

OHLONE COLLEGE

***A World of Cultures
United in Learning***



NURSING FACULTY HANDBOOK

Part I

2008 to 2009

OHLONE COLLEGE
NURSING PROGRAM
FACULTY HANDBOOK

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This handbook provides a reference guide for policy statements and operational procedures relevant to the nursing program. When new policy statements and/or revisions of existing procedures are made, each faculty member will be notified.

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The following Course Planning Checklist has been developed by the Curriculum committee to serve as a reminder of necessary steps in organizing classes and clinicals. This handbook is a further guide to understanding the Checklist. Therefore, explanations and samples of forms follow each topic. The last sections of this handbook include other important information such as special clinical policies, mentor and faculty guidelines, etc.

Referrals to sections in the NURSING STUDENT HANDBOOK are made to avoid duplication of information.

Revised 6/04; 7/08

OHLONE COLLEGE NURSING PROGRAM PHILOSOPHY

The nursing faculty plans and implements a program of study organized around Roy's Adaptation Model of nursing practice and derived from the following beliefs:

Humankind

Every human being is a unique person with complex biologic, psychosocial, cultural, and spiritual components in constant mutual interaction with their environment. The continuum between health and illness can be seen as the ability to adapt to a changing environment. An adaptive response promotes integration of life processes to work as a whole to meet human needs. An ineffective adaptation response fails to contribute to this integration, resulting in unmet human goals.

Health and Illness

Health is a process of becoming integrated and whole that reflects the positive interaction of the person and environment. Health is a dynamic state that continually changes as an individual and family interacts with their internal and external environments. Health in itself is not negative or positive, but a reflection of the individual's/family's physical, emotional, intellectual, social, developmental, and spiritual well being. Illness is a state of imbalance in human environmental integration. The most positive state of health is the maximum level of adaptation at any given time and place. Many variables affect the level of health, including genetics, age, life-style, perception of health and illness, health promotion activities, values, beliefs, and culture.

Nursing

Based on the above definitions of health and illness, the nurse's role is one of identifying adaptive and ineffective responses to illness, and helping to expand adaptive abilities by enhancing human and environmental transformation. We believe that optimum health is a right for all people and not a privilege. This nation's most valuable resource is the health of its people. We advocate equal access to health care, and encourage individuals/families to make autonomous and informed health care decisions.

Nurses have a responsibility to be knowledgeable about theories, principles, and applications of biological and social sciences. The nurse uses this knowledge to promote the health of individuals/families/groups, or when necessary, to dignify death and ease the dying process. Nursing is practiced through the framework of the nursing process. The nurse uses the following skills and resources in nursing practice, which are identified as program themes: critical thinking, communication, management, teaching, professionalism, and community. Nurses must interact with health professionals in a collaborative effort to provide effective health care. Patient advocacy is central to the nursing role. Nurses are obligated to behave in a professional, ethical manner. The curriculum threads include: pain management, pharmacology, nutrition, human maturation, cultural diversity, and caring.

We believe human beings are integral with their physical and social environments, existing in a vast network of interdependent relationships within our Earth community. The health of individuals is directly related to the health of the various groups and communities upon which they depend and to which they belong. The future well-being of humankind in environmental interactions approaches as a defining moment for nursing. The role of the nurse is to promote health in individual, community, and environmental contexts, since these contexts must be addressed together in creating a healthy future.

Associate Degree Nursing Practice

The purpose of the nursing program at Ohlone College is to prepare beginning practitioners who will function in the common domain of registered nurse practice after licensure. Graduates are prepared to care for a group of clients within a variety of structured health care settings, to collaborate with other health professionals, and to carry out independent, dependent, and interdependent nursing measures. Graduates are also prepared to continue learning through experience and education. In addition, the graduate is expected to participate in the development of the profession through engagement in the mentoring role and through affiliation with professional organizations. The faculty supports education

and practice in nursing at its multiple levels. The faculty recognizes that the scope of practice for all levels of nursing is influenced by a variety of factors, both within and external to the nursing profession.

Nursing Education

Nursing education is the process by which students are socialized into the profession of nursing. We believe the educational experience is stimulating and desirable, and that it supports growth in individuals. We believe nursing education is obligated to base curriculum decisions on realistic conceptions of nursing roles and practice as a multi-level occupation. At the associate degree level, the curriculum must provide students with skills and knowledge utilized in the common domain of nursing practice and when possible derived from evidence based research. Prior learning achieved by some students is acknowledged through formal procedures. The Nursing Faculty encourages life-long learning in nursing and recognizes that the Associate degree can be an end point for formal nursing education or can be a bridge for advanced practice.

Teaching and Learning

Learning is the process by which behavior is changed as the individual acquires, retains, and applies knowledge, attitudes, skills, or modes of thought. The ultimate responsibility for learning rests with the learner. A person learns when a need or problem is encountered. This need motivates the search for information as an individual progresses toward a goal or problem solution. A by-product is the reinforcement of desire for further learning and an increased belief in one's ability to continue to be successful in learning situations.

Human beings have a natural potential for learning. This desire for expansion of knowledge and experience can be achieved through and built upon the student's previous experience, actively involving the learner in the process, and thereby moving from the familiar to the unfamiliar. Significant learning takes place when the subject matter is perceived by the adult learner as having meaning for one's own purpose. Learning is acquired through the repetition and reinforcement of successful behaviors, which contributes to desired behavior patterns. A variety of opportunities for application of knowledge encourage the learner to develop and apply critical thinking skills

Teaching is the facilitation of learning and requires valuing the student as a person and understanding the student's learning needs. Learning is facilitated by timely feedback which is understandable to the learner. Lack of feedback prevents progress and leads to frustration. Essential to the student's ability to incorporate constructive feedback (i.e., to make necessary changes in behavior) is a clearly understood plan collaboratively developed by learner and teacher to meet the learner's individual learning needs. The plan includes objectives, timelines, and evaluation.

1978. Revised 1983, 1985, 1988, 1993, 1996, 1997, 1998, 2006

The Ohlone College Nursing Curriculum Model

Please insert new model

The key concepts conveyed:

1. Roy adaptation nursing model
2. Illness to wellness (health promotion, restoration, and rehabilitation)
3. Simple to complex (increasing acuity, multiple complex health problems)
4. Individual to group (individual, family, and community)
5. Themes and threads of fundamental competency
6. Holistic beings and care
7. Nursing care throughout the life span

**COURSE
PLANNING
CHECKLIST**

OHLONE COLLEGE
NURSING DEPARTMENT
COURSE PLANNING CHECKLIST

COURSE: _____ SEMESTER: _____

THEORY PREPARATION:

- _____ Review/Revise Syllabus
- _____ Course description and theory objectives
- _____ Evaluation Tool with Clinical Objectives
- _____ Schedule of classes (Fall and Spring)
- _____ List of books/journal readings on reserve in library if appropriate
- _____ Make a working copy for yourself

SYLLABUS PROCESSING

- _____ WEBCT/BLACKBOARD

LECTURES/DISCUSSIONS/SKILLS

- _____ Review/Revise lecture materials
- _____ Review AV materials (videos, computer programs and power point)
- _____ Communicate dates, times, topics, materials needed with Skills Lab Coordinator
- _____ Check WEBADVISOR for registration of all students for course

CLINICAL PREPARATION

- _____ Each instructor requests and confirms clinical placement with Assistant Director of Nursing

SEND MATERIALS TO PART-TIME CLINICAL INSTRUCTORS

- _____ Syllabus
- _____ Textbooks
- _____ Names of students
- _____ Clinical objectives with specific dates/times students will be on unit
- _____ Pre/post affiliation form

LEAD INSTRUCTOR AND ADJUNCT CLINICAL INSTRUCTOR

- _____ Correspond with Education Coordinator at hospital to confirm clinical dates and units and make arrangements for conference rooms parking, place for belongings
- _____ Contact Unit Manager/Coordinator to arrange for orientation/discussion time to review student responsibilities during experience
- _____ Send or take to each Unit Manager/Coordinator copy of Course Description and Clinical Objectives
- _____ Update and duplicate hospital orientation sheet to be given to students in your clinical group
- _____ Make internal rotation schedule and student biographical data including address and phone number, give copy to Nursing Office and Unit Manager (include health, immunization, CPR data, HIPAA and acknowledgement of criminal background check)
- _____ Complete Pre Affiliation Meeting Report and Evaluation form

COURSE COMPLETION:

- _____ Fill in Course Grade Sheets with final letter grade on WEBADVISOR, make copies for your files
- _____ Fill in Positive Attendance Sheets on WEBADVISOR
- _____ Communicate evaluation results to adjunct theory and/or clinical instructor
- _____ Send Thank You letters to clinical agencies
- _____ Complete Post Affiliation Meeting Reports and file Pre & Post in clinical facility folder and give to Assistant Director of Nursing
- _____ Pass out Theory Evaluation form (see directions in syllabus).
- _____ Pass out Clinical Evaluation form second to last clinical day (see directions in syllabus).
- _____ Have students fill out Agency Evaluation form and give to Director of Nursing

THEORY

PREPARATION

Rating Scale for Clinical Evaluation Tool

SATISFACTORY

Safe clinical performance; demonstrates expected skills, synthesis of learning and application of nursing principles at expected level.

1. Functions safely with guidance.
2. Demonstrates ability to make expected observations.
3. Demonstrates ability to relate and apply knowledge, clinical performance at expected level.
4. Assumes responsibility for assignments.
5. Makes appropriate nursing judgments with guidance.
6. Initiates appropriate nursing interventions with guidance.
7. Usually seeks learning experiences.
8. Usually demonstrates expected professional conduct.

NEEDS IMPROVEMENT

Inconsistent clinical performance; inconsistently demonstrates expected skills, synthesis of learning and application of nursing principles at the expected level.

1. Functions safely only with continual guidance.
2. Inconsistently demonstrates ability to make obvious observations related to patient care.
3. Inconsistently relates knowledge to clinical situation at expected level.
4. Inconsistent in assuming responsibility for assignment.
5. Fails to seek guidance in making nursing judgments; makes occasional, unsafe nursing judgments.
6. Inconsistent in initiating nursing intervention even with guidance.
7. Seeks learning experiences only when prompted.
8. Demonstrates expected professional conduct under continued guidance.

UNSATISFACTORY

Clinical performance inadequate, indicates lack of skill, unsafe nursing practice, inadequate depth of knowledge, or application of nursing principles. Functions below expectations of student at this level.

1. Does not function safely even with guidance.
2. Does not demonstrate ability to make expected, obvious observations related to patient care.
3. Does not demonstrate ability to relate knowledge to clinical situation at expected level.
4. Has difficulty accepting responsibility.
5. Does not make safe nursing judgments.
6. Does not initiate nursing intervention without maximum guidance.

7. Seldom seeks learning experiences.
8. Demonstrates unprofessional clinical conduct.

To receive a passing grade in Clinical Lab, the student must attain at least a satisfactory rating on the critical requirements and a mean of satisfactory on all clinical objectives.

CRITICAL ELEMENTS

A critical element (C. E.) is defined by the Ohlone college nursing faculty as a specific, observable and measurable behavior that all students are expected to perform. A critical element pertains to safety issues or course requirements. When a critical element related to safety is violated or omitted, patients are actually or potentially endangered and care being delivered less than satisfactory. When a critical element related to course requirements is not completed at a satisfactory level, the student has not progressed to the expected level of competency. If a student receives less than a satisfactory rating on any identified critical element, at completion of the course, the student will not progress to the next level. Critical elements are leveled throughout the program, using criteria of complexity and application of nursing process and critical thinking.

Clinical objectives for nursing courses are cumulative. Specific clinical objectives are expected to be met satisfactorily in early clinical courses. Therefore, even though clinical objectives for preceding courses are not always repeated on evaluation tools they are implied.

CLINICAL EVALUATION

Now located in Clinical Forms Section

OHLONE COLLEGE
NURSING 101 CALENDAR
FALL 2004

August 17 – December 12, 2004
Partial Example, Refer to Syllabus

DATE	TIME	TOPIC
8/19 W	9:00-12:00	What is Nursing? Overview of Community Based Nursing Health Care Delivery System/Practice Settings & Specialties
8/20 TH	9:00-5:00	SKILLS--Group 2 • Medical Asepsis & Handwashing • Universal Precautions, Isolation Technique • Body Mechanics, Positioning, Ambulation, Transfers
8/21 F	9:00-5:00	SKILLS – Group 1 (See Thurs 8/20)
8/25 T	9:00-12:00 12:30-2:30 (1) 2:45-4:45 (2)	Health Illness Continuum Nurse as a Communicator SKILLS: Bedmaking
8/26 W	9:00-11:00	Social vs. Therapeutic Communication
8/27 TH	9:00-5:00	SKILLS – Group 2 • Hygiene: Bedbath, Skin & CSMT Assessment, etc.
8/28 F	9:00-5:00	SKILLS – Group 1 • Hygiene: Bedbath, Skin & CSMT Assessment, etc.
9/1 T	9:00-12:00 12:30-2:30 (1) 2:45-4:45 (2)	Informal & Formal Interviewing, Process Recordings Active Listening SKILLS: Abbreviation Test • Physical Safety; Applying Restraints
9/2 W	9:00-11:00	Non Therapeutic Techniques Barriers to Effective Communication
9/3 TH	9:00-5:00	SKILLS – Group 2 • Vital Signs, Pulse Sites, Assisting the Adult to Eat
9/4 F	9:00-5:00	SKILLS – Group 1 • Vital Signs, Pulse Sites, Assisting the Adult to Eat

TEXTBOOKS

1. The Director of Nursing is responsible for ordering desk copies of required and recommended texts for the part-time faculty responsible for the other clinical. Arrangements can be coordinated with the Health Science Division Secretary.
2. Desk copies may be obtained by calling the publishing company for the text (phone numbers are in nursing office) or mailing a request after discussion with Assistant Director.
3. Required and recommended texts should be placed on reserve in the Library.
4. Total nursing faculty must approve required textbook changes.
5. Recommended books may be added/deleted without total faculty approval, but the faculty should be informed of changes. Each faculty responsible for the course must fill out an order form for the recommended materials and submit it to clinical coordinator/Assistant Director.
6. Required and recommended materials must be ordered through the bookstore the semester prior to their adoption.
7. Each instructor is responsible for notifying the Curriculum Committee if there are to be major changes in the Syllabus for subsequent semesters. The instructor can move content within the short course, but no deletion or additions may be made without approval of the committee.
8. Other materials required for most courses include:
 - Worksheets/Data Collection Forms
 - Nursing Care Plan Forms
 - Process Recording forms
 - Teaching Plan Forms
 - Drug Handbook

LIBRARY

1. The library is open Monday through Thursday from 7:45 a.m. to 8:45 p.m.; Friday 8:00 a.m. to 4:45 p.m. Check with library at the beginning of each semester for changes.
2. A list of reserved readings should be coordinated with library staff.
3. The faculty is responsible for bringing in new articles on the revised list to the main desk, and weeding out old, not used articles.
4. Include a list of reserved readings in the student syllabus.
5. Visit the section of nursing books that pertains to your area of content once during each school year to pull outdated texts. New books may be ordered. See a member of the Learning Resources Committee as special funds become available.
6. Be sure to return any checked out materials to the library before leaving at the end of the school year.

EXAMPLE OF THEORY
Adaptation Nursing Theory and Process

The following documents have been pulled from N 301. They include descriptions of the Roy Adaptation Model and how the Ohlone faculty applies it, using Nursing diagnoses according to NANDA. Samples of our Data Collection Worksheet, Nursing Care Plans, Process Recording forms and teaching form are also included.

OHLONE COLLEGE
NURSING 301

FOCUS: Adaptation Nursing Theory & Process

REQUIRED PREPARATION:

1. Read class handouts—Will be tested on this content!
 - a. Nursing Adaptation Model: Theory
 - b. Glossary
 - c. Expectations for Nursing Care Plans
 - d. Adaptation Nursing Care Plans
 - e. Factors Affecting Accurate Data Collection
2. Read Potter & Perry, Fundamentals of nursing,
3. View Videotape in Skills Lab "Gathering Assessment Data" (Lippincott Video Series)
4. Bring nursing care planning book to class
5. View VC "The What and Why of Nursing Diagnosis" VID 817
6. View VC "The Workup and NANDA Nomenclature" VID 818
7. View VC "Diagnostic Statement and Implementation" VID 319
8. Complete Adaptation Nursing Theory and Process Homework and Case Study prior to class.

STUDENT OBJECTIVES:

1. Define the following concepts according to the Adaptation Nursing Theory:
 - model
 - man
 - stressors
 - adaptation
 - adaptive response
 - ineffective response
2. Identify the major goal of adaptation nursing and the nurse's role in promoting adaptation.
3. Explain the following adaptive modes:
 - physiologic mode
 - self-concept mode

role mastery and/or interdependence mode

4. List the assessment areas for all modes.
 - a. seven problem areas of the physiologic mode
 - b. areas of assessment in the psycho/social modes
5. Evaluate the significance of scientific rationale in the practice of nursing.
6. Defend the rationale for the use of a nursing process.
7. Explain how critical thinking skills are used when implementing the nursing process.
8. State the purpose of the Nursing Care Plan and explain each of its categories.
9. Describe the activities involved in nursing assessment.
 - a. Data collection - objective and subjective
 - b. Analysis of behaviors as adaptive and ineffective
 - c.
10. Evaluate how inferences, assumptions, perceptions, and value judgments affect data collection.
11. Describe methods of data collection.
12. Identify the criteria for a well-stated nursing diagnosis “related to,” and goal.
13. Differentiate between an actual and potential nursing diagnosis.
14. Differentiate between nursing diagnosis, medical diagnosis, and collaborative problems.
15. Differentiate between a nursing diagnosis and a nursing intervention.
16. Identify factors to consider when setting priorities.
17. Identify how the "related to" is utilized in formulating nursing interventions.
18. Differentiate between dependent, independent, and interdependent nursing interventions.
19. Describe the basis for evaluation in the nursing process.
20. Describe the process and criteria of selecting short term goals
21. Relate how intervention and criteria are identified based upon the “related to”.

NURSING ADAPTATION MODEL: Theory

Philosophy may be defined as a set of beliefs that directs our actions. It may include facts, theories, and attitudes, and is usually goal-directed. Sometimes we act without knowing or recognizing the beliefs that guide our actions. A responsible nurse must be aware of the beliefs that guide her practice of nursing.

It is, therefore, important for each of us to first examine our own philosophy toward man, health, illness and nursing.

What is your philosophy or man? Of health? Of illness? Of nursing?

Take a few minutes to jot down your set of beliefs.

Review the philosophy of the Ohlone College Nursing Faculty.

The Roy Adaptation Model provides the theoretical base for adaptation nursing.

A model is a description or representation used to help visualize something that cannot be directly observed. (i.e., model home). It logically presents the situation and provides structure. A nursing model is a representation of the major concepts of nursing and how these relate to one another.

Sister Callista Roy developed the Roy Adaptation Model while she was a graduate student in the School of Nursing at the University of California at Los Angeles. Her first publication of this model appeared in 1970. Now the Roy Adaptation Model is one of the most highly developed and widely used models. The Ohlone College Nursing Program has adopted this model with some revisions. A description of the Ohlone College Adaptation Nursing Model is presented below.

The essential concepts of a nursing model include:

1. Person: a description of the person or groups receiving nursing care
2. Health
3. Environment
4. Nursing: goal and nursing activities

CONCEPT OF MAN

Man is a bio-psycho-social being in constant interaction with a changing environment.

Man is "holistic" - In our nursing courses, we will study parts of man separately--that is the physical problems, psychological problems and social problems.

Actually, man is a whole being--all parts interacting as man adapts to a changing environment. The dynamic interaction makes the whole man greater than the sum of his parts.

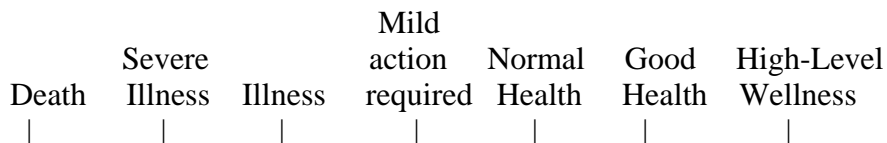
Man is an "adaptive system." A person's behavior is influenced both by the environment, that is, the world within and around the person, and by the person's ability to adapt or deal with that world.

CONCEPT OF HEALTH

Health is a state of optimum adaptation which includes physical, mental and social well-being and not just the absence of disease.

Health is a state and a process of being and becoming an integrated and whole person. A whole person is one who functions at the optimal level in relation to his/her capabilities.

No one ever achieves the ideal state just described. At any given time, a person's health or state of adaptation varies along a continuum that ranges from severe illness to high level wellness.



HEALTH - ILLNESS CONTINUUM

CONCEPT OF ENVIRONMENT

Environment is defined as all internal and external conditions, circumstances, and influences surrounding and affecting the development and behavior of persons or groups.

According to the Adaptation Nursing Model, the changing environment causes the person to respond either in an adaptive or ineffective manner.

Environmental changes may be called stressors to which a person needs to respond to or adapt. For human beings, life is continually changing. It is never the same. Anything that happens can be defined as change or a stressor, i.e., passage of time, aging, conversations, relationships with people, illness. The rate of change is increasing, i.e., expansion of technology and scientific knowledge. Adaptation is adjusting to a changing and stressful world. It is a positive response an individual makes to cope with changes in his internal (within the body) and external environment. The goal of nursing is to promote positive adaptation in situations of health and illness. An example of an adaptive response to changing environment is the patient who reorders his life priorities after suffering a near fatal heart attack. He finds that altering his life style can provide a more meaningful and satisfying life for himself and his family.

A person's ability to adapt depends on:

1. The type and amount of change and/or
2. The state (condition) of the person at the time of the change.

For example, a person providing for a family may adapt when promotion is not received. If that same person is fired, severe depression and loss of self-esteem may occur if adaptation is not adequate.

We are always exposed to the viruses, which cause colds. If healthy, we positively adapt and remain well. If "under stress," overly tired, have a poor diet or have another illness, we may be unable to adapt and get a cold.

The nurse first assesses the patient's physiological, and psychosocial adaptation level. In other words, she assesses the way a person responds physically, psychologically, and socially to environmental (internal and external) changes.

There are three ways or "modes" in which a person adapts to or responds to environmental changes to meet his needs. These adaptation modes are interrelated. Each may affect the other. We study each mode separately for the sake of understanding. But man, as a whole being, is a synthesis of all modes.

The three modes are

1. Physiologic Mode
2. Self-Concept Mode
3. Role Function and/or Interdependence Mode

The Physiologic Mode is concerned with the integrity of the physiologic being. It includes attention to needs in the following areas:

1. Respiration
2. Circulation
3. Ingestion and elimination
4. Fluids and electrolytes
5. Neuro/sensation
6. Endocrine/protective
7. Exercise and rest

The self-concept mode is concerned with psychological well being, the need to know and become compatible with oneself. Self-concept is the mental image one has of oneself. There are two major components to the self - the physical self and the personal self. The physical self is concerned with how a person perceives and feels about his body. The personal self is concerned with a person's value system and how well s/he lives up to that value system.

Overall, the self-concept mode deals with how a person uses self to meet his/her needs. To understand self-concept is to understand the meaning of "who I am."

The interdependence mode and role function modes are concerned with social well being.

The interdependence mode has two major components, significant others and support systems. Significant others are person(s), animal(s), and/or object(s) with whom the

relationship is of primary importance at this time, i.e., parents, family, spouse, pets, social affiliations.

Support systems are person(s), group(s), animal(s), object(s) of secondary importance which affirm or support the individual, i.e., health care system, doctors, nurses, church, club.

The definition of significant others or support systems is based on its importance to the individual and on whether or not it promotes an adaptive response in the individual.

Overall, the interdependence mode deals with a person's perception of the support received from the environment, the satisfaction of his/her needs with the help of others, and the ability to establish an in-depth interaction with another person.

The Role Function mode is concerned with how well a person fulfills a variety of roles. Role is defined as the pattern of behavior expected of all persons occupying a given position in society. Roles must be compatible with one's self-concept. You need to know who you are in relationship to others so you can act. Roles exist only in relationship to other roles. Thus a role must have complimentary role, i.e., mother-son, teacher-student.

An individual can occupy more than one role at a time and different roles at different times. Roles have varying levels of importance. They are classified as primary, secondary and tertiary roles. Primary role is the one you are born into and is directly related to a person's level of development, i.e., sex, age. Secondary roles are the major roles played in the course of a lifetime. They are assumed to complete the tasks associated with each developmental stage and are of much importance to the individual, i.e., daughter, student, wife, mother, teacher. Tertiary roles are temporary roles that may augment some of the secondary roles. They usually have only moderate significance to the individual, i.e., PTA member, cub scout leader, father as a football coach, patient in hospital (sick role).

After the nurse assesses the patient's adaptation level or behavior in each of the modes, she then determines if each of those behaviors is an adaptive response or an ineffective response.

An adaptive response is a behavior that maintains the integrity of the individual; that is, it maintains an individual's wellness and s/he remains healthy and in control of the environment. It also decreases the amount of energy needed to cope with the given situation and increases energy for other human processes. It is a normal response for a particular patient in a particular situation.

An ineffective response is a behavior that does not maintain integrity and is disruptive of the person. This response does not contribute to adaptation. It is unhealthy and may lead to further illness or prevent the person from getting well.

For example, if a person's clothes catch on fire, an adaptive response would be to roll on the ground to extinguish the flames. An ineffective response would be to panic and run, thus fanning the flames and increasing the burn.

CONCEPT OF NURSING

The Adaptation Nursing Model provides a basis for the development of nursing science and a guideline for nursing practice.

The goal of Nursing is to promote man's positive adaptation in situations of health and illness. In other words, the focus is to increase a person's adaptive responses and to decrease his ineffective responses in the physical and psycho/social adaptive modes, thereby, contributing to health, quality of life, and dying with dignity.

To accomplish this, a problem-solving methodology is used called the nursing process. The nursing process is an organized, systematic method of giving individualized nursing care that focuses on the unique human response of a person to an actual or potential alteration in health. This process delineates the specific activities which distinguish nursing from other disciplines.

The nurse must make assessments to define the patient's level of adaptation. To do this, she assesses the patient's behavior; that is, how the person is behaving as an adaptive system in the physical and psychosocial modes. Next she determines if the behavior is an adaptive or ineffective response. Based on this assessment, the nurse selects the nursing diagnoses and assesses the causes of the behavior or health problem(s). Patient goals are set to reinforce adaptive behaviors or to alter or assist the patient to change ineffective behaviors. Goals are the expected patient outcome. Nursing interventions are selected based on the causes of the behavior and help the patient achieve the stated goal. The final step is to evaluate whether or not the patient goal was met and make any modifications needed.

SUMMARY

In summary, the Nursing Adaptation Model provides the theoretical base for adaptation nursing. It describes man as a bio-psycho-social being in constant interaction with a changing environment. It defines adaptation as man's positive response to a changing environment and delineates three modes or ways that man adapts. It maintains that the goal of nursing is to promote man's positive adaptation in situations of health and illness.

GLOSSARY

ADAPTATION	<ol style="list-style-type: none">1. Man's ability to respond positively to a changing environment.2. Responses or changes that occur in an individual as a reaction to stressors.
ADAPTATION MODES	<ol style="list-style-type: none">1. PHYSIOLOGIC - Physical Integrity; The nurse assesses the way a person responds physically to stimuli from the environment. The physiologic areas include: respiration, circulation, ingestion and elimination, fluids and electrolytes, neuro/sensation, endocrine/protective, exercise and rest.2. INTERDEPENDENCE - Social Integrity; A comfortable balance with others, feeling adequate and secure in relationships with other people, and being loved and supported. The nurse assesses the quality of interaction between a person and another person, animal, or object.3. ROLE MASTERY - Social integrity; the nurse assesses how well a person fulfills a variety of roles. Role is a pattern of behavior expected of all persons occupying a given position in society. Accomplishment of sick role is focused on in the hospitalized patient.4. SELF-CONCEPT - Physic Integrity; The composite of beliefs and feelings that one holds about oneself at a given time, formed from perceptions of other's reactions, and directing one's behavior. The nurse assesses the physical self and personal self.
BEHAVIOR	Any response to internal or external environmental changes that can be observed, measured, or reported subjectively.
BEHAVIORAL OBJECTIVE	A goal or a desired outcome expressed in terms of observable behavior or performance.
CLIENT	The person receiving nursing care. The client may be healthy or ill.
CONSUMER one	One who uses a service or commodity. Health care consumer is who uses health care services.
CRITERIA	Standards of measurement.
ENVIRONMENT	All internal and external conditions, circumstances, and influences

	surrounding, and affecting the development and behavior of persons or groups.
HEALTH	<ol style="list-style-type: none"> 1. State of optimum adaptation which includes physical, mental, and social well-being and not just the absence of disease. 2. State and process of being and becoming an integrated and whole person.
HEALTH - ILLNESS CONTINUUM	State of health and illness that fluctuate along a continuum.
HIGH LEVEL WELLNESS	A state of health that promotes functioning at the optimal level in relation to the individual's capabilities.
ILLNESS	An imbalance that occurs when a person is unsuccessful in adapting to complex interactions of physical, emotional, and social stressors.
NEED	A necessity or a requirement for living; something people require to maintain homeostasis.
NURSING-ADAPTATION	An approach to nursing which views man as a bio-psychosocial being with modes or ways of adapting to changing environment. The nurse acts to promote man's adaptation in situations of health and illness. The patient is assisted to his/her highest level of wellness.
NURSING CARE PLAN	A tool used by the nurse to prescribe the nursing care necessary for each individual client.
NURSING DIAGNOSIS	Actual or Potential health problems which nurses, by virtue of their education and experience, are capable and licensed to treat (Gordon). The judgment or conclusion that occurs as a result of nursing assessment (Gebbie).
NURSING INTERVENTION	<p>Nursing orders to manipulate the cause (the "related to") to help the patient achieve stated goal.</p> <ol style="list-style-type: none"> 1. DEPENDENT: Nursing actions, which require a physician's order to be executed. (Delegated care) 2. INDEPENDENT: Nursing action that can be performed without a physician's order. Are encompassed by nursing licensure and law. (Autonomous nursing function) 3. INTERDEPENDENT: Nursing actions that can be legally performed only under direction of licensed, qualified

professional (i.e., physician). (Both delegated and autonomous functions)

NURSING PROCESS

1. A problem-solving procedure used by the nurse to assess (gather data), identify nursing diagnoses and patient goals, select and implement nursing interventions, and evaluate the results of care aimed at promoting health, quality of life, and dying with dignity.
2. An organized, systematic method of giving individualized nursing care that focuses on the unique human response of a person to an actual or potential alteration in health.

RESPONSE

Reaction to environmental changes.

ADAPTIVE RESPONSE

Behavior that maintains the integrity of the individual. It is a normal response for a particular patient in a particular situation.

INEFFECTIVE RESPONSE

Behavior that disrupts the integrity of the individual; responses that do not contribute to adaptation.

PROBLEM

Unmet need or anything that interferes with a persons ability to meet his or her needs.

PROBLEM-SOLVING

Process that enables the nurse to scientifically identify a patient's needs and to plan, implement, and evaluate care with critical thinking.

EXPECTATIONS FOR NURSING CARE PLANS

- ASSESSMENTS:**
1. The ongoing and flexible process by which the nurse determines patients' physiological and psychosocial level of adaptation.
 2. The collection of data from many sources, which are then classified, analyzed and summarized to determine the patients' problems or needs.
 3. Use Assessment tool for the seven problem areas in the physiologic mode and the psycho/social modes. Pertinent Assessments refers to "actual and present health status."
- NURSING DIAGNOSIS** Actual or Potential health problems, which nurses, by virtue of their education and experience, are capable and licensed to treat (Gordon). The judgment or conclusion that occurs as a result of nursing assessment (Gebbie).
- RELATED TO:** Refers to cause--the etiological and contributing factors, which a nurse can change. Medical Diagnosis is secondary to the related to.
- EXPECTED OUTCOMES:** Statement of expected patient outcome; short-term patient behavioral goals (for time of patient care).
- The change in patient behavior seen when the problem identified in the nursing diagnoses is lessened or resolved.
- Must be observable and measurable.
- INTERVENTIONS:** Nursing orders to manipulate the cause ("the related to"). These should be independent, interdependent, or dependent.
- EVALUATION:** A judgment of whether or not the expected outcome (goal) was achieved. Include modifications and reassessment of care plan, i.e., changing or eliminating previous nursing diagnoses, expected outcomes, and interventions based on new patient data. Include objective and subjective data to support your conclusions.

OHLONE COLLEGE
NURSING 301
ADAPTATION NURSING CARE PLAN

The adaptation nursing process is a problem-solving approach used to provide nursing care for patients in all settings. The process is used with every patient. The total process is summarized in the paragraphs which follow.

STEP 1: Assessment of Patient Behaviors

The ongoing and flexible process by which the nurse determines the patient's physiological, psychological, and social level of adaptation through assessment and data collection. This includes a description of the patient's responses to changes (internal or external) in his environment. These responses can be reported objectively (observed, measured) or subjectively (as stated by patient). Use assessment tool provided in the syllabus as a guide.

- Examples:
1. Small, hard, dry stool, straining at stool, patient states he "feels pressure in his rectum," this is the only stool he has had in seven days.
 2. Patient states he has "incisional pain," clutches incisional site with a grimace on face; his muscles are tense; and he clenches his fists. He is 12 hours post-operative.

STEP 2: Judgment of Behaviors as Adaptive or Ineffective

A nursing judgment about whether a behavior is adaptive or ineffective is based on the following general criteria:

Adaptive: -maintains integrity of individual
 -normal for that particular patient in that particular situation
 -want to continue behavior
 -perceived by patient as adaptive

Ineffective: - does not promote integrity of individual
 - is a useless waste of energy
 prevents patient from responding to other stimuli and using his
 energies for getting well

Examples: All behaviors listed in example in Step I may be considered "ineffective."

STEP 3: Identification of Nursing Diagnosis

The Nursing Diagnosis is a statement of an actual or potential health problem, which nurses, by virtue of their education and experience, are capable and licensed to treat (Gordon).

The judgment or conclusion that occurs as a result of nursing assessment (Gebbie). The simplest way to write a nursing diagnosis is to identify an actual or potential health problem and select the most appropriate nursing diagnosis from the Official Nursing Diagnosis List.

- Example:
1. Constipation.
 2. Pain.

To be useful clinically, nursing diagnoses need to be specific. Thus, quantifying or qualifying adjectives may be needed to identify areas, stages, or levels of a particular problem. This leads to identification of the “related to.”

STEP 4: Identification of the "related to" (cause)- the etiologic and contributing factors which a nurse can change.

The "related to"

Identify the main cause of the ineffective assessments and identify nursing diagnosis. NOTE: The nurse must be able to change or influence this cause. Whenever possible the nurse validates this assessment of cause with the patient.

- Examples:
1. Constipation R/T Low roughage diet; low fluid intake; decreased activity.
 2. Abdominal Pain R/T Improper positioning, tight dressing making incisional pain worse.
 3. Sleep Pattern disturbance R/T constant auditory stimuli (company and TV)

Contributing Factors or Causes: may be written on NCP as secondary to (2°)

These are usually medical diagnosis and must be validated by the nurse.

- Example:
1. Impaired communication R/T cerebral impairment 2° CVA
 2. Altered peripheral tissue perfusion R/T interruption of arterial flow 2° Buerger’s Disease

Hypothesis

Suspected but not clearly defined or proven factors or causes. Often based on the theory or previous experience. At the time, the nurse is unable to validate this assumption. May include such things as beliefs, attitudes, experiences, or traits.

Example: Italian background of the client who is complaining of pain.

STEP 5: Expected Outcomes

A statement of the expected patient outcome, short-term patient behavioral goals. The change in patient behavior seen when the problem identified in the nursing diagnosis is lessened or resolved. The expected outcome should include date or time schedules where appropriate. Expected outcomes must be observable or measurable.

- Examples:
1. Patient will have soft, formed stools every day by 9-20.
 2. Patient will verbalize decrease in pain within 45 minutes of administration of pain medication.

STEP 6: Intervention - Selection of Nursing Action

Nursing interventions are those actions the nurse plans to do to help the patient achieve the expected outcomes. Selection of nursing interventions is based on the

factors causing the patient's problem or potential problem. The nurse acts to change or reinforce the identified factors or causes of the problem, thereby helping the patient achieve the expected outcomes.

Nursing actions must be specific and individualized. They should be independent, interdependent, or dependent.

- Examples:
- 1a. Assess patient's dietary likes and dislikes; explain the importance of eating high roughage foods to prevent constipation; give patient written list of foods high in roughage.
 - 1b. Offer fluids every hour to a total intake of 1000cc in 8 hrs.
 - 2a. Provide comfort measures, e.g., back rub, change of position.
 - 2b. Encourage relaxation exercises.
 - 2c. Assist patient to evaluate drug regimen

STEP 7: Evaluation

A judgment of whether or not the expected outcome was achieved. The nurse assesses whether or not the patient manifested the behaviors stated in the expected outcome. Include objective and subjective data to support your conclusions.

- Examples:
1. Patient now has a soft, formed stool everyday.
 2. Patient verbalizes incisional pain relief 30 minutes after receiving Demerol.

If the goal was not met or a modification is needed, reassess the patient and plan of care. To begin, return to the first step of the nursing process. Look more closely at behaviors that continue to be ineffective and re-assess the causes. Delete as a priority of nursing concern, behaviors that have become adaptive, with no threat of returning to an ineffective state. For behaviors that are still ineffective, re-assesses the nursing diagnosis and causes, to see if goal and nursing interventions should be modified.

OHLONE COLLEGE
NURSING 301

FACTORS AFFECTING ACCURATE DATA COLLECTION

DATUM/A:	Collection of all factual information about the patient. It is a specific and description rather than an interpretation. It may be objective or subjective and can be described as constant (date of birth) or variable (blood pressure).
OBJECTIVE DATA:	Concrete, observable, measurable information, i.e., vital signs, laboratory studies, and changes in physical appearance or behavior, act of crying. A behavior, which is observed by one person and could be noted by any other observer and tested using an acceptable standard. It is concise and describes signs or behaviors without drawing conclusions or making interpretations.
SUBJECTIVE DATA:	What the patient actually states—his feelings and perceptions, i.e., I feel so nervous, my stomach is burning, pain, itching. Can be verified only by personal experience.
INFERENCE (JUDGMENTS & CONCLUSIONS):	How someone perceives or interprets a given piece of data. Correct inferences are dependent on the skill and knowledge of the nurse. Inferences must be validated (patient very afraid)
ASSUMPTION:	Act of taking for granted, or supposing without proof that a thing is true; supposition.
PERCEPTION:	What you see, think you see; hear, think you hear; believe; understand; think you understand; in any given situation. It is based on your sensory receptors, your past experiences, and the limitations of your own imagination.
VALUE:	A preference based on a conception of what is desirable; represents inner convictions of what is right and wrong, good or bad.

TESTING

1. Testing is primarily done via computer.. To remain consistent with 2004 NCLEX test plan, other types of tests such as matching, short answer, essay and identification of information on diagrams will be included. If the test is done via paper/pencil format, the student is responsible for bringing the ScanTron form and a number 2 pencil. Forms for keying exams are available in the Division Office.
2. Item analysis sheets are available in the Division Office.
3. ScanTron machines are available for faculty use in the adjunct faculty office, in the Health Science Wing. Directions for use of the machines are available with the machines.
4. Generally, the student should be able to answer one question per minute in a multiple choice test, as a guideline which match objectives in the syllabus.
- 5.. A formal test review or individual discussion of the test may be scheduled by the instructor and is encouraged.

SYLLABUS
Is Available on
WEBCT/Blackboard

BOOKSTORE

1. The Fremont Campus Bookstore is open Monday through Thursday 8:00 a.m. to 7:30 p.m.; Friday 8:00 a.m. to 3:00 p.m.
3. Faculty may use a staff card for 10% discount on purchases other than textbooks.
4. **As of Fall 2005 all syllabus will be located on the web pages. Therefore, if not requested, no syllabi will be placed on the shelves for purchase in the bookstore.**
5. Other nursing books are available and on the shelves in a different area of the store.
6. Beginning Fall 2005, students will purchase all Elsevier publications from an exclusive Elsevier/Ohlone College website. Books will be directly mailed to the student's address.
7. The Fremont campus will open a temporary bookstore on the Newark campus the beginning of each semester. Nursing products will be available for students during this time.

DUPLICATING CENTER

FREMONT CAMPUS

(EXT.: 6211)

1. Service includes duplicating, collating, stapling, three-hole punch, bindery, etc. Orders for duplicating materials are submitted to the mail Distribution Center (Bldg. 1). A completed **Duplicating Order Form must accompany all orders.** Forms are available in the Mail Distribution Center.
2. Reproduction of copyrighted material is prohibited without prior written permission from author and/or publisher.
3. Reproduction of materials intended for a use unrelated to Ohlone College's programs or activities is strictly prohibited. Materials to be duplicated, which relate to Ohlone College joint ventures with other Districts as agencies must have prior approval from a Division Dean.
4. There are three types of services to accommodate any type of copying needs:
 - a. ***3-day Turn-Around service*** is for general types of jobs.
 - b. ***Express service*** is for those requesters that have under 100 total impressions (one request per customer, per day). If the request is submitted before 9:00 a.m., then the job will be completed and ready for pick up in the Mail Distribution Center by 3:00 p.m. If the request is in after 9:00 a.m. but before 3:00 p.m., then the job will be completed and ready for pick up by 9:00 a.m. the next day. Bindery is limited to 3-hole punching, collating and stapling.
 - c. ***Quick copy service*** is limited to fewer than 50 total impressions. Copier is located across the hall from the Mail Distribution Center and can only be accessed with a code. Copying is limited to white 8 1/2 x 11 duplicating.
 - d. Newark campus is striving to become a “less paper” campus. A copy machine is located in the adjunct faculty office, located in the Health Science wing.
5. All orders will be delivered to the Mail Center, either Fremont or Newark.

LECTURES

DISCUSSIONS

SKILLS

MEDIA CENTER

FREMONT CAMPUS

1. The Media Center is open Monday through Friday from 8:00 a.m. to 12:00 noon, and 1:00 p.m. to 4:00 p.m. A significant number of classrooms have been designated as smart rooms. These rooms have TV/VCR, overhead projector and LCD projector for power point presentations. **Please note, the smart classroom LCD and power point projector will only utilize CD ROM, ZIP disk or Flash Memory Drive (thumbnail).** If other media are needed for alternative classroom use, such as slides, video players, films, a request may be submitted online to the Media center in Building One. Usually, the equipment is available, but faculty should make requests in advance of the required day.

NEWARK CAMPUS

2. All rooms at the Newark Campus are smart rooms. Rooms include: LCD projector, internet connections. Two Elmos (same as overhead projectors) have been distributed for use in 2000hh

NURSING SKILLS LABORATORY

1. Should you need additional time in the lab, schedule this time directly with the Skills Lab Coordinator.
2. Should you not need the time scheduled for your class, please notify the Skills Lab Coordinator so that time may be released for “Open Lab.” Lab time can not be used for lecture. If the format of your class becomes predominately lecture, please schedule space outside of the lab.
3. The Skills Lab Coordinator will post “Open Lab” times.
4. Nursing students must make time to view media prior to attending the scheduled skills lab.
5. Scheduled labs are used for guided learning and check off of skills.
6. Students who are absent during a scheduled lab must arrange with the Nursing Skills Lab Coordinator to make up that lab.
7. Students who demonstrate deficiencies in the clinical setting may be sent back to the skills lab by the instructor for review and rechecks by the Nursing Skills Lab Coordinator of those skills.
8. It would be appropriate for the instructor to regularly check with the Nursing Skills Lab Coordinator in regards to upcoming labs, so that roles and equipment can be clarified.
9. Review the media available for your skills labs for currency and relevancy. Order new materials following the guidelines in section for media materials.

THE OHLONE COLLEGE NURSING SKILLS LABORATORY

- I. Descriptive summary of the Nursing Skills Laboratory purpose, use, and scope, is located in the Ohlone College Nursing Student Handbook.
- II. Job description of the Nursing Skills Laboratory Coordinator is located in the Nursing Department Office, and in the Nursing Skills Laboratory.
 - A. Nursing Skills Laboratory Coordinator role includes:
 1. Assisting students in locating media and equipment for self-paced learning of specific nursing skills.
 2. Assisting Nursing Faculty in preparation of equipment and media for laboratory presentation of specific skills.
 3. Evaluation of skills performance of students who are required to successfully demonstrate a specific skill or skills in order to complete the theory or clinical objectives of a nursing course in which the student is currently enrolled.
 4. Evaluation of skills performance of students who have completed the self-paced review of nursing skills that are required of candidates seeking advanced placement in the Nursing Program, or who are returning to the Nursing Program after taking a "Stop-Out" from the usual student progression.
 - B. Nursing Skills Laboratory Coordinator role does **NOT** include the responsibility for teaching nursing skills, i.e., the preparation or presentation of a nursing skill to a student or students who seek a specific skills check-out before the skills has been taught in the Nursing Theory Progression of the Nursing Program.

NURSING SKILLS PROGRESSION

***Skills listed with an (*) notation will be presented by the instructor as part of Theory Course, ask Skill Demonstration or in the clinical practice and do not require Skills Laboratory Check List protocol.**

Physical and gestational age

Please use the skills progression found in the student handbook. I could not copy and paste from the PDF file.

CLINICAL

GUIDELINES FOR HOSPITAL CLINICALS

1. At least one week prior to beginning your clinical rotation, the instructor should go to the unit to meet with the nurse manager and staff to discuss expectations and policies. Fill out a Pre-Affiliation Meeting Report. **PLEASE CHECK WITH YOUR SPECIFIC CLINICAL SITES, FOR INSTANCE, Kaiser requests information up to 3 WEEKS BEFORE THE BEGINNING OF EACH ROTATION.**
2. A letter (see example) must be written to the Clinical Facility Coordinator and Nurse Manager confirming the clinical times, names of students, and assurance of health, CPR, T.B., Rubella, Rubeola, Hepatitis B immunity, Standard Precautions, HIPAA, completion of criminal background check AND URINE DRUG SCREENING and data on students and instructor.*
3. The instructor is responsible for providing the unit with:
 - a. a rotation schedule with student names and dates. (Examples and forms follow.)
 - b. a brief explanation of objectives for students.
4. The instructor makes assignments of students to clinical groups. Post these groups as soon as possible for student information before the course begins.
5. Student clinical groups are generally mixed at least every semester, if not from one course to the next, so that the students experience a variety of peers and instructors as well as clinical settings.
6. During student orientation to a nursing unit, information should include the physical layout, roles of various staff members, charting procedures, specific nursing care measures and fire and code responsibilities.
7. Generally, instructors make assignments of patients the day before, or well before the shift begins, so that students are able to collect data about their patients prior to care.
8. Feedback from the charge nurse or primary nurse in regards to appropriateness of assignments is encouraged.
9. An assignment sheet (see example) should be posted in a prominent, agreed-upon place, so that students and staff are aware of these assignments.
10. The instructor must arrange for classroom space scheduling of orientation and pre or post conferences.

11. In case of illness of students, alternative assignments can be made, as these courses are based on positive attendance.
12. After correcting assignments, such as nursing care plans, it is suggested that they be returned to the student no later than the first day of the next clinical experience each week so that the student receives timely feedback.
13. Keeping track of student assignments and progress may be done by using anecdotal notes, which should be available to the student. A formal evaluation will be done midway through the course and a final evaluation at the end.
14. Student injury in the hospital is discussed in the Nursing Student Handbook. See memos in this section from Business Manager and Division Dean outlining the procedure to follow. Obtain copies from Division Secretary to carry with you to clinicals.
15. Complete the Post Affiliation Meeting Report with a faculty representative (i.e., Nurse Manager) and return the form to the Director of Nursing.

*

S A M P L E

August 1, 2007

Katie Choy, MSN, RN
Director of Staff and Patient Education
Washington Hospital]
2000 Mowry Avenue
Fremont, CA, 94538

Dear Ms. Choy:

The Ohlone College first year nursing students are completing the first three weeks of school and have been practicing basic skills in preparation for beginning clinical next week. We are all anxious to begin! The students are eagerly anticipating their hospital experience.

Starting **(insert date)**, I will be bringing 11 students to clinical with a focus on communication and basic nursing skills for a three-week period. The same 11 students will continue with **(insert name of next instructor)** on **(insert date)** for an eight-week focus on nursing assessment skills. See attached schedule for student names and hours of clinical.

All of the students and the instructors have submitted proof of Rubella, Rubeola, Hepatitis B immunization and TB. All are currently C.P.R. certified. We have received instruction in the use of Standard Precautions and HIPAA requirements.

We look forward to an excellent experience at Washington. Thank you for your cooperation and support!

Sincerely,

Name, credentials

CLINICAL AGENCIES AND CONTACT NUMBERS

<p><u>VALLEY CARE MEDICAL CENTER</u> 5555 West Las Positas Pleasanton, CA 94588 (510) 847-3000—Pleasanton facility</p> <p>Carol Shurko, RNC Education Liaison, Medical-Surgical Nursing cshurko@valleycare.com</p> <p>Sherry Madsen, Medical Surgical Coordinator</p> <p>Lisa Church, room coordinator 925-416-6710</p>	<p><u>VETERANS ADMINISTRATION MEDICAL CENTER</u> NURSING HOME CARE UNIT Menlo Park Division Menlo Park, CA (650) 493-5000</p> <p>Georgette Ferrington, Nurse Educator (650) 493-5000</p> <p>Pat McCarthy, ACOS Nursing Educator</p>
<p><u>VETERANS ADMINISTRATION MEDICAL CENTER, PALO ALTO</u></p> <p>Psychiatric and Outpatient Services Menlo Park Division 3801 Miranda Ave. Palo Alto, CA 94304</p> <p>Alice Naqvi MSN, RN, Chief Nurse Pat McCarthy MSN, RN Acting Assoc, Chief of Nursing Service for Education Ext. 5029 Joanna Cronin, Nsg. Ed. Ext. 2226</p>	<p><u>WASHINGTON HOSPITAL</u> 2000 Mowry Avenue Fremont, CA 94538 (510) 797-1111</p> <p>Katie Choy, Director, Staff and Pt. Education</p> <p>Conference Rooms Frances Elola Frances_Elola@whhs.com FAX: 510-797-4030</p> <p>Continued on next page</p>

CLINICAL AGENCIES AND CONTACT PERSONS

<p><u>WASHINGTON HOSPITAL</u> Nurse Managers and Charge Nurses</p> <p>6W Lauren Lucas, ext 3260 Carolyn Braden, Charge</p> <p>5W Gail Berdan, ext. 6448 Charge, varies</p> <p>4W Charge, Debbie Brooks</p> <p>3W Harold Smith, ext. 7079 Charge, Tess Garcia</p> <p>OB Lucille Swancer, 6264 Charge,</p> <p>ICU Ann Chan, ext 7065 Charge, Mary Jo</p> <p>ER Carol Hayden, ext. 7067 Charge,</p> <p>OR Carol Warden, ext 7033</p>	<p><u>ST. ROSE HOSPITAL</u> 27200 Calaroga Avenue Hayward, CA 94545-4383 Sandra Kistler, Dir, Nursing Education</p> <p>510-264-4197 FAX: 510-780-4301 Rachel Johnson, Secretary 510-264-4197</p>
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KAISER PERMANENTE MEDICAL CENTER

27400 Hesperian Boulevard
Hayward, CA 94545
(510) 784-4000

Unsure as of 7/08
Educator, Medical-Surgical Nursing
30144 Eigenbrodt Way
Union City, CA 94587
510-675-5523 or 510-751-6296 (pager)

Kathy Miller
Clinical Educator
510-675-5529

Bonny Wilkerson (Reserve Room)
510-784-4269
?email: Bonny.wilkerson@ncal.kaiperm.org

Case Management
Sylvia.Barroso@kp.org
Rochelle. McCullough@kp.org

4th Floor NM: Chris Hurdt
510-784-4000, ext. 6677

3rd Floor NM: xxxxxx
510-784-4000, extxxxxx

Pediatric NM: Becky Mitchell
510-784-2813
Rebecca.L. Mitchell@kp.org

Pediatric Clinic Manager: Pat Johnson
510-784-4334

KAISER OAKLAND MEDICAL CENTER

280 W. Mac Arthur Blvd
Oakland, CA 94611
510-

Clinical Education Department
Sue Moffit
510-752-6163

Educational Liaison/Conference Rooms
Barbara Egelhof
510-752-2345
Barbara.Egelhof@kp.org

Pediatric Educational Liaison
Kelly Hering-Rank
510-752-7424
Kelly.Hering-Rank@kp.org

Pediatric NM: Carolyn Mays
510-752-7485
Carolyn.Mays@kp.org

KAISER FREMONT MEDICAL CENTER

39400 Paseo Padre
Fremont, CA 94538
510-795-3545

unknown, Nurse Educator
510-248-3646
510-745-4483 (pager)

Security Badges
Rick Leon
510-599-6859

Conference Room
Aime.Flores@kp.org

PYXIS

Computer ID
Takes 1 month to set up computer access

Assistant Nurse Manager, 1N/2S
Gilda Manalo
510-248-7621

Assistant Nurse Manager, 2N/ICU
Estanste Yambot
510-248-7608

COURSE COMPLETION

OHLONE COLLEGE
NURSING DEPARTMENT
EVALUATION FORM

DIRECTIONS:

THEORY

1. Theory instructor is to direct students to Likert-ranking evaluation form in syllabus before final day of class. Each student is to complete theory evaluation form and return it to theory instructor on final day of class. The evaluation comments are to pertain to theory portion of class only.
2. After completion of final exam, the theory instructor will conduct a wrap-up session with students (30-40 minutes). As a group the class provides the theory instructor with verbal feedback on the theory portion of the course.
3. These evaluation forms are collected by the instructor.

CLINICAL

1. The clinical evaluation form is used to evaluate clinical component of the course.
2. On the last day of clinical, students as a group provide the clinical instructor with verbal feedback on the clinical portion of the course.

ADDITIONAL INFORMATION

1. Evaluation form is to be done at the instructor's discretion. It is required to be done AT LEAST ONCE per academic year for tenured faculty.
2. At any time, if the student wishes to do an evaluation on theory and/or clinical portion of the course, the bulleted form is also available in each course syllabus.
3. The student is encouraged to be as specific and complete when providing narrative feedback. It is suggested that the student use the bulleted form for ideas.

**STUDENT
PROGRESSION
AND
ATTENDANCE**

ACADEMIC POLICIES FOR THE NURSING PROGRAM

EVALUATION

The nursing faculty believes that the evaluation of student progress is a continuous process within which both teacher and learner assume responsibility for assessment of learning needs. The following components of the evaluation process are included as a general procedure in all nursing courses.

1. Attain a minimum cumulative average of 74% on required theory exams.
2. Receive a satisfactory clinical grade.
3. Receive a satisfactory rating in all skills lab requirements.
4. Receive a satisfactory grade on all written assignments; i.e., process recordings, nursing care plans, and math exams.

If the student successfully completes all of the above criteria, he/she will receive a letter grade according to the theory average attained. If the student does not meet any one of the remaining criteria, numbered 2, 3 and 4 above, a grade of D will be assigned irrespective of the average attained on theory requirements.

GRADING

Nursing students must achieve a "C" or better in Biology 103A, B, and Biology 106 and all nursing courses. The following courses are identified as nursing courses and must be taken for a letter grade:

N301, 302, 303, 304, 305, 306, 307, 108, 109

The grading scale (adopted by the Nursing Faculty in Fall 1984) used for nursing courses is as follows:

A 90-100
B 82-89
C 74-81
D 66-73

Progression in the nursing program is contingent upon taking nursing courses in a specifically designed sequence and achieving a grade of "C" or better in each course.

CONDITIONS FOR PROGRESSION IN THE NURSING PROGRAM

Students should progress on course through the assigned course track within four semesters. Should a student earn a not-passing grade or elect to "stop-out," tracking may become slightly more complicated. Under these circumstances, a student may take up to six consecutive semesters from the original program entry date to complete all the required nursing courses.

Exiting the Program: Student Responsibility

Should a student earn a not-passing grade or elect to "stop-out" they need to notify the Director of Nursing, (510-742-3100), within two (2) days after receiving the grade so that the student can begin to schedule the retaking of required course **as space becomes available**. Additionally, it is the student's responsibility to send a letter of resignation to the Director of Nursing within 10 days of the departure date. Upon receipt of the letter of resignation, the Director will send a letter to the student reconfirming why the student left and restating faculty recommendations regarding re-admission in the program.

Reasons for Exiting the Program

Not Passing Grades: D, F, W, and I

Each nursing and science course must be passed with a grade of "C" or above. A failed or not passed (D, F, NC, I or WF) course may be repeated one time only on a space available basis. According to college policy, courses assigned a grade of "I:" must be completed within one year or the grade ("I") will revert to a grade of "F."

Stop-Out Policy

Stop-Out is defined as a temporary leave of absence from the nursing program, available only to students in good standing (passing nursing theory and clinical). **Re-entry into the nursing program is dependent on space availability. Students must complete the program within 3 years from the original program entry date.**

Those students are eligible to request a stop-out for the following reasons: birth of a child, student's own serious health condition, the care of a spouse, child or parent with a serious health condition. (FMLA, 1995).

Students requesting a stop out for reasons other than those circumstances under FMLA will be reviewed by the Admissions and Promotions Committee.

If the student wishes to return to the program following a stop out, the following procedures must be followed:

- a. Write a letter of intent to return
- b. Student will be admitted on a space available basis
- c. Completion of student action plan
- d. Review by the Admissions and Promotions Committee

Deferral of Admission to the Nursing Program

A student who has been accepted to the nursing program but requests deferral of admission until the following semester will only be allowed to do so if the following conditions are met:

Verifiable circumstances based on the FMLA, 1995:

- a. birth of a child
- b. student's own serious health condition
- c. the care of a spouse, domestic partner or significant other, child or blood parent with a serious health condition

The student will be allowed only one (1) deferral of (1) semester. If the student is unable to begin the program after one deferral, the student will be required to reapply to the nursing program.

Drop (Withdraw)

Students in good standing (earning a "C" or above in course) may drop a nursing course without penalty. If the student is not in good standing, a grade of "F" will be awarded and, for purposes of progression in the program, will be treated as an earned "F."

Readmission Policy

Repetition of a course is dependent upon faculty recommendation and space availability. If a student is out of the program for three courses or one semester, the skills lab and math exam must be successfully completed before re-entering the program. The faculty retains the right to require remediation for theory, clinical and/or skills to address individual student needs and to ensure patient safety. It is the responsibility of the student to notify the Director of Nursing at least six weeks before re-entry of the student's desire to re-enter the nursing program. The Director of Nursing will inform the student the earliest possible time to confirm re-entry date. All nursing course must be completed within three years of the original program entry date. It is the responsibility of the student to track all required nursing courses and to record grades.

Ineligible for Re-Admission

Failure of Generic Course:

All nursing courses are sequential. Each course must be passed before progressing to the next course. Once a student has failed a course they may not continue in the series. If the same course is failed twice, the student will not be eligible to re-enter the nursing program. Additionally, if a student does not pass two separate nursing courses anytime while in the program he or she will not be eligible to re-enter the nursing program.

1. Students who leave in Less than Good Standing

Less than good standing is defined as a theory test average less than 74% (D) or unsatisfactory clinical rating and performance at course completion.

A student who leaves the program in less than good standing will be re-admitted to the program one time only based on space availability. The student who is readmitted to the program will be placed in the course he/she was taking when he/she left the program. The student must complete the program within 3 years from the original program entry date.

2. Criteria for Determining Readmission to the Nursing Program

A. Failure in N 301

Student must reapply to the nursing program and receive notification of admission from the Nursing Program Director. The student can not fail any course following readmission. If the student fails any course following readmission, the failure will be considered as a second failure and the student will not be allowed to continue.

B. Failure in N 302-307

If there are more students applying for readmission and there is not enough space for all the applicants, students will be readmitted based on the following priority selection criteria:

First Priority: Student who has been granted a stop out

Second Priority: Student who failed theory

Third Priority: Student with unsatisfactory clinical performance

Fourth Priority: Student who failed theory and received an unsatisfactory clinical performance.

3. Procedure for Readmission to the Nursing Program

1. Student must submit a letter of intent to return to the Director of Nursing at least 6 weeks prior to the beginning of the course to which the student wishes to return.
2. Admissions and Promotions Committee will review student's application and determine student's eligibility for readmission.
3. Student must show verification of completion of all action plans agreed to prior to leaving the program. This must be submitted with the letter of intent to return to the nursing program.
4. The A and P committee reserves the right to require the student to demonstrate skill competency prior to returning.
5. Student will be notified of the committee's decision as soon as eligibility is determined and space availability to confirm.

Failure of Mobility Course

This course must be passed before progressing to the next course. All nursing courses are sequential. Once a student has failed a course they may not continue in the series. Students failing two separate courses are no longer eligible to continue. If the same course is failed twice, the student will not be eligible to re-enter the nursing program. Additionally, if a student does not pass two separate nursing courses anytime while in the program he or she will not be eligible to re-enter the nursing program.

STUDENT ATTENDANCE AND PROGRESSION

1. See Nursing Student Handbook regarding policies for student attendance. Since the 7 short courses are based on positive attendance, each faculty may choose to make alternative assignments for students who must miss class, skills laboratory or clinical.
2. Student evaluation forms are found in each syllabus. Changes in the forms can be made only with total faculty agreement.

3. Copies of student conference and evaluation forms are to be placed in the student file in a timely manner.
4. Summary notes should reflect meaningful information regarding the student's strengths and weaknesses.
5. Conferences should take place at mid rotation and at the end of the course. The student must fill out the evaluation form at these times and also complete Clinical Summary improvement. Original to go to Student File.
6. Students may require special tutoring. The faculty may seek and identify another nursing student who is willing to assist, and this person may be paid for his/her tutoring by filling out the forms in this section.
7. If a student is having difficulty in clinical, a counseling sheet should be initiated by the instructor, using anecdotal notes to assist the student in meeting objectives.
8. At the beginning of the course, the instructor of record will receive review WEBADVISOR. The instructor should note whether each student in the class has registered, and assist the admissions office in keeping accurate records, reporting withdrawals.
9. Grade will be submitted via WEBADVISOR. Each instructor is responsible for tracking the number of hours each student is absent from class or clinical.
10. Instructors are responsible for checking at the start of a clinical course to see that each student has current information to enter a clinical facility. Students submit data to the Health Center. Their personnel documents evidence of C.P.R. certification, measles, Rubella and Hepatitis B immunizations, tuberculosis testing and proof of information received about Standard Precautions.
11. Students who are pregnant must submit a report of medical examination prior to starting a clinical experience. The form can be obtained from the Health Science Office.

Ohlone College Complaint Procedure

A student may file a complaint when he or she believes that a faculty or College staff member has violated College rules, policies or procedures, or other local, State or Federal laws. There are two types of complaints: academic and general student complaint.

Academic Complaint

An academic complaint may be filed with a Division Dean when a student feels that a faculty member has violated State law, Federal law, or College policies and procedures relative to grading or other academic matters.

All grades awarded by the instructor of record shall be final. The State Education Code (55760) permits a complaint to be filed with respect to grading only in situations where a grade was assigned due to a “mistake, fraud, bad faith, or incompetence.”

General Student Complaint

A general student complaint may be filed by a student who feels an action of a College staff member, office, or group violates existing College rules, policy, or procedures; or other local, State and Federal laws. A complaint of discrimination or sexual harassment is not included in this category.

The Complaint Procedures are formalized procedures to ensure timely resolution at the lowest possible level. The first step is the informal resolution stage which involves the student who has a complaint and the staff member or specific group who is the other party in the complaint. The student must notify the staff person or representative of a group that s/he wishes to make an appointment for an informal meeting to review an action within ten (10) days of its occurrence. In the absence of the instructor or staff person and after a good faith effort to make contact, the student may directly contact the Division Dean. Additional information is available from the Vice President, Student Services (510 659-6262).

Title IX Complaint Procedure

7.1 GENERAL PROVISIONS

7.1.1 Coverage

- A. These procedures apply to all complaints which may arise in matters involving rights provided for under the Fremont-Newark Community College District Title IX Policy. The policy commits the Fremont-Newark Community College District to providing equal education and employment opportunity as required by Title IX of the Education Amendments of 1972.

- B. Matters relating to grades, matriculation, and academic discipline not involving Title IX shall be subject to separate proceedings.

7.1.2 Eligibility

Any eligible person believing they have been the recipient of a Title IX injustice through the action of an employee, supervisor, teacher, or other person acting on behalf of the Fremont-Newark Community College District may bring an informal or formal complaint under these procedures.

7.1.3 Interpretation of Coverage

- A. Where a dispute exists as to whether a particular matter is subject to coverage by these procedures, the Fremont-Newark Community College District reserves the right to make the final judgment through the offices of the President/Superintendent.

- B. The President/Superintendent will deny application of the procedures: Where the matter in question clearly involves issues of broad policy in which the complaining party has no direct interest; where the President/Superintendent has good reason to believe that a complaint has been brought in bad faith for political or similarly inappropriate reasons; or in other circumstances in which use of these procedures would clearly endanger their effectiveness as an instrument for the redress of complaints.

7.1.4 Burden of Proof

The burden of proof regarding the validity of the Title IX violation shall be on the Petitioner.

7.1.5 Retaliatory Action

Any retaliatory action of any kind taken by an employee or student of the Fremont-Newark Community College District against any other employee or student of the Fremont-Newark Community College District as a result of the person's seeking redress under these procedures, cooperating in an investigation, or other participation in any proceeding under these procedures is prohibited and shall be regarded as a separate and distinct complaint under these procedures.

7.2 DEFINITIONS

- A. Title IX Coordinator: The person designated to assure that all programs and activities of the Fremont-Newark Community College District are free of any policy, procedure, practice, regulations, or similar guideline which may result in sex discrimination in violation of Title IX. Current designee is the Vice President, Student Services.

- B. Title IX, Education Amendments of 1972: A Federal law which states: “No person in the United States shall, on the basis of sex, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any education program or activity receiving Federal assistance.”
- C. Complaint: A synonym for disagreement or dispute.
- D. District: Fremont-Newark Community College District.
- E. Employee: A person who receives payment for services rendered, and who is listed on a Fremont-Newark Community College District payroll. (This does not include consultants.)
- F. Student: A person currently enrolled in any course at the Fremont-Newark Community College District.
- G. Academically Deficient Student: A student whose grade point average for all work accomplished in the Fremont-Newark Community College District is less than 2.0.
- H. Petitioner: The person who alleges that he/she has been discriminated against in violation of Title IX.
- I. Respondent: The party or parties charged by a petitioner with having discriminated in violation of his/her Title IX rights.

7.3 INFORMAL PROCEDURE

- A. The petitioner should first discuss his/her complaint with his/her immediate supervisor or counselor.
- B. If the Petitioner’s complaint remains unresolved, he/she may discuss it with his/her supervisor’s supervisor.
- C. If the circumstances of the complaint prevent using Steps A or B, or if the supervisor does not resolve the complaint within five (5) working days, the employee or student may discuss the complaint with the Title IX Coordinator.
- D. If an examination of the complaint finds that institutional policies, rule, or regulations have been violated, the Title IX Coordinator will bring the matter to the attention of the President/Superintendent, who shall take the appropriate administrative steps to enforce the policies, rules, or regulations to resolve the complaint.

- E. If the Title IX Coordinator determines that the complaint involves a question of judgment or opinion not covered by College policies, rules, or regulations, the Title IX Coordinator may counsel with the President/Superintendent and such other persons as may be appropriate to resolve the complaint.

7.4 FORMAL PROCEDURE

(Amended 1-27-93)

7.4.1 Title IX Complaint in Writing

- A. The formal procedure may be used in the following situations:
 - 1. If the Petitioner's complaint alleging Title IX discrimination has not been resolved by the informal procedure, or if the petitioner does not want to use the informal procedure.
 - 2. If the respondent to the allegations wishes to appeal the resolution of the allegation which has reached under the informal procedure.
- B. In either situation, the petitioner or respondent may submit a request in writing to the Title IX Coordinator to have the complaint or resolution considered under a formal procedure. The request shall state the alleged injustice or resolution and the circumstances.

7.4.2 Procedure

The Title IX Coordinator will schedule a formal hearing within ten (10) working days, or as soon thereafter as possible. When the formal hearing has been scheduled, the Title IX Coordinator will notify the respondent or petitioner of the date of the hearing and will furnish them with a copy of the written request.

7.4.3 Hearing of the Title IX Complaint

- A. The Title IX Coordinator shall hold a hearing to hear the complaint and receive information from such witnesses as may be appropriate to evaluate the complaint. Proceedings shall be conducted in closed hearings unless the respondent has requested public hearings.
- B. During the presentation of the information, testimony from witnesses, and arguments before the Title IX Coordinator, the petitioner and one accompanying person, and the respondent and one accompanying person shall have the right to be present. Unless the hearing has been designated as public, the proceedings shall be closed to all other persons.
- C. Any District office holding any information relevant to the complaint shall make such information available to the Title IX Coordinator for

purposes of the hearing, so long as the release of such information is not in violation of legislation regarding privacy of records or the rights of others.

- D. Unless the proceedings have been designated as public, all information gained as a result of participation in the proceedings by the Title IX Coordinator, parties to the hearing, accompanying persons, or witnesses, shall be held in strictest confidence.
- E. All notes, statements, records, documents, or exhibits received during the hearings shall be secured in the office of the President/Superintendent. They shall be retained for a period of three (3) years following the last official action in regard to the complaint, after which all such material shall be destroyed.
- F. Following the conclusion of the formal hearing, the Title IX Coordinator shall report his/her findings together with the rationale for the recommended disposition of the complaint in the form of a written statement to the President/Superintendent of the District.
- G. The Title IX Coordinator shall make every reasonable effort to reach a finding and present his/her recommendations to the President/Superintendent no later than fifteen (15) working days following the commencement of the formal hearing.

7.4.4 Appeal of Recommendations of the Title IX Coordinator

The petitioner or the respondent may appeal the recommendations of the Title IX Coordinator to the President/Superintendent. Such appeal shall be in writing and must be made within three (3) working days of the receipt of the recommendations.

7.4.5 Decision by the President/Superintendent

The decision of the President/Superintendent shall be final, unless the petitioner or respondent shall make written appeal for review to the Board of Trustees within fifteen (15) working days of receipt of notification of the President/Superintendent's final decision.

7.6 APPEAL TO THE BOARD OF TRUSTEES

Appeal of Decision of the President/Superintendent:

- A. Upon receipt of a written appeal of the final decision of the President/Superintendent, the Board of Trustees shall decide to hold a hearing to hear the appeal or the deny the appeal.

- B. Should the Board of Trustees decide to hold a hearing, such hearing shall be ordered within thirty (30) days after receipt of the appeal.

7.6 PROCEDURE FOR HEARING

- A. All written documents concerning the complaint, hearings, and appeals shall be available to the Governing Board.
- B. Petitioners and respondents shall have the right to appear in person on their own behalf, with counsel, or such representation as they consider necessary, and be heard.
- C. All appeal hearings shall be held in Closed Session of the Board of Trustees unless the appealing petitioner or respondent requests an open hearing in their written appeal.
- D. The findings and decision of the Board of Trustees on said appeal shall be final and conclusive on all parties.
- E. If the appeal of the petitioner is sustained, the Board of Trustees shall direct the President/Superintendent to take the appropriate administrative steps to resolve the complaint.

Title IX Complaint Procedure excerpt from Fremont-Newark Community College District Policy Manual

Complaint Procedure - Nursing Department

The Complaint Committee shall provide an orderly procedure for the student who believes there was prejudice, arbitrary or capricious action in the evaluation of his/her academic and/or clinical performance.

Procedure

The procedure is to be initiated only after the student has sought to resolve the problem in a joint meeting with the involved instructor(s) and with the Division Dean.

Student

The student who wishes a hearing before the Complaint Committee should present to the Division Dean of the nursing program a written statement of the grounds for the complaint within four (4) instructional days following the incident. The written statement should provide the following data:

1. Clarification of the charges: an account of the facts pertinent to the complaint. The student should be as specific as possible in respect to the evidence he/she introduces. He/she should be cautioned to present the facts only and not make the letter a vehicle for unsubstantiated charges. This document is intended as a source of information for the committee members.
2. Evidence that the student has sought to resolve the problem in consultation with the instructor(s) and has attempted to resolve it in a meeting with the Division Dean of the program and the instructor(s) involved.
3. Optional: The student who wishes a hearing before the Complaint Committee may consult with an Ohlone college academic counselor.

Division Dean—Responsibilities

1. Accept the written complaint from the student.
2. Within two instructional days of receiving the student's written complaint, notify the Executive Board of the NSOC of the need for appointing two faculty and two student members to serve as the Complaint Committee. The Division Dean shall notify the selected faculty members and students.
3. Set up the time and place for a committee meeting and notify persons involved.

4. Notify the instructor(s) and request evaluation materials used in determination of action.
5. Arrange for copies of materials submitted by involved parties to be available for each committee member.
6. Arrange for the tape recording of the committee meeting.
7. When committee meets:
 - a. Orient members of the committee to purpose and guidelines.
 - b. Distribute copies of materials to members. Allow opportunity for members to review materials.
 - c. Lead discussion of committee members.
 - d. Conduct balloting of the decision.
 - e. In case of a tie vote, the Division Dean, Health Sciences, will consider available materials, review the vote, if necessary consult with the Vice President of Instruction and take action to break the tie.
8. Submit the tape recording of the committee meeting and the materials submitted by both parties to the Division Secretary, Health Sciences, as a permanent record.

Committee Guidelines

1. The Committee will talk with both parties in the case separately.
2. The Committee may request clarification in writing or by interview from either party.
3. The Committee's final vote will be by written ballot.
4. The Committee's decision shall be reached within five (5) instructional days after the Division Dean receives the written complaint. A written summary of the decision shall be given to both parties and submitted to the Division Dean, Health Sciences.

**Ohlone College
Nursing Program
Procedures for the Student Impaired by
Alcohol, Drug Abuse, and Emotional Illness**

Impairment or impaired practice occurs when alcohol, drugs, and/or psychiatric illness interferes with the student nurse's judgment, cognitive, interpersonal and psychomotor skills so that the student is unable to function safely in a professional role.

In the matter of nursing students impaired by alcoholism, drug abuse, or emotional illness, the Ohlone College nursing faculty agrees with the California Board of Registered Nursing which recognizes:

1. these are diseases and should be treated as such;
2. personal and health problems involving these diseases can affect one's academic and clinical performance and that the impaired nursing student is a danger to self and/or a grave danger to the patients in his/her care;
3. nursing students who develop these diseases can be helped to recover;
4. it is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness;
5. confidential handling of the diagnosis and treatment of these diseases is essential.

STUDENTS IMPAIRED BY ALCOHOL AND/OR DRUG ABUSE

PROGRAM EDUCATION

The Ohlone College Nursing Program has integrated content on substance abuse throughout the curriculum, with the primary content taught in N 105 Mental Health and Gerontologic Care.

SELF IDENTIFICATION

If a nursing student is aware of being impaired by alcohol and/or drugs, the student is urged to seek immediate help, realizing that such problems, if left unattended, could prevent the student from satisfactorily completing course objectives and obtaining licensure to practice nursing in the State of California.

Counselors can provide information and resources regarding alcohol and drug abuse. They maintain strict confidentiality and are not members of the nursing faculty, nor do they communicate students' personal issues. Students may contact their assigned counselor or any other counselor with whom they feel comfortable. Mr. Tom McMahon, Ms. Judy Kruppenbacher, and Ms. Nancy Vargus are counselors with special expertise in the area of substance abuse. Appointments can be made by calling 659-6110 or by visiting the Counseling Center. The Ohlone College Student Health Center can make referrals to other counseling resources including personal, professional counselors and 12-Step Programs, such as Alcoholics Anonymous and/or Narcotics Anonymous meetings.

Revised May,17, 1998

FACULTY ASSESSMENT, INTERVENTION AND SUPPORT

Behaviors that may indicate a student is impaired by alcohol and/or drug abuse include, but are not limited to:

- Physical symptoms: smell of alcohol on the breath, altered gait, slurred speech, evidence of track marks, dilated or constricted pupils, unexplained red eyes and runny nose, unkempt or deteriorated appearance
- Impaired judgment
- Mental or emotional symptoms: labile attitude, mood swings, emotional outbursts, change in alertness (e.g. unable to concentrate, sleeping, disorientation) exhibiting signs of increasing restlessness, anger, sadness, depression, or being easily irritated and overly sensitive to criticism
- Disruptive, inappropriate, or inconsistent behavioral pattern: dropping or failing grades, assignments completed with performance varying from adequate to outstanding, unexplained deterioration in clinical performance, increasing pattern of tardiness, taking long lunch breaks or frequent bathroom breaks, absenteeism (especially on Mondays, Fridays, and/or on a high performance requirement day), poor interpersonal skill such as antisocial or isolating behavior, becoming argumentative or secretive

A reasonable suspicion may arise from the following circumstances: report of suspected abuse from peers or staff; accident or injury on the job; altercation with other students, instructors, clinical agency personnel, or clients; obvious impairment of physical or mental abilities such as slurred speech, difficulty in maintaining balance, or unexplained significant deterioration in clinical performance; student's behavior posing a danger to the safety and well-being of self or others in the classroom or clinical setting; the student's admission regarding alcohol or drug abuse; or any other reasonable evidence giving rise to suspicion of use of alcohol, illegal drugs, or inappropriate use of legal drugs.

When the instructor has a reasonable suspicion that alcohol, illegal drugs or their metabolites, or an inappropriate amount of legal drugs is present in a student's body, the student will be required to leave the classroom or clinical unit **immediately** and to submit to a urine or blood alcohol/drug test **immediately** at a designated site. No testing of the student will be conducted without the student's consent. However, a student's consent to alcohol/drug testing is required as a condition of continued enrollment and refusal of the student to submit to such a test shall be sufficient reason for dismissal. Any student failing such a test will be subject to immediate suspension from the program. If on campus, security will be contacted.

The instructor will **document impaired behaviors in relation to the student's ability to meet course or clinical objectives** on the Nursing Department Student Counseling form. If alcohol/drug testing is required, a detailed description of the incident and a copy of the test results will be included. The Division Dean will be notified immediately. A copy of the written counseling form will be submitted to the Division Dean and placed in the student's file. The Division Dean and instructor will meet with the student within two working days following the

incident. Students who drug test positive will be immediately suspended from the Nursing Program. It is the student's responsibility to seek rehabilitation from a licensed chemical dependency counselor.

The Division Dean will write a letter detailing problem behaviors and program requirements. A contract will specify criteria for readmission to the Nursing Program. A copy of this letter and contract will be sent to the student and instructor, and be placed in the student's file. The student has the option to respond in writing.

SUSPENSION

The student will receive a disciplinary suspension from the Nursing Program for a minimum of one year. The suspension will be in accordance with the Ohlone College Standards of student Conduct and Discipline and Due Process Procedures. Documentation that the student has remained drug and/or alcohol free for a minimum of one year and is safe to return to the Nursing Program must be provided by a licensed chemical dependency counselor. Upon receiving sufficient evidence of rehabilitation, the student will be viewed as in good standing able to reapply to the Nursing Program.

READMISSION

Readmission requirements are:

- Submit an application for readmission to the Nursing Program Admissions and Promotions Committee. A letter should be attached addressing how the student met the contract criteria with substantiated documentation.
- Ask a licensed chemical dependency health counselor to submit a letter to the Division Dean indicating that the student has been drug and/or alcohol free for a period of one year, has actively participated in rehabilitation, and is safe to return to the Nursing Program. This letter must be sent directly from the counselor to the Division Dean.
- Reentry is based upon a space available basis.
- Upon reentry, the student is **required** to provide a monthly report regarding continuing rehabilitation from a licensed chemical dependency counselor to the Division Dean. The report must be sent directly from the counselor to the Division Dean.
- A second documented incident of unsafe impaired behavior will result in expulsion from the Nursing Program with no possibility of reentry.

STUDENTS IMPAIRED BY EMOTIONAL ILLNESS

SELF IDENTIFICATION

If a nursing student is aware of being impaired by emotional illness, the student is urged to seek immediate help, realizing that such problems, if left unattended, could prevent the student from satisfactorily completing course objectives and obtaining licensure to practice nursing in the

State of California. The Ohlone College Student Health Center can make referrals to personal, professional counselors.

FACULTY ASSESSMENT, INTERVENTION AND SUPPORT

Behaviors that may indicate a student is impaired by emotional illness include but are not limited to:

- Physical symptoms: unkempt or deteriorated appearance
- Impaired judgment
- Mental or emotional symptoms: labile attitude, mood swings, emotional outbursts, change in alertness (e.g., unable to concentrate, sleeping, disorientation), exhibiting signs of increasing restlessness, anger, sadness, depression, or being easily irritated and overly sensitive to criticism
- Disruptive, inappropriate, or inconsistent behavioral pattern: dropping or failing grades, assignments completed with performance varying from adequate to outstanding, unexplained deterioration in clinical performance, poor interpersonal skills such as antisocial or isolating behavior, becoming argumentative or secretive.

A reasonable suspicion may arise from the following circumstances: report of suspected illness from peers or staff; altercation with other students, instructors, clinical agency personnel, or clients; obvious impairment of mental abilities such as significant deterioration in clinical performance; student's behavior posing a danger to the safety and well-being of self or others in the classroom or clinical setting; the student's admissions regarding emotional illness; or other reasonable evidence giving rise to suspicion of emotional illness.

Any student demonstrating impaired behavior in the classroom or clinical setting will be asked to leave immediately. The instructor will **document impaired behaviors in relation to the student's ability to meet course or clinical objectives** on the Nursing Department Student Counseling form. A copy of the written counseling form will be submitted to the Division Dean and placed in the student's file. The Division Dean and instructor will meet with the student within two working days following the incident. It is the student's responsibility to seek rehabilitation from a licensed psychiatric professional.

The Division Dean will write a letter detailing problem behaviors and program requirements. A contract will specify criteria for readmission to the Nursing Program. A copy of this letter and contract will be sent to the student and instructor, and be placed in the student's file. The student has the option to respond in writing.

SUSPENSION

The student will receive a suspension from the Nursing Program for a minimum of one semester. The suspension will be in accordance with the Ohlone College Standards of Student Conduct and Discipline and Due Process Procedures. Documentation that the student is safe to return to the Nursing Program must be provided by a licensed psychiatric professional. Upon receiving

sufficient evidence of rehabilitation, the student will be viewed as in good standing and able to reapply to the Nursing Program.

READMISSION

Readmission requirements are:

- Submit an application for readmission to the Nursing Program Admissions and Promotions Committee. A letter should be attached addressing how the student met the contract criteria with substantiated documentation.
- Ask a licensed psychiatric professional to submit a letter to the Division Dean indicating that the student has actively participated in rehabilitation and is safe to return to the Nursing Program. This letter must be sent directly from the counselor to the Division Dean.
- Reentry is based upon a space available basis.
- Upon reentry, the student is **required** to provide a monthly report verifying continuing rehabilitation from a licensed psychiatric professional to the Division Dean. The report must be sent directly from the counselor to the Division Dean.
- A second documented incident of unsafe impaired behavior will result in expulsion from the Nursing Program with no possibility of reentry.

"Confidential handling of the diagnosis and treatment of these diseases is essential." (Guidelines for Schools of Nursing in Dealing with The Matter of Nursing Students impaired by Alcoholism, Drug Abuse and Emotional Illness). Information regarding the impaired student's performance will be shared with other instructors on a **need to know** basis.

Questions regarding this policy may be directed to the Division Dean in the Health Science Office. (659-6030)

Adopted by the Nursing Faculty at Ohlone College, 1980.
Revised 1993, 1996.

Approved by the Board of Trustees January 13, 1994

**COMMUNICATING
WITH
STUDENTS**

COMMUNICATING WITH STUDENTS

1. Office hours should be communicated with students via verbal or written formal..
3. Current lists of student names, phone numbers and addresses are available to the faculty. When students inform the faculty of any changes, please notify the nursing division office to keep records updated.
4. It is up to each individual faculty member to decide whether students may have the instructor's personal phone number and address. They can be directed to leave messages on your voice mail or by email..

**NURSING FACULTY
MENTOR**

AND

**ADJUNCT
NURSING FACULTY**

GUIDELINES

OHLONE COLLEGE

The Nursing Faculty Mentor

Mentoring by a full-time nursing faculty member is provided on a regular basis to all full-time, adjunct faculty. Assistant instructors and clinical teaching assistants will receive additional guidance as required and determined by the faculty mentor. The role of the faculty mentor is not limited to just “orienting” the new member, a process with which nurses are familiar. The term *mentor* implies much more than orienting. Bernadette Van Deusen describes the mentoring process as “an essential experience for easier career development and success and an enriching experience for personal development.”*

The role of the mentor then, is to orient, affirm, acknowledge, facilitate, inspire, listen, guide, model, nurture, socialize, understand, promote, respect and even more. The mentor has special, intuitive information to share, is there in times of stress, is a sounding board for the new member, is real and is loyal. This valuable mentoring process is on-going and involves a commitment of time, energy and of caring.

Other resources augment the mentoring process of new nursing faculty members. New full-time faculty members are a part of the campus-wide orientation activities. Their office will be located near non-nursing faculty. Attending Faculty Senate meetings and United Faculty Organization also helps to acquaint them with Ohlone College. Nursing faculty who are mentors to adjunct faculty will need to tour them around campus and plan for introductions to help expedite the socialization process. A planned orientation session just for new nursing faculty takes place each semester as the need arises and is conducted by the clinical coordinator and appropriate nursing faculty. The Ohlone College Nursing Program Faculty Handbook provides an extensive reference guide for policy statements and operational procedures relevant to teaching in the nursing program. The major topic areas covered in the handbook that the mentor and new member will be considering are Ohlone Campus procedures and services, nursing theory courses, nursing skills lab guidelines and services, guidelines for teaching students in the clinical area and nursing faculty responsibilities and guidelines.

* Van Deusen, B. and Ramirez, M., Components of Mentoring—Mentor Preparation Module, July 1991, Ohlone College Nursing Program.

As outlined briefly here, and described in the job description on the following page, mentoring a new nursing faculty member is multifaceted. Mentoring involves a process over time, a commitment as well as a responsibility and mentoring takes the cooperation of all nursing faculty, not just the designated mentor.

JOB DESCRIPTION—NURSING FACULTY MENTOR

The Faculty Mentor will:

1. Plan to meet the new faculty members and introduce them to campus-wide student resources, faculty resources, services and personnel.
2. Review the course objectives, course syllabus, attendance policy, grade sheets, counseling forms, tutorial services available and course evaluation procedures.
3. Discuss guidelines for clinical courses, such as issues of attendance, health requirements, student incident reports, workman's compensation forms, clinical evaluation requirements, and care plan requirements.
4. Guide planning orientation to the clinical facility, providing names of contact persons.
5. Provide guidelines for use of the Nursing Skills Lab, AV and CAI resources.
6. Discuss resources for understanding nursing faculty responsibilities and guidelines, committees, program evaluation and instructor evaluation, all found in the Nursing Program Faculty Handbook.
7. Refer to the Nursing Student's Handbook for admission and promotion information, student grievance protocol, etc.
8. Provide guidance related to the Roy Adaptation Nursing Model, themes, threads, reviewing nursing care plans, feedback on clinical evaluations and input on pre and post clinical conferences.
9. Establish on-going communication, develop a calendar of meetings as well as weekly phone contact before and/or after clinical assignments as deemed necessary..
10. Arrange for clinical observation of clinical teaching instructors, review and provide input on student clinical evaluations and consult by phone as needed for purposes of maintaining consistency in clinical assignments.

Other new instructors have requested information regarding the following topics:

1. Guidelines on how to correct NCPs.
2. How to track students throughout the course
3. Kinds of questions to ask students?
4. Faculty contact sheet
6. Provide course syllabi at in advance and schedule time for adjunct faculty to ask questions.
7. Offer to let adjunct instructors come to skills lab and scheduled class sessions.
8. Offer to arrange a time for adjunct faculty to meet students before first clinical day.

SUPPORT SERVICES

Faculty Meetings

Faculty meetings are scheduled in advance. You may, however, be requested to attend select meetings if there is special information that effects you or the agenda is directly related to the courses you are teaching.

Mail

Mailboxes for all instructors are located on the second floor of the Newark Campus.

Tutorial Center (Nursing Skills Lab, Math Lab, Reading Lab, Writing Lab)

Tutoring services area available upon student and/or faculty request.

Duplicating

Refer to description in Faculty Handbook.

Parking

Refer to description under Campus Security.

Class Related Procedures

Course Syllabus – Located on WEBCT/Blackboard

Textbooks – Instructor copies can be requested from the vendors..

Office Hours

Arrangement for office hours for counseling and/or evaluation should be made and posted on your door.

Nursing Care Plans

NCPs are usually collected immediately after the second clinical day.

Health Requirements

Students are required at the beginning of each clinical course to present evidence of current AHA CPR certification, serial PPDs or chest X-ray, Rubeola, Hepatitis B (Hepatitis titer) and Rubella immunity. If the Health information is not current, the student should be asked to leave the hospital and should not be readmitted until the data is updated and cleared by the faculty member.

Clinical Attendance Requirements

See Student Handbook for guidelines on attendance.

Incidents Requiring Medical Treatment

Your packet will contain a copy of the Certificate of Insurance contract and the necessary form from Alameda County Schools Insurance Group. Students injured during clinical assignment are to be treated in the hospital's emergency room. See the memorandum outlining guidelines form completion.

Student Evaluation/Grading

Weekly feedback is given to students regarding clinical performance. Students are expected to participate in their own evaluations and complete an action plan.

A formal written evaluation is done at the end of each clinical course. Arrangements should be made for discussion with students at the clinical facility or on campus.

Completed evaluations are to be routed to student files located in Building 25.

Evaluation of Instructor

The Division Dean, Director of Nursing or a full-time faculty member may visit your clinical "class". An evaluation conference with the Division Dean may be scheduled to review the clinical visit or student evaluations. You are encouraged to request a conference, if you desire.

Optional Activity

Students often desire to make arrangements to "celebrate" the end of clinical with a social activity, i.e., potluck, luncheon out, etc. You may follow whatever procedure is comfortable for you.

Materials provided from Health Science Department secretary:

1. Incidents requiring medical treatment:
 - a. Certificate of Insurance Contract.
 - b. Form for Alarmed County Schools Insurance Group.
2. Miscellaneous office supplies
3. Mileage Reimbursement Forms are found online.
 - a. please provide a mapquest or google map with mileage.
4. Absence sheets
 - a. sick time, personal leave, jury duty, bereavement leave

NURSING DEPARTMENT

STANDING COMMITTEES

NURSING DEPARTMENT STANDING COMMITTEES

Curriculum Committee

Members: Division Dean, Assistant Director of Nursing all nursing faculty, and student representatives from first year, second year and mobility program.

Purposes: To make recommendations regarding policies and procedures that relate to the curriculum (i.e., course content, sequencing, time allocations, teaching/learning tools and instructional activities).

To insure systematic evaluation and revision of the curriculum (i.e., schedule periodic evaluation of philosophy, objectives and clinical facilities).

Meets: At least once each month of the academic year, or more frequently as needed.

Nursing Admissions and Promotions Committee

Members: Two nursing faculty members.

Purposes: To review applications for advance standing and readmission and make recommendations.

To make recommendations regarding admission, progression, promotion, and readmission policies.

Meets: Approximately six (6) to twelve (12) times each year.

Scholarship Committee

Members: Division Dean, three nursing faculty members and representatives from Financial Aids as needed.

Purposes To assist us in selecting qualified nursing applicants for select scholarships.

To provide students with current information on scholarships and book grants.

Meets. Approximately six times per year.

Faculty Committee

Members: Division Dean, all full-time and part-time faculty.

Purpose: To assure effective management of the nursing program.

Forum to discuss and make decisions about relevant topics; student progression, curriculum, general business, etc.

Meets: Approximately one meeting per month.

Nursing Student Club Advisors

Members: Two nursing faculty plus Lisa Waits, ASOC Advisor (One faculty to act as chair with two co-chairs, one for generic students and one for alumni).

Purposes: To provide guidance to NSOC and act as a resource to opportunities available in college and professional community.

To encourage support of alumni participation in planning and attending activities.

Meets: Coincide with NSOC meetings.

Educational Resources

Members: Two faculty members and Skills Lab Supervisor.

Purposes: To assure review of library holdings for currency and relevancy, placing of new texts on shelves in timely fashion, ordering texts, journals, and coordinating materials on reserve and media with Nursing Resources Center.

Health Science Advisory Board

Members: Division Dean, Assistant Director of Nursing, and representatives from area hospitals.

Purpose: Provide program planning input to assure that the needs of the community are being met and program outcomes are consistent with entry level RN practice.

Meets: Twice each year.

Verle Waters Endowment Executive Board

Members: One faculty member, Division Dean, and community members.

Purpose: Serve as faculty representative to Executive Board. This board will administer funds for endowment and plan future fund raising activities.

Meets: Approximately two (2) to four (4) times each year.

Ad Hoc Event Planning Committee

Members Faculty member (chair), faculty member, Executive Board, students

Purpose: To plan and implement fund raising events for endowment.

Standing Committees

1. At the beginning of the school year, each committee will develop goals to be accomplished.
2. At the end of the year, an evaluation is written to determine the outcomes of goals.

Faculty and Curriculum Meetings

1. Are usually scheduled at the beginning of the semester with faculty consensus. They may be every other week for three hours.
2. Special workshops for curriculum are scheduled for longer periods usually between semesters.
3. Minutes for the faculty meetings and workshops are done by faculty on a rotating basis.
4. Agenda for meetings is distributed via email before meetings. Any additional ideas for the agenda should be communicated to chairperson.
5. Duties of participants:

Members: Agenda items to leader ten working days before meeting.

Leader: Sets agenda, distributes agenda to all full-time and adjunct faculty and chairs meeting

MISCELLANEOUS

Outstanding Student/Alumni

1. Each year, the nursing faculty chooses a student who was outstanding in his/her class to be presented at an awards ceremony. Also, an alumnus may be chosen from a graduate from the nursing program to be presented at graduation.

Mileage and Conferences

1. Forms must be filled out and returned to the nursing division office.
2. Sometimes the faculty must use her own VISA or MasterCard to reserve spaces in conferences, but reimbursement will be mailed at a later date.

Telephone Use: See instructions in pamphlet included in this section.

Nursing Diagnosis: NANDA approved list

Faculty Illness

Report personal illness or need for leave to the Division Dean. She, in turn, will notify Personnel if absence is for more than three consecutive days with a serious illness, injury, surgery or communicable disease affecting your ability to perform your job. A physician's statement may be needed to return to work.

**STAFF
DEVELOPMENT
FLEX
AND
OTHER
ACTIVITIES**

Staff Development forms are located on line, go to www.ohlone.edu, then click on a to z index, then select P for professional development.

Mileage reimbursement forms are located on line, go to [www. Ohlone.edu](http://www.ohlone.edu), then click on a to z index, then select HR for human resources.

Flex activity forms are located on line, go to [www. Ohlone.edu](http://www.ohlone.edu), then click on a to z, then select P for professional development.

**ACADEMIC
POLICIES
FOR
NURSING
PROGRAM**

OHLONE COLLEGE POLICY ON ACADEMIC INTEGRITY

What is Academic Dishonesty?

Academic dishonesty occurs when a student attempts to show possession of a level of knowledge or skill which he or she does not possess. The two most common kinds of academic dishonesty are “Cheating” and “Plagiarism.” Cheating is the act of obtaining or attempting to obtain credit for academic work through the use of dishonest, deceptive or fraudulent means. Plagiarism is representing the work of someone else as your own and submitting it to fulfill academic requirements.

It is your responsibility to know what constitutes academic dishonesty. If you are unclear about a specific situation, speak to your instructor. The following list exemplifies some of the activities defined as academic dishonesty.

Cheating

1. Copying, in part or in whole, from someone else’s test.
2. Submitting work presented previously in another course, if contrary to the rules of either course.
3. Altering or interfering with grading.
4. Using or consulting, during an examination, any sources of materials not authorized by the instructor.
5. Committing other acts which defraud or misrepresent.

Plagiarism

1. Incorporating the ideas, words, sentences, paragraphs, or part of another person’s writings, without giving appropriate credit, and representing the product as your own work.
2. Representing another’s artistic/scholarly works (such as musical compositions, computer programs, photographs, paintings, drawings, or sculptures) as your own.
3. Submitting a paper purchased from a research or term paper service.

Other Specific Examples of Academic Dishonesty

1. Purposely allowing another student to copy from your paper during a test.
2. Giving your homework, term paper or other academic work to another student to plagiarize.
3. Having another person submit any work in your name.
4. Lying to an instructor or university official to improve your grade.
5. Altering a graded work after it has been returned, then submitting the work for regrading.
6. Removing tests from the classroom without the approval of the instructor.
7. Stealing tests.
8. Having a typist correct work for spelling or grammar, if contrary to the rules of the course.
9. Forging signatures on drop/add slips or other college documents.

Consequences of Academic Dishonesty

Academic and/or administrative sanctions may be applied in cases of academic dishonesty. Depending on the seriousness of the infraction, you may:

1. Receive a failing grade on the test, paper, or exam;
2. Have your course grade lowered, or possibly fail the course;
3. Under the standards of student conduct a student may receive:
 - a. Warning
 - b. Reprimand
 - c. Probation
 - d. Suspension
 - e. Expulsion

The Vice President of Student Services maintains a record of students who have engaged in academic dishonesty. This information is used to identify and discipline students who have been reported for academic dishonesty more than once.

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Academic Integrity

The nursing faculty believes that personal integrity is a fundamental characteristic required for nursing practice. Therefore any student behavior that violates the code of academic integrity is subject to penalty. The penalty may include a lowered grade, probation or suspension from the program. Examples of academic misconduct include but are not limited to the following:

- *Submitting another individual's work as one's own (paper, process recording, homework, nursing care plan).*
- *Cheating during an examination.*
- *Copying information word for word from a source and then claiming it as one's own.*
- *Permitting another student to copy one's work during an examination.*
- *Removing an examination from the classroom without the instructor's permission.*

An admission of guilt by the student will be dealt with by the classroom instructor.* The penalty may range from a verbal warning, to assignment of an F for the exam or assignment, to disciplinary probation** for the student. The penalty of disciplinary probation is administered at the Division Dean level. Regardless of the penalty incurred, a report of the misconduct shall be filed with the Division Dean. If the student is put on disciplinary probation by the Division Dean, this must be communicated to the Vice President, Student Services.

Conversely, a non-admission of guilt by the student (student maintains she/he is innocent of alleged misconduct) requires a formal proceeding. The matter shall be referred to the Division Dean for investigation. At this level, the student has the opportunity to refute the charges. If the matter is not resolved, the student has a right to a hearing. See College Due Process Procedures, which may be obtained through the Admissions and Records Office or the Office of the Vice President, Student Services.

* However, the student has the option of having the matter handled directly by the Division Dean.

** **DISCIPLINARY PROBATION:** Exclusion from participation in privileges or extracurricular college activities set forth in the written notice of disciplinary probation for a specified period of time.

Attendance, Conduct

Regular classroom attendance in theory and skills laboratory classes is expected and essential for successful academic work and practice. Faculty may elect to establish attendance policies including assignment of a failing grade for excessive absence. All exams including the final will be scheduled during the course's beginning and ending dates noted in the schedule. Students are responsible for all make-up work due to absences and must make arrangements with the instructor. All course work (make-up exams, skill checkoffs and all course assignments) must be completed no later than two days following the course's official ending date. A missed exam must be reported to the instructor prior to the scheduled time of the exam and must be made up the first day back to school whether it be a clinical or theory day. Exact arrangements are to be made with individual clinical instructors. If the above procedure is not followed, a grade of zero will be recorded for the exam in question; no make-up will be given.

Full attendance in the clinical area is expected in order for objectives to be met and to provide adequate opportunities for evaluation. In the unavoidable event that the student must miss clinical time, the student must obtain permission for this absence by contacting the assigned clinical instructor. Students who are members of Armed Forces Reserve Units are required to schedule military duty outside of regularly scheduled clinical hours. Further, it is the responsibility of the student to plan for compensatory activities with the instructor before returning to the clinical area. Absences may result in a clinical grade of unsatisfactory for the course. Absences in any clinical rotation of more than 2 days will prompt the instructor to review clinical progress with the student. Repeated absences across courses will be reviewed by the total faculty and specific attendance expectations will be set.

If at any time in the judgment of the nursing instructor, a student's conduct displays a potential harm to the well being of patients, the student will be directed to leave the clinical area.

A current CPR certificate (American Heart Association expires in two years), current immunization status, and record of health exam must be on file in the Health Sciences Office for any student to participate in any clinical assignment.

Health, Illness, Injury

A physical examination is required upon admission to the nursing program and upon re-entry after an absence of over a year. Forms and copies of the original health exam may be obtained in from Student Health Service. . Evidence of a negative PPD every year or chest film every 3 years is required at the beginning of each year. Many health care facilities are requiring serial TB tests. Also Tetanus shots required every 10 years. Documented evidence of Rubella, Rubeola and Hepatitis B, a Hepatitis titer, and Varicella immunity is a one-time requirement due upon admission to the program. All data regarding health status, immunizations, Universal Precautions testing, and CPR certification must be kept current and on file in the Health Sciences division office and by the student. Each clinical instructor will verify currency of student records prior to allowing participation in clinical assignments. Hospital facilities require this information in order to guarantee the health and safety of those who care for patients and the patients themselves.

Pregnancy may pose special problems for women students. While the student's continuation in the program during pregnancy is not discouraged, it is necessary that the faculty be informed of the pregnancy as soon as possible. When a student becomes pregnant, she must notify their nursing faculty member and the Director or Nursing in writing and sign a release form absolving the college from liability due to illness or injury which may occur during the clinical experience and present a signed statement from the attending M.D. verifying that the student may safely participate in the program. The form "Report of Medical Examination During Pregnancy" is located in the Health Science Office.

Illness may interfere with the achievement of educational objectives and/or patient welfare. Instructors may require that the student provide information from a physician of his/her ability to return to the clinical area relative to the attainment of educational objectives.

Costs associated with emergency treatment of injuries to students that occur in the clinical facility are covered by the College through Worker's Compensation. Where applicable, the involved instructor will initiate steps to insure prompt reimbursement to the student. Any injury sustained in an on-campus laboratory/class is not covered by Worker's Compensation. Students injured on campus must assume financial responsibility for medical care.