practice and a professionally defined standard of practice.

6.2 The components of the system (e.g., resources, constraints, regulations) must be considered when coordinating care and developing interdisciplinary planning.

6.3 The effective nurse contributes to improvements of the health care system through the collection and analysis of data and involvement in policy decision-making processes and political activities.

6.4 The effective nurse engages in developing system-level initiatives to improve patient safety and to mitigate error.

6.5 An effective nurse contributes to improving access to health care.

6.6 Each nurse has the responsibility for effective and efficient management and utilization of health care resources.

6.7 Nurses establish and maintain networks, often using technology to improve health care delivery outcomes.

Nursing Care Competencies:

7. **A competent nurse practices relationship-centered care** through the understanding that…

7.1 Effective care is centered on a relationship with the client that is based on: empathy and caring, client preferences, a deep understanding of the care experience, developing mutual trust and respect for the autonomy of the client.

7.2 The effectiveness of nursing interventions and treatment plans depends, in part, on the attitudes, beliefs and values of clients and these are influenced both by how professionals interact with clients and by the intervention itself.

7.3 Clients reflect the culture and history of their community and their broader population, and that these must be considered in developing nursing interventions.

8. **A competent nurse communicates effectively** through the understanding that…

8.1 Effective use of therapeutic communication, to establish a caring relationship, to create a positive environment, to inform clients, and to advocate is an essential part of all interventions.

8.2 Accurate and complete communication must occur with both clients and other providers and is essential to ensure patient safety and provide for comprehensive continuity of care.

8.3 Successful communication requires attention to elements of cultural influences, variations in the use of language and a participatory approach.

8.4 Effective health teaching requires attunement to the clients' perspective, their previous understanding, and their ease of access to health information or degree of health literacy.

8.5 Good communication requires selection and use of appropriate communication modalities and technologies.

9. A competent nurse makes sound clinical judgments through the understanding that...

9.1 Noticing, interpreting and responding require use of best available evidence, a deep understanding of the client experience and community influences, recognition of contextual factors as well as one's own biases that may influence judgments, and sound clinical reasoning.

9.2 Effective nursing judgment is not a single event, but includes concurrent and recurrent processes in assessment (data collection, analysis and diagnosis), community and client participation in planning, implementation, treatment, ongoing evaluation, and reflection.

9.3 Nurses select from a variety of frameworks, classification systems and information management systems to organize data and knowledge for clinical judgment. The choice of framework for assessment and intervention takes into account the client's age and cultural perspective, the individual and family capacity for involvement in care, the influence of community and the primary focus of care.

9.4 Clinical judgment involves the accurate performance of skills (cognitive, affective and psychomotor) in the delivery of care to clients while maintaining patient and personal safety.

10. A competent nurse, in making practice decisions, locates, evaluates and uses the best available evidence, coupled with a deep understanding of client experience and preferences, through the understanding that...

10.1 There are many sources of knowledge, including research evidence, standards of

care, community perspectives, practical wisdom gained from experience, which are legitimate sources of evidence for decision-making.

10.2. Knowledge from the biological, social, medical, public health, and nursing sciences is constantly evolving; nurses use information technology to access current and reliable information in order to update their knowledge continuously.

10.3 Nurses need to know how to learn new interventions independently, because the definition of "best practice" of interventions is continuously modified, and new interventions are constantly being developed.

<u>OCNE Competecy Benchmarks</u>

Progress toward level benchmarks is expected in each course of the curriculum. In their clinical

practice students are expected to:

1. Provide safe care.

2. Practice within the legal scope of practice, and in accordance with the ANA Code of Ethics.

3. Be an active, engaged learner, seeking out new opportunities, and reflecting on their own performance.

4. Be aware of the evidence available to support nursing practices.

5. Provide care that is culturally and age/developmentally appropriate.

6. Practice family and relationship-centered care.

7. Recognize role as a leader, an advocate for individuals, families and communities, and an agent for access and high quality health care.

Level 1, Level 2, and end of AAS degree benchmarks for attainment of the competencies will be provided to students in conjunction with program requirements.

<u>Competency Rubric Explanation</u>

A rubric is an assessment tool that is designed to convey performance expectations, provide systematic feedback to students about their performance and promote student learning. The Curriculum Committee for OCNE has developed benchmark rubrics describing performance levels for each of the 10 competencies guiding the curriculum. The CGCC Nursing Program has adopted these rubrics or developed others for use in specific assignments or situations. These rubrics can be used as assessment tools for students in clinical practice or in simulation or in other situations that require the student to demonstrate one or more of the competencies. The rubrics can be used alone or in combination, depending on the demands of the performance task and the level of the student.

Each rubric can have several components: (1) a statement of the competency to be demonstrated; (2) a scale which describes how well or poorly the student performs during a competency demonstration; (3) dimensions which lay out the part of the competency which are vital to successful achievement; (4) descriptions of the dimensions at each level of performance. Copies of the rubrics to be used in grading or competency evaluation will be distributed to students and will be incorporated into evaluation/grading tools for nursing courses.

OCNE Spiral Curriculum Glossary

I. Organization of the Curriculum

Benchmark: The set of academic standards each student must achieve as they progress through the curriculum. Benchmarks are met or assessed by the end of each academic year in conjunction with course outcomes. Achieving the overall set of benchmarks is the means for student progression. Benchmarks specify the context in which students will be expected to demonstrate competency.

Competency: The broad standard or intended outcome of learning at the successful completion of the curriculum. Competencies describe what a nurse does every day and are categorized into professional and nursing care competencies. A hallmark of the competency model is a spiral approach to teaching and learning. Competencies are revisited throughout the curriculum with increasing levels of difficulty and with new learning building on previous learning. For instance, students might engage in learning activities related to communication in any specific module but they will apply their knowledge of good communication practices in many places throughout the curriculum with appropriate feedback. A simulation experience could include specific nursing skills, be grounded in evidence, require teamwork, and interpersonal competence. As students progress upwards on the curriculum spiral their experiences become more complex and challenging, weaving in a more rigorous integration of team and health care system communication competencies.

Course Outcome: A specific standard or intended outcome of learning at the successful completion of a course in the OCNE curriculum. Course outcomes reflect significant elements of the benchmarks to be achieved by the end each academic year and contribute to the broad competencies expected at successful completion of the program.

Priority areas of health care for student learning: The available health care content that could be included in a nursing curriculum is virtually unending. The OCNE curriculum committee made a conscious decision to focus content on the areas of care deemed to be of national priority by the IOM (2003). These areas have been translated for the purposes of course titles, but include the concepts of living with illness/disability, getting better, coping with end of life, and staying healthy.

Rubric: A teaching and learning guide based on specific criteria that allows faculty to assess student performance and provides students the opportunity to self-assess their progress. A rubric clearly describes what the performance standard is, what it looks like, or what the qualities of meeting the standard are. Rubrics are presented as a scale or continuum of performance beginning with the highest standard and moving through progressively less acceptable levels of performance.

Competency Rubric: The ten OCNE competencies have been translated into individual or combined benchmark rubrics that describe to students the standards or benchmarks that have to be met by the end of each academic year. Benchmark rubrics are incorporated into clinical performance evaluations.

Assignment-specific Rubric: A rubric that is used for scoring or grading specific performances. An assignment-specific rubric sets the standard for performance that includes simulations, written work, group projects, presentations, participation and performance tasks such as use of evidence.

II. Teaching/Learning

Spiral Curriculum: A teaching and learning approach in which topics are revisited throughout the curriculum, there are increasing levels of difficulty presented to students, and new learning is related to previous learning (Harden, R.M. & Stamper, N., 1999).

Performance Assessment: The point in the learning experience when a student is presented the opportunity to demonstrate authentically his/her competency in relation to a key concept or a set of related concepts. A performance assessment may be repeated multiple times as a student progresses upwards in the spiral curriculum with each assessment being progressively more challenging. Performance assessments can be used as a basis for feedback to students and ungraded, or they can be graded.

Learning Activities: One of the central aspects of a competency-based approach to teaching and learning. Most learning activities are ungraded and provide students with the opportunity to access content, engage in practice, and receive feedback. Learning activities form a three-step transformation loop moving between learning, practicing new skills, and receiving feedback.

Learning activities which may include reading, discussion, small group work, simulation, lab work, instructor led presentation, film, stand-alone modules, cases, clinical experience, etc. are based on best practices recognized in the higher education and nursing literature since the late 1980s and early 1990s

Cases: A teaching strategy that promotes deep learning by students through its emphasis on students' active involvement in solving complex problems found in actual clinical practice. Case teaching, a long honored strategy for professional education, also fosters the integration of knowledge and skills in complex learning situations. Several **megacases** have been developed by the OCNE Curriculum and Learning Activity committees for use in the curriculum.

Clinical Learning Model: Categorization of clinical learning activities believed significant for the acquisition of knowledge and skills competent nurses need today and in the future. OCNE recognizes five major elements of clinical learning activities: (1) direct focused patient care, (2) case-based, (3) concept-based, (4) intervention-skill based, and (5) integrative experience.

HealthCare Simulation: High tech healthcare simulation uses sophisticated equipment to recreate the health care environment.

Simulation Debriefing: Simulation debriefing is a group discussion that often follows a simulation scenario, and explores the experience of the student, including the thinking behind their actions. Debriefing is a facilitated and purposeful discussion that helps the students integrate the experience with other coursework, reflect and fill in the gaps in their thinking and identify additional learning needs. They also have the opportunity to reflect as a group, expanding their repertoire of choices for problem solving patient situations.

Simulation Concepts: Simulation scenarios not only mimic physiologic events, they also incorporate key concepts that are critical to safe and effective healthcare. The methodology is an extremely effective tool for teaching non-discipline specific concepts such as team work, communication, resource management, assessment, judgment, critical thinking, professionalism and quality to name a few. Simulation may also be utilized to teach discipline specific roles, scope of practice, skills and tasks. The simulation experience, including scenario participation and debriefing, fosters collaborative learning and the formation of learning communities.

III. Concepts & Conceptual Definitions Embedded in Competencies

Clinical Judgment: An interpretation or conclusion about a patient's needs, concerns or health problems and/or the decision to take action (or not), and to use or modify standard approaches, or to improvise new ones as deemed appropriate by the patient's response. The act of professional judgment is assumed to require knowledge of various sorts: the kind which is abstract, generalizable, and applicable in many situations, derived from science and theory; the kind that grows with experience, where scientific abstractions are filled out in practice, is often tacit, and aids instant recognition of clinical states; and the kind that is highly local, individualized, drawing from knowing the individual patient and shared human understanding. The term clinical judgment implies conditions of uncertainty; judgment is needed in situations that are ambiguous, unexpected, or markedly differ from preconceptions. (Tanner, 2006).

Ethics and ethical decision-making: The OCNE curriculum is based on the premise that nursing by its very nature is an ethical practice. Students, therefore, are inculcated in the values of the profession in all courses through general and specifically-designed learning activities. Learning may be operationalized by attention to the premises of the ANA Code of Ethics or more complex frameworks when appropriate (Bekemeier & Butterfield, 2005).

Evidence Based Practice: Evidence-based practice is the practice of ensuring that clinical decisions are to the extent possible informed by current research. The five-step process described by Sackett (as cited in Craig & Smyth, 2002) includes: (1) converting information needs into clear questions, (2) seeking evidence to answer those questions, (3) evaluating (critically appraising) evidence for its validity and usefulness, (4) integrating findings with clinical expertise, patients' needs and preferences and if appropriate applying these findings, and (5) evaluating performance and the outcome of decision/practice (Bauer, 2006).

Nursing Program Student Handbook Agreement, Student Copy

I have read the material in the current 2018-2019 <u>Nursing Program Student Handbook</u> and understand it. As a Columbia Gorge Community College nursing student, I understand that I must comply with the policies contained in this <u>Nursing Program Student Handbook</u>, including the policy on student cheating and plagiarism, to continue in the program. I understand that this Handbook is reviewed/revised every year, and changes will be reviewed with all program students.

I consent to having fellow students perform instructor selected and approved non-invasive (simulated bathing, transfer with equipment, etc.) nursing procedures on me after appropriate instruction and under instructor supervision.

I understand all information regarding patients is strictly confidential, whether written in the hospital record or coming to my knowledge from being in the health care facility and I will comply with the Confidentiality of Information Policy contained within this Handbook and HIPAA guidelines for the clinical facilities. I understand that if I violate the policies I may be subjected to civil penalties and/or disciplinary action.

I understand if I request a recommendation for transfer or employment purposes from a nursing instructor, a written request must be provided and the recommendation will be in writing and may include information from other nursing instructors. Classroom and clinical absence patterns may be noted on any recommendation letter.

I understand for purposes of continuity of education and safety of patients, nursing instructors will discuss my clinical performance from term to term in faculty meetings and with me.

I understand clinical schedules may change during any given term and that my work schedule will have to be adjusted to fit around my class and skills lab and clinical schedule.

I agree that for purposes of public safety and health, if I have or develop any type of psychological, medical, drug or alcohol problem that could or does impair my clinical performance the program may report it to and/or consult with the Oregon State Board of Nursing (OSBN) and/or require an examination by a licensed primary health care provider. I understand that when I am in the clinical setting, if my clinical instructor believes that my ability to perform patient care safely is impaired, my instructor will remove me from patient care responsibilities and follow the guidelines outlined in the <u>Nursing Program Student Handbook,</u> including the requirement for an on-demand urine drug screen.

I understand the Nursing Program and/or the student is required by clinical affiliation agreements to share with clinical sites the criminal background check, immunization status, urine drug screen and/or other student information when requested by the clinical site. I understand the clinical site may exclude any student from any or all clinical areas/patient care if a student is deemed to be unsafe due to criminal history, health (including lack of immunizations or immunity), knowledge, skill, or behavior, and that such exclusion may result in the inability to continue in the program.

I understand that if I engage in falsifying patient records or other dishonesty in patient care, the program will report this to the OSBN. The OSBN, if/when I apply for licensure or certification, will then investigate.

I am aware of the inherent problems present in the clinical settings regarding lifting patients, communicable diseases that patients may have, the potential for needle sticks, exposure to latex, exposure to hazardous materials and radiation, etc. I am also aware that these hazards are always present and proper precautions must be taken at all times. I am also aware that I must use "standard precautions" in caring for all patients once I am taught those precautions.