Nursing Program Student Handbook

2021-2022

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INTRODUCTION

This document contains general information about the college and nursing program, outlines expected behaviors and defines the guidelines by which student success is measured. It describes expected student and Faculty responsibilities and is binding for the current academic year. It is reviewed and revised annually. This handbook provides additional information specific to the nursing program and supplements the college student handbook found on the college website at: www.socc.edu . Please familiarize yourself with the handbook and sign the Student Handbook Agreement & Signature form.

COLLEGE VISION and MISSION STATEMENT

VISION STATEMENT: Southwestern leads and inspires lifelong learning.

MISSION STATEMENT: Southwestern Oregon Community College supports student achievement by providing access to lifelong learning and community engagement in a sustainable manner.   (Adopted November 19, 2012)

NURSING PROGRAM PHILOSOPHY

The Southwestern (SWOCC) nursing program provides nursing education to create competent nurses who provide high quality, evidence-based care that promotes the health of their patients in all health care settings. The Faculty at Southwestern Associate Degree Nursing (ADN) Program believe in and support the Southwestern mission and goals as written. The nursing program follows the Oregon Consortium for Nursing Education (OCNE) curriculum based on the concepts of life-long learning and competency-based nursing education. The nursing curriculum encourages diversity, collegiality, and professionalism. The nursing program is accredited by the Oregon State Board of Nursing (OSBN) and meets regional accreditation requirements through Northwest Association of Schools and Colleges.

The nursing program of instruction is centered on the OCNE curriculum competencies and benchmarks which define the intended outcomes of the nursing education program and serve as the basis for clinical practice. The curriculum is founded on the concept of a spiral pattern that encourages students to continually increase their competencies in understanding and providing competent nursing care. The program uses rubrics to assist students to meet competencies as they progress through the curriculum. Benchmarks are based on the competencies and are used to evaluate student progress throughout the 6 terms of the Nursing program. A variety of learning methods are used in the curriculum to assist students to meet their goal of becoming competent nurses. Students are expected to be intentional learners who use program textbooks, computer-based technology and professional journals to keep their nursing knowledge current throughout the program and their career as professional nurses. The nursing program competencies, rubrics and benchmarks are located in the Appendix of this handbook.

TEACHING/LEARNING
Nursing Faculty believe in their obligation to stimulate in students an increased awareness of self and others. Learning is a lifelong process which is influenced by the individual learner's characteristics and needs. These characteristics include differences in learning styles, varying levels of motivation, and influences from previous or current life experiences. Learning is evidenced by long-term change in cognitive, affective, and/or psychomotor functioning. Faculty accommodate various learning styles through use of diverse teaching methods, learning strategies and supportive technology.

Learning is acquired through the continual interaction, participation, collaboration, and feedback between students, patients, Faculty and the environment. We believe the Faculty are role models who exemplify the professional and personal characteristics required to function as excellent clinicians, teachers, facilitators and

advisors. It is the educator's role and responsibility to be a supportive, responsive, effective guide, motivator, and catalyst in the student's acquisition, assimilation, and accommodation of knowledge.

Faculty view learning as an active process in which students participate in activities to learning goals. The learning process consists of activities experienced by the learner, which fulfill needs and cause changes to occur in thinking, feeling, and acting. Students' progress in their learning from simple to complex concepts in acquiring theoretical content and applying concepts in clinical experience. This pattern of moving towards greater scope and depth, with constant review has been described as a spiral pattern. The application of this concept requires the student to build on previously learned knowledge from coursework already completed. Students are taught the scope of practice requirements of the OSBN for Practical and Registered Nurses. Students are given a foundation in critical thinking skills and are expected to apply these skills in the care of patients, family and community.

Both the student and healthcare professionals who have contact with the student contribute to student evaluations. Final evaluation of student learning and clinical performance is ultimately the responsibility of the Faculty. The systematic process of evaluation determines the extent to which learners have achieved educational outcomes. Evaluation is an ongoing process to determine the level of individual mastery of the OCNE competencies.   Students are evaluated through demonstration of clinical skills, achievement of objectives, demonstration of professional behaviors and mastery of clinical outcomes criteria.

Students are expected to come prepared having done assigned reading prior to class and then to become active participants in class by asking pertinent questions related to learning objectives. Because we all learn in different ways it is important that individual students take their own notes, and develop and use study habits conducive to success in the nursing program. **Use of any lecture material, may not be recorded or posted in any forum including social media, by any student, except with <u>WRITTEN</u> permission of the Faculty.**

CRITICAL THINKING
A competent nurse thinks critically. A competent nurse understands that every nursing judgment involves problem solving, and that each decision should be supported by effective logic, evidence, and critical thinking. The predominant critical thinking involved in effective nursing is the exercise of clinical analysis and judgment to relate relevant patient evidence to plans for intervention and health care. See the Clinical Judgment Model in the Appendix. Students are expected to be capable adult learners who identify their own learning needs and resources. Faculty are available to assist them in this process.

CLINICAL JUDGMENT
Clinical judgment is an essential skill for nursing practice. Clinical judgment means "an interpretation or conclusion about a patient's needs, concerns, or health problems and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient's response" (Tanner, 2006, pg. 204). In this nursing program, the student will develop clinical judgment through critical thinking processes.

Critical to the development of clinical judgment is the knowledge gained from pre-nursing courses including anatomy and physiology, microbiology, and the social and human sciences that are foundational for nursing practice. Clinical judgment also utilizes knowledge central to nursing practice such as pathophysiology, pharmacology, nursing skills and processes, and diagnostic aspects of a patient's clinical presentation and disease. Clinical judgment is based on an understanding of the illness experience for the patient and family, their physical, social and emotional strengths and coping resources.   Students develop clinical judgment through the program's coursework, nursing skill development and various clinical experiences focusing on the nursing needs of both healthy and ill patients in a variety of health care and community settings.

Tanner, C. A. (2006). Thinking like a nurse: A research-based model of clinical judgment in nursing. *Journal of Nursing Education*. 45(6), 204-211.

NURSING

Nursing is caring for the whole person. Nursing involves preventative, acute, rehabilitative, and/or chronic care of patients in a variety of settings. Nursing is a set of deliberative activities that involve caring, health promotion, illness prevention, psychomotor skills, creative and critical thinking. The major concern of nursing is to help the patient system attain, maintain, or retain system stability. This may be accomplished through accurate assessment of both the actual and potential effects of stressor invasion and assisting the patient system to make those adjustments necessary for optimal wellness. In supporting system stability, the nurse provides the linkage between the patient system, the environment, health and nursing. It is a unique profession in that it is concerned with all of the variables affecting an individual's response to stress. Caring is something that transforms all of us and all that we do, without caring, Nursing does not occur.

NURSING PROGRAM MISSION STATEMENT

The Southwestern Oregon Community College Nursing Program's Mission is to change lives and fill educational needs in our communities and in its members by producing successful graduates at the registered nurse entry level, who are competent health care professionals, effective communicators, leaders, teachers, and critical thinkers, skillful users of technology, collaborative team members and life-long learners.

To successfully accomplish this mission the nursing program will:
- Empower our learners by giving them the tools needed to change their lives.
- Meet learner goals and program outcomes through continual monitoring and assessment.
- Support the college's efforts toward expansion to meet community and student needs as deemed necessary.
- Maintain service as our key element by being honest and caring stewards, colleagues and managers in all enterprises.
- Interact with the community, build partnerships and maintain accountability.
- Respect the unique dignity and diversity of each individual.
- Nurture and encourage the ongoing development of our Faculty.
- Pursue the enterprise of learning with courage and generosity.
- Recognize that risks must be taken for progress to occur and visions to be realized.
- Appropriately utilize college funds to accomplish our goals.

The successful accomplishment of this mission will be demonstrated by the following program outcomes:
1. Completion/graduation rates:
   80% of students admitted to the program will graduate; successfully completing the ADN level in two years.
2. NCLEX results: More than 85% of graduates will pass the licensing exam, NCLEX-RN, on the first attempt.
3. Documented student progression according to the OCNE benchmarks for competencies in critical thinking, clinical judgment, nursing process, communication abilities, and therapeutic nursing interventions.

Nursing Administrative Structure

Joannie Miller FNP, MSN, RN Program Director	Jade Stalcup Administrative Assistant to the Director or Nursing

FT Nursing Faculty

Judith Dornbach DNP, MSN, RN Nurse Educator	Elizabeth Cooper MSN, RN Nurse Educator	Leigh Eswonia MSN, RN Nurse Educator	Zinzi Konig MPH, RN Nurse Educator	Heather Aldrich BSN, RN Nurse Educator Associate

PT Nursing Faculty

Quinlyn Deming BSN, RN Nurse Educator Associate	Elizabeth Howell BSN, RN Nurse Educator Associate	Laura Middleton BSN, RN Nurse Educator Associate	Carol Swift MSN, RN Nurse Educator
Cherlene Gisholt BSN, RN Nurse Educator Associate	Nicole Janke BSN, RN Nurse Educator Associate	Michelle Pringle BSN, RN Nurse Educator Associate	Andrea Van Pelt BSN, RN Nurse Educator Associate
Regina Holman BSN, RN Nurse Educator Associate	Amita Karan BSN, RN Nurse Educator Associate	Susan Sefers MSN, RN Nurse Educator	Kelly Willis MSN, RN Nurse Educator
Brittney Countryman BSN, RN Nurse Educator Associate	Laura Middleton BSN, RN Nurse Educator Associate	Bradley Filter BSN, RN Nurse Educator Associate	

GENERAL INFORMATION

Southwestern Oregon Community College does not discriminate on the basis of race, color, gender, sexual orientation, marital status, religion, national origin, age, disability status, gender identify, or protected veterans in employment, education, or activities as set forth in compliance with federal and state statutes and regulations.

Academic or Testing Modifications
Any student who feels that they may need an academic accommodation for any disability should make an appointment with Student Support Services in Stensland Hall or call 541-888-7405. For more information visit the web site at http://www.socc.edu. Once Support Services notifies the program director or Faculty of a requested accommodation, reasonable accommodations will be made. These accommodations will not substitute for the basic requirements for entrance or academic and technical standards (essential functions) required for successful completion of the nursing program.

Advising
Each student is assigned a nursing Faculty member as an advisor. The student and advisor will work out an advising schedule together. Issues related to personal, educational, classroom, clinical, learning lab should be brought to the attention of the advisor. It is the student's responsibility to ascertain their own status in the program. At the discretion of the student or advisor, the program director may be present during an advising session. Students may request references in an email from advisors and/or Faculty however, the Faculty/advisors are not required to give a reference.

Advisory Committee
The advisory committee for the nursing program includes representatives from local health care facilities and the community and an ADN nursing student representative. The primary responsibilities of members are to provide information about current nursing or health care trends and issues, serve as a liaison between the program and community, and suggest program improvements. Meetings are held two times a year. Nursing student representatives attending the advisory committee are selected by their classmates and must demonstrate leadership skills and a professional demeanor.

Attendance
Attendance IS NOT mandatory for Theory Classes. Attendance IS mandatory for clinical and learning laboratory sessions.
Attendance, punctuality and participation in class, clinical and campus learning lab are integral parts of the learning process. Courses require the completion of assigned readings, computer assignments, group assignments and written work. Students are responsible for completing the course requirements outlined in the Course Syllabus. Being late to class, clinical and/or lab is disruptive of the learning experience for other students and does not demonstrate professional behavior. Good working habits include arriving 10 to 15 minutes ahead of the scheduled start time of class, lab, and clinical, staying for the complete session, and returning from breaks promptly. Late admittance to clinical or the campus learning lab, or early leaving will not be allowed unless discussed ahead of time and approved by the Faculty.

Students are expected to meet the scheduled times for classes, exams, and clinical learning activities. Students are expected to adjust personal schedules, including work and childcare, in order to meet course requirements. Students are expected to have reliable transportation for attendance at clinical assignments. Students should be prepared to be scheduled for off-campus learning experiences on day, evening and night shifts.

We understand that in the case of illness it is best that the student remain home. Temporary health problems, including injuries, which produce absences, may interfere with a student's successful completion of course outcomes. If a student is making satisfactory progress towards meeting course outcomes, an absence(s) may not interfere with the successful completion of the course. Students who miss mandatory clinical experiences and lab activities will have to bear the consequences of missing out on opportunities to demonstrate their satisfactory performance for the outcomes of the course. One consequence may be failing the course.

Campus Learning Lab/Clinical Attendance
Faculty will monitor attendance in clinical and campus learning laboratory setting. Faculty reserves the right to consider individual student circumstances in attendance policy decisions. Clinical and lab learning experiences are essential for

student success. Students are required to attend all scheduled clinical learning and lab activities. This may include clinical shifts on day, evening, or night shifts. Students are expected to arrange for transportation to all assigned learning activities. If a remote clinical site fails to provide appropriate learning experiences due to for example a falling patient census, students may be reassigned to a new site during the course of the term. **Two (2) absences** from clinical or **two (2) absences** from campus learning laboratory setting **within the term** will result in probation. **Three (3) absences** from clinical or **three (3) absences** from campus learning laboratory setting **within the term** will result in dismissal.

Clinical:

Because opportunities to demonstrate a satisfactory level of competence of clinical outcomes are limited to the scheduled clinical days, students are expected to exert a maximum effort to avoid absences and tardiness and to demonstrate competence with every opportunity that presents in the clinical setting. **Nursing Faculty must be able to directly observe students in the clinical setting to determine consistent performance in meeting course outcomes**. Evaluation in clinical is based solely on the student's ability to meet the course outcomes within the scheduled clinical sessions. With every absence, the Faculty will document on the Clinical Assessment Tool (CAT). Absences may result in placement on probation and requires a meeting with the advisor. Faculty have no obligation to provide extra clinical days to accommodate students whose absences result in too few opportunities to demonstrate satisfactory performance of course outcomes. When a student becomes ill or knows they are going to be absent on a clinical day, at least one-half hour before the specified start time the student **must** contact the Clinical Faculty member via text and the Clinical Coordinator via email and be available to receive a return phone call, text, or email. **Students who are "no show/no call" before the start of clinical will receive an unsatisfactory for the clinical day.**

Campus Learning Lab:

Make-up time is very limited, and students demonstrating a trend of absences may not be able to continue in the nursing program due to their inability to meet the course outcomes. Because of the importance of the skills lab learning to application in patient care, students who miss any portion of a skills lab must satisfactorily demonstrate the necessary skills **within one week** or as determined by Lab Faculty. Students will not be allowed to continue in clinical until they have satisfactorily demonstrated the missed content.

Change of Name, Address and Phone Number

All students are required to report any change in name, address, or telephone number to the First Stop Office within a week of the change. Email is the most common form of communication between you, the Faculty and the Director. Each term you will be asked to update your contact information for the nursing program. The nursing program Faculty relies on email to communicate important events, deadlines and assignments. We will use the college email address that is assigned to every student (@email.socc.edu). Please note that the @email.socc.edu is for students only. Faculty email format is either firstinitiallastname@socc.edu (jdoe@socc.edu) or firstname.lastname@socc.edu (joe.doe@socc.edu). Please check the course syllabus for the Faculty's email address. The email server does not always support the forwarding option. **Students are responsible to know information posted via electronic mail and for verifying that they are receiving all email when the forwarding option is used.**

Class Representatives

During Fall term of the First year of the Nursing Program, the Assistant to the Director of Nursing will send out a survey to the First-year students to elect 1 Student Representative and 1 alternate. The survey is to be completed by the end of the 5th week of the term.
Student Representatives are expected to:

- Facilitate communication (Via email) between nursing students to identify specific student questions or concerns for consideration at the Faculty meetings.
- Student Representatives may bring forward questions and concerns regarding coursework, schedules, timelines and other nursing program related issues of a general nature (via email) to the Director of Nursing for consideration at the Faculty meetings.
- Attend the program Advisory Committee meetings.
- Student Rep and alternate will facilitate the Nurses Pinning ceremony under the direction of the Second year Coordinator at the end of the second year of the Program.

Dress Code/Personal Appearance for Clinical and Campus Learning Lab

Professionalism, infection control, and safety are the main considerations for policies regarding dress code/personal appearance. If the following are not adhered to, the student may be sent home, placed on probation, or dismissed from the nursing program.

1. For the campus learning lab and clinical settings, a professional-appearing clean, laundered, wrinkle-free uniform consisting of white top and navy blue pants, with a SWOCC patch (purchased from bookstore) attached to the left shoulder is required. The nursing program picture ID is to be worn on the left front of the uniform.

2. A white lab coat with the SWOCC patch on the left arm and the picture ID on the left front may be worn over professional work clothes in certain settings. The uniform as described in #1 is also acceptable.

3. Athletic or uniform shoes are required and must have closed heels and toes and must be white with minimal color. (Cloth, canvas shoes or any open-toed shoe do not provide adequate protection.)

4. Nursing Program picture ID must be worn whenever the student is in an assigned clinical area. (If a student loses their picture ID, they must replace it before clinical the following week.) Check with the Administrative Assistant to the Director of Nursing about replacing the ID. Students who report to clinical without their picture ID will be sent home, will not meet competencies and must complete a make-up day.

5. A watch and a stethoscope are considered to be part of the required uniform in most clinical settings. Be sure that you put your name on your stethoscope.

6. Personal hygiene must be maintained to promote asepsis and patient comfort. Students are advised to be free of odors in the learning lab and clinical setting. Perfumes, oils, aftershaves, strong smelling talcum, or scented hand lotion are not to be used when the student is in the Clinical facility. Students should not smoke while at clinical, or during campus learning lab attendance (unless clocked out, and in designated areas).

7. Fingernails must be short and clean to promote asepsis and prevent patient injury. Acrylic nails are not allowed as they have been found to harbor organisms that can be transferred to patients.

8. Hair/beards must be effectively restrained to prevent falling into or contaminating the work area so should be worn in such a way that it cannot fall into sterile fields, touch the patient's body or otherwise interfere with patient comfort. Men with long beards musts wear a beard bag.

9. **Students must comply with their clinical placement facility policies that address a professional personal appearance,** e.g. no visible tattoos, no gum chewing, hair back and confined, traditional hair color, pressed uniform, and clean shoes (this is not meant to be an exhaustive list). Jewelry must be worn in a way that does not interfere with patient and student safety. (For example, a ring with a large protruding stone or sharp edges could injure a patient or prevent adequate hand washing; loop or dangling earrings or a necklace could cause personal injury if grabbed by a confused or combative patient and are not to be worn in the clinical setting.) Nose rings or visible body piercing devices are not acceptable in the clinical setting and must be removed while in the clinical area.

10. **Students who do not comply with the uniform policy of the hospital or college will not be allowed in the clinical area and therefore will not be able to complete their clinical obligations to fulfill OSBN clinical requirements.**

Eligibility for NCLEX-RN and Licensure

Satisfactory completion of the nursing program will provide the student with a reasonable probability of success in passing the NCLEX-RN. Although the college is responsible for submitting transcripts and proof of nursing program completion, it is the student's responsibility to apply for graduation from SWOCC, NCLEX and for licensure from the OSBN or another state board of nursing.

All students who have satisfactorily completed all nursing program requirements (including safe clinical performance) will be cleared on the OSBN website by the Program Director.

Students need to be aware that the application for RN licensure will include a criminal background check and questions about arrests, convictions, or sentencing for any criminal offense in any state, a history of any disciplinary actions pending or taken against a nursing license in any state, or the presence of any physical, mental or emotional condition that might affect the person's ability to practice nursing. Please review

- Division 31: Standards for Licensure or Registered Nurses and Licensed Practical Nurses at the Oregon State Board of Nursing (www.oregon.gov/OSBN), 851-031-0007 State and Nationwide Criminal Records Checks, fitness Determinations and
- Division 45: Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse 851-045-0080 Criminal Conviction History

Employment While In the Nursing Program

Students **may not** work a shift immediately before a clinical rotation because of the potential impact on safe patient care. **At least an eight-hour rest in between shifts is required** (https://www.osha.gov).

Faculty/Program Director Office Hours

The Director and each full-time nursing Faculty are available at least five office hours per week either; face to face, email, text, zoom, or skype. The hours are posted on or next to the office door. Students may make appointments at times other than office hours if the need arises or may reach the director or Faculty by their Southwestern email address.

Faculty/Student Communication

Students can make an appointment with Faculty at any time to discuss individual concerns. Students or Faculty may request that the Director of Nursing or an uninvolved Faculty member be present for the discussion. Students will also have the opportunity to impact the program and affect the curriculum through formal and informal evaluation methods, such as:

- The Nursing Program Director will meet with students outside of class on an as needed, to listen to student questions/concerns. The purpose of the meeting is to discuss general concerns about the nursing program, schedules, etc. The Nursing Program Director will discuss the concerns with Faculty as necessary, in Faculty meetings and will bring the decisions back to the students. Students can also communicate with the Director and Faculty by email.
- **Student announcements:** Students may make announcements to classmates either through the use of the nursing online course e-mail (students in class/cohort) or student online communication course e-mail (all students) with copies to Faculty or at the beginning of class with permission from the classroom Faculty.
- **Nursing club**: Student fees are set aside for recognized clubs on campus. Students may choose to engage in activities with support from SWOCC student government. A club can be started by a request to student government. A formal request must be made of the student government board to acquire these funds. Those students holding an official position in the nursing club must be in good academic standing in the nursing program. The nursing club provides opportunities for community service, fundraising for the nursing program, college and leadership activities. Nursing Faculty advisors provide consultation to the club.
- **SWOCC Associated Student Government**: Students are encouraged to become involved in campus activities through the Associate Student Government and with other related campus and community activities. Active involvement in the student nurse organization is highly recommended to assist gaining knowledge about nursing as a profession in the U.S. and abroad.

GRADING:
Academic/Theory Grading Policies

1. As per SWOCC Standards the grading of tests and papers in the Nursing Program are as follows:

   Percent Grade
   90-100%   = A
   80-89%   = B
   75-79%   = C
   Below 75%   = F

2. Grades of "C" or above must be earned in nursing and non-nursing courses for program completion. A grade below "C"/75% in nursing theory **EXAMS (**in classes NRS 110, 111, 112, 230, 231, 232, 233, 221, 222, 224) and/or an "Unsatisfactory" in nursing clinical indicates the student has failed and cannot continue in the nursing program. **Grades will not be rounded.** If receiving an "F", students will be contacted by faculty and encouraged to complete test remediation with the instructor.

3. An "I" (incomplete) grade indicates that the student has demonstrated/completed at least 75%, but not all the requirements/outcomes of the course. If an "I" is assigned for a nursing course, the specified requirements given to the student in writing must be successfully completed as specified by the Faculty group. If a student receives an unsatisfactory clinical grade the theory grade becomes an "F".

4. **Number of Theory test failures –**
   a. **A student can have no more than three (3) failures in Theory exams in a single course (if a student fails 3 exams in a single course they cannot continue in the course and therefore cannot continue in the cohort).**
   b. **In the Seven (7) 1st year nursing courses (**NRS 110, 111, 112, 230, 231, 232, 233**) a student can have no more than 9 accumulative Theory exam failures or they may not progress to 2nd year and not eligible to return to the program.**
   c. **In the 9 Nursing courses (**classes NRS 110, 111, 112, 230, 231, 232, 233, 221, 222**) a student can have no more than 10 accumulative Theory exams failures (if a student fails 11 exams in the entire Nursing program they cannot continue in the Nursing program and not eligible to return to the program).**

5. **All assignments** and tests listed in the course syllabus must be completed and turned in **by the required date and time**. **Late assignments will not be accepted.** Failure to turn in an assignment by the required date and time will result in an "F" on that assignment. All assignments will be part of your classroom or clinical grade. Assignments are submitted to the Faculty per Faculty direction.   Assignments submitted to the learning management system (LMS) should be rechecked to insure they are submitted accurately. **Technology cannot be used as an excuse for lack of submission for any assignment.** Neglecting to hand in any assignment, including any assignments broken down into portions and turned in on different dates, will result in failure of the entire assignment. Assignments and tests may be weighted. Tests are given in an online format.

6. **Students are expected to** take examinations on the dates/times they are scheduled. If a student is ill or has an emergency and is unable to take a test at the scheduled time, they/he on or before the scheduled test day, must arrange a make-up exam with the Faculty. Faculty may choose to administer an exam different than the one originally constructed. Depending on the reason for taking the exam late, the faculty may apply a 5% deduction per day on the final score.

7. An optional examination review will be done following each exam. The purpose of the exam review is to provide students with an educational opportunity to study course content through exam reviews. Exams are not available for review in subsequent terms. There is no exam review for final exam as this is a comprehensive test for the course and would not serve a remediation function. Students receiving a failing grade (less than 75%) will receive a communication record and have an opportunity to review the exam with the exam proctor. Students absent from an exam may ask for an opportunity to review the exam with the exam proctor. No note taking or photos are

allowed during the review of an exam. All participants are expected to behave in a respectful manner throughout the process.

8. Medication Administration Test
First year students are evaluated on medication administration in winter and spring terms. During the first week of fall term, second year students will be tested on medication administration. The purpose of this repeat testing is to assure that students can accurately and safely administer medications. Each student will be given three attempts to pass this test. On the second and third attempts, the student needs to have reviewed the procedure and practiced in the lab. If the student does not pass the second attempt, then they are to receive coaching by peer tutors or Faculty. If the student fails the third time, they will be given an "F" for theory for the term and may not continue in the nursing program. A different scenario will be used for each test.

9. Medication Calculation Exams
To ensure that students can accurately and safely perform dosage calculations throughout the nursing program, students will be required to take a clinical competency math test at a time scheduled by the Faculty. Dosage calculation questions may be included on any examination following the first calculation test.
   - Numeric calculators will be provided for the medication calculation exam.
   - Medication calculation tests must be passed with a grade of 90% or higher.
   - Students will have 3 attempts to achieve a 90% passing score.
   - Repeat testing may **not** be done on the same day, but must be completed during the next scheduled Nursing calendar day and time.
   - **Students must pass the calculation test prior to attending clinical.**
   - Any student who does not pass after three attempts may not continue in the nursing program

Illness/Injury

If a student has a temperature greater than **100.4 F/ 38 C**, diarrhea, open lesions (e.g. "weeping" sores, or draining wounds), or a contagious disease, he or they must not attend class or go to the clinical area. If the student is unsure whether or not they should attend clinical (due to a cold sore or a cold, etc.) they should contact the Clinical Faculty. In the event a student becomes ill and must leave during a clinical shift, a make-up day may be required. Notify your Clinical Faculty before leaving the unit for any reason.

If more than two days are missed due to an illness, clearance from a health care provider is required. Following an illness, injury, or surgery that could impact the student's ability to safely perform clinical care, the nursing program health care clearance form (see Appendix) will be required from a physician/primary health care provider stating that it is safe for the student to perform classroom or clinical responsibilities. The student must provide the program director or Faculty with a copy of the release in the time frame specified by the Faculty.

Nursing students are required to report all injuries sustained in their assigned Clinical facility or campus lab to the Faculty immediately. The Faculty will assist the student in obtaining treatment, if required, and completing the forms in accordance with institutional policy and SWOCC policy. Student injuries in the clinical setting during assigned class hours are covered by Worker's Compensation. Campus learning lab injuries related to nursing program procedures are not covered. Students are referred to their own physician or the local hospital ER whichever is appropriate.

Online Learning Site

Faculty post course materials on the LMS an online learning site. Instructions for students can be found on the college website. Students can access the online course through the SWOCC homepage by clicking on the online course link.

The online site includes the course syllabus, SWOCC Nursing Program Handbook, weekly learning outcomes and learning activities (i.e. readings, in-class activities and handouts, among other items), papers and project criteria, learning rubrics and other materials as the year progresses.   Materials for each week will be posted (at the latest) the week prior to a new learning module. PowerPoint Handouts may be provided at the Faculty's discretion. Students are expected to adhere to the course online etiquette policy when communicating in the online course (See Appendix).

The online course site provides an easily accessible place for course preparation materials, learning activities, and information throughout the term. Faculty use the announcement feature and email communication on the online course site to send important messages about the course as needed. The student is responsible to check this site frequently as information may be updated or deadlines changed. Faculty may track online course participation.

Pinning/Recognition Ceremony

Students may have a ceremony, in addition to the college's formal graduation, to celebrate the completion of the nursing program. Traditionally, this ceremony has included the presentation of pins unique to SWOCC's Nursing Program. Students are expected to organize the ceremony **with guidance** from the Nursing Program Director and the 2nd year Coordinator. It is required that invites are sent to all Nursing Faculty, the VPI, the College President, and the DONs from our hospital affiliations. **Prior to any activity, the Director's approval is required.**

Pregnancy

A student who is pregnant must:
1. Within a reasonable timeframe (i.e. 3-4 weeks of notification/diagnosis of pregnancy), share with their physician/health care provider a copy of the nursing programs "Technical Standards (Essential Functions)" found on the nursing program's physical examination form and provide the nursing program director and advisor with a written statement from her physician/health care provider indicating that the student can perform all functions required in the nursing program.
2. Understand that if pregnancy interferes with clinical performance, you may be asked to withdraw from the nursing program for safety reasons.
3. Faculty will take your pregnancy under consideration when making patient assignments, but you must be able to perform at the same level expected of all students in clinical at that particular time.

Nursing Program of Study

Courses required for graduation are listed on-line and in the catalog. All courses for each term of the nursing program, other than NRS courses, may be taken **PRIOR TO**, **BUT NOT AFTER**, the term they appear in the catalog. There is no guarantee that courses would be available other than in the term they appear in the catalog. Some courses are only offered one term. Students must complete all courses in this nursing program with a grade of "C" or better to continue in and complete the nursing program, receive their degrees, and be eligible to take the national licensure exams. Certain required courses (i.e. clinical) are graded on a satisfactory/unsatisfactory basis only. A grade of "S" for these courses indicates a student earned a "C" or better grade in theory, campus learning lab and clinical.

Student Records

By law, students may look at and/or add to their student records. A student may not take their official record (student file) off campus for any reason. All records are placed in the student's confidential file in the Nursing department for review by Faculty. At the end of each term, a copy of the clinical evaluation and skills checklist must be provided to the program secretary for the student file.

Requests for Re-entry, Re-admission or Transfer

Requests for Re-entry, Re-admission or Transfer must be submitted to the Nursing Program Director in writing at least six (6) months prior to the quarter to be considered for admission. Re-entry is on a space available basis only. A student who has been dismissed or withdrawn from the nursing program may apply for readmission to the Nursing Program only one time. The readmission date cannot exceed one calendar year (12 months) from the date of dismissal/withdrawal.
All students requesting readmission following dismissal/withdrawal from the nursing program must submit an application located in the Appendix. **Students are responsible for developing a Plan for Success that is included with the application. An interview with the Director of Nursing is required for review of the application and success plan. The student must then successfully complete Nursing Concepts and Clinical Practice prior to readmission.**

When considering any request/application for re-entry, re-admission or transfer into the SWOCC Nursing Program, Faculty will discuss and prioritize the request for entry into the available spaces (if any) based on the criteria listed below. Applications for transfer cannot receive final consideration until completion of nursing coursework leading up to requested term of entry

Applicants for re-entry or transfer into the nursing program will be prioritized/ranked/ordered in 5 categories (of descending priority) for available positions, as follows:

1. Returning students who left the SWOCC nursing program in good standing* within the last year. Priority within this category will be based on grade point average in the completed nursing and other courses taken as part of the program of study prior to leaving the program. If accepted, returning students will be admitted to the appropriate term (the first term with nursing content that had not been completed when they left the program the previous year.)

2. Transfer students:
   - For transfer between consortiums (OCNE) schools – on a space available basis a student in good standing in one partner school, may transfer seamlessly at the beginning of an academic year. A referral is required to assure good standing*, which includes meeting both academic and conduct standards. Communication between partner schools includes director to director discussion of the transfer circumstances. Transfer at times other than the beginning of an academic year may occur only for exceptional circumstances and must be mutually approved by both the receiving and sending program. Rigorous interpretation of what constitutes "exceptional circumstances" should reflect the agreement that mid-year transfer is undesirable for academic and administrative purposes. When agreed to by both programs, mid-year transfer requires review of the student's program of study and documentation of competency attainment matched to the program of study in the new program. Supplemental study may be required to place the student at the appropriate level.

   - For placement of non-consortium students – on a space available basis: a) all prerequisites are required; comparable transcripted credits for prerequisites and general education would be recognized by college policy; b) advanced placement applicants would engage in a competency assessment process starting with competencies at the beginning of the nursing courses and placed in the program according to individual competency demonstration.

3. Returning students (within one year) who failed or withdrew from nursing theory in their previous enrollment. Priority within this category will be based on grade point average in the nursing classes and general education courses. If accepted, students must re-enter all nursing courses in the specified term.

4. Returning students (within one year) who left or were dismissed due to failing clinical. Priority within this category will be based on grade point average in the nursing classes. Applicants, if accepted, will meet any criteria set forth and must re-enter all nursing courses in the specified term. Students who have failed any nursing course more than once will not be considered for re-entry or admission to the program.

5. Returning students (within one year) who left or were dismissed due to failing both clinical and theory and/or general education courses required in the program of study. Priority within this category will be based on grade point average in the nursing classes and general education classes. Applicants, if accepted, will meet any criteria set forth in their letter of dismissal, and must re-enter all nursing courses in the specified term.

Applicants with a certification or license encumbered (probation, etc.) by the OSBN or any State Board of Nursing must communicate such to the program director, and Board of Nursing. Stipulations will be considered in the decision as to whether to allow re-entry.

Any possible exceptions will be evaluated on an individual basis by the nursing director and Faculty.

*Good standing means their theory grade was at or above 75% and they were satisfactorily passing clinical, passing all other courses taken as part of the program of study and not on probation at the time they left the program.

Technical Standards (*revisions approved by Oregon Council of Associate Degree and Practical Nursing Programs 2-18)

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

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

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

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

Cognitive:
1. Recall, collect, analyze, synthesize, and integrate information from a variety of sources.
2. Measure, calculate, reason, analyze and synthesize data.
3. Problem-solve and think critically in order to apply knowledge and/or skill.
4. Communicate effectively with individuals from a variety of social, emotional, cultural, and intellectual backgrounds.
5. Relay information effectively, accurately, reliably, and intelligibly. This includes a thorough and accurate use of computers and other tools to individuals and groups, using the English language.
6. Effectively collect, analyze, synthesize, integrate, recall and apply information and knowledge to provide safe patient care for assigned clinical shifts. ***Examples of learning activities found in the nursing curriculum and related to industry standards:***
   - Process information thoroughly and quickly to prioritize and implement nursing care.
   - Sequence or cluster data to determine patient needs.
   - Develop and implement a nursing plan of care for patients in acute, long term and community settings.
   - Discriminate fine/subtle differences in medical word endings.
   - Report patient data using multiple formats to members of the healthcare team.
   - Appropriately interpret medical orders and patient information found in the medical record.
   - Perform math computations for medication dosage calculations.
   - Apply knowledge/skills gained through completion of program prerequisites, including requirement for computer proficiency.

Physical:
   Motor:
   1. Coordinate fine and gross motor movements.
   2. Coordinate hand/eye movements.
   3. Negotiate level surfaces, ramps and stairs.
   4. Work effectively and efficiently within a limited space.
   5. Effectively manage psychomotor tasks to provide safe patient care for up to twelve (12) hour clinical shifts. ***Examples of learning activities found in the nursing curriculum and related to industry standards:***

- Transfer patient/patients in and out of bed from stretchers and wheelchairs.
- Control a fall by slowly lowering patient to the floor.
- Perform cardiopulmonary resuscitation (CPR)
- Lift, move, turn, position, push, or pull patients and/or objects, weighing up to 35 pounds.
- Reach to place or access equipment such as intravenous fluid bags or bend or squat to reach catheter bags, within compliance of safety standards.
- Transport equipment and supplies to the patient bedside.
- Manipulate small equipment and containers, such as syringes, vials, ampules, and medication packages, to administer medications.
- Dispose of needles in sharps container.
- Dispose of contaminated materials in a safe and compliant manner.
- Complete assigned periods of clinical practice (up to twelve (12) hour shifts, days, evenings, or nights, holidays, weekdays and weekends).
- Complete skills tests within assigned time limit.

Sensory:
1. Acquire information from demonstrations and experiences, including but not limited to information conveyed through online coursework, lecture, small group activities, demonstrations, and application experiences.
2. Collect information through a variety of senses and/or using appropriate and approved equipment.
3. Use and interpret information from diagnostic procedures. ***Examples of learning activities found in the nursing curriculum and related to industry standards:***
   - Detect changes in skin color, condition, or temperatures (i.e. pale, ashen, grey, or bluish).
   - Detect a fire in the patient care environment.
   - Draw up a prescribed quantity of medication into a syringe.
   - Observe patients in a room from a distance of 20 feet away.
   - Detect sounds related to bodily functions using appropriate equipment, such as a stethoscope.
   - Detect alarms generated by mechanical systems such as those that monitor bodily functions, fire alarms, call bells.
   - Observe and collect data from recording equipment and measurement devices used in patient care
   - Communicate with patient and members of the healthcare team in person and over the phone in a variety of settings, including isolation and the operating room where health team members are wearing masks and there is background noise.
   - Detect foul odors of bodily fluids or spoiled foods.
   - Detect smoke from burning materials.
   - Detect unsafe temperature levels in heat-producing devices used in patient care.
   - Detect anatomical abnormalities, such as subcutaneous crepitus, edema, or infiltrated intravenous fluids.
   - Feel or note vibrations, such as an arterial pulse, using touch or approved equipment.

Behavioral:
1. Demonstrate ability to function effectively under stress and adapt to changing environments to provide safe patient care.
2. Maintain effective communication and teamwork to provide effective patient care.
3. Examine and modify one's own behavior when it interferes with others or the learning environment.
4. Possess attributes that include compassion, empathy, altruism, integrity, honesty, responsibility and tolerance.
5. Accept responsibility for own actions and communicate in a courteous, assertive, non-aggressive, non-defensive manner with Faculty, peers, staff and healthcare team members.
6. Integrate feedback into own performance. ***Examples of learning activities found in the nursing curriculum and related to industry standards:***
   - Exercise judgment, meet acceptable timeframes for patient care delivery (acceptable timeframes are reflected by ability to carry out the usual patient care assignment for a particular point in the program), work effectively under stress, and adapt to rapidly changing patient care environments.
   - Accept accountability for actions that resulted in patient care errors.
   - Deal effectively with interpersonal conflict if it arises and maintain effective and harmonious relationships with members of the healthcare team.

--*End of Technical Standards*--

CAMPUS LEARNING LAB

Students acquire beginning proficiency in nursing skills in the Campus Learning Lab. The lab is staffed by MSN, and BSN Faculty who are available to assist students with skills during scheduled hours; otherwise the laboratory may be utilized to practice with peers.

Students must demonstrate an acceptable level of performance of a specific skill in the lab before performing the skill in the clinical area (see Skills Performance Rubric). Specific skills are assigned for each week of the term. Each student is expected to study the skills, practice the skills, and have the skill checked off after demonstrating proficiency during scheduled lab times for that week. Students are expected to be prepared for lab prior to entering the scheduled lab period. Late admittance to the lab or early leaving will not be allowed unless discussed ahead of time and approved by the Faculty.

Students are expected to practice skills with a classmate. Practicing to acquire proficiency and accurately assessing one's own readiness are highly valued in this nursing program. Repeated failures are grounds for concern and could lead to probation. Skills shall be completed by the end of the assigned week and in the term in which they are assigned.

During the skill check-off students may bring one (1) 3x5 card with information relating to the skill. The card must be kept in the student's pocket during the skill evaluation. Students may refer to this card up to two (2) times during Nursing 110 and one time during the remaining terms. When referring to the card students must:
- excuse themselves from the bedside/patient
- step back from the bedside but stay inside the curtained off area
- renew contact with the patient upon returning

As a precursor to working with patients in the practicum setting, each student will learn and perform a variety of clinical competencies in a group setting with fellow students and Faculty. Due to the nature of this nursing program, students are advised that physical contact between the Faculty and student, or student-to-student is required for some lab assignments (e.g. taking blood pressure, taking pulse, listening to heart sounds). In the clinical setting, close physical contact between the Faculty and student, or student to student may be required in the delivery of patient care, or during direct supervision.

If you have concerns about these requirements, you are encouraged to discuss these with the Faculty prior to the first class session to determine if appropriate alternative assignments exist. If you do not think you will be able to participate to the extent required by the course, you are encouraged to withdraw from the Nursing Program/Course following college policies for withdrawal.

During the skills lab component of practicum instruction appropriate touching and physical contact, as well as the performance of certain invasive procedures, will be required between students under the supervision of the nursing Faculty. Students are asked to sign the ***Consent for Physical Contact and Invasive Procedures*** form giving permission for fellow students and Faculty in the nursing program at Southwestern Oregon Community College to perform the procedures on them under the supervision of the nursing Faculty. Invasive procedures include: intradermal injections, subcutaneous injections, and intravenous cannulation, and venipuncture, dermal punctures for capillary glucose specimens, non-pharmacological eye and ear drops, non-pharmacological inhalers and physical assessments.

CAMPUS LEARNING LAB GUIDELINES FOR STUDENTS

1. Students will sign in/out of lab via the computer at the Coos Bay campus or on a sign-up sheet at the distant campus learning labs. Should a student sign/clock in or out for another student it will be handled under the cheating policy.

2. The lab is considered "clinical time." Students should behave in the learning lab as if they were in the hospital or any patient care setting. Uniforms are required as discussed under "Dress Code/Personal Appearance for Clinical, Campus Learning Lab, and Clinical Preparation Chart Review". Student behavior must be consistent with professional expectations.

3. All equipment is available for student use in the lab. Clean and return equipment to its proper place. If you do not

have time to return equipment to its proper place, *DO NOT* set it up.

4. Patient Care Simulators, models, laboratory equipment and computers are located in the lab, locked cabinets and utility rooms. These are expensive tools and must be handled carefully and returned to the appropriate location after use.

5. The learning lab contains potential risks to student safety: needle sticks, blood exposures and back injuries to name a few. Universal precautions should be practiced at all times. Contaminated supplies should be disposed of in appropriate containers. Use proper body mechanics at all times.

6. Your **Lab section** is assigned to a specific campus lab time. The group will practice together and be available to each other when needed for skill demonstration. All are expected to be on time and to remain in the area during the assigned time. Collaborative Learning is promoted and encouraged; however, individual competency must be demonstrated.

7. Books and study materials are available for student use in the Lab areas. Please return them to their proper location.

8. The lab is reserved for other programs from time to time. The dates and times of these reservations will be posted class schedule outside the lab door.

9. No food or drinks are allowed in lab except for the following: capped drinks marked with student's name and kept at nurse's station.

10. Cell phone use during class/lab can easily present a disruption to the educational environment, therefore, cell phones are to be turned off or placed on silent/vibrate during lab hours. Students may access their cell phone during breaks but may not use their cell phone during the class/lab session.

Use of Computers Located In the Campus Learning Lab

The computers in the campus learning lab are for nursing Faculty and nursing student use only. These computers are to be used for educational purposes and not for personal use (checking personal email, Facebook, Twitter, etc.) or for playing games. Lab students have precedence for computer use. Students can also use the computer labs on 4th floor of Tioga. Occasionally Faculty may use the computers to show procedures to the students.

CLINICAL

Nursing is an applied science, and students must safely apply concepts learned in classroom and campus learning lab in the clinical setting. Students are expected to demonstrate growth in clinical performance through application of knowledge and skills from previous and concurrent courses. Students are expected to demonstrate growth as they progress through courses and to meet clinical expectations outlined in the clinical evaluation tool. Students are expected to prepare for clinical practice in order to provide safe, competent care. Preparation expectations are given to students at the beginning of each term. The nursing program utilizes a variety of clinical sites. These include but are not limited to hospitals, long-term care facilities, schools, clinics, etc. Students will be assigned to clinical experiences and **must expect to travel** to communities other than those in which they reside for these experiences. Students must have reliable transportation during the nursing program. Late admittance to clinical, or early leaving will not be allowed unless discussed ahead of time and approved by the Clinical Faculty.

CLINICAL ASSIGNMENTS

Faculty evaluation of student clinical performance, knowledge of available clinical experiences and clinical site guidelines and nursing program policies guide Faculty decisions regarding clinical assignments/schedules. Students are expected to be prepared for clinical assignments according to the clinical guidelines and objectives described in the syllabus. If the Faculty determines that a student is not prepared to a degree that might jeopardize patient safety (i.e., a student arriving in the clinical area unprepared for the day or administering medications without knowing why certain drugs are given) the student will not be permitted to carry out the clinical assignment for that day. It is the student's responsibility to contact their

advisor within 24 hours and make arrangements to meet with the advisor. Failure to contact the advisor may result in disciplinary action.

Faculty reserves the right to change a student's clinical assignment (e.g. site or unit or days) after the clinical schedule has been printed and distributed. Students are expected to alternate between shifts as they progress through the nursing program.

A clinical facility has the right, by contractual agreement, to refuse educational access to its clinical areas to any individual who does not meet the facility's standards for safety, health, or ethical behavior. A student denied such access will be dismissed from the nursing program.

Clinical Clearance

All nursing students must meet the requirements for admission to the nursing program, standards of the Oregon Health Authority and each clinical facility's health clearance policy prior to clinical placement. All clinical facilities have a no-tolerance policy related to the use of any marijuana.

Immunizations (documented receipt of vaccine or documented immunity via titer or valid history of disease, or via a record from the Oregon ALERT Immunization Information System:
Hepatitis B Measles, mumps and rubella (MMR) Tetanus, diphtheria, pertussis (Tdap) Varicella Polio (recommended but not required) Influenza (recommended but not required) Covid -19 (recommended but not required as of this date 8/30/2021) May be required for clinical facilities.
Screenings:
Tuberculosis (Facility choice of skin test or IGRA Blood test in accordance with CDC guidelines)
Substance Abuse – 10 panel drug screen
Criminal Background Check
Training
CPR/Basic Life Support (BLS) for healthcare providers. Must comply with the American Heart Association Standards.
Blood borne Pathogen Training (OSHA)
OSHA recommended safety guidelines (including fire and electrical safety; personal protective equipment; hazard communications; and infection prevention practices
Site-specific privacy and confidentiality practices
Site-specific orientation (facility-specific protocols for safety, security, standards of behavior, etc.

Individual student exemption to specific immunization requests are possible. Documentation for exemption requires one or more of the following: (a) A written statement of exemption signed by a licensed independent practitioner; or (b) A written statement of religious exemption, signed by the student. Per nursing program policy, the student must sign a Statement of Declination prior to entrance into the program. This form may be obtained by the Administrative Assistant to the Director of Nursing.

Information Sharing or Use of Data: Per the Oregon Health Authority (OAR 409-030-0250), clinical sites that have a contractual agreement with a student's training program may access the documentation and evidence to completion of the administrative requirements. Students must provide written, signed permission that explicitly allows the sharing of required documents and necessary evidence with clinical sites, including but not limited to any release required under HIPAA or other applicable laws in order to disseminate the student's personal health information under these rules. Dissemination of information received under these rules may only be made to individuals with a demonstrated and legitimate need to know.

Clinical Evaluation

Clinical evaluation involves observing performance and arriving at judgments about student competence. Student progress will be documented on a Clinical Assessment Tool (CAT) by the Clinical Faculty. Student progress is evaluated by all Faculty at mid-term and finals week. The Clinical Faculty will discuss progress and areas for improvement with the student. If an

issue arises and there is no improvement, the Clinical Faculty, in collaboration with the student's advisor, will meet with the student and develop a plan for improvement.

Basis for Clinical Evaluation
- Forms used for clinical evaluation will be provided at the beginning of each term. Performance will be rated according to a scale on the Clinical Assessment Tool (CAT). The scale will be used to help focus attention on critical behaviors to be performed in clinical practice, give specific feedback about performance, and demonstrate growth in clinical competencies over a designated time period.
- If the student's performance does not show improvement, is well below the minimum expected level, or is in serious violation of patient safety as explained under "Indicators of Unsafe Clinical Performance", the student may be placed on clinical probation or dismissed from the nursing program.

Due Process in Clinical Evaluation
- Due process requires that clinical evaluation procedures be applied fairly, equitably, and with clearly defined rights and duties.
- Clinical Faculty will apply the concept of fairness by clarification of expectations and criteria during clinical orientation, by application of criteria and standards and policies as written in course syllabi and the SWOCC Nursing Program Student Handbook, and by documentation of student clinical performance and Faculty decisions.
- Clinical Faculty will apply the concept of equity by treating like cases alike and like student performance alike. Clinical Faculty have a duty to treat all students fairly, maintain appropriate and timely documentation, ensure safe and professional patient care, and provide information to students with respect to performance and avenues of appeal.
- Clinical Faculty have the legal, ethical, and professional right to evaluate students, determine a grade, and remove students from the clinical area when they are judged unsafe or unprofessional in attire or behavior.
- Students have a duty to provide safe patient care, understand expectations for safe practice, prepare for practice, and know personal limitations in practice. Students have the right to expect timely receipt of information about their clinical performance, see and hear supporting evidence for their evaluation, receive reasonable notice of decisions, write objections or disagreement with an evaluation or decision, and to follow the college's grievance procedure.

If a student disagrees with the written Clinical Assessment Tool (CAT), or during the discussion with the Clinical Faculty and/or advisor, it is the student's responsibility to document her/his disagreement and bring it to the nursing program director and if necessary a nursing Faculty meeting. The student may choose to have a college representative at this meeting. If the disagreement is not resolved, the student may initiate a grievance per SWOCC policy.

Clinical Skills Clearance/Procedure Supervision
Students may perform procedures that are covered by their CNA certification independently, unless the student requests assistance from the nurse on the unit or the Faculty. All skills on the skill list form must first be signed-off in the campus learning lab at a developing or above level, according to the skill performance rubric in the appendix. The Faculty in the clinical area signs the skills list form when the student has **competently** performed the skill under Faculty observation. At the Faculty's discretion, a student may be asked at any time during the nursing program to demonstrate a skill already signed off. Students are encouraged to use the lab to practice skills at any time during the nursing program when the lab is not in use. Skills that are in "bold" on the skills list must be completed prior to the end of the term. Only a Faculty can "clear" a student. Students may assist clinical staff with procedures for the purpose of experience, but cannot perform the skill or be signed off by a clinical staff member except during the integrative practicum in the sixth term of the nursing program. There may be exceptions to the above by the nursing Faculty that will be discussed with students at the time they come up. Students **may not** perform the following procedures:
- Administering IV cancer chemotherapy medications
- Discontinuing epidural catheters and central lines
- Moderate sedation (AKA Conscious Sedation)

Code of Conduct in Clinical Facilities

1. To protect both themselves and their patients, students are required to adhere to universal/standard precautions, including personal protective equipment (PPE), when caring for all patients. Additional facility-mandated precautions may be required. Students must also follow the policy/procedures for handling bio-hazardous materials.

2. Students are required to report all injuries or accidents involving their assigned patients to the Faculty immediately. The Faculty will assist the student to then follow appropriate nursing program and facility policies.

3. Students must communicate changes in patient status or abnormal vital signs, lab values, or assessment findings to their Clinical Faculty and staff in a timely manner.

4. For "code" situations, unless the student knows the patient's physician has ordered "Do not Resuscitate," when a student finds an unresponsive patient, they must follow the policy of the facility for all emergency situations.

5. Students are required to wear uniforms or a lab coat as found under "Dress Code/Personal Appearance for Clinical, Campus Learning Lab, and Clinical Preparation Chart Review".

6. When arriving on the unit, identify yourself to the nurse in charge and staff even if you know them. Indicate your purpose for being on the unit. Students must also introduce themselves to patients selected for care prior to preparing for that assignment. Patients have the right to refuse student care if they so desire (If this occurs call your Clinical Faculty for further instruction).

7. The following regulations apply to activities in clinical facilities. Failure to abide by the following regulations may lead to dismissal:
    *   Students do not have "privileged" status and must adhere to all visitor regulations applicable to the general public and facility regulations regarding cell phone use.
    *   Students may not represent themselves as students for the purpose of observing or participating in procedures occurring at times and/or in departments other than those assigned by a Faculty.
    *   Students may not care for relatives or close friends in the clinical setting.
    *   Students may not use student status to gain access to the records of family or friends who are patients in the health care facility or agency or to access any charts for any purpose other than to prepare for or provide patient care or for required nursing program assignments. **At no time and for no reason** may a student print, copy and/or take an electronic picture/photo with an electronic device any part of a patient's record. All students will follow Health Insurance Portability and Accountability Act (HIPAA) regulations.

    Confidentiality is one of the primary responsibilities of every student in a clinical setting. Confidential information is defined as any information, written, spoken or electronically transmitted, whose unauthorized or indiscreet disclosure could be harmful to the interest of a patient, employees, health care provider, the institution, a student or Faculty. Examples of such information includes, but are not limited to, personally identifiable medical and social information, professional medical judgments, classroom and post-conference learning activities and discussions.

    All information about patients, including the nature of the patient's disease, diagnosis and treatment is to be considered protected by applicable state and federal laws (HIPAA) and by this policy. Incident reports relating to risk management issues and any other information designated as a private or sensitive nature is also included in the category of confidential information. Any use of a patients' name or initials, or any description of the patient that could be used to identify the patient is illegal. Discussing the patient is appropriate in the school or clinical setting but is inappropriate in public areas such as cafeteria, elevator, or outside the Clinical facility and is a violation of professional conduct and can lead to dismissal.

    Confidentiality is one of the primary responsibilities of every student in a clinical setting. Confidential information is defined as any information, written, spoken or electronically transmitted, whose unauthorized or indiscreet disclosure could be harmful to the interest of a patient, employees, health care provider, the institution, a student or Faculty.

Examples of such information includes, but are not limited to, personally identifiable medical and social information, professional medical judgments, classroom and post-conference learning activities and discussions.

8. Students **may not** leave the clinical site (facility) during clinical time without specific permission of the Faculty. Students may not leave assigned unit to visit with friends or students or relatives on other units during assigned clinical time. This behavior will be viewed as patient abandonment and may result in dismissal from the nursing program.

9. In clinical experiences in which the student is providing direct patient care, the student is responsible for reviewing the patient's record at the beginning of care, during the shift, and one last time before the end of the clinical period. Appropriately communicate any changes to facility staff and the Clinical Faculty.

10. The student is responsible for ensuring that a Faculty has checked all appropriate forms before the student leaves the clinical facility.

11. Students will communicate with Faculty, staff and other health care workers in a professional, courteous, assertive, non-aggressive, non-defensive manner.

12. Students will conduct themselves in a professional manner at all times when in the setting.

13. Students will not attempt invasive or new clinical procedures without proper supervision. Students must always perform within their scope of practice as it pertains to their year and term in the nursing program (see OSBN Administrative rules related to student responsibilities). Students must follow facility policy/procedures when performing procedures. Look up the procedure prior to calling the Faculty so it can be done in a timely manner when he/they arrives. If patient care requires a clinical procedure that has not been checked off in the campus learning lab tell the patients' nurse and ask if you can observe.

14. All high alert medications, i.e. insulin, heparin and narcotics are to be checked by a licensed nurse before administration. After a Faculty has signed the skills record indicating the student is competent to administer medications without a Faculty present, **the student is expected to continue to have all medications checked by another licensed nurse or nursing student.** The nursing student who rechecks the medications must also be signed off by a nursing Faculty.

15. Students must have a licensed nurse listen to any verbal or telephone orders. (As per OSBN OAR 851-045-0040, the licensed nurse [Registered Nurse or License Practical Nurse] may accept and implement orders for patient care/treatment from licensed health care professions who are authorized by Oregon statue to independently diagnose and treat).

16. Students are expected to practice safely, honestly, ethically, and legally in the delivery of nursing care to patients in all areas including both the lab and clinical settings. Students are expected to demonstrate integrity and accountability in the academic and clinical settings. Failure to meet any one of the standards or indicators will result in the evaluation of the student for progression in the Nursing Program and will require a written deficiency record. See Policies for Progression in the Nursing Program, Standards and Indicators of Safe and Unsafe Practice, pages 32-39.

CONDUCT EXPECTED OF STUDENTS

All members of the college community must participate in the development of a climate conducive to academic honesty. Professional requirements and responsibilities are mandated to you not just as a student in the Southwestern Nursing Program but also as a member of the nursing community. You must be familiar with the ethical and legal requirements and responsibilities addressed by Southwestern and the nursing profession. The following sites provide further information on professional ethics and legal requirements for practice www.oregon.gov/OSBN, www.ncsbn.org, www.qsen.org, www.ona.org, www.ana.org and www.nln.org.

The ANA site contains the Code for Nurses and Standards of Nursing Practice. The Code for Nurses is introduced in the first nursing course and used as a reference throughout the nursing program and your professional career. **Remember accountability begins with your role as a student.**

Nursing students must function in accordance with the accepted standards of practice mandated by the profession. The, Expected Student Behaviors list below exemplifies the ultimate role that the student will assume when entering the profession. Review expected OCNE competencies in the appendix of this handbook.

Expected Student Behaviors
General Responsibilities

1. All nursing students must register for all nursing courses prior to the first day of class each term. The college's liability insurance is not in effect for students who are not registered. There is also a late fee attached to late registration by SWOCC.
2. Students should note any announcements posted on the LMS, and check their @email.socc and in the online course on a regular basis. Students are expected to consistently access the online course postings. Students access the online course through the SWOCC homepage by clicking on the online link.
3. Current names, addresses, and phone numbers are to be reported to the First Stop Center in Dellwood Hall and Administrative Assistant to the Director of Nursing if any change occurs. A Student Contact list is updated each term in nursing classes.
4. Students are not permitted to take infants or children to class, campus learning lab, or clinical when engaged in any student activity. At times you may be asked to bring a child to campus lab to take part in learning a new skill.
5. Each student is to take responsibility for their own verbal and nonverbal behaviors. Unprofessional or inappropriate behavior will not be tolerated in classroom, clinical, campus lab or hallways of the college. Any behavior that sets up a hostile environment such as violating others space without permission, using inappropriate language, nonverbal gestures, slanderous or libelous statements in or out of the academic setting may be grounds for probation and/or dismissal.
6. Students are expected to conform to appropriate etiquette including placing cell phones on vibrate, using computer and electronic devices **appropriately** for class, lab and clinically related activities (i.e.; social media). Students may be asked to leave the classroom, lab and/or clinical area, placed on probation or dismissed from the nursing program for unprofessional use of technological devices.
7. The student is accountable for preparation for clinical, campus learning lab and classroom. This means that you must prepare for all of these activities by reading assignments, doing preparation for patient care including reviewing skills that might be needed to care for the patient, doing any assigned paper work, etc. Faculty will take note of students who continually come unprepared and will recommend probation or dismissal.
8. Students who utilize social media could be subjected to HIPAA and FERPA rules, could be held liable for any subject matter that is unclear, that may contain personal information about patients or others, including photos regarding same. Information shared must be in compliance with all nursing expectations and behaviors to be insured that safety and behaviors are not misinterpreted.

Policy Regarding Academic Honesty

The nursing Faculty believe that a nursing student, in order to become a competent nurse, will conduct themselves personally and professionally according to a set of shared core nursing values. These values include caring, advocacy, respect for self and others, collegiality, and ethical behavior. It is necessary to use ethical reasoning to explain and to justify your actions and decisions. Nursing Faculty believe that ethical behavior, honesty and integrity create the foundation for nursing practice. Therefore, it is expected that each student admitted to the nursing program will demonstrate personal values, attitudes and behaviors consistent with highest standards of ethical conduct. Considering the significance of ethical behavior**,** the nursing Faculty believe that a breach of integrity is a serious offense.

Further, the American Nurses Association (ANA) Standards of Ethical Conduct in Nursing (required reading) and the Oregon State Board of Nursing (OSBN) Nurse Practice Act state (www.oregon.gov/OSBN) that it is the ethical duty of each practitioner to report observed violations of ethical practice. Similarly, a nursing student who has observed or is knowledgeable of academic dishonesty has the moral/ethical responsibility to report such violations to their advisor or program director. A nursing student, who violates this provision, may be subject to OSBN investigation and hearing.

The following activities are examples of behavior that may result in disciplinary action:

1. **Academic Plagiarism**: All written work done by students must follow APA format. Students need to be very clear about what constitutes plagiarism and how to avoid it. Students who plagiarize in any of their work at SWOCC are subject to student disciplinary action**.** This might include but not be limited to receiving a "0" on an assignment or test after careful investigation. Plagiarism is defined as the intentional submission for evaluation to a College instructor or administrator of material based in significant part, on work done by someone other than the submitter without reasonable written indication to the evaluator of material's true source. Representing the words or ideas of another as one's own. All ideas, arguments and phrases submitted without attribution to other sources, must be the creative product of the student. Plagiarism includes copying or cutting and pasting portions of the writing of others (including other students or previous students) with only minor changes in wording, with inadequate footnotes, quotes, or other reference forms of citation or only a list of references. Paraphrasing without appropriate citation is also plagiarism.

2. **Academic Cheating**: Intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise. Students must adhere to the guidelines provided by their Faculty for completing coursework and may not present the same (or substantially the same) work for more than one course without obtaining approval from the Faculty of each course. Faculty have the responsibility of planning and supervising all academic work in order to encourage honest and individual effort and for taking appropriate action if instances of academic dishonesty are discovered. The term **"cheating" includes** but is not limited to:
    *   Having or using unauthorized materials for any test situation.
    *   Accessing and/or distributing a test bank from a textbook manufacturer, either online or a hard copy.
    *   Copying or looking at another student's work during any test situation.
    *   Changing answers on a returned exam in order to claim there had been a grading error.
    *   Discussing the content of any test with the individuals who have not yet taken it.
    *   Turning in work that was generated by other individuals or by the same individual in a prior term.
    *   Obtaining prior or current exams without the Faculty's permission.
    *   Doing homework assignment for another student (i.e., working with another student on an assignment that is meant to be an individual assignment).
    Therefore:
    *   No electronic devices that access the internet or store data (pen drive, google glass, Smart Watch, calculators; books; notes or other reference materials may be used during any test situation unless authorized by the Faculty.
    *   No talking, signaling, texting or sharing materials with other students is allowed during any test situation unless specifically directed by the Faculty.
    *   Only the materials required or authorized for a test should be taken out of the student's notebook, clothes, backpack, or purse. All other materials should be put away as instructed.
    *   An act of cheating may result in a grade of "F" (0 points) for the assignment, exam or course as well as a report filed to the nursing program director.
    *   If special considerations are necessary to meet individual student needs, the student is expected to go to the ADA Coordinator in Stensland Hall and bring to the Faculty the accommodation prescribed.
    *   If a Faculty or proctor observes a student taking information from a classmate's test/exam or is observed assisting a classmate during the test/exam, the Faculty will confiscate the exam(s), remove the student(s) from the test area and the student(s) will receive an F grade (0 points) on the exam. Further sanctions may be applied. The incident will be written up by the Faculty and forwarded to the Nursing Program Director.
    *   If it is discovered that a student has utilized or plagiarized a classmate's work in the classroom or college/clinical laboratories, the students will meet with the Faculty. The student(s) may receive an F (0%) grade for the assignment. Further sanctions may be applied. The incident will be written up by the Faculty and forwarded to the Nursing Program Director.
    *   Group assignments: If a student has been a noncontributing member of a group assignment, the student will meet with the Faculty. If the student is unable to explain the conduct, the Faculty may award an F (0%) for the assignment and the student will be required to make up the work. Further sanctions may be applied. The incident will be written up by the Faculty and forwarded to the Nursing Program Director.

3. **Fabrication/Falsification:** Intentional and unauthorized falsification or invention of any information or citation in an academic exercise. Falsification and alteration of documents (e.g., furnishing false personal information; alteration of grades; falsification and alteration of patient charts, records or care plans; fabrication of patient data and information; fabrication of any information or citation in an academic exercise.

4. **Aiding and/or Facilitating Dishonesty/Collusion:** Intentionally or knowingly helping or attempting to help another to violate the academic honesty policy. Students may only collaborate within the limits prescribed by their Faculty. Aiding another student in any form of dishonest or unethical conduct. Failing to report an observed breach of integrity. Allowing another student to copy papers, tests, examinations, assignments.

Policies regarding course outcomes: Factors that may contribute to a student's inability to meet course outcomes:
1. Absences and tardiness
   If a student is unable to successfully complete a course they may be dropped or be given an "F" grade because of:
   a. Inability to proceed due to a lack of prerequisite content
   b. Absences that impede the student's ability to meet course and clinical competencies.
   c. The amount of clinical/lab missed/term. Two (2) absences within the term will result in probation. Three absences will result in dismissal.
   d. Three (3) tardies or leaving early three times (3) within a term will equal one (1) absence. Any exceptions will be decided on a case-by-case basis based on a petition submitted to the student's advisor for Faculty review. Tardy is defined as arriving after the time is scheduled to begin.

2. Inability to meet course outcomes:
   If a student is unable to meet any of the following criteria then they may be placed on probation and/or dismissed from the Nursing Program:
   a. Apply theory and nursing principles to clinical practice in patient care and written assignments, including nursing care plans.
   b. Plan, organize and fulfill the tasks assigned by the Faculty.
   c. Communicate effectively with patients, Faculty, peers and agency staff and inability to understand verbal and non-verbal communications.
   d. Attain technical competency in the skills required for safe clinical performance at the level the student is in the nursing program.
   e. Respond appropriately to instruction and suggestions made by those in authority.
   f. Perform safely in clinical areas.
   g. Demonstrate ability to assume responsibility for preparing and completing clinical assignments made by the Faculty.
   h. Demonstrate growth in coping with stressful situations in a calm and dependable manner.
   i. Demonstrate improvement in campus learning lab performance within a period designated by the Faculty.
   j. Ability to follow written and/or verbal instructions in classroom, lab and clinical settings.
   k. Take all nursing course tests at the time scheduled during the scheduled timeframe.
   l. Pass all nursing course tests with an average of C grade or better.
   m. Submit all required coursework, lab and clinical work according to due dates.
   n. Maintain a C grade in all nursing and general education courses taken any term while in the nursing program.

3. Health Status:
   The health status of the student will be considered as a basis for termination in the nursing program when it involves:
   a. Frequent absences due to illness when these absences affect clinical and result in a lack of prerequisite content.
   b. Problems that hinder student's performance in clinical situations.
   c. Long-term injury or illness that limits required clinical attendance.

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

In all aspects of providing patient care and in activities the College determines are related to patient care, nursing students must perform safely and effectively. They are, therefore, responsible for avoiding potential adverse effects on their

behavioral, physical, emotional, and mental states that could result from the use of drugs, whenever and wherever taken, including alcohol and any "over the counter" or prescription medications.

It is the responsibility of students to notify the Clinical Faculty if they are taking any medications that have potential adverse effects on their ability to perform safely and effectively, including medications which are prescribed by a provider. The College will not discriminate against any student based on a disability and will provide reasonable modifications or accommodations when available to address issues raised by medication.

A Faculty may dismiss student(s) from the clinical setting if the Faculty believes there is any question about the student's ability to function safely and responsibly in-patient care.

Clinical sites may exclude students who exhibit unsafe or irresponsible behavior. Such exclusion could mean that a student would not be able to achieve course outcomes and could, therefore, not be able to continue in the Nursing Program. The College on its own, however, may determine a student may not continue in the Nursing Program because of alcohol or drugs, regardless of a clinical site's decision.

Any student who is having trouble with substance abuse may obtain help from the SWOCC counseling office including referral to an off-campus treatment center at no cost for up to 3 visits.

Performance, behavior, appearance or breath odor may suggest the use of alcohol or other drugs. While other conditions may cause some of the following, behaviors and signs suggestive of substance use include but are not limited to:
1. A change in a person's behavior, such as;
    - inappropriate emotional responses
    - inappropriate response/laughter
    - irritable, restless manner
    - impulsive actions
    - repeated tardiness or absence
    - accidents or near-misses involving patients or equipment
    - diminished work performance

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

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

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

Any nursing Faculty who believes that a student is in a clinical setting while under the influence of alcohol or drugs will remove the student immediately from the patient care responsibilities. The Faculty will arrange for a drug or alcohol screening at a laboratory and either the Faculty or another college representative will accompany the student. The drug or alcohol screen is performed at the expense of the student.

Failure to give written consent, without qualification, to such alcohol or drug testing and/or release of test results to the Nursing Program Director or failure to provide bona fide samples for such testing is considered grounds for appropriate disciplinary action, including immediate dismissal from the nursing program.

The student involved in the alleged infraction will be temporarily excluded from clinical, and possibly the learning lab, until the test results have been received and reviewed by the Nursing Program Director. The SWOCC's procedure for student dismissal/temporary exclusions will be followed.

Immediately, or as soon as reasonably possible after the test has been performed, the Program Director will be informed of the test results.

1. If the results are negative, the student may return to the nursing program activities. Opportunity for make-up will be provided, and the student will be expected to make up missed assignments and time.

2. If the test results are positive, the Nursing Program Director will implement appropriate disciplinary action including dismissal from the Nursing Program on the grounds of substance or alcohol abuse. The student who disagrees with the nursing program's decision can utilize the SWOCC student grievance procedure outlined online at: https://mylakerlink.socc.edu/ICS/Administrative_Services/

Policies for Progression in the Nursing Program

TITLE:	**Progression in the Nursing Program**

POLICY: The Nursing Program reserves the right to refuse or discontinue enrollment at any time, of any student if the student violates the Nurse Practice Act of the State of Oregon, or in the judgment of the Nursing Team (Nursing Program Director and Faculty), the student does not meet the course outcomes, technical standards, policies and/or safety standards of the Nursing Program or College.

RATIONALE: The Nursing Team of the College has a legal and professional responsibility to assure for the public, other students, the College, and the Nursing profession that students can practice safely and professionally in their various learning clinical practice settings. This policy embodies that accountability by defining technical standards, unsafe practice, unprofessional practice and behaviors, and deficient practice; by establishing guidelines for Faculty to make judgment of technical standards, unsafe practice, unprofessional practice, and deficient practice; and by providing procedures to be followed when a judgment of failure to meet technical standards, unsafe, unprofessional, or deficient clinical practice is made.

All students are expected to practice safely during their learning lab, clinical and practicum experiences. Safe practice in the performance of Nursing care requires the application of scientific knowledge, and technical and cognitive skills to provide for the welfare and to protect the well-being of patients and clients. Safe practice demands that practitioners be aware of personal and professional limitations that could affect the safety of their performance. Decisions and actions that threaten or disrupt the biological, psychological, sociocultural, physical, or physiological integrity of patients or clients constitute unsafe practice.

A Nursing student who demonstrates behaviors that call into question the student's ability to meet technical standards; who engages in unsafe, unprofessional, or deficient behavior or practice in the academic setting (on-campus) give the Nursing Program Faculty reason to suspect that the same behaviors or practices would continue in the patient care setting. Therefore, progression policies apply to the classroom, lab, and campus, as well as clinical settings.

PROCESS: The Nursing Team are committed to promoting student success. To this end, the Nursing Team assess student progress toward meeting course (classroom, lab, clinical) outcomes and Nursing Program Critical Components throughout the term and advise students accordingly. If problems are detected that may affect student success in a Nursing course, the Nursing Team will inform the student and develop with the student a plan for improved performance. Students are responsible for implementing the plan, including following up on referrals for assistance and maintaining frequent communication with the Nursing Team on the student's progress.

In making decisions about the retention and progression of students, the Nursing Team reserves the right to dismiss students from the nursing program who do not adhere to the guidelines for personal and professional conduct as addressed in the questions asked of applicants for certificate by the Oregon State Board of Nursing (OSBN). Furthermore, if a student holds a certificate or license issued by the OSBN and engages in behavior defined as "Conduct Derogatory to the Standards of Nursing" (see OSBN Administrative Rules 851-045-0070) or Conduct Unbecoming a Nursing Assistant (see OSBN Administrative Rules 851-063-0090), even though they do so as a student, the situation will need to be reported to the OSBN. This also applies to students holding licenses from other State Boards of Nursing. As registered nurses, the Nursing Faculty and Nursing Program Director are responsible for the mandatory reporting requirements in OSBN regulation 851-045-0090 and 851-063-0090.

It is the student's responsibility to know and abide by the College Wide policies including Student Rights and Responsibilities which can be found in the Student Handbook at https://mylakerlink.socc.edu/ICS/Academics/.

TITLE:	**Review of Student Progression**

POLICY: When Nursing Faculty judges that a student has performed, practiced or behaved unsafely, unprofessionally, or deficiently; or performance or behavior indicates failure to meet the technical standards of the nursing program, the student's progression in the Nursing Program will be reviewed with the Nursing Program Director, Nursing Faculty and when indicated the Vice President for Instruction and/or other appropriate College Representatives. Faculty will notify the student in writing of behaviors or actions that demonstrated unsafe, unprofessional or deficient performance or behavior as a part of the progression record.

PROCEDURE: At the time of notification, the student will be provided with a written description of:
- Specific actions necessary to demonstrate satisfactory performance.
- Timelines for corrective action to be achieved.
- Any modifications in the academic experience pending completion of specific corrective actions necessary to demonstrate safe practice and/or behaviors. For example: restriction in care activities and responsibilities, direct supervision of Nursing care, or removal from clinical setting.
- Any modifications in the on-campus experience pending completion of specific corrective actions necessary to demonstrate appropriate behaviors.
- The action to be taken if the student fails to achieve the corrective actions prescribed in the progression plan. For example: higher level of progression or failure of the course.
- The action to be taken if the student achieves the corrective actions. For example: Pass the course, or pass the course but continue improvement activities into the next term(s).

At the time of notification, the student will conference with their Nursing Advisor. This conference may also include the Nursing Program Director and/or other appropriate College representatives.
During the conference the student will be expected to:
- Actively listen to the Nursing Faculty's concerns.
- Be receptive to feedback on performance and/or behaviors.
- Demonstrate accountability for own actions and performance level.
- Provide personal perspective regarding the problem situation and generate problem-solving ideas.
- Participate in planning for remediation, including a student generated written plan for improvement identifying strategies and resources to achieve the corrective actions. (The date for submission of this plan will be determined during the conference.)
- Sign the record. If the student does not sign the record, this does not indicate that the record was not reviewed with the student.

DEFINITIONS

UNSAFE PRACTICE ❖ *Behavior in providing care to patients/clients in the learning lab or clinical setting that fails to achieve the standard of care, violates the Nursing Practice Act, violates the ANA Standards of Practice, or calls into question the professional accountability or behaviors of the student. A single event of unsafe practice will result in the evaluation of a student for progression in the Nursing Program and will result in level one or two remediation, or dismissal from the nursing program. The level of progression is dependent upon the degree of actual or potential harm a patient/client did/may suffer with gross negligence resulting in immediate dismissal. A student judged by the nursing team to require continuous direct supervision beyond a shift of assessment in the clinical site will be immediately dismissed from the nursing program.*

UNPROFESSIONAL PRACTICE OR BEHAVIORS ❖ *Behavior in providing care to clients that violates the ANA Code for Nurses, the ANA Code of Ethics, the Oregon Nurse Practice Act, or the policies of the Nursing Program and/or College.*

⬧ *Behavior in the classroom, learning lab, or clinical setting that violates the policies of the Nursing Program, and/or College.*

⬧ *A student who falsifies patient records or engages in other dishonesty in patient care give the Oregon State Board of Nursing reason to suspect that he or they will continue the same dishonest acts after licensure. The board expects to be made aware of acts committed as a student and an investigation will be conducted once the student makes application for licensure.*

DEFICIENT PRACTICE

⬧ *Behavior in providing care to patients/clients that fails to achieve previous and/or current course outcomes; and that fails to achieve the standard of care.*

ACADEMIC DISHONESTY

⬧ *Offenses against academic honesty are any acts which would have the effect of unfairly promoting or enhancing one's academic standing. Academic dishonesty also includes knowingly permitting or assisting any person in the commission of an offense against academic honesty. All academic work (e.g. homework, assignments, written and oral reports, creative projects, performances, exams, extra-credit projects, research, etc.) are subject to the following standards of academic integrity:*

⬧ ***Plagiarism****: The intentional submission for evaluation to a College Faculty or administrator of material based in significant part, on work done by someone other than the submitter without reasonable written indication to the evaluator of material's true source. Representing the words or ideas of another as one's own. All ideas, arguments and phrases submitted without attribution to other sources, must be the creative product of the student. Plagiarism includes copying portions of the writing of others with only minor changes in wording, with inadequate footnotes, quotes, or other reference forms of citation or only a list of references. Paraphrasing without appropriate citation is also plagiarism.*

⬧ ***Cheating****: Intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise. Students must adhere to the guidelines provided by their Faculty for completing coursework and may not present the same (or substantially the same) work for more than one course without obtaining approval from the Faculty of each course.*

⬧ ***Fabrication****: Intentional and unauthorized falsification or invention of any information or citation in an academic exercise.*

⬧ ***Collusion****: Intentionally or knowingly helping or attempting to help another to violate the academic honesty policy. Students may only collaborate within the limits prescribed by their Faculty.*

TITLE: **Nursing Program-Level Critical Components**

POLICY: Critical components must be met throughout the Nursing course(s) at the satisfactory level. Failure to meet any one of the elements will result in the evaluation of the student for progression in the Nursing course.

DEFINITION: Critical components describe essential skills, values, behaviors, and beliefs of the profession of Nursing. Team believe that these components flow through every level in the Nursing Courses and Program. These components are listed in the course outcomes, OCNE Competencies, and throughout the handbook. To violate any of these components is to put the patient, families, staff, Faculty, other students, our colleagues in healthcare and/or the integrity of the profession of Nursing in jeopardy. All students are expected to demonstrate safety, integrity, and accountability at all times.

CRITICAL COMPONENTS

Safety (actual and potential)
- The student will act in a safe manner with all patients/clients, families, staff, Faculty, other students, and healthcare facility staff. Actual injury need not be established. (OSBN Division 45)
  See *Minimum Safe Nursing Standards*

See *Indicators of Unsafe Clinical Behaviors*

- The student will refrain from committing offenses against persons including abuse of self or others, assault and/or battery, slander or libel, defamation or threats, extortion, harassment, hazing, non-consensual sexual act, and stalking. These actions will not be tolerated and will result in the evaluation of the student for progression in the Nursing course/program.

Integrity
- The student will display behaviors of integrity and honesty throughout the nursing program including the admission process.
- The student will adhere to the *American Nurses' Association Code of Ethics*.
- The student is expected to communicate (verbally and nonverbally) with the College, Nursing Program Faculty Team and staff, patients/clients/families, healthcare facility personnel, and other students in a mature and professional manner. This includes oral communication in person or on the telephone, and written communication via electronic devices, and through the US Postal Service.

Accountability
- The student will demonstrate accountability by accepting responsibility for individual actions, behaviors, and level of performance.
- The student will maintain knowledge and clinical competency appropriate to the level of the Nursing course.
- The student will follow all College, Nursing Program, Nursing course, and healthcare facility policies, procedures, and requirements.
- The student will meet all expected deadlines for submission of student work and meeting scheduled examination times. *Late work is not accepted by the Nursing Faculty/Director.* Nursing student will act according to the Students Rights and Responsibilities outlined in the Student Handbook at https://mylakerlink.socc.edu/ICS/Academics/

TITLE:	**Standards and Indicators of Safe and Unsafe Practice**
POLICY:	Students are expected to practice safely, honestly, ethically, and legally in the delivery of Nursing care to patients in all areas including both the lab and clinical settings. Students are expected to demonstrate integrity and accountability in the academic and clinical settings. Failure to meet any one of the standards or indicators will result in the evaluation of the student for progression in the Nursing program and will require a written deficiency record.
STANDARDS FOR SAFE NURSING CARE	**Safe Nursing care is demonstrated when the student:** • Assists in the application of the Nursing process in the performance of patient care. • Demonstrates respect for and maintenance of the Nursing lines of communication. • Maintains confidentiality with regard to information received about patients during the clinical practicum. • Makes decisions about Nursing care when failure to make a decision would endanger the patient. • Maintains communication that promotes the continuity of care. • Ensures that correct performance of skills is validated by the Nursing Faculty. • Recognizes own limitations. • Recognizes that previously learned knowledge and skills are required to properly implement Nursing care in the clinical setting. • Demonstrates professional behaviors and attitudes in demeanor, dress and language.

INDICATORS OF UNSAFE CLINICAL BEHAVIORS OR PERFORMANCE	**Unsafe clinical behavior is demonstrated when the student:** • Violates or threatens the physical safety of self, patient, significant others, staff, Faculty, or others. Examples include and are not limited to: neglects use of side rails, restraints; leaves the bed in the high position, leaves call bell out of reach, inadequately supervises patients at risk. • Violates or threatens the physiological safety of the patient. Examples include and are not limited to: fails to assess/monitor lab values • Violates or threatens the psychological safety of the patient or significant others. Examples include and are not limited to: speaks inappropriately in front of the patient and significant others; does not communicate therapeutically. • Violates or threatens the microbiological safety of the patient. Examples include and are not limited to: does not recognize violation of aseptic technique; comes sick to clinical experience; fails to follow hand washing techniques or standard precautions or isolation procedures. • Violates or threatens the chemical safety of the patient. Examples include and are not limited to: violates the rights in administering medications, fails to monitor IV infusions, administers medications without consideration/knowledge of reason for drug, side effects and/or patient lab or VS values, fails to check patient's armband. • Violates or threatens the thermal safety of the patient. Examples include and are not limited to: protecting the patient from cold/heat/burns. • Inadequately or inaccurately utilizes the nursing process, clinical judgment. Examples include and are not limited to: does not prepare for care per clinical guidelines; does not complete initial assessment before doing patient care; does not complete nursing care plan; fails to observe and or report critical assessment regarding patients; makes repeated faulty nursing judgments; fails to follow written and/or verbal instructions/orders; fails to completely care and/or documentation within the specified clinical time frame. • Violates previously learned principles/outcomes in carrying out nursing care. Examples include and are not limited to: administers medications incorrectly; calculates dosages/IV drip rate incorrectly; fails to observe safety precautions during oxygen therapy; fails to communicate professionally with staff or Faculty. • Demonstrates inappropriate dependence/independence in carrying out nursing care. Examples include and are not limited to: fails to seek help when situation is out of control or in an emergency; leaves floor without reporting to appropriate staff nurse; does not make decisions at appropriate level for term in the nursing program • Attempts nursing care without adequate orientation, theoretical preparation, skills preparation, or supervision. • Commits acts of omission or commission likely to cause harm to patients including but not limited to: physical abuse; placing in hazardous positions, conditions or circumstances; and treatment errors, or near-miss treatment errors (errors that were prevented from occurring by the Nursing Faculty). • Violates confidentiality, privacy, or security standards as discussed in the Health Insurance Portability and Accountability Act (HIPAA). • Violates healthcare facility policies and/or procedures.
INDICATORS OF LACK OF INTEGRITY OR ACCOUNTABILITY	**Lack of integrity or accountability is demonstrated when the student:** • Commits academic dishonesty including but not limited to: a) cheating, b) fabrication, c) plagiarism, and d) collusion. • Knowingly producing false evidence or false statements, making charges in bad faith against another person, or making false statements about one's own behavior related to education and professional matters. • Violates the ANA Code of Ethics for Nurses. • Fails to provide accurate, inclusive, written and verbal communication or falsely documenting in a patient record, or course written assignment. • Engages in behavior that is disrespectful of a person's social or economic status, personal attributes, or health problems. • Exhibits behavior disruptive to the learning process, or to the academic/practicum environment.

- Fails to communicate and/or interact in a professional manner with students, Faculty, staff and/or healthcare team members.

PROCESS AND CONSEQUENCES

In the event that a student is showing potential for not meeting the course requirements, or violating Nursing Program or College policies, a Nursing Student Deficiency Record will be initiated by Nursing Faculty/Director following consultation with the Nursing Program Director and other College representative(s) if appropriate.

Process Steps:
1. The Nursing Program Student Deficiency Record will be reviewed with the student.
2. The student will be informed that they have a right to appeal, see Student Handbook at: https://mylakerlink.socc.edu/ICS/Academics/.

INELIGIBILITY FOR READMISSION:

A student will be considered ineligible for readmission into the Nursing Program if:
- The student has been immediately dismissed from the Nursing Program for documented acts of dishonesty or unethical behavior and has not been conditionally approved for readmission by the Nursing Team.
- The student has been immediately dismissed from the clinical for safety reasons and there is no evidence of engaging in and completing a remediation plan.
- The student has been dismissed from the Nursing Program for drug/alcohol offenses (See OSBN's **Conduct Derogatory to the Standards of Nursing Defined**, OAR 851-045-0070) and there is no evidence of engaging in and completing an appropriate rehabilitation program.
- The student has failed or been immediately dismissed from the Nursing Program due to not meeting the Nursing Course Outcomes, polices and/or procedures, and there is no evidence of engaging in and completing a remediation plan.
- The student has failed to satisfactorily complete a given Nursing course after re-enrolling in that course once (1 time). The student has two chances to pass a Nursing course.

TITLE: **Student Records**

POLICY: Whether problems in student behavior or performance result in level one or two remediation, or dismissal from the Nursing Program is a Nursing Director and Faculty decision. In making decisions related to student progression, the Nursing Team considers the implications of student behavior or performance for patient safety, professional and personal integrity, and student success. While the Nursing Team makes every effort to alert students as early as possible to problem situations, there is no implied process that requires that a Level One deficiency record must precede a Level Two deficiency record, or that either of these must precede immediate dismissal from the Nursing Program.

Level One Remediation Plan: Deficiency Record

The intended purpose of student progression is to call attention to the student, as early as possible, to a situation that, if uncorrected, could lead to academic failure. In the event that a student is showing potential for not meeting the course requirements, a Deficiency Record will be initiated by Nursing Faculty following consultation with the appropriate Nursing Faculty and the Nursing Program Director. Students may continue on Level One deficiency plan, be progressed to Level Two, or be immediately dismissed from the Nursing Program as determined by the seriousness of the student's issues.

Academic:

Classroom-related performance or behaviors that indicate a need for problem-solving and the creation of a deficiency record. Examples of such issues include: a theory exam score below 75%, assignment scores below 75%, repeatedly missing or arriving late at exams, or failure to meet responsibilities of students as outlined in the Nursing Student Handbook and College Catalog.

Learning Lab/Clinical:
Clinical and/or Learning Lab performance that indicate a need for problem-solving and the creation of a level one deficiency record. Examples of such issues include skills check-off failures, lack of progress towards meeting clinical outcomes, missed clinical time, inadequate preparation for patient care, unsafe practice, lack of professional conduct, failure to notify Nursing Faculty for skills supervision, failure to keep Nursing Faculty and nurses apprised of patient progress, and failure to follow established policies of the Nursing Program, College, and/or healthcare facility.

Satisfaction of the remediation Plan:
At the end of the term the student's progress towards achieving the plan will be evaluated by the Nursing Faculty and Nursing Program Director. The student will be notified by their advisor of the Faculty's decision regarding progression in the Nursing Program. If the student successfully completes the plan, a note will be placed on the plan in the student's record indicating such and that no further action is required. A consequence of failing to demonstrate adequate progression toward achieving the plan will be failure of the course.

Level Two Remediation Plan: Probation
This record is notice to a student that immediate changes in behavior or performance are needed to prevent either failure or dismissal from the Nursing Program. Students may be advanced directly to probation as determined by the seriousness of the student's behavior or performance issue. Subsequent occurrences of problem behavior/performance will result in disciplinary action, which will include continuation on probation or immediate dismissal from the nursing program, and possible ineligibility for readmission. The Nursing Faculty identifying the problem behavior/performance informs the student and schedules a multi-person conference among the student, the Faculty(s), the Nursing Program Director, and other appropriate College representatives if applicable. Students may invite a support person *(Note: this person cannot be currently enrolled in the Nursing Program)* to appear with them at this meeting. The support person is at this meeting as an observer only, and is not invited to participate in the dialogue between the student and the Nursing Program/College representatives. Students will receive a copy of the probationary record (see Level Three below).

Academic Honesty:
Students who fail to practice academic honesty will be immediately placed on probation. Grievous violations will result in immediate dismissal from the nursing program.

Satisfaction of the Academic Honesty Probationary plan:
Students placed on probation for academic dishonesty will remain on probation for the remainder of their enrollment in the Nursing Program. A second occurrence of academic dishonesty will result in immediate dismissal from the Program. Dismissed students seeking to re-enter the Nursing Program are subject to the guidelines for readmission.

Learning Lab/Clinical:
Students who continue to demonstrate a trend of unsafe practicum behavior or performance will be placed on probation. Grievous safety, integrity, or accountability violations may result in immediate dismissal from the nursing program.

Satisfaction of the Clinical Probationary Plan:
Students who continue to demonstrate unsafe clinical behaviors or performance while on probation will be barred from the clinical practicum, in which case their clinical grade will be "F". If a serious unsafe behavior is demonstrated at any time during a Nursing course, the student will remain on probation throughout subsequent Nursing courses. Once a student has met all the conditions of the probationary plan and can consistently demonstrate a trend of satisfactory performance in the clinical setting the plan may be resolved. Any further occurrence of unsafe care will result in the reactivation of the probationary plan or immediate dismissal of the student.

Level Three: Immediate Dismissal

Dismissal of a student from the nursing program reflects an academic and instructional judgment of the Nursing Team. Immediate dismissal will be employed in the following circumstances:

- The student's performance, behavior, abilities, or legal status prevents the student from appropriately participating in the Nursing Program.
- The student's performance, behavior, abilities, or legal status clearly indicates that they lack the knowledge, skills, judgment or abilities to safely provide Nursing care, thereby placing patients at risk of injury or death. (See *Indicators of Unsafe Clinical Behaviors or Performance*)
- Examples of circumstances that could lead to immediate dismissal include:
  1) Gross negligence and/or major safety violation.
  2) Commits and/or is convicted of a crime, while a student, under circumstances bearing on the suitability of a student to practice a health-related profession.
  3) Use of any controlled substance or intoxicating substance to an extent that is dangerous or injurious to the student or others and such use impairs the ability to safely conduct Nursing practice or participate in academic activities.
  4) Conduct Derogatory to the Standards of Nursing (See Oregon Administrative Rules, Board of Nursing Chapter 851, Division 45, 851-045-0070.).
  5) A condition or life situation that causes the student to be unable to meet the Technical Standards of the Nursing Program.
  6) Coercive language or behaviors that put patients, clients, families, healthcare facility personnel, other students, or Nursing Program Faculty and staff at risk for psychological harm, physical injury, or death.

The above information has been adopted/adapted from Student Manual's from Rogue Community College, Portland Community College, Umpqua Community College, Central Oregon Community College and previous Southwestern Community College handbooks.

<u>APPENDICES</u>

OCNE COMPETENCY RUBRIC (with Benchmarks)

The Competency Rubric for each of the competencies and benchmarks guides the Oregon Consortium for Nursing Education (OCNE) curriculum. The competencies, defined by faculty in OCNE partner programs, are based on a view of nursing as a theory-guided, safety-oriented, evidence-based discipline. The Competency Rubric supports patient-focused care across a variety of settings. The term, *patient,* is used to broadly identify the recipient of care and includes direct care recipient, family, patient, community or population. At times, population or community is identified for specific purposes.

The Competency Rubric is designed to convey measurable performance expectations. This document provides a progressive framework with leveled benchmarks, supplies systematic feedback to students about their performance and ultimately, promotes student learning. The Competency Rubric has three components: (1) competency to be demonstrated; (2) dimensions which align the parts of the competency; (3) description of each benchmark to be assessed. Benchmarks specify the three levels of progression within the OCNE curriculum: the end of third, sixth and ninth terms.

Each program will internally identify the measures that align the benchmarks with course outcomes and evaluate student progression. Evidence for meeting these benchmarks may be demonstrated through individual learning activities and assessments across all courses and learning modalities. Students must demonstrate safe care practices to meet benchmarks according to established standards within the RN scope of practice, adherence to individual schools' code of conduct and policies as outlined in their student handbook. Students are expected to integrate all competencies and benchmarks into their learning experiences, as they are relevant to the situations and as they progressively achieve higher benchmark levels. By the end of the OCNE curriculum program, the student integrates all ten competencies into their emerging practice.

Competency #1: A competent nurse bases personal and professional actions on a set of shared core nursing values

DIMENSION	Level1 End of 3rd Term	Level 2 End of 6th Term	Level 3 End of 9th Term
1.1 Nursing is a humanitarian profession based on a set of core nursing values. As affirmed in the ANA Code of Ethics and other nursing literature, these values include social justice, caring, advocacy, protection of patient autonomy, prevention of harm, respect for self and others, collegiality, authority, accountability, responsibility for nursing practice, and ethical behavior.	1.1 Identifies elements of the ANA Code of Ethics in practice	1.1 Incorporates all provisions of the ANA Code of Ethics into practice	Maintains Level 2
1.2 Ethical dilemmas are encountered in clinical practice. Nurses are obligated to notice, interpret, respond and reflect on these dilemmas using ethical principles and frameworks as a guideline.	1.2 Recognizes ethical principles and frameworks	1.2 Integrates ethical principles and frameworks to guide practice	1.2 Develops diverse, practical ways to implement ethical decisions and actions to guide practice

DIMENSION	Level1 End of 3rd Term	Level 2 End of 6th Term	Level 3 End of 9th Term
1.3 Nursing has a legal scope of practice and professionally defined standards that enable nurses to practice at the top of their license.	1.3 Identifies the Nursing Scope of Practice and professionally defined standards	1.3 Practices within the Nursing Scope of Practice and professionally defined standards	1.3 Evaluates use of the Nursing Scope of Practice and professionally defined standards for practice at the top of license.

OCNE Competency # 2: A competent nurse uses reflection, self-analysis, and self-care to develop insight.

DIMENSION	Level 1 End of 3rd Term	Level 2 End of 6th Term	Level 3 End of 9th Term
2.1 Ongoing reflection, critical examination, and evaluation of one's professional practice and personal life improves nursing practice.	2.1 Reflects on own nursing performance	2.1 Reflects on own nursing performance and incorporates improvement into nursing performance based on reflection	2.1 Demonstrates ongoing professional development
2.2 Reflection and self-analysis encourage self-awareness, self-regulation, and self-care.	2.2 Describes components of a personal plan for self-care, self-regulation and self-awareness	2.2 Uses self-awareness and self-regulation strategies to facilitate interactions in complex professional and personal situations	2.2 Integrates self-awareness and self-regulation strategies to facilitate interactions in complex professional and personal situations

OCNE Competency # 3: A competent nurse engages in intentional learning.

DIMENSION	Level 1 End of 3rd Term	Level 2 End of 6th Term	Level 3 End of 9th Term
3.1 Engaging in intentional learning develops self-awareness of the goals, processes, and potential actions of this learning and its effects on patient care.	3.1 Identifies personal learning goals	3.1 Develops strategies to meet identified personal learning goals	3.1 Evaluates effects of personal learning goal attainment
3.2 Purposely seeking new, relevant knowledge and skills guides best practice development, supporting safe and effective patient care.	3.2 Uses new knowledge and skills to enhance safe and effective care	3.2 Seeks new, relevant knowledge and skills to guide best practice development	3.2 Promotes seeking relevant new knowledge
3.3 Integrative thinking establishes connections between seemingly disparate information and sources of information that will be applicable in any situation.	3.3.1 Differentiates salient from non-salient data	3.3.1 Incorporates salient data in complex situations	3.3.1 Integrates salient data from multiple sources to formulate and evaluate therapeutic interventions
	3.3.2 Seeks clarifying information from disparate sources	3.3.2 Discriminates and reconciles disparate information	3.3.2 Formulates strategies for reconciling disparate information

OCNE Competency # 4: A competent nurse demonstrates leadership in nursing and health care.

DIMENSION	Level 1 End of 3rd Term	Level 2 End of 6th Term	Level 3 End of 9th Term
4.1 Nurses take a leadership role to meet patient needs, improve the health care system and facilitate community problem solving.	4.1.1 Applies own leadership abilities to address care situations	4.1.1 Advocates for individualized, holistic care within the health care system	4.1.1 Demonstrates leadership at the community or health care system level
	4.1.2 Identifies nurse's role and those of the roles of interprofessional team	4.1.2 Evaluates own leadership and effectively applies principles of communication and problem solving	4.1.2 Demonstrates leadership ability to participate in interprofessional teams

DIMENSION	Level 1 End of 3rd Term	Level 2 End of 6th Term	Level 3 End of 9th Term
4.2 Nurses effectively use management principles, strategies and tools to improve systems, processes and outcomes.	4.2.1 Identifies potential need for change related to patient care	4.2.1 Participates in evidence-based practice changes in individual patient care	4.2.1 Recommends a change framework to implement procedural change in an organization
	4.2.2 Describes quality and safety issues	4.2.2 Contributes to a culture of patient safety	4.2.2 Uses outcome data to evaluate trends in practice for quality and safety initiatives
	4.2.3 Identifies material and personnel resources in health care delivery	4.2.3 Prioritizes use of resources with recognition of the organization's values	4.2.3 Analyzes issues, resources, and administrative support for process change
4.3 Nurses are skilled in working with assistive nursing personnel including the assignment/delegation of responsibilities and supervision.	4.3.1 Delineates team member assignments based on scope of practice	4.3.1 Prepares team assignments , monitoring outcomes based on their scope of practice	4.3.1 Demonstrates strengths-based coaching to increase personnel's abilities and sense of teamwork
	4.3.2 Explains the purpose and desired outcome of an assignment	4.3.2 Demonstrates active listening to concerns about assigned tasks, prioritization, and timelines for problem solving	4.3.2 Evaluates and gives feedback on assignment outcomes
	4.3.3 Identifies rules and regulations concerning assignment and supervision	4.3.3 Analyzes rules and regulations concerning assignment and supervision	4.3.3 Maintains currency with evolving assignment and supervision regulations

OCNE Competency # 5: A competent nurse collaborates as part of a health care team.

DIMENSION	Level 1 End of 3rd Term	Level 2 End of 6th Term	Level 3 End of 9th Term
5.1 The patient is an essential member of the health care team.	5.1 Includes the patient as part of the health care team	5.1 Advocates for inclusion of the patient as an essential member of the team	5.1. Facilitates addressing barriers to meet patient health care goals
5.2 Successful health care depends on a team effort, and collaboration with others in a collegial team is essential for success in serving patients.	5.2 Consults and collaborates with peers, faculty, and nursing staff to contribute to health care team	5.2 Initiates collaboration and seeks consultation with other team members and proactively offers assistance	5.2 Uses interactions as an opportunity to proactively build relationships collaborating effectively with entire health care team
5.3 Learning and growth depend on providing, receiving and using feedback in a constructive manner.	5.3 Recognizes peer feedback as opportunities for growth	5.3 Recognizes own contribution to team performance	5.3 Reflects on peer feedback and applies to future situations
5.4 Supporting the development of colleagues creates a *just culture* in the health care setting.	5.4 Accepts and fulfills responsibility for assignments and commitments	5.4 Participates in collegial development	5.4 Analyzes and evaluates own and other's work

OCNE Competency # 6: A competent nurse is able to practice within, utilize, and contribute to all health care systems.

DIMENSION	Level 1 End of 3rd Term	Level 2 End of 6th Term	Level 3 End of 9th Term
6.1 Components of the system must be considered when coordinating or planning care and when engaging with the interprofessional team.	6.1 Describes the importance of developing professional networks in planning care	6.1 Uses networks within the immediate clinical area while planning care	6.1 Establishes or maintains stakeholder networks by actively participating in a health care delivery partnership
6.2 Improvements to health care utilize information technology for the collection and analysis of data.	6.2 Demonstrates data collection through appropriate use of information technology, targeting healthcare related issues	6.2 Discriminates between collected data to identify means for improving health care	6.2 Analyzes and evaluates collected data to inform decisions about healthcare related issues and to implement improvement
6.3 System-level thinking is required in the development and implementation of health policy to achieve health equity.	6.3 Identifies laws, regulations, policies and guidelines that influence health equity	6.3 Applies one or more policies or guidelines to a specific health care situation in order to improve health equity	6.3 Analyzes and evaluates the impact of laws, regulations, policies and guidelines on achieving health equity
6.4 Improving health literacy and expanding access to health care are essential to improve outcomes.	6.4.1 Recognizes the existence of health care disparities and their influence on health literacy and access issues for an individual	6.4.1 Demonstrates ability to assist individuals to enhance health literacy and reduce access barriers to health care in order to improve health outcomes	6.4.1 Collaborates with healthcare systems or community agencies to propose actions to improve health literacy and reduce barriers to accessing health care
	6.4.2 Identifies referral agencies within the health care system	6.4.2 Participates in making referrals for improving health care access	6.4.2 Facilitates the development of referral networks with consideration to health literacy and access needs
6.5 Responsible management and utilization of health care resources is essential.	6.5 Describes impact of system resource management and utilization on health care	6.5 Evaluates the benefits and costs that affect resource options and allocation within the health care setting	6.5 Analyzes current barriers and inconsistencies in resource utilization within a health care system and intervenes for improved management

OCNE Competency # 7: A competent nurse practices relationship-centered care.

DIMENSION	Level 1 End of 3rd Term	Level 2 End of 6th Term	Level 3 End of 9th Term
7.1 Patient-centered care is based on, developing mutual trust and respect for the autonomy of the patient	7.1.1 Identifies and reflects on own biases while recognizing the patient's lived experience	7.1.1 Responds to patient needs while recognizing own biases	7.1.1 Advocates to reduce potential bias within the health care system
	7.1.2 Establishes therapeutic relationships	7.1.2 Facilitates therapeutic relationships to support patient autonomy in care decision-making	7.1.2 Formulates strategies for therapeutic relationships
	7.1.3 Recognizes personal and professional boundaries and respects patient autonomy	7.1.3 Establishes personal and professional boundaries and advocates for patient autonomy	7.1.3 Advocates within the health care team to honor patient autonomy
7.2 Culture, history, health disparities, family and community must be considered in a patient-centered approach.	7.2.1 Identifies unique patient care needs	7.2.1 Advocates for unique needs in planning for care	7.2.1 Applies knowledge of social determinants of health to assess population health needs

DIMENSION	Level 1 End of 3rd Term	Level 2 End of 6th Term	Level 3 End of 9th Term
	7.2.2 Explains health inequities existing within certain populations	7.2.2 Integrates knowledge of health inequities to influence plan of care for patient and communities	7.2.2 Promotes health equity for vulnerable populations within a care delivery setting

OCNE Competency #8:   A competent nurse communicates effectively.

DIMENSION	Level 1 End of 3rd Term	Level 2 End of 6th Term	Level 3 End of 9th Term
8.1 Therapeutic communication establishes a caring relationship with patients, families, and/or communities to advocate, develop, and facilitate care.	8.1 Uses respectful verbal and nonverbal communication to facilitate care	8.1 Demonstrates effective and respectful therapeutic and professional communication to optimize care	8.1 Aligns patient health goals through effective therapeutic and professional communication
8.2 Accurate and complete communication with both patients and the health care team is essential to ensure patient safety and provide for comprehensive continuity of care.	8.2.1 Demonstrates accurate written and verbal communication	8.2.1 Generates salient verbal and written communications incorporating context and complexity of the situation	8.2.1 Appraises communications regarding patient health concerns
	8.2.2 Identifies multiple modalities for intra- and interprofessional communication	8.2.2 Applies appropriate modality for intra- and inter-professional communication	8.2.2 Contributes in the planning and implementation of new communication technologies
	8.2.3 Identifies how to access the chain of command, as the situation requires for continuity of care	8.2.3 Activates use of the chain of command as the situation requires for continuity of care	8.2.3 Evaluates use of the chain of command for problem solving for continuity of care
8.3 Successful communication requires attention to social and cultural influences and the use of appropriate communication modalities and technologies.	8.3.1 Relates self- awareness of own social, economic and cultural influences of own communication skills and barriers	8.3.1 Interprets and clarifies communication	8.3.1 Modifies communication based on self-awareness and impact of nursing interactions
	8.3.2 Recognizes need for variation in communication methods related to social, economic, and cultural diversity	8.3.2 Uses a variety of communication modalities related to social, economic and cultural diversity	8.3.2 Identifies potential solutions to social, economic and cultural diversity-related communication barriers
8.4 Health teaching requires attention to the patient's and family's health literacy, cognitive and physical abilities, as well as community values and beliefs.	8.4.1 Uses standardized health teaching methods and materials to facilitate health behavior change	8.4.1 Adapts health teaching methods and behavior change interventions	8.4.1 Generates health behavior change interventions
	8.4.2 Recognizes variables and potential limitations impacting health teaching	8.4.2 Incorporates knowledge of health literacy, beliefs and values into health teaching	8.4.2 Evaluates effectiveness of health teaching

OCNE Competency #9: A competent nurse makes sound clinical judgments

DIMENSION	Level 1 End of 3rd Term	Level 2 End of 6th Term	Level 3 End of 9th Term
9.1 Nurses use a variety of frameworks, classification systems and information management systems to organize data and knowledge for clinical judgment.	9.1.1 Collects and interprets non-complex subjective and objective data from patient	9.1.1 Analyzes relevant complex subjective and objective data from patient	9.1.1 Analyzes relevant complex subjective and objective data from community/population
	9.1.2. Locates additional information from patient and/or instructor in order to refine assessment findings	9.1.2 Determines additional data essential to patient care	9.1.2 Discriminates between research and non-research evidence in planning care
	9.1.3 Employs an organized approach to care delivery	9.1.3 Adjusts plan of care based on changing priorities	9.1.3 Generates strategies to enhance patient care outcomes
9.2 Nursing judgment is an iterative process of noticing, interpreting, responding, and reflecting.	9.2.1 Identifies subjective and objective data patterns	9.2.1 Synthesizes subjective and objective data patterns in order to inform care interventions	9.2.1 Evaluates data patterns and formulates responses to inform care
	9.2.2 Recognizes prioritization in planning care	9.2.2 Employs prioritization in planning care	9.2.2 Adapts prioritization in care planning to complex situations
9.3 Noticing, interpreting and responding require use of best available evidence, a deep understanding of the patient experiences and cultural influences, recognition of contextual factors as well as one's own biases that may influence judgments and sound clinical reasoning.	9.3.1 Identifies nursing interventions that have evidence-based rationales	9.3.1 Justifies nursing interventions with evidence based rationales	9.3.1 Evaluates evidence sources for validity specific to patient care
	9.3.2. Compares data from a variety of sources to assist in decision-making	9.3.2 Integrates data from a variety of sources to promote safe, quality care	9.3.2 Synthesizes information from a variety of sources to promote safe, quality care
	9.3.3 Uses safe interventions in patient care	9.3.3 Advocates for safe care with the interprofessional team	9.3.3 Advocates for safe care within the community or organization
	9.3.4 Identifies patient care preferences	9.3.4 Adjusts care based on patient preferences	9.3.4 Collaborates with interprofessional team to make adjustments in care based on patient preferences
9.4 Clinical judgment involves the accurate performance of cognitive, affective, and psychomotor skills in the delivery of care while maintaining safety of the patient, family, community, environment, and self.	9.4.1 Demonstrates safe psychomotor skills	9.4.1 Applies safe psychomotor skills in dynamic situations	9.4.1 Evaluates psychomotor skills/interventions to provide safe care
	9.4.2 Demonstrates cognitive and affective skills in preparation for care	9.4.2 Adapts cognitive and affective skills in dynamic situations	9.4.2 Coaches colleagues to enhance cognitive and/or affective skills
	9.4.3 Demonstrates personal physical safety in the health care environment	9.4.3 Supports personal physical safety of the team in the health care environment	9.4.3. Generates quality improvement activities that promote a culture of safety

OCNE Competency # 10: A competent nurse, locates, evaluates and uses the best available evidence.

DIMENSION	Level 1 End of 3rd Term	Level 2 End of 6th Term	Level 3 End of 9th Term
10.1. Legitimate sources of evidence for decision-making include research evidence, standards of care, community perspectives, a deep understanding of patient experience and	10.1.1 Defines EBP to include the components of research evidence, clinical expertise, patient preference to answer nursing questions	10.1.1 Modifies evidence searches to locate a limited number of most relevant sources	10.1.1 Analyzes evidence search results to determine need for alternative information retrieval systems

DIMENSION	Level 1 End of 3rd Term	Level 2 End of 6th Term	Level 3 End of 9th Term
preferences, and practical wisdom gained from experience and participation in professional organizations.	10.1.2 Demonstrates literature search in at least one health care-focused database to address nursing questions	10.1.2 Performs literature search using databases, including other disciplines in order to answer nursing questions	10.1.2 Differentiates search methods for application to specific nursing practice issue
	10.1.3 Locates current sources for evidence reports and clinical practice guidelines from authoritative organizations (e.g. QSEN, AHA, WHO, CDC)	10.1.3 Applies evidence reports and clinical practice guidelines from authoritative organizations	10.1.3 Differentiates evidence to develop better nursing practices
	10.1.4 Identifies nursing questions using a structured format (i.e. PICOT)	10.1.4 Develops nursing questions using a structured format (i.e. PICOT)	10.1.4 Constructs background and foreground questions to drive process improvement efforts
10.2. Knowledge from the biological, social, medical, public health, and nursing sciences is constantly evolving.	10.2.1 Identifies potential for bias in evidence sources	10.2.1 Recognizes strength of evidence related to potential for bias	10.2.1 Analyzes evidence for bias and ethical considerations
	10.2.2 Discriminates clinical opinion from research and evidence summaries	10.2.2 Identifies different research designs (e.g. qualitative vs. quantitative) and differentiates between primary and secondary sources of evidence	10.2.2 Evaluates the strength of evidence using an evidence hierarchy
	10.2.3 Identifies the evolution of evidence	10.2.3 Incorporates evolution of evidence	10.2.3 Examines the cyclical process of research and the translation into nursing practice
10.3 Best practice in nursing is continuously modified.	10.3.1 Describes rationale for nursing interventions	10.3.1 Formulates nursing plan(s) of care that incorporates internal and external evidence, as well as patient values and preferences	10.3.1 Implements practice change based on evidence, clinical expertise, and patient preferences to improve care processes and patient outcomes
	10.3.2 Identifies practice that deviates from evidence based care	10.3.2 Identifies barriers to application of evidence into practice	10.3.2 Identifies strategies to sustain an evidence-based practice culture
	10.3.3 Recognizes benefit of applying evidence	10.3.3 Examines implications of applying evidence	10.3.3 Initiates change using research findings

Update Approved: May 2009; Preamble and Competencies 1-5 updated and approved June 2013; Competencies 6-10 updated and approved March 2015; Competency 9 updated and approved December 2015; Preamble and Competency Rubric (with Benchmarks) 1-10 updated May 27, 2020.

Skill Performance Rubric

DIMENSION	Exemplary	Competent**	Developing	Needs Work*
Preparation	Able to gather appropriate equipment without prompting. Able to discuss skill steps and rationale in depth. Can adjust equipment required for procedure according to patient condition and/or needs.	Gathers appropriate equipment but may need a prompt for an item. Can discuss skill steps and rationale, but not in depth. A final review of the procedure prior to performance is acceptable.	Needs some prompting for equipment beyond a single item. Needs prompting and guidance to discuss steps/rationale for the skill. A final review of the procedure prior to performance is acceptable, refers to the procedure once during the skill demonstration based on consultation with the Faculty.	Does not know what equipment is needed. Unable to discuss skill steps and/or doesn't understanding the underlying rationale. References the procedure more than one time during the procedure.
Organization & Patient Safety	Performs skill with organized steps and without compromising patient safety. Skill performed smoothly and competently	Skill performed well but with some hesitation or delay in execution. Able to correct errors with minimal prompting If in danger of compromising patient safety, recognizes and corrects problem	Skill had sequencing problems. Student could recognize errors but not easily continue the skill by correcting the problem. Needs prompting from Faculty to move from one step to another.	Skill steps are disordered and out of sequence, student does not recognize errors and/or compromises patient safety without recognition of problems
Patient Care Needs	Provides patient teaching appropriately during skill demonstration. Recognizes and addresses patient care needs beyond the immediate skill	Provides for patient teaching with minimal prompting. Speaks to patient during skill, but not able to teach smoothly and in depth. Recognizes patient care needs well with minimal prompts.	Performs skill with only minimal recognition of patient, such as introduces self. Does not speak to patient during skill. Able to state a few teaching needs with prompting.	Ignores patient during process, unable to state any patient teaching that might be needed
Documentation	Documents clearly, concisely, accurately and thoroughly. Information is organized based on skill sequencing expected outcome and patient/patient response. No spelling errors.	Documentation is mostly correct and needs little editing. Information is organized based on skill sequencing.	Documentation is adequate with some correction. Less complete, and may have one or two spelling or sequencing errors.	Documentation is incomplete, rambling, disorganized, and/or inaccurate. Spelling errors.

*Student requires additional practice of the skill before continuing/completing the skill check-off for Faculty sign-off.

**Student needs to perform at the competent level for Faculty to sign-off clinical skill check-off completion.

SOUTHWESTERN OREGON COMMUNITY COLLEGE
NURSING PROGRAM
Health Clearance Release for In-Program Nursing Students

Instructions:
The nursing program at Southwestern Oregon Community College requires health care clearance for a student who is pregnant or following an illness, injury, or surgery that could impact the student's ability to safely perform clinical care. The form must be legibly completed, signed, dated and returned, by way of the student, stating that the student is cleared to perform classroom or clinical responsibilities without restriction in the following areas:

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

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

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

Examples of learning activities found in the nursing curriculum and related to industry standards:
- Transfer patient/patients in and out of bed from stretchers and wheelchairs.
- Control a fall by slowly lowering patient to the floor.
- Perform cardiopulmonary resuscitation (CPR)
- Lift, move, turn, position, push, or pull patients and/or objects, weighing up to 35 pounds.
- Reach to place or access equipment such as intravenous fluid bags or bend or squat to reach catheter bags, within compliance of safety standards.
- Transport equipment and supplies to the patient bedside.
- Manipulate small equipment and containers, such as syringes, vials, ampules, and medication packages, to administer medications.
- Dispose of needles in sharps container.
- Dispose of contaminated materials in a safe and compliant manner.
- Complete assigned periods of clinical practice (up to twelve (12) hour shifts, days, evenings, or nights, holidays, weekdays and weekends).
- Complete skills tests within assigned time limit.

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

3. Use and interpret information from diagnostic procedures.

Examples of learning activities found in the nursing curriculum and related to industry standards:

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

Behavioral:

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

Examples of learning activities found in the nursing curriculum and related to industry standards:

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

☐ **Student is cleared to perform classroom or clinical responsibilities. There are no medical or mental health contraindications.**

☐ **Student is not cleared to perform classroom or clinical responsibilities for the following reasons:**

_____

_____

_____

_____
Licensed Physician/Nurse Practitioner/Certified Nurse Midwife

Name and Title, PLEASE PRINT CLEARLY	Phone Number
SIGNATURE	Date

SOUTHWESTERN OREGON COMMUNITY COLLEGE
Department of Nursing

Readmission/Reinstatement
To Southwestern Oregon Community College Nursing Program

Name:_____ Student ID#: _____

Email:_____

Home Phone #: _____ Cell Phone #: _____

Last Term Attended:_____ Fall / Winter / Spring_____ _____
                            (Circle One)   (Year)

I am requesting permission to repeat/take NRS _____ for the Fall / Winter / Spring_____
                                               (Course #)   (Circle One)   (Year)

_____   _____
Signature   Date

_____
Printed Name

Note: <u>This request does not guarantee placement in the desired Nursing courses.</u> *Completion of this form will assist us in planning.* ***<u>This form is due no less than four (4) months prior to the beginning of the term which is requested.</u>*** *Return this form to the administrative assistant to the Director of Nursing.*

ACTION PLAN FOR SUCCESS IN NURSING PROGRAM

Name: _____ Date _____

Goal:

What is your Action Plan for Academic/Clinical Success?

With my goal of returning I will:

☐ Meet with my nursing advisor (when) _____

☐ Commit myself to studying a minimum of _____ hours/week. Since I am taking _____ credit hours this term, I should be studying approximately _____ hours each week (number of credit hours x 2-3).

☐ Visit the tutoring lab to request tutoring for the following course(s) _____

☐ Meet with the Faculty for the following: _____

_____

☐ Participate in a Student Success program(s) such as: _____

_____

☐ Meet with a counselor

☐ Other _____

_____

_____

My greatest obstacle to overcome this quarter is _____

_____

_____

_____

SOUTHWESTERN OREGON COMMUNITY COLLEGE NURSING PROGRAM
STUDENT HANDBOOK AGREEMENT

_____ I have read and understand the material in the current <u>Nursing Program Student Handbook</u>. As a Southwestern Community College student, I understand that I must comply with the policies contained in this handbook to continue in the program. I understand that this Handbook is reviewed every year, and revisions will be reviewed with me.

_____ I understand that all information regarding patients is strictly confidential, whether written in the hospital record or coming to my knowledge from being in the health care facility. I will comply with HIPAA regulations. I understand that I may be subjected to civil penalties and/or disciplinary action for violations of this policy. I understand that I will am required to sign a confidentiality agreement for each clinical placement that I am assigned to.

_____ I understand that if I request a recommendation for transfer or employment purposes from a nursing Faculty, a written request must be provided. The recommendation will be in writing and may include information on grades and performance from nursing Faculty.

_____ I understand that for purposes of continuity of education and safety of patients, nursing Faculty will discuss my clinical performance from term to term in Faculty meetings and with me. All discussions are confidential and will comply with FERPA requirements.

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

_____ I understand that my assigned clinical and lab schedule may change during any given term. This includes the facility (within SWOCC's district), unit, or shift. (SWOCC's district includes: Coos County, Curry County and Western Douglas County.)

_____ I agree that for purposes of public safety and health, if I have or develop any type of psychological, medical, drug or alcohol problem, which could impair my clinical performance the program director may report it to and/or consult with the Oregon State Board of Nursing (OSBN). I understand that when I am in the clinical setting, if the Clinical Faculty believes that my ability to perform patient care safely is impaired; the Faculty will remove me from patient care responsibilities and follow the guidelines as outlined in this handbook.

_____ I understand that at any time there may be suspicion of drug or alcohol abuse, a Faculty member or nursing staff member at a Clinical facility may ask for a specimen and the test will be done at the student's expense.

_____ I understand that if I engage in behavior defined as "Conduct Derogatory to the Standards of Nursing Defined (see Oregon Administrative Rules (OAR) 851-045-0070) or Conduct Unbecoming a Nursing Assistant (see OAR 851-063-0090), the situation will be reported to the Board of Nursing.

_____ I am aware of potential problems present in the clinical settings such as physical injury/strain or exposure to infectious and hazardous materials, etc. I am also aware that proper precautions must be taken at all times.

_____ I understand that information regarding my health screenings, immunizations, drug testing, criminal background checks and basic training (CPR, Blood Borne Pathogen, HIPAA, and Safety) may be shared with clinical sites utilized by the Nursing Program. I understand that this information is kept in my student file in a locked file cabinet in the office of the Administrative Assistant to the Director of Nursing. I understand the information is shared, if requested, with clinical sites that have a contractual agreement with the nursing program to provide evidence of the completion of the administrative requirements of the Oregon Health Authority (OAR 409-030-0250).

_____ I provide permission allowing the sharing of my health screenings, immunizations, drug testing, criminal background check and/or basic trainings to the clinical site if requested by the clinical site.

Print Name _____Signature: _____Date: _____
Please initial by each statement and print/sign/date this form. Return it to the Nursing Program Director's Administrative Assistant no later than the first Friday of the term at 12:00 noon. An official copy will be placed in your student record.

Southwestern Oregon Community College
Nursing Program

Consent for Physical Contact and Invasive Procedures

During the skills lab component of instruction, appropriate touching and physical contact as well as the performance of certain invasive procedures will be required between students under the supervision of the nursing Faculty. These procedures will be performed as a part of the Campus Learning Lab under the direct supervision of nursing Faculty. The **_only_** invasive procedure that may be practiced during open practice labs in which a Faculty may not be present is physical assessment.

I give my permission for fellow students and Faculty in the nursing program at Southwestern Oregon Community College to perform invasive procedures on myself as part of the course work for Nursing 110, 111, 112, 222, 221, and 224. I understand that these procedures will be performed using Universal Precautions and that I will participate in assuring use of these precautions. I hold Southwestern Oregon Community College harmless of any repercussions that may arise.

Approved Invasive Procedures:
- Administering Intradermal (ID) injections
- Administering subcutaneous injections
- Performing venipuncture
- Dermal punctures for CBG
- Intravenous cannulation
- Administering non-pharmacological eye and ear drops
- Administering non-pharmacological inhalers
- Physical assessments

The following invasive procedures are NOT approved:
- Administering intramuscular (IM) injections
- Administering intraosseous injections
- Inserting nasogastric tubes
- Inserting urinary catheters

OFFICIAL COPY TO
BE ON STUDENT FILE

_____
Student Signature

_____
Date Signed

_____
Faculty Signature

_____
Date Signed

Southwestern Oregon Community College Nursing Program

<u>NURSING SCHOOL CONFIDENTIALITY AGREEMENT</u>

I understand that I may have access to confidential patient information and confidential information about the business and financial interests of the clinical facilities where I care for patients. I understand that Confidential Information is protected in every form, such as written and/or electronic records and correspondence, oral communications, and computer programs and applications.

I agree to comply with all existing and future policies and procedures of Bay Area Hospital, Curry General Hospital, Coquille Valley Hospital, Lower Umpqua Hospital, Southern Coos Hospital and any other clinical agency used, to protect the confidentiality of Confidential Information. I agree not to use, copy, remove, release, or disclose Confidential Information.
I agree not to disclose confidential information through social messaging systems or any electronic means such as texting, email, Facebook.com, Twitter.com.

The unauthorized disclosure, copying, distribution, or misuse of Confidential Information is a serious breach of my duty to Southwestern Oregon Community College and will result in disciplinary action up to and including termination from enrollment in the nursing program.

I agree not to share or release any authentication code or device, password, key card, or identification badge to any other person, and I agree not to use or release anyone else's authentication code or device, password, key card, or identification badge. I agree not to allow any other person, except those authorized by the clinical agency, to have access to the clinical agency information systems under my authentication code or device, password, key card, or identification badge. I agree to notify the appropriate administrator immediately if I become aware that another person has access to my authentication code or device, password, key card, or identification badge, or otherwise has unauthorized access to the clinical agency's information system or records.

I understand and agree that my obligations under this Agreement continue indefinitely after my status as a student end.

I have read and understand the contents of this Confidentiality Agreement and agree to its terms:

Student Printed Name _____

Student Signature: _____

Date: _____

OFFICIAL COPY TO BE
ON STUDENT FILE

Witnessed by:

Faculty/Staff Member Printed Name _____

Faculty/Staff Member Signature: _____

Date: _____