ROGUE COMMUNITY COLLEGE

ASSOCIATE DEGREE NURSING STUDENT HANDBOOK

2023-2024

Program Accredited by Oregon State Board of Nursing, 17938 SW Upper Boones Ferry Rd, Portland, OR 97224. (971) 673-0685. The program is not currently nationally accredited so graduates may not be able to obtain initial licensure in states that require the graduate to be from a nationally accredited program. Please do your due diligence.

College Accredited by Northwest Commission on Colleges and Universities (NWCCU)

ASSOCIATE DEGREE
NURSING STUDENT HANDBOOK

TABLE OF CONTENTS

Revised September 2023

I. 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 is to be used as a reference and is binding for the current academic year. It is reviewed and revised on an annual basis.

II. Philosophy

The faculty at Rogue Community College (RCC) Associate of Applied Science Degree (ADN) Nursing Program believes in and supports the Rogue Community College mission and goals as written. We believe the nursing program enriches and changes lives and provides hope while meeting the educational needs of our community and its individuals. We believe the nursing curriculum must be responsive to the needs of its students, the college, the community, and the profession of nursing. We believe the nursing program should be measured against state and national standards.

The faculty believes students have the freedom to pursue the achievement of personal goals and needs through educational enrichment. We believe these needs are best met by providing a progressive system of instruction, based on the nursing process and Tanner's Clinical Judgment Model, which prepares individuals for licensure and work as entry-level registered nurses (RNs).

Teaching/Learning

Learning is a lifelong process 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 the long-term cognitive, affective, and/or psychomotor functioning change. Both teacher and learner share responsibility in the learning process. The learner's acquisition of knowledge and development of problem-solving skills is ultimately the responsibility of the learner.

The student is an active participant in the learning process. Learning is acquired through continual interaction, participation, collaboration, and feedback with students, clients, instructors, and the environment. We believe learning occurs at various rates depending on the individual's innate ability. Learning occurs best when it progresses from basic concepts to more complex ones.

We believe learners possess unique learning styles and educators must rely on a variety of teaching methods, learning strategies, and supportive technology to accommodate those styles.

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

III. Conceptual Framework

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

RCC draws upon the work of the Oregon Consortium for Nursing Education to define a conceptual framework consistent with shared professional values and the fundamental concepts of the nursing process. RCC recognizes that the use of the nursing process provides nurses with a common language and one way to teach problem-solving, promote scientific reasoning and critical thinking, and maximize accountability and responsibility.

Within the context of the nursing process as a way of teaching problem-solving, RCC supports Tanner's Integrative Model of Clinical Judgment.

RCC AAS in Nursing Program Competencies

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

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

OCNE agreed-upon competencies and benchmarks, (program outcome and OCNE Spiral Curriculum), and rubrics adapted for use by the RCC program are found at the end of the Nursing Student Handbook or will be distributed at appropriate times during the program.
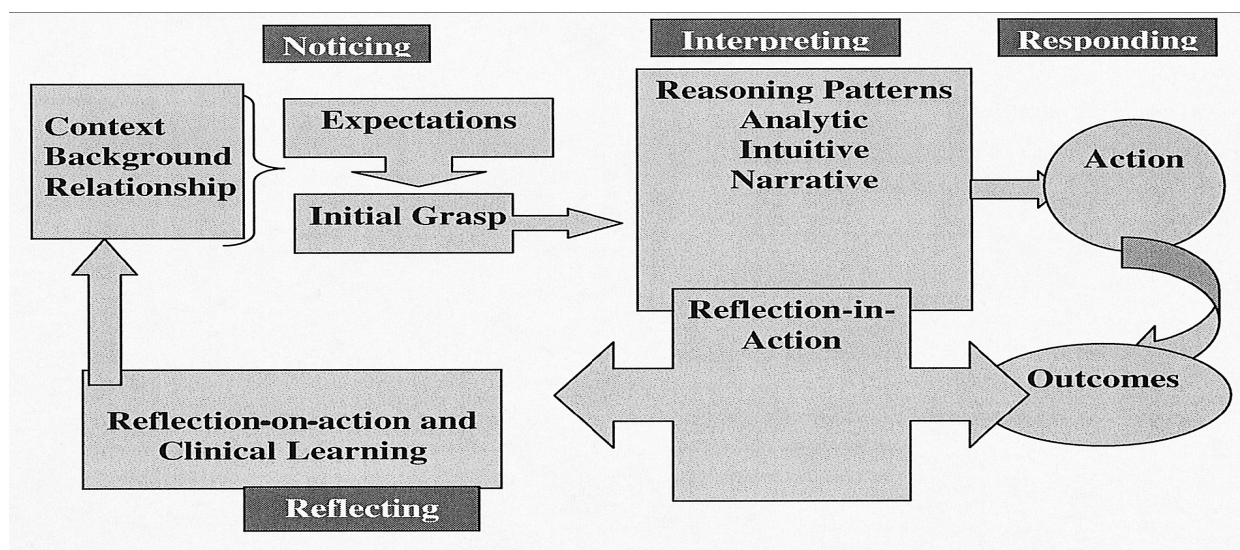

Figure 2: Clinical Judgment Model, adopted with the author's permission from Tanner, C. A. (2006). Thinking like a nurse: A research-based model of clinical judgment in nursing. *Journal of Nursing Education, 45*,(6), 204-211.

IV. Mission Statement

The Rogue Community College Nursing Program's Mission is to change lives, provide hope, and fill educational needs in our community by producing successful graduates who will be, at the registered nurse entry-level, competent as healthcare providers

To accomplish this mission, the nursing program will:

- Empower our learners by giving them the tools needed to change their lives.
- .
- Assure learner goals and program outcomes are being met through monitoring and assessment.
- Support the college's efforts toward expansion to meet community and student needs as deemed necessary.
- Interact with the community, build partnerships, and maintain accountability.
- Respect the unique dignity and diversity of every person
- Nurture and encourage the ongoing development and life-long learning of our faculty.
- Appropriately utilize college funds to accomplish our goals.

Because the mission of the college and the program is focused on education, the Nursing Program also embraces the college's collaboratively developed institutional learning outcomes (ILOs). To access more information on ILO's visit the RCC website at https://www.roguecc.edu/outcomes/ILO.asp. These learning outcomes can be found at (add link)

The successful accomplishment of this mission will be demonstrated by the following program outcomes:

1. Completion/graduation rates:
   More than 80% of students admitted to the program will graduate after completing the two years of the nursing program.
2. NCLEX results:
   More than 85% of ADN graduates will pass the licensing exam, NCLEX-RN, on the first attempt.
3. Program satisfaction: see note
   The following tool will be used with each graduating class.
   a.. Graduates who return the Skyfactor (previously Educational Benchmarking, Incorporated/EBI) Alumni Assessment tool sent out within 6-9 months after graduation will indicate satisfaction with the program in that the program promoted a successful career, shown by a mean score between 4 (moderately) and 7 (extremely) on questions 1-7, and overall satisfaction with the program, shown by a mean score between 4 (very well) and 7 (exceptional) on questions 16 (preparation for success) and 18 (rating of the overall value of program).
   b.. Students who return the Skyfactor (EBI) Exit Assessment (6th term) tool will indicate satisfaction with the nursing program and quality of instruction, shown by a mean score between 5 and 7 on questions 6-80.
4. Clinical Judgment:
   All students will be deemed by their instructor to have met the appropriate Clinical Judgment competency benchmark on the Clinical Competency Evaluation tools by the end of the first year and the end of the program.
5. Communication effectiveness:
   All students will be deemed by their instructor to have met the appropriate Communication competency benchmark on the Clinical Competency Evaluation tool by the end of the first year and the end of the program.

V. General Information

RCC Nursing Program Organizational Chart
(Includes depiction of lines of authority and communication to controlling body and advisory committee)

```
                    ┌─────────────────────┐
                    │  Board of Education  │
                    └─────────────────────┘
                               │
                    ┌─────────────────────┐
                    │      President       │
                    └─────────────────────┘
                               │
              ┌──────────────────────────────────┐
              │  Vice President of Instruction    │
              └──────────────────────────────────┘
                               │
      ┌────────────────────────────────────────────────────────┐
      │ Dean of Instruction, School of Health and Public Service │
      └────────────────────────────────────────────────────────┘
                               │
              ┌──────────────────────────────┐    ┌──────────────┐
              │ Director of Nursing and Allied│    │   Nursing    │
              │    Health Occupations         │────│  Department  │
              └──────────────────────────────┘    │  Advisory    │
                        │                          │  Committee   │
              ┌──────────────────┐   ┌──────────────┐ └──────────────┘
              │     Nursing      │   │Administrative │
              │    Programs      │───│  Assistant    │
              │  Administrator   │   └──────────────┘
              └──────────────────┘
                        │
                  ┌──────────┐
                  │ Faculty  │
                  └──────────┘
                        │
                  ┌──────────┐
                  │ Students │
                  └──────────┘
```
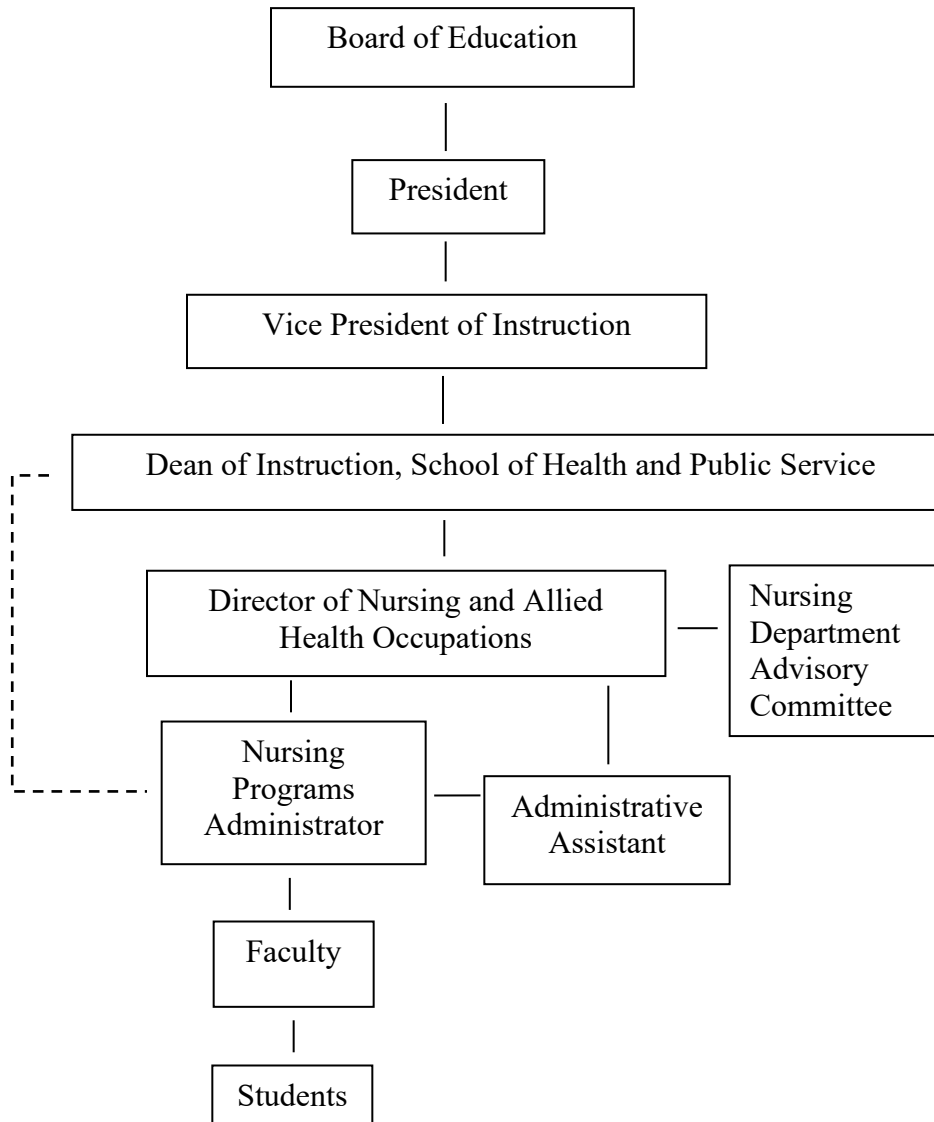
A. Notice of Nondiscrimination- See RCC Non-Discrimination Statement.

B. Students Requiring Academic or Testing Modifications – See RCC Access/Resources/Accommodations.

Access and Disability Resources
Any student who feels that they may need academic accommodations for a disability, such as vision, hearing, orthopedic, learning disabilities, psychological, or other medical conditions, should make an appointment with the Access Office at the following campuses.

Redwood Campus (Wiseman Student Success Center-moving Summer Term to L Building.):
Phone: 541-956-7337; Oregon Relay Service: 7-1-1

Table Rock Campuses (Building A, Rooms 189 and 191):
Phone: 541-956-7337; Oregon Relay Service: 7-1-1

Riverside Campus (Student Success Center); by appointment.
Phone: 541-956-7337; Oregon Relay Service: 7-1-1
For more information, go to Access and Disability Resources or email AccessOffice@roguecc.edu

To report a disability-related barrier, go to Report a Barrier and fill out the online form.

Courses in Blackboard have alternative formats of certain documents available, including audio and electronic braille formats. To learn how to access these accessible files, please refer to Ally Help for Students.

C.   Technical Standards* (*revisions approved by Oregon Council of Associate Degree and Practical Nursing Programs and RCC Nursing Faculty April 2018)

The Rogue Community College Nursing Program has the responsibility to society to educate competent healthcare providers to care for their patients/clients with clinical judgment, broadly based knowledge, and competent technical skills at the entry level.

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

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

TECHNICAL STANDARDS-

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

Progression in the program may be denied if a student is unable to demonstrate the technical standards with or without reasonable accommodation.
Rogue Community College is obliged to provide reasonable accommodation to qualified students with disabilities Refer to Access & Disability Resources for more information.

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 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, for individuals and groups, using the English language.
6.   Effectively collect, analyze, synthesize, integrate, recall, and apply information and knowledge to provide safe client 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 client needs.
- Develop and implement a nursing plan of care for clients in acute, long-term, and community settings.
- Perform math computations for medication dosage calculations.
- Apply knowledge/skills gained through the completion of program prerequisites, including the 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 patients in and out of bed from stretchers and wheelchairs.
- Perform cardiopulmonary resuscitation (CPR).
- Lift, move, turn, position, push, or pull clients 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.,
- Manipulate small equipment and containers, such as syringes, vials, and medication packages, to administer medications.
- Complete assigned periods of clinical practice (up to twelve (12) hour shifts, days, evenings, or nights, holidays, weekdays, and weekends).
- Complete skills tests within the assigned time limit.

Sensory:
1. Acquire information from demonstrations and experiences, including but not limited to information conveyed through online coursework, lectures, small group activities, demonstrations, and application experiences.
2. Collect information through 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 temperature.
- 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.
- Observe and collect data from recording equipment and measurement devices used in client care
- Communicate with clients and members of the healthcare team in person and over the phone in a variety of settings.
- Detect unsafe temperature levels in heat-producing devices used in client care.

- Detect anatomical abnormalities, such as subcutaneous crepitus, edema, or infiltrated intravenous fluids.
- Feel or note vibrations, such as an arterial pulse.

Behavioral:
1. Demonstrate the 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 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 your actions and communicate in a courteous, assertive, non-aggressive, non-defensive manner with instructors, peers, staff, and healthcare team members.
6. Integrate feedback into your performance.

Examples of learning activities found in the nursing curriculum and related to industry standards:
- Exercise judgment, and meet acceptable timeframes for client care delivery. Work effectively under stress, and adapt to rapidly changing client care environments.
- Accept accountability for actions that resulted in client care errors.
- Deal effectively with interpersonal conflict.

D. Criminal History Background Check and Urine Drug Screen- for this section since it is a pre-requisite for admission may be a link

Students should note that since medical marijuana is not a federally approved prescription drug and several clinical facilities have a "no tolerance" policy regarding marijuana, its use during the program as evidenced by a positive urine drug screen will result in dismissal from the program. Initial or subsequent urine drug screen results showing a "dilute specimen" will require the student to submit another urine specimen at their own cost by the deadline given by the Nursing Programs Administrator. Results that show "not eligible for a safety-sensitive position", "confirmed positive", positive for THC, or that a urine substitute has been used or "not consistent with human urine" will result in revocation of acceptance or dismissal from the program, and if the student is a CNA or LPN such results will be reported to the OSBN.

During the program, students must self-disclose any warrants, arrests, charges, or convictions that arise while admitted to the Nursing Program. The Nursing Program will require additional criminal background checks and/or urine drug screens for a cause or if there is an approved interruption in the student's course of study. Failure to disclose or concealment of a criminal background or refusal of a urine drug screen is grounds for denial of admission or dismissal from the Nursing Program. The Nursing Program has the right to deny admission or program continuation to any student whose background poses a threat to an individual, the college, the nursing profession, and/or the community. If any college personnel learn of a Nursing Department program student's arrest for any crime on any of the criminal background check exclusionary lists, the Nursing Programs Administrator will obtain any available public records and in consultation with college administration will determine the need to exclude the student from any clinical settings during an investigation. If the investigation shows an arrest matching an exclusionary crime but disposition is pending, it may result in the dismissal of the student from the program. The student may be considered for future readmission to the program following the normal application process and criminal background check procedure.

E. Clinical Facilities Utilized by Students of the Program

The nursing program utilizes a variety of clinical sites throughout Josephine and Jackson counties. These

include hospitals, long-term care facilities, clinics, etc. Students will be assigned to have clinical experiences in most if not all of the sites and must expect to travel to communities other than those in which they reside for these experiences. At times, carpooling to clinical sites will not be possible, and reliable transportation will be needed by students.

F.   Faculty Office Hours

Each full-time nursing instructor is available for five office hours per week. These hours are posted each term on the instructor's office door or can be obtained through the Support System Specialist, and appointments should be made through the instructor or Support System Specialists. Students may make appointments at times other than office hours if the need arises. Full-time instructors will be available to respond to student e-mails (using their RCC student email address only) (sent only to the instructors' roguecc.edu address) or phone messages during business hours (typically three days per week when instructors are not in clinical) throughout the school term. Part-time instructors can be contacted via e-mail (sent only to the instructors' roguecc.edu address) throughout the school term.

Faculty members are off duty on weekends unless otherwise specified (e.g. weekend call availability during the final clinical course). Students who need to communicate with an instructor outside of class, clinical, or office hours should utilize the instructor's roguecc.edu e-mail unless specifically directed otherwise by the instructor.

G.   Graduation Guide/Progression Policy

The program is required by the OSBN to be accountable to students by providing students the opportunity to acquire and demonstrate the knowledge, skills, and abilities required for safe and effective nursing practice, in theory, and clinical experience, through faculty oversight. Refer to the Nursing Program Map for more information.

Information regarding students' options for transition to the Oregon Health & Science University School of Nursing after completion of the AAS Nursing degree at RCC to earn a Bachelor of Science degree with a major in Nursing will be provided at scheduled points during the program.

H..   Re-entry, Advanced Placement, or Transfer Requests:

If a student leaves the program before the successful completion of the program, re-entry is not guaranteed except in extenuating circumstances explained below.

- Students who choose to withdraw from or fail any nursing course before the end of a term may be allowed to complete those nursing courses where their standing is "passing" but cannot enroll in nursing courses the following term.
- Applicants for re-entry and transfer are only considered if the application deadline of August 1 falls within one year of their exit from a program. Transfer applications are only considered from other OCNE partner programs.
- Re-entry, LPN Advanced Placement, and transfer requests are considered on a space-available basis.
- Applicants for re-entry, advanced placement, or transfer must follow and complete all entry procedures and requirements. The graduation guide requirements currently at the application deadline must be met. Students may be readmitted to the program only once. Consult the RCC Nursing website for the application deadline for LPN Advanced Placement students.
- Spaces that become available during the year will go to the highest priority applicant based on the approved prioritization

- The OSBN requires classroom (theory) and clinical content to be concurrent, and any student returning to the program at any point must repeat all Nursing courses within the term of re-entry unless otherwise specified in the exit letter.
- If a student is dismissed from the program (or withdraws while failing) because of serious or multiple breaches of patient safety or professionalism, the student will not have the option of re-entry to the program
- When considering any application for re-entry, advanced placement, or transfer, the faculty will discuss and prioritize the request for entry into the available spaces based on the following criteria.
  - Re-entry for a student who left in good standing (passing) due to extenuating circumstances (i.e. lengthy illness, serious accident, death in the family, military service) may be guaranteed if adequate numbers of clinical instructors and sites are available. The program may adjust the class size based on the number of available qualified clinical instructors, approved program budget, and clinical site availability.
  - Applications for transfer or re-entry cannot receive final consideration until successful (grades are "C" or above) completion of all required in-program elective courses shown on the advising guide before the term of the requested entry, and Nursing coursework leading up to the requested term of entry. Why is this a rule?
  - Students whose status is "failing" when they withdraw from a course or withdraw from clinical while on Clinical Probation will be considered as having earned a failing grade for that course when their re-entry request is considered.
  - Students who have failed any nursing course more than once (or any two nursing courses including the didactic and clinical nursing courses in the same term), regardless of the nursing program, will not be considered for application or re-entry. Students requesting transfer who left their program while failing or having failed a nursing course or who are in any disciplinary process for classroom behavior or clinical performance such as clinical probation or documented performance at less than the expected level will not be considered for admission to the program.

Transfer:
- For the transfer student, attainment of OCNE member agreed-upon benchmarks must be documented in writing from the previous program, and the first-year nursing clinical evaluations and documentation of skills practiced in lab and/or clinical must be submitted before a transfer application can receive final consideration.
- The student requesting the transfer must also provide a letter from the director of the prior Nursing program indicating the student would be leaving the program in good standing (i.e. having satisfactorily completed all first-year nursing courses with satisfactory clinical performance, and eligible to continue into the second year of that program) before a transfer application will be considered to be complete.
- The letter from the director must also identify the settings for completed clinical experiences and the approximate number of patient care hours.
- If re-entry or transfer (from OCNE member programs) students are accepted, their course content knowledge and lab/clinical skills will be evaluated by an instructor (in a manner specified in the acceptance letter e.g. requiring successful completion of the one-credit NUR199 course during the first few weeks of the term) and continuation in the program will be dependent on satisfactory skills performance and requisite knowledge.

  Applicants will be prioritized/rank-ordered in four (4) categories (of descending priority) for available positions.

Categories:

1 = Returning students who within the past year left the RCC Nursing Program due to extenuating

circumstances (i.e. lengthy illness, serious accident, death in the family, military service) but are in good standing. Priority within this category will be based on grade point average in the completed nursing classes. If needed, a tiebreaker would be the cumulative GPA of all Nursing and general education courses. Re-entry may be guaranteed to these students, pending adequate clinical resources (instructors and sites).

2 = Returning students who left or were dismissed from the RCC Nursing Program due to failing clinical (but were not dismissed because of serious or multiple breaches of patient safety or professionalism) will only be considered for re-entry after faculty review of any submitted information indicating a reasonable expectation of improvement in clinical performance. (If accepted for re-entry, both theory and clinical components of the previously failed course will have to be repeated.) Priority within this category will be based on grade point average in the completed nursing classes. If needed, a tiebreaker would be the cumulative GPA for all Nursing program courses (general education and nursing).

I.   Employment While in the Nursing Program

Students may not work a shift immediately preceding a clinical rotation because of the potential impact on safe client care. Students are strongly discouraged from working the night before a class because of the potential negative impact on the student's ability to learn complex concepts during the class. Required clinical experiences are assigned during days, evenings, and/or night shifts during the program, and client selection and care preparation take place typically the day before the clinical, e.g. on Sundays when the clinical is scheduled on Monday. During the final clinical rotation of the program students are assigned to match a staff clinical teaching associate's work schedule for two or three full 8- or 12-hour shifts per week which may include nights and weekends. Nursing classes, labs, and clinicals typically involve 20-30 hours of attendance per week plus an additional 40-60 hours of study, assignments, and preparation for client care. Meeting these requirements typically means that students will need to adjust their employment and family responsibilities.

J.   Pinning/Recognition Ceremony

Students will have a recognition ceremony Friday evening before college graduation to celebrate the completion of the program. This ceremony includes the presentation of pins unique to RCC's Nursing Program or pins selected by the student. Students will be expected to organize the ceremony using guidelines provided by the program's faculty. A faculty member will be assigned to advise the students and program content must be approved by the adviser before the ceremony.

K.   Application and Eligibility for NCLEX-RN and Licensure

Satisfactory completion of the entire AAS degree nursing program will provide the student with a reasonable probability of success in passing the NCLEX-RN. Although the college is responsible for submitting proof of program completion, it is the student's responsibility to apply for graduation from RCC and the NCLEX and licensure from the OSBN or other state boards of nursing. The RCC nursing program is approved by the Oregon State Board of Nursing 17938 SW Upper Boones Ferry Rd, Portland, OR 97224. (971) 673-0685.

The program is not currently nationally accredited so graduates may not be able to obtain initial licensure in states that require the graduate to be from a nationally accredited program. Please do your due diligence.

All students who have satisfactorily completed all program requirements will be included on the NCLEX-RN candidate list sent to the Oregon State Board of Nursing by the Nursing Programs Administrator at the end of the program.

Students need to be aware that the application for RN licensure will require an additional criminal background check.   The OSBN may deny licensure to applicants with a criminal offense or with a major physical or mental condition that could affect their ability to practice nursing safely.

L.   Healthcare Provider CPR Card

The student must maintain a current Healthcare Provider (or equivalent) CPR card (adult, child, infant, 1- and 2-person with AED training) throughout the program. Standards must comply with American Heart Association standards. Arrangements for the required renewal (and electronic upload) every two years are the responsibility of the student.   Students without a current CPR card are not allowed into clinical settings. Clinical absences will impact the student's program standing.

M.   Campus Emergencies/Inclement Weather

Driving conditions vary greatly throughout the Rogue Valley. Students are expected to use their best judgment to assess the safety of driving conditions in their location. Available calendar days will be marked as "Leave open for clinical or lecture in the event of the need for weather-related make-up." Make-up days may also be used in the event of instructor illness.

During an emergency at Rogue Community College, the main college website, www.roguecc.edu will include prominent links to the Alerts page. A graphic will appear at the top of the RCC homepage and the second-level pages with the alert message. Look for one of the following:

a.   Weather
b.   Warning, or
c.   Information

Students can register their cell phone number within *myRogue* to receive emergency text messages, voice calls, and/or email alerts.

VI. Policies Relating to Student Health

A.   Injury/Illness

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

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

B.   Pregnancy

A pregnant student's expectations in the clinical area are the same as those expected of any other student. The student must share a copy of the program's "Technical Standards" document with their health care provider and must notify (via medical release form) the Nursing Programs Administrator if the health care provider places any restrictions on the clinical performance of those functions. The faculty will review the medical release provided and determine if the student can continue in clinical experiences and the program.

C.   Immunizations/TB Testing

 The terms of clinical affiliation agreements are clear it is the expectation of the facilities that all students are fully immunized for a selection of diseases including COVID-19. Immunization declination is allowed only for reasons of medical contraindication and must be accompanied by required documentation. At this time no exemptions are allowed for students and COVID vaccinations.

Students are to provide proof of influenza vaccination for the current year from a health care provider or a declination statement by the deadline given by the program.

Students who decline any immunization for medical reasons must sign forms acknowledging their understanding of the risks involved. Clinical experiences in OB/Maternal Child are not allowed if a student has no evidence of MMR immunization or immunity.

A clinical facility has the right, by contractual agreement, to refuse educational access to its clinical areas to any individual who does not meet the facility's standards such as those for health (including immunizations or immunity to certain diseases). A student denied such access will not be able to progress forward in the program. The inability to place a student in adequate clinical experiences because of facility denial of access will result in student dismissal from the program. The RCC Nursing Program places students in multiple facilities, therefore our policies reflect the strictest facility requirements.

D.   Hazardous Patient Care

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

VII. Conduct Expected of Students

A.   Program Standards

Accepting responsibility for learning is an essential element of critical thinking and clinical judgment and must exist to allow understanding and knowledge development to occur. In addition to the RCC "Student Code of Responsible Behavior" found in the college catalog and schedule of classes, students must abide by the following standards: Student Code of Conduct. (isn't this the same thing) Interactions in class and clinical are to reflect professionalism and civility as evidenced by caring, fairness, respect, acceptance of responsibility, and trustworthiness. Students should treat both classroom and clinical as they would a work setting, including notification of the instructor when the student will be absent. Notification means the student is to leave a voicemail on the instructor's office phone and/or the System Support Specialist office phone if they are not able to speak directly by phone with the instructor. Email may be used for notification using RCC official email addresses.

Graduates from any nursing program are expected to perform in a manner that reflects the standards defined

by the Oregon State Board of Nursing (OSBN). The OSBN requires the program to hold students accountable for professional behavior, including honesty and integrity, while in the program of study. Nursing students must learn to function by following the accepted standards of practice mandated by the profession.

B.   General Responsibilities

All nursing students must register for all nursing courses before the first day of each term or they will not be allowed in the class or clinical setting.

Students are expected to check their Blackboard account regularly and access their RCC Student e-mail and Rogue Online regularly to monitor for instructor communications. Use of the Rogue Online "Discussion Tool" must be related to the specific nursing course required activities. Accessing Bb by mobile phone can be problematic, not all functions of Bb will appear on a mobile device. To fully access the information posted on Bb you will need to use your computer.

Current names, addresses, email addresses, and telephone numbers must be given to the Nursing Support Services Specialist if any change occurs. It is the responsibility of the student to inform his/her clinical instructor and the Student Services Office of changes immediately. Students will receive official college notices via their official RCC email address.

Students should not take valuables into clinical settings.

Students are not permitted to take any person to the class, skills lab, or clinical facility when engaged in any program-required activity or prep time.

Students are to turn their cell phones off or in "silent" mode during class and skills lab time.

Food is not allowed in the classrooms, skills or simulation lab, or computer lab. Beverages are allowed if the container has a lid.

C.   Policy Regarding Cheating and/or Plagiarism

Please refer to the RCC Statement on Cheating and Plagiarism
For testing-
- No dictionaries, electronic devices (including cell phones), notes, or other reference materials may be used during any test situation unless specifically authorized by the instructor.
- No talking, signaling, or sharing materials with other students is allowed during any test situation unless specifically directed by the instructor as part of the requirements for the exam.
- Only the materials required or authorized for a test should be taken out of the student's notebook, backpack, or purse. All other materials should be put away as instructed.

- No smartwatches or other devices.
- Online testing requires the use of a webcam and specific software used by RCC.
- An act of cheating or plagiarism will result in a grade of "0 points" for the assignment or exam as well as a report filed to the RCC Compliance Officer and other appropriate administrative personnel. It may result in an "F" for the course. Students caught cheating will not be allowed to return to or reapply to the RCC Nursing Program in the future
- Students are to work independently to complete assignments unless otherwise directed by the instructor.

- Whether or not the instructor requires APA format for an assignment, at no time is it appropriate for a student to copy large portions of material from any source into any assignment. Students should summarize content in their own words and cite references for any materials copied.

D.   General Rights

Please refer to the RCC policy statement Student Responsibilities, Rights and Freedoms.

E.   Dress Code for All Lab and Clinical Assignments

Professionalism, infection control, and safety are the main considerations for policies regarding dress code/personal appearance. If specific policies at an assigned clinical facility contain dress code components not included in the following information, those policies will also apply to students.

F.   Uniforms

Program uniforms should not be worn outside of lab/clinical experiences (or preparation for such) or approved in-class activities. Program uniform may be worn to lunch during skills lab/simulation clinical experiences or with instructor permission.

- A hunter-green, uniform is required in all labs (including simulation) and clinical sites including the Integrative Practicum clinical experiences in NRS224C. Optional "open lab" attire can be street clothes covered by a uniform top or hunter-green lab jacket.
- A hunter-green colored lab coat may be worn over the hunter-green uniform. Students may wear a white or black solid-colored shirt under the uniform.
- The uniform or a hunter green colored lab coat over appropriate street clothes (business casual—dress pants/slacks or khakis, short or long-sleeved shirt) must be worn when the student is in any health care facility for any program-required activity unless otherwise specified. (The course/clinical syllabus will indicate if a setting allows business casual street clothes rather than uniforms.)
- Unacceptable attire for clinical or client selection would include any of the following: "grubbies", sweat pants or sweatshirts or athletic/warm-up suits, t-shirts, tank tops, or low or revealing tops (i.e. neckline must not be below the manubrial-sternal junction; shoulders must be covered), bare mid-rift tops, shorts, denim jeans (any color), spandex, leggings, mini-skirts, flip flops or sandals, any type of non-religious hat or head covering.
- The uniform must fit in such a way that no bare skin shows at mid-rift or back when the student is reaching high or squatting/sitting down.
- Per hospital policy, "Appropriate undergarments, including those that are not conspicuous by their absence or presence" must be worn.
- If an instructor learns that a student has worn unprofessional attire for client selection or at a non-acute care clinical experience, appropriate clinical evaluation processes will occur.
- If students wear a uniform dress, white or neutral hose are required (not socks).

- Students must wear shoes that are impervious to fluids with closed heels and toes. (Cloth, canvas, or mesh shoes do not provide adequate protection and are not to be worn.)
- Uniforms must be neat, clean, and free of wrinkles including shoes. Students who report for clinical out of uniform or a uniform in disarray will be sent home.
- Students must wear the RCC Nursing Program picture ID whenever in an assigned clinical area unless otherwise specified by facility policy. Students who report to patient care clinical without their RCC picture ID will be sent home. The instructor will document the reason on the evaluation tool and follow the absence policy.

- Students must not "lend" their RCC ID badge to any person in any setting. (If a student loses their picture RCC ID, they must replace it before clinical the following day or week.)
- Students must also wear clinical site identification badges if provided by the specific facility. Students are responsible for any fees incurred for replacing lost IDs. Students must turn in their clinical facility ID badges to the Nursing Programs Support Services Specialist by the last day of each term unless instructed otherwise. The student's clinical grade will be "incomplete" until the ID badge has been turned in. Students who leave the program must also turn in their RCC Nursing Student ID and facility ID to the Nursing Programs Support Services Specialist.
- A watch with a sweep second hand and a stethoscope are part of the required uniform in clinical settings. However, students must follow facility policy regarding not taking personal stethoscopes or other equipment into isolation rooms.

G. Professional Appearance

For the student, client safety and comfort, compliance with clinical site policies, and for promotion of a sense of trust in the client/caregiver relationship:

- " Jewelry worn in moderation; facial jewelry limited to earrings and a small discreet nose stud no larger than 1.5mm; no piercing should be visible on the body, including tongue and dermal piercings. Tongue and dermal piercings must be removed (not just concealed) during work hours. Open gage earrings shall be limited to 2 gauges (6mm) and plugs must be worn during working hours. No jewelry that would impose a safety or infection control hazard is permitted." The clinical instructor will determine if jewelry imposes a safety or infection control hazard
- Permanent body tattooing may be required to be covered per facility policy with a sleeve if on arms; may require bandage coverage if on other visible body parts unless coverage would interfere with hand hygiene.
- Personal hygiene must be maintained to promote asepsis and client comfort.
- Clients are sensitive to the smell of tobacco. Students may not smoke while in clinical uniforms and must be free of the smell of tobacco while in the clinical setting. In an effort to promote a professional appearance and support health promotion, Students may not use electronic cigarettes or vape pens while in uniform.
- Fingernails must be short (approximately ¼" as recommended by CDC) and clean to promote asepsis and prevent client injury. Acrylic or gel nails, artificial nails, extenders, or appliques are not allowed. No nail polish is allowed.
- Perfumes, oils, aftershaves, or strong-smelling hygiene products are not to be used when the student is in the clinical facility. Makeup will be conservative.
- Hair and/or beards should be worn in such a way that they cannot fall into sterile fields, touch the client's body, or otherwise interfere with client comfort or client care. Facial hair on men should be trimmed and well-groomed. Only traditional hair color is acceptable in the clinical setting. Students must comply with facility policies regarding hair color.
- Students must also comply with clinical facility policies that address professional personal appearance
-

H. Code of Conduct in Clinical Facilities

- Students are required to report all injuries or accidents involving their assigned clients to the instructor immediately. The instructor will assist the student to follow the appropriate program and facility policies and will notify the Nursing Programs Administrator and/or clinical coordinator of the incident as soon as possible.

- Students must communicate changes in client status (including discharge) or abnormal V.S., lab values, or assessment findings to their clinical instructor and staff promptly. If a problem develops and a client's life is not in jeopardy, the student should always call the instructor first. If the problem could be life-threatening or result in immediate harm to a client, first locate an RN to help deal with the problem then notify the instructor.
- If the student's client codes the student follows facility policy and "calls the code". And begin CPR. In a long-term care setting, the student ⌷must know their assigned resident's code status and follow the facility's policy.
- Students must identify themselves as "student nurse" to unit staff and clients and ask for permission to provide care before preparing for that assignment. Clients have the right to refuse student care if they so desire.
- Students are advised that it is unprofessional and unethical to receive money or gifts from clients or to continue relationships with clients after clinical hours or after clients have been discharged. If faced with any of these situations, the student should discuss them with her/his instructor.
- The following standards apply to activities in clinical facilities:

  a. Students do not have "privileged" status and must adhere to all facility regulations.
  b. Students may not represent themselves as students to observe or participate in procedures occurring at times and/or in departments other than those assigned by an instructor.
  c. Students may not use student status to gain access to the records of family friends or acquaintances who are clients in the health care facility or agency or to access any charts for any purpose other than to prepare for or provide client care or for required program assignments.
  d. Students may not leave the clinical site (building) during the scheduled clinical time. Students must organize their clinical time and care to allow standard breaks and/or meal times but must communicate plans to leave the unit to the appropriate facility staff and instructor. Leaving the clinical site early will be considered an absence regardless of the reason. Napping is not allowed during break times during clinical.
  e. Students must recognize their role as students, and if employed in a scheduled clinical site they must communicate to staff their role as students during clinical hours.
  f. When a student becomes aware of any actual or potential conflict of interest, it is the responsibility of the student to inform the Clinical Instructor. The The clinical instructor will then discuss the situation with other faculty members and develop a resolution plan.
  g. If a student knows a client in the clinical setting, they must not provide care for the client or go in to visit the client during clinical hours unless invited to visit by the client. The student should inform their instructor of the situation. Students must remember the standards regarding confidentiality and professional boundaries at all times.
  h. The student may not use any hospital/facility computer to access any information other than what is needed for their chosen client care or other in- clinical assignment.
  i. The student may not use facility computers to access any information for personal reasons including personal email accounts and student email accounts assigned through RCC.

- In clinical experiences in which the student is providing direct client care, the student is responsible for reviewing the client's physician orders at the beginning of care, during the shift, and one last time before the end of the clinical period and appropriately communicating any changes in orders to facility staff and the clinical instructor promptly.
- In clinical experiences in which the student is providing direct client care, the student is responsible for ensuring the instructor (or staff nurse as arranged by an instructor) has checked and co-signed all appropriate forms before the student leaves the clinical facility. The instructor's (or staff nurse's)

countersignature indicates that the student's documentation looks appropriate. It is the student's responsibility to ensure all cosigning have been completed.

- Students will communicate with faculty, staff, and other healthcare workers in a courteous, assertive, non-aggressive, and non-defensive manner. Students are expected to follow directions/instructions given by their clinical instructor. If a student is given instructions by someone other than the instructor and the instructions fall outside their scope as a student or conflict with program policies, the student must explain the program requirements and inform the instructor as soon as possible.
- Students can only observe staff nurse access, waste, administer, and document Schedule II-V medications per facility policies. However, the student is responsible for the pre-and post-intervention assessments for the schedule II-V medications
- If a cell phone is carried in the clinical setting it must be in the "silent" mode. Students carrying their phones must not use them in any public or client areas in any clinical facility.

I. Confidentiality of Information/Social Media/Publication Policy

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 client, employee, physician, institution, student, or instructor.   These matters should only be discussed in the appropriate school or clinical setting, not in public areas such as the cafeteria, outside of the clinical facility, and on social media platforms.

This policy applies to information maintained electronically by the facility's computerized information system as well as to written or spoken information and records. Computer or medication dispensing machine passwords are solely for the use of the person to whom they are assigned (unless the facility assigns one password to an instructor for the use of students) and must not be shared to prevent unauthorized access to confidential information. No portion of a client's record is to be photocopied, photographed, or removed from the facility.

Students will be required to complete facility-specific HIPAA education within the facility's timeframe and will not be allowed into clinical in the facility if the HIPAA training is not completed.

Students must understand that clinical affiliation agreements state the following: "At no time while a student or in the future shall any student publish or cause to have published any material
relative to their learning experience at any clinical facility unless approved by both RCC and the clinical facility."

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

If a student or group of students creates a Facebook or other social media page for school-related activity (such as the RCC Nursing Class of 20XX), and they use the RCC name, the student must share access to the page with the current RCC social media/marketing staff and allow them to be an administrator of the page. This is not to censor or control the content of the page, the college staff responsible for social media must be able to delete the page if it becomes dormant. It is also important for the staff member to be able to monitor the page in the event there is a compliance issue. This policy extends to other uses of the RCC name such as clubs, tee-shirts, etc.

Students are allowed to utilize tape or digital recorders to capture the content of course lectures. The use of

recording devices may not disrupt students or the instructor. If it becomes disruptive to the learning environment the instructor will ask the student to stop recording. Recordings of class content are for the student's exclusive use only and may not be published, posted, or reproduced. Educational material (e.g. lesson PowerPoints or outlines) posted on Blackboard for course student use is not to be posted by students on any other media or site.

Violation of this policy will result in the initiation of a disciplinary process and may result in dismissal from the nursing program.

J.   Policy Regarding Students Suspected of Substance Use-

To maintain the integrity of the nursing program and ensure safe client care, and by following RCC policy, students must abstain from the use of alcohol or drugs/medications that affect safe and appropriate functioning in the following situations:

1.   Before and during nursing class and lab/clinical.
2.   While in student uniform.
3.   Before and during the assigned time in the clinical facility, including the time of client selection.

State law and clinical facilities require drug screening with negative results for all students before allowing students to practice in their clinical setting. Students will assume the responsibility for the cost to comply with the mandated screening and will complete the process at the designated lab by the deadline identified before program entry. Results showing a "dilute specimen" will require the student to submit another urine specimen at their own cost by the deadline given by the Nursing Programs Administrator. Results that show "not eligible for a safety-sensitive position", "confirmed positive", positive for THC, or that a urine substitute has been used or "not consistent with human urine" will result in revocation of acceptance or dismissal from the program. If the student is a CNA or LPN, positive results will be reported to the OSBN.

Students have a responsibility to notify their instructor if they are taking any medications that may interfere with their clinical performance. The instructor will determine if the student's clinical performance is safe.

Students have a legal and ethical responsibility to report peers who they suspect are substance users. As stated in the college catalog, "Anyone under the influence of alcohol or controlled substances may be removed, dismissed, or suspended from college functions, classes, activities, or responsibilities. The college will impose disciplinary sanctions on students up to and including expulsion...for violation of these policies."   See AP5520 Student Discipline Procedures.

K.   Clinical Skills/Procedure Supervision

A student must display requisite knowledge and satisfactorily pass the instructor's evaluation of skills. Whether a student is "cleared" to perform a skill or activity or not, there is a duty on the part of students to provide safe and reasonable care in activities they have studied and refrain from any action or intervention that they do not feel adequately prepared to deliver to a client and seek help when they are uncertain.
The list below is a suggested timeline and may change. Skill Lab Instructors will hand out appropriate preparatory materials to prepare students to learn the required skills.

Skills students may perform by the term-
First-term—Skills below are allowed after the lab and successful return demonstration on the topic:
ADLs, transferring, positioning
Personal Care
I and O's
Physical Assessments

Vital Signs
Assisting with feeding
Oral care and oral suctioning

Second term—Skills below are allowed after the lab and successful return demonstration on the topic:
CBGs
IV Piggyback medications, but not into central or PICC lines
IV assessment and flushes, but not into central or PICC lines
Oral meds
Rectal meds and enemas
IM, Subcutaneous, and intradermal injections
Inserting NGs
NG care, NG medications, and feedings
Hanging premixed IVs and changing tubing
Inserting Foleys
Simple and complex dressing changes
Wound drain removal
Wound irrigation
Staple and suture removal

Third term—Skills below are allowed after the lab and successful return demonstration on the topic:
Insulin Injections

Fourth term (Fall, Second Year), after instruction:
Utilization of implanted ports after they are accessed by facility staff RN
Chest tube setup and care
Central line care and administering through central lines
IV starts
IV push medications
Managing PCA pumps- already established
Managing all pumps and infusions through them (except epidural and chemo)

Fifth term:
All of the above

Sixth term:
Allowed to perform any skills within the RN scope of practice (except those skills listed below under clinical skills not allowed) with appropriate supervision as noted below as activities always require supervision. If additional training is needed for any skill in a specific facility according to their policies and procedures the student must get that training before performing the skill and the skill must be directly supervised by an RN.

Supervision of Skills

The following procedures, performed only after coverage in theory and/or skills lab, **always require instructor supervision unless specific permission for staff supervision has been given by the instructor**.

Activities requiring appropriate supervision beginning in the second term after the appropriate training in the skill lab and learning lab:
- Hanging premixed IVs
- Administering IV piggyback medication
- Inserting a Foley catheter

- Inserting a nasogastric tube
- Complex wound care
- Wound drain removal
- IV saline flush

Additional activities requiring supervision appropriate to second-year only:
- Administering IV direct injection (push) medication
- Starting an IV
- Any procedure involving a central line, including discontinuing non-tunneled central venous catheters
- Administering blood or blood products
- Monitoring IV medication through PCA
- Drawing blood from a new IV start in the ED after facility training
- Utilizing implanted ports that have been accessed by facility staff
- Hanging and adjusting medication infusions per facility protocol
- Care of chest tubes and chest tube drainage units

Students may never perform the following procedures:
- Accessing, administering, or wasting Schedule II-V medications
- Any procedure involving arterial lines or arterial puncture sites- let us look at this again
- Titrating (adjusting dosage) of IV vasoactive medications- is this something else we need to look at?
- Administering cancer chemotherapy medications including PO chemotherapy medications.
- Administering epidural medications
- Discontinuing epidural catheters
- Performing conscious/procedural sedation
- Removing epicardial pacing wires
- Accessing dialysis catheters (Vas Caths)
- Adding medications to IV fluids
- Accessing or de-accessing implanted ports.

Students may be 'cleared' to perform certain clinical activities without instructor supervision per instructor discretion. In the first term, students may be "cleared" to perform non-invasive routine patient care activities (e.g. vital signs, bed baths, physical assessments) once the instructor has observed student performance and determined the student consistently provides safe and accurate care and documentation. Students may be "cleared" for other activities (e.g. oral medication administration, subcutaneous injections, simple dressing changes) on a term-by-term basis once the instructor for the term has observed/evaluated the student to be safe and accurate in their provision of care. Except for vital signs, bed baths/personal care, and physical assessment, "clearance" is a single-term event and must be renewed by each subsequent instructor.

L.   Safe Client Handling

When unsure of a client's ability to safely be repositioned in bed, transferred to a chair, or ambulated, the student will consult with the instructor and when required by facility policy will request assistance from facility staff. Orthopedic patients are a special population that will require facility staff assistance. Students must always comply with facility policy regarding safe patient handling. Students will obtain orthostatic blood pressure measurements by following facility standards.

Students will assess carefully for the presence of high-risk situations as listed below and will adhere to principles of safe client handling (including correct body mechanics and use of assistive devices as listed below) when caring for clients.

Assistive Devices:

- Gait belts are to be used when transferring or ambulating any client who cannot stand or walk independently unless other assistive devices are in use.

- The use of lift equipment requires facility staff trained and skilled in the use of the device.

High-risk situations include but are not limited to the following:
- First time out of bed following a surgical procedure or prolonged bed rest
- Any orthopedic procedure or diagnosis
- Extreme obesity
- Confused client or client unable to comprehend instructions
- Decreased level of consciousness
- Nerve blocks or epidural pain management
- Opioid administration
- Hemodynamic instability
- Initiation of antihypertensive medications

VIII. Grading

A. General Conditions of Grading

Grades of "C" or above must be earned in all courses (nursing and non-nursing) required for program completion. A grade below "C" in nursing theory or a grade of "No Pass" in a nursing clinical course (inclusive of the lab) indicates the student has failed and cannot continue in the program (see the graduation guide/progression policy and re-entry request portion of this Handbook). Please review the grading of exams and how scores are calculated. If a student receives a grade below "C" in a non-nursing course, the course must be repeated (or if an elective another elective is taken to replace it) with a passing grade before the student can progress from the first year or graduate from the program and/or take the national licensure exams. Instructors have the legal, ethical, and professional right to evaluate students in the classroom and clinical setting and determine a grade, and will discuss student performance with each other and/or in faculty meetings as needed.

B. Academic/Theory Grading Policies

1. Attendance/Class Participation

Attendance and participation in class are integral parts of the learning process and highly recommended When was this put in? It is important to recognize that Rogue Community College is not an online school. Thus, lectures and clinic/labs will be face-to-face unless other designated by the faculty. Students who are absent from class are unable to participate in discussions or group activities. Excessive absenteeism may result in academic counseling/probation.

2. Assignments/Quizzes

Syllabi, lesson overviews, assignments, etc. will be provided to students via e-mail, or Blackboard.

Assignments or quizzes are to be completed individually unless an instructor specifically states the assignment or quiz can be completed by a group of students. Individual assignments must have the student's name on it and group assignments must have the name of every student who actively participated

in the assignment to receive any points.

Assignments must be received or postmarked on or before the due date/time assigned by the instructor. Electronic submission receipt time will be the date/time recorded on the instructor's computer.

No more than one late assignment per course will be accepted. A late assignment must be submitted within one week of the original due date/time or by the instructor's specified date/time. The late assignment will receive no more than 75% of the possible points before being corrected. Subsequent late assignments will not be accepted and will be graded as zero points.

The 75% starting point and acceptance of only one late assignment does not pertain to assignments turned in late due to extenuating circumstances. To be considered an extenuating circumstance, the student must notify the instructor of absence and the reason for absence ahead of time. Faculty will discuss the absence and reason and decide if a late assignment will be accepted for full points.

However, all assignments in a course must be completed by term end to pass the course regardless of what points are available. Assignments are designed to reinforce concepts discussed in lectures and experienced in clinical.

Announced or unannounced in-class written assignments and/or quizzes with points assigned will be used as learning and evaluation tools from time to time. Students absent from class will not be able to make up the in-class written assignment or quiz unless the student notified the instructor in advance of the absence and the reason, and the faculty determines extenuating circumstances (as above) warrant allowing the student to complete an in-class assignment or quiz at a time scheduled by the instructor.

3. Examinations

To support/encourage student assimilation of previously learned concepts, and to support the application of the program's philosophy and conceptual framework, exams are comprehensive.

Comprehensive questions will focus on the application or synthesis of previously learned concepts (from nursing or prerequisite courses) as they relate to current content. OCNE curriculum is designed as a spiral learning environment that builds content from one class to the next.

Exam questions will include concepts/content covered in the classroom or reading assignments and clinicals during the current or any previous term since students are responsible for carrying that knowledge forward into their professional careers.

The program and exams are designed to help students use their clinical judgment and critical thinking skills and prepare students for a national licensure exam (NCLEX) which will have questions at high levels of complexity, and which is likely to cover some material not discussed at length in the program.

Testing/Exam Attendance
1. Attendance is mandatory at all scheduled exams (this includes but not limited to unit tests, exams, midterms, final exams, math tests, and in-class quizzes).
2. Students who will be absent from a scheduled exam/test/quiz must notify the appropriate instructor before the scheduled start time of testing.
3. Notification does not automatically guarantee an excused absence. An excused absence may be obtained for a valid, unexpected occurrence, e.g., illness or family emergency.

4. Students absent from an exam/test/quiz must contact the instructor within 24 hours of the scheduled exam/test to arrange a time for the make-up exam. Failure to do so will result in a zero grade for the exam.
5. Any absence from an exam/test/quiz without prior instructor notification is unexcused. Unexcused absences may result in the student receiving a zero on that examination.
6. Students arriving late for a scheduled exam/test/quiz may not be allowed to enter the classroom or participate in group testing (if there is a group test) and need to make arrangements to take the test at the earliest possible time that does not interfere with scheduled class time. Any rescheduled test that had originally contained a collaborative component will not be available.
7. Any student who misses (excused or unexcused) or is late for more than two exams/tests/quizzes in any nursing classes during an academic year may receive the following penalty: For each additional exam that they miss or are late for (in that academic year) their score will be reduced by 5 points.
8. Inclement weather – Exams missed for inclement weather will not be subject to this policy.

Instructor options for exams taken at other than scheduled times include but are not limited to, administering an exam different than the one originally constructed. Failure to take the make-up exam on the arranged test day (or extension as indicated above) will result in no credit for that exam. Faculty retain the right to discuss individual student extenuating circumstances to determine if a make-up exam is warranted.

Tests may not be copied, emailed, or duplicated by any student. Quizzes may not be retained by a student without specific permission from the instructor.

Exam Review:

 After an exam is finished, the results are analyzed by the faculty. There is a thorough review of the validity and reliability of the exam questions. If a question is structurally problematic or incorrect it is nullified (voided) and all students will get credit for that question.

 Instructors will schedule an exam review. The purpose of the exam review is not to defend or debate the validity of any test question but to ensure students know the correct answers and to briefly answer questions. During the exam review, instructors will note questions raised by students for further faculty discussion and students will remain seated, discourse will be civil.
 Students who fail an exam are required to make an appointment with the testing instructor for further review of the exam.

 If a student believes an error has been made they must make an appointment with the testing instructor. The instructor when requested will:

a. Verify grades/scores are correct by exam and grade book.
b. Explain (not debate) an answer further if a student is still unclear about the rationale an instructor gave for an answer during a test review session.
c. Receive and consider written documentation/evidence from the text or instructor's handouts (or current standards from a peer-reviewed source) which the student believes verifies the validity of the student's answer (considered only when received from the student who missed the question), within two weeks of the class review of the exam in question. Simply stating what they were thinking or why the student answered a question a certain way is not adequate evidence and will not be considered. The instructor will consult with other instructors and will determine whether or not a question will be nullified. Instructors will not consider such a request after two weeks following the exam review.

Posting of Final Grades

During any term where there is more than one required course for the nursing program, final exam grades will not be posted until all course final exams have been completed.

The Basis for Theory Grading

The acute and chronic nursing courses call for both introductions of new material and synthesis and application of concepts and content from other current or previous courses. Demonstration of the ability to apply previously learned concepts will be evaluated on exams.

For terms, one through five (inclusive of NRS115), to pass the theory/didactic portion of a
 nursing course, calculating course final grades for RCC's Nursing ADN program (i.e., to pass any Nursing-RN course), a student must meet both of these conditions:

- The average scores of all course exams must be greater than or equal to 75.0% (no rounding up (e.g., 74.9% is not greater than or equal to 75.0%)
  o The average scores of all course exams **plus** all other grades (assignments, quizzes, etc.) must be greater than or equal to 75.0% (no rounding up e.g., 74.9% is not greater than or equal to 75.0%)

If either of these conditions is not met, the student will not receive a passing grade for the course.

For the final, sixth term of the program (NRS224), since it is a seminar course with assignments and a program comprehensive exam, a cumulative score of 75% or higher is required for a passing grade.

Nursing Grading Scale:
90-100%   =   A
80 - 89.9%   =   B
75 - 79.9%   =   C
Below 75%   =   No Pass

C.   Skills Lab Grading

Skills labs (including the lab for NRS115C) are considered clinical experiences and are included in the clinical evaluation and grading. Students who show up to the lab without the appropriate portion of their skills lab kit will be considered the same as showing up without their uniform and ID badge and will not be allowed in the lab until they have the required supplies.

Lab performance is graded on a pass/no pass basis. The lab component of clinical courses requires students to pass skills return demonstrations. Specific skills each term will be identified by the skills lab instructor.

Students failing to pass a required skills demonstration will be allowed to repeat the return demonstration two additional times. No skill demonstration will be repeated on the same day. There must be adequate time between demonstrations to allow the student to practice, and the student who fails the first take of a skills demonstration must utilize the scheduled supervised open lab practice or they will not be allowed to repeat the demonstration. If additional practice is desired, the student must make an appointment with an appropriate full-time faculty member. The student will be expected to successfully perform repeated demonstrations of the V.S. skill by a specified deadline. If a student fails any skills demonstration on the third attempt, it may result in a grade of NO PASS. for the NRS110C (NRS115C for LPN advanced placement) course.

D.   Clinical Grading Policies

Dosage Calculation Competency Exams

To ensure that students can accurately and safely perform dosage calculations throughout the program, students will be required to take and pass a clinical competency dosage calculation test each term. Do we still do this?

 Students who fail to demonstrate competency in dosage calculation cannot administer medications without an instructor check even if cleared to do so by an instructor in a previous term.

Clinical Attendance (Skills/Simulation Lab and Facilities)

 Being late to clinical is disruptive of the learning experience for other students and does not demonstrate professional behavior and will lead to faculty discussion. It is expected students will arrive at the clinical site early enough to begin at the scheduled time. Tardiness will be tracked. Excessive tardiness will trigger faculty review and may result in placement on a Student Success Plan or clinical probation. An adequate number of scheduled clinical experience (inclusive of the lab) days must be completed for an instructor to be able to evaluate whether or not a student has attained the required competencies.

        Instructors will not "excuse" tardiness but can note extenuating circumstances that may impact the consequences of the tardiness. Instructors will review clinical evaluations from previous terms to see if a pattern of tardiness exists. Students who arrive at clinical 30 minutes or later will be documented as absent, receive a clinical evaluation of "not meeting competency" and may be sent home. If the instructor feels there would be no safety risk in allowing the student to perform patient care, the student may be given the choice of staying or going home but will have it count as an absent day even if the student stays. Students who choose to stay will be held to the same evaluative standards as any other clinical day. Students who leave for any reason before the end of their scheduled clinical time will have it documented as an absent day.

        Students who are absent from lab or miss any portion of a lab will be required to demonstrate beginning competency with content/skills by reviewing all assigned reading and appropriate materials specific to the skills lab within one week of the missed lab. The student must also schedule an appointment with the skills lab instructor to perform a return demonstration of procedures associated with the skills lab.

        Safe performance of skills in the lab setting must be completed by the time the skill is required in the hospital setting. Students who cannot demonstrate safe performance by that deadline may not be allowed in the hospital setting and their status in the program will be reviewed by the faculty. Possible actions include clinical probation or dismissal from the program.

        Repeated absences from skills labs may make it impossible for a student to continue in the program.

        Clinical absences can have a cumulative effect on a student's performance throughout the course of the program. Clinical absences may result in loss of specialty day(s) in subsequent terms with placement in more med-surg experience days.   The clinical coordinator, in collaboration with the student's clinical instructor, will determine if clinical performance warrants the planned change from specialty to med-surg days.

        Any missed clinical days (inclusive of the lab, each term, and throughout the program) will result in a faculty review of the student's clinical performance to determine what action is warranted such as

revision of the student's clinical schedule. Instructor review may result in a clinical grade of "Pass," "Incomplete" or a grade of "No Pass" depending on the number of absences and the performance of the student.

For NRS224C, all required clinical hours must be completed by the dates published near the end of the term, with a performance at the expected level, to earn a grade of Pass.

If an "Incomplete" is earned, faculty will specify the additional requirements and deadline for achievement to convert the grade to "Passing." An "incomplete" grade cannot be assigned for the sixth clinical course in the program except in extenuating circumstances. The only extenuating circumstance considered for the final term is that of an unanticipated medical or another event that prevents the student from completing the final few weeks of required clinical hours and the student is medically cleared in time to complete the clinical hours by the end of the summer term. The exception would only be allowed if an instructor, a clinical teaching associate, and a clinical site are available for the required clinical experience hours during the summer.

When a student becomes ill or knows they are going to be absent on a clinical day, they must notify the instructor (available by phone) **by 0500** or for specialty experiences by the specified start time designated for the clinical experience. Students who are "no call/no show" should understand that in an employment setting such behavior would likely result in termination. In the Nursing Program, students who are "no call/no show" will receive a clinical evaluation score of "not meeting competency" and may be placed on a "Student Success Plan" or "Clinical Probation" depending on past absences, patterns, or clinical performance. For a student already on a Student Success Plan or Probation, "no call no show" would result in the next step in the disciplinary process and may result in dismissal from the program.

The faculty reserves the right to consider individual student circumstances in attendance policy decisions.

Clinical Placement/Assignments

Student clinical placement throughout the program is based on facility and instructor availability and faculty knowledge of the student's performance and the program's needs. Clinical placement is not based on where a student lives or what a student prefers. If a student is placed in a unit where they work, the student must be clear about role expectations and student scope of practice. Placing a student in a unit they are currently employed in is discouraged if at all possible. If placed during the final term on a unit where they work, the student will not be assigned to a spouse/relative/friend as a CTA. It is recommended that if they have to be assigned to a unit they are employed attempts should be made to put on alternative shifts. Students must communicate to staff their role as students during clinical hours and must access only materials available to all students during the clinical experience. IP students cannot recruit their own CTA's. Each facility has a process of identifying CTA's and this process must be followed.

Students are expected to be prepared for clinical experiences according to the written clinical guidelines and objectives. If the instructor determines that a student is not prepared to participate in the clinical experience or might jeopardize client safety, the student will not be permitted to carry out the clinical experience for that day and will be sent home. If this situation occurs, the student will receive an absent day and after review by the faculty will receive a clinical evaluation score indicating performance "not meeting competency" for the weekly grade. The absence will result in faculty review and action as indicated above. Clinical written assignments not completed satisfactorily or not received by the instructor by the deadline given in the clinical syllabus will result in a weekly evaluation score of "not meeting competency" in the appropriate area until completed satisfactorily, or if not submitted before the end of

the term a grade of "Incomplete" until the work is satisfactorily completed and submitted.

Students may be scheduled for the day, evening, or night shift clinical rotations in either Josephine or Jackson counties and must be able to schedule any work or other personal responsibilities around the clinical hours as scheduled throughout the program (including clinical hours that match an assigned clinical teaching associate in the final term and which typically include weekends, may include night shift and may include a holiday). Students must have reliable transportation for those days or experiences when carpooling is not an option.

If a student has a clinical schedule request he/she would like the faculty to consider, the request must be submitted in writing at least 6 weeks before the term that would be affected by the request. Students must be aware that faculty may not be able to honor requests due to student, facility, and/or program needs.

Faculty reserve the right (after faculty discussion) to change a student's clinical assignment (e.g. site or unit or days) after the clinical schedule has been printed and distributed.

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

For the final clinical experience (Integrative Practicum), instructors will evaluate students' performance and identify available clinical spaces. Placement of a student with a site and clinical preceptor will be based on a faculty review of student performance and competency in caring for the general medical-surgical client population and on the availability of appropriate clinical preceptors in clinical sites. **Students will not be placed in an area other than medical/surgical if the student's clinical performance is not consistently at the expected level in all competencies throughout the program. Nursing GPA grades may be taken into consideration when placing students in IP specialty unit experiences.**

Due Process in Clinical Evaluation*

Due process requires that clinical evaluation procedures be applied fairly, equitably, and with clearly defined rights and duties.

Clinical instructors 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 Associate Degree Nursing Student Handbook, and by documentation of student clinical performance and instructor decisions.

Clinical instructors must treat all students fairly, maintain appropriate documentation, ensure safe and professional patient care, and provide information to students concerning performance and avenues of appeal.

Students must provide safe patient care, understand expectations for safe practice, prepare for practice, and know personal limitations in practice.

Clinical instructors possess the legal, ethical, and professional authority to assess students, assign a

grade, and exclude them from the clinical setting if they are deemed unsafe. If an instructor concludes that a student cannot provide patient care without close supervision, they will remove the student from such responsibilities. The faculty will confer about the student's performance and status and decide on necessary remedial measures or other actions.

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 disagree with an evaluation or decision, and follow the college's grievance procedure.

Clinical Evaluation

Student progress conferences will be conducted by each clinical instructor periodically as appropriate. A final conference/performance review will be held with each student each term. If a student disagrees with anything on the written evaluation, it is the student's responsibility to document her/his disagreement on the evaluation and discuss it with the instructor. If the student wishes, s/he may request that the involved instructor and another instructor or representative from the college Counseling department be present at an evaluation conference. The instructor may also request that another instructor be present during a performance review.

A grade of Pass will be assigned to all students who have met attendance requirements, demonstrated consistently satisfactory/safe clinical performance at the expected level for that point in the program or have shown needed improvement, have achieved the competency benchmarks as appropriate to the term, who have satisfactorily completed all required written work, and who have passed the quarterly dosage calculation test.

The Basis for Clinical Grading

The tools/forms to be used in evaluating student clinical performance will be distributed to students at the beginning of each clinical course. The evaluation tool rubric or key is part of the tool and explains or summarizes the meaning of each level of performance score that an instructor may assign to each competency included in the clinical evaluation tool. Benchmarks to be achieved by the end of the first year of the program (third term) and at the end of the fifth and sixth terms are provided to students and posted on Blackboard.

 Clinical Performance Documentation

Instructors will document clinical performance using the clinical evaluation tool. Two or more weekly performance records indicating performance at any level lower than expected (i.e. "1" or "2") will trigger a faculty review of student performance. (Note: A serious violation of client safety or violation of professional behavior--as given in the program code of conduct, OSBN regulations, or shared core nursing values--will trigger an immediate review by faculty. Documented concerns in the area of competency 9--especially the "effective responding" area--will trigger a more rapid review and "Student Success Plan" or other action.) Following discussion, faculty will decide whether any further action should be taken, e.g., whether a "Student Success Plan" form should be completed and discussed with the student, or that a serious incident or a pattern of unsafe behavior indicates the student should be immediately placed on clinical probation. Lack of expected progress after a "Student Success Plan" has been documented will result in faculty discussion and may progress to clinical probation. The student's

performance in previous terms will be taken into consideration when deciding whether to place a student on clinical probation.

Clinical Probation

For a student whose performance has resulted in placement on clinical probation, the Nursing Program Director/Nursing Programs Administrator, or in their absence the Clinical Coordinator, with the input of the student's clinical instructor, develops a clinical probationary contract with a concise remediation plan stated in behavioral terms. A specific time frame will be designated that informs the student when the change in student performance is to occur, e.g. immediately or within some other period. A copy of the probationary contract will be given to the student and one placed in the student's program file. Students on clinical probation will not be placed in specialty experiences but will continue with medical/surgical patient care experiences, scheduled simulations, and concept-based experiences until removed from clinical probation. The faculty will re-evaluate student performance on an ongoing basis. As defined by the probationary contract, if student performance is consistently satisfactory in the specified timeframe faculty will re-evaluate and consider removing the student from clinical probation. If the time to the end of the term does not allow for sufficient evaluation of consistent satisfactory performance, faculty will consider continuing clinical probation with an "Incomplete" assigned at the end of the term.   If student performance is not improved and consistently satisfactory in the specified period, is deemed to be unsafe to continue providing client care, or does not meet the technical standards, including those for professional behavior/communication, a grade of "No Pass" will be assigned.

IX. Safe Clinical Performance & Indicators of Unsafe or Unprofessional Clinical Performance

Nursing is an applied science, and students must safely apply concepts learned in the classroom, skills, simulation labs, and the clinical client care setting. Students are expected to demonstrate growth in clinical performance through the application of knowledge and skills from previous and concurrent courses and meet clinical expectations outlined in the clinical evaluation tool. Students are expected to prepare for clinical practice to provide safe, competent care. Preparation expectations are detailed in clinical course syllabi. (do we have separate syllabi for clinical courses? Both lab and clinical are the places for the demonstration of professional behaviors and work ethic.

The following gives examples of the safe and professional practice expected throughout the nursing program.

A.   *Safe clinical performance* is demonstrated when the student:

1.   Maintains the *physical* safety of the client (e.g., consistent use of side rails per facility
       policy returns the bed to the low position before leaving the bedside)
2.   Maintains the psychological safety of the client (e.g., speaks appropriately to the client and significant others, communicates therapeutically).
3.   Maintains the microbiological safety of the client (e.g., recognizes violation of aseptic technique or contamination and corrects before continuing with the procedure; consistently follows hand washing technique and standard precautions, follows facility isolation procedures when ordered).
4.   Maintains the chemical safety of the client (e.g., consistently adheres to protocols for safe medication administration.)
5.   Accurately utilizes the nursing process and makes appropriate clinical judgments.
6.   Consistently applies previously learned principles/objectives in carrying out nursing care skills and/or therapeutic measures.
7.   Assumes appropriate level of independence/dependence in actions or decisions (e.g., seeks help when the situation is out of control or in an emergency.

B. *Professional clinical performance* is demonstrated when the student:

1. Adheres to RCC policies including attendance, dress code, and confidentiality.
2. Accepts responsibility for own actions and communicates in a courteous, assertive, non-aggressive, non-defensive manner with instructor and staff.
3. Demonstrates professionalism through honesty and integrity and other shared core nursing values.
4. Demonstrates a nonjudgmental attitude and respect for colleagues, clients, and family members.
5. Actively seeks challenging clients and new learning experiences.
6. Turns in completed written assignments when due as required by the clinical syllabus.

Nursing students are legally responsible for their own committed or omitted acts and it is, therefore, necessary for the student and the nursing faculty to conscientiously identify any unsafe behavior. The following further explains expected competencies and performance examples found on the clinical evaluation tools distributed to students every term, and what may be seen when a student is not performing as expected.

Unsafe clinical performance includes behavior that places the client or staff or faculty in either physical or emotional/psychological jeopardy.   Physical jeopardy is the risk of causing physical harm. Emotional/psychological jeopardy means that the student creates an environment of anxiety or distress that puts the client at risk for emotional or psychological harm or causes the staff or faculty to fear for their safety. Unsafe clinical practice is an occurrence or pattern of behavior involving unacceptable risk, and unsafe or unprofessional practice may result in a faculty decision to remove the student or bar the student from the clinical area.

C. **Unsafe** *clinical performance* is demonstrated when the student:

1. Compromises the *physical* safety of the client.
2. Compromises the psychological safety of the client.
3. Compromises the microbiological safety of the client.
4. Compromises the chemical safety of the client.
5. Inadequately and/or inaccurately utilizes the nursing process or makes repeated faulty clinical judgments.
6. Does not consistently apply previously learned principles/objectives in carrying out nursing care skills and/or therapeutic measures.
7. Assumes inappropriate independence/dependence in action or decisions.

D. *Unprofessional clinical performance* is demonstrated when the student:

1. Does not consistently adhere to RCC policies including attendance, dress code, and confidentiality.
2. Does not consistently accept responsibility for own actions and fails to communicate in a courteous, assertive, non-aggressive, non-defensive manner with instructor and staff.
3. Does not consistently demonstrate professionalism through honesty and integrity.
4. Does not consistently demonstrate a nonjudgmental attitude and respect to colleagues, clients, and family members.
5. Does not actively seek challenging clients and new learning experiences.
6. Does not consistently turn in completed written assignments when due as required by the clinical syllabus.

X. Disciplinary Actions

For situations or behaviors other than those that result in clinical probation as previously outlined, disciplinary actions applied by the college and Nursing Program in cases of improper student performance or

behavior include but are not limited to reprimands, temporary exclusion, or dismissal from the program. The involved faculty member(s), in consultation with the Nursing Programs Administrator and/or Director of the Nursing Programs and the appropriate college dean or vice president, will determine disciplinary actions for each case.

A.   Grounds for Disciplinary Actions

1.   Major or recurrent clinical performance that adversely affects the health, safety, and/or welfare of the public as outlined in the Oregon Administrative Rules 851-45-0070 (Oregon State Board of Nursing/OSBN) wherein conduct derogatory to the standards of nursing is defined. provide link

2.   Failure to comply with program or college policies which results in an actual or potential threat to a client, student, or instructor's physical or psychological safety.

B.   Disciplinary Procedure

When a violation is considered to be serious enough that the student is to be reprimanded, temporarily excluded, or otherwise disciplined, the involved instructor will immediately notify the Nursing Program Director/ Nursing Programs Administrator (or Dean or Vice President in the Director's absence) and follow the current RCC policy

XI. RCC Grievance Policy

RCC Student Concern and Complaint Procedure
www.roguecc.edu/BOE/policies/AP5530.asp

XII. Oregon Consortium for Nursing Education Competencies

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

Professional Competencies:

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

1.1   Nursing is a humanitarian profession based on a set of core nursing values. 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.

1.2   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.

1.3   Nursing has a legal scope of practice and professionally defined standards that enable nurses to practice at the top of their license.

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

2.1   Ongoing reflection, critical examination, and evaluation of one's professional and personal life improve nursing practice.
2.2   Reflection and self-analysis encourage self-awareness, self-regulation, and self-care.

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

3.1   Engaging in intentional learning develops self-awareness of the goals, processes,   and   potential actions of this learning and its effects on patient/client care.
3.2   Purposely seeking new, relevant knowledge and skills guides best practice development, supporting safe and effective patient care.
3.3   Integrative thinking establishes connections between seemingly disparate information and sources of information that will be applicable in any situation.

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

4.1   Nurses take a leadership role to meet patient/client needs, improve the health care system, and facilitate community problem-solving.
4.2   Nurses effectively use management principles, strategies, and tools to improve systems, processes, and outcomes.
4.3   Nurses are skilled in working with assistive nursing personnel including the assignment/delegation of responsibilities and supervision.

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

5.1   The patient/client is an essential member of the healthcare team.
5.2   Successful health care depends on a team effort and collaboration with others in a collegial team is essential for success in serving patients/clients.
5.3   Learning and growth depend on providing, receiving, and constructively using feedback.
5.4   Supporting the development of colleagues creates a *just culture* in the healthcare setting.

6.   **A competent nurse can practice within, utilize, and contribute to all health care systems** through the understanding that...

6.1   Components of the system must be considered when coordinating or planning care and when engaging with the interprofessional team.
6.2   Improvements to health care utilize information technology for the collection and analysis of data.
6.3   System-level thinking is required in the development and implementation of health policy to achieve health equity.
6.4   Improving health literacy and expanding access to health care are essential to improve outcomes.
6.5   Responsible management and utilization of health care resources is essential.

Nursing Care Competencies:

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

7.1 Patient/Client-centered care is based on developing mutual trust and respect for the autonomy of the patient/client.

7.2 Culture, history, health disparities, family, and community must be considered in a patient/client-centered approach.

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

8.1 Therapeutic communication establishes a caring relationship with patients/clients, families, and/or communities to advocate, develop, and facilitate care.

8.2 Accurate and complete communication with both patients/clients and the health care team is essential to ensure patient safety and provide for comprehensive continuity of care.

8.3 Successful communication requires attention to social and cultural influences and the use of appropriate communication modalities and technologies.

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.

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

9.1 Nurses use a variety of frameworks, classification systems, and information management systems to organize data and knowledge for clinical judgment.

9.2 Nursing judgment is an iterative process of noticing, interpreting, responding, and reflecting.

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

9.4 Clinical judgment involves the accurate performance of cognitive, affective, and psychomotor skills in the delivery of care while maintaining the safety of the patient, family, community, environment, and self.

10. **A competent nurse locates, evaluates, and uses the best available evidence** through the understanding that...

10.1 Legitimate sources of evidence for decision-making include research evidence, standards of care, community perspectives, a deep understanding of patient/client experience and preferences, and practical wisdom gained from experience and participation in professional organizations.

10.2 Knowledge from the biological, social, medical, public health, and nursing sciences is constantly evolving.

10.3 Best practice in nursing is continuously modified.

XIII. Oregon Consortium for Nursing Education Competency Benchmarks

Progress toward level benchmarks is expected in each course of the curriculum. In their clinical practice students are expected to:

1. Provide safe care.
2. Practice within the legal scope of practice, and by following the ANA Code of Ethics.
3. Be an active, engaged learner, seeking out new opportunities, and reflecting on their performance.
4. Be aware of the evidence available to support nursing practices.
5. Provide care that is culturally and age/developmentally appropriate.
6. Practice family and relationship-centered care.

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

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

XIV. Competency Rubric Explanation

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

Each rubric can have several components:(1) a statement of the competency to be demonstrated; (2) a scale that describes how well or poorly the student performs during a
competency demonstration; (3) dimensions that lay out the parts of the competency that are vital to achievement; (4) descriptions of the dimensions at each level of performance.

Copies of the rubrics to be used in grading or competency evaluation will be distributed to students and will be incorporated into evaluation/grading tools for nursing courses.

XV. OCNE Spiral Curriculum Glossary

I.   Organization of the Curriculum

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

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

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

program.

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

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

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

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

Rubric Criteria: The quality markers or set of standards to be met. Criteria tell faculty what to look for in performance and tell students what the highest level of performance is. Rubric criteria are the basis for judging the quality of a student's work. The "y-axis" of the rubric template.

Rubric Indicators: Subcategories of rubric criteria but more specific elements that indicate what to look for in judging student work.

Rubric Dimensions: Major components of competency or assignment which when combined constitute performance. The dimensions tell the student what concepts or skills are described or embedded in the competency or assignment to be performed. For example, the dimensions of clinical judgment are noticing, interpreting, responding, and reflecting--the "x-axis" of the rubric template.

II.   Teaching/Learning Framework

Curriculum: The OCNE curriculum is grounded in best practices taken from several models used in K-12 and higher education, research on learning, and the skills and experience of OCNE member faculty (Bransford, J.D. et al, 2000; Fink, 2003; Wiggins, G., & McTigue, J.,1998; Weimer, M. 2002). A synthesis of the best practices is adapted to mesh with the nursing profession and the education of new nurses. The competency-based approach assumes that student learning moves upward on a spiral from novice levels to competency. Teaching in the OCNE curriculum, faculty are engaged in instructional design developing learning outcomes, assessments, resources for delivering content, and learning activities.

Curriculum Maps: Schematics demonstrating intended relationships among major curriculum elements and identified internal and external standards. Maps available to faculty include: (1) maps identifying where the curriculum covers National Patient Safety Goals, (2) maps
identifying pain management content throughout the curriculum, (3) maps locating the coverage of resource utilization, quality improvement, and systems.

Spiral Curriculum: A teaching and learning approach in which topics are revisited throughout the

curriculum, there are increasing levels of difficulty presented to students, and new learning is related to previous learning (Harden, R.M. & Stamper, N., 1999).

Teaching for deep understanding rather than factual recall: The set of enduring understandings or big ideas that accompany each competency is background information for faculty to use in the development of actual course content as well as rubrics and performance tasks. A big idea adds further detail and description to each competency. Big ideas focus on student attention and curriculum development and planning by identifying the essential content and skills that must be addressed through the curriculum. These ideas are presented at the level of what the student needs to know or the essential parts of learning.

<div align="center">AND:</div>

Deep understanding of big ideas needed for practice: Taxonomies of understanding have been used in nursing education since those introduced by Bloom and his colleagues. More recent taxonomies that have been useful in developing the OCNE curriculum describe elements embedded in the separate cognitive and affective domains of Bloom et al in a single taxonomy. Combining domain learning in a single taxonomy emphasizes the importance of viewing a given student learning activity through multiple lenses. The premise underlying these approaches is based on current learning research that suggests the more a learning activity can be structured to incorporate the multiple dimensions associated with complex concepts; the more likely it is that the student will understand these important concepts. Examples include the six facets of understanding of Wiggins and McTigue (1998): explanation, interpretation, application, perspective, empathy, and self-knowledge; and the "Taxonomy of Significant Learning" of Fink (2003): foundational knowledge, application, integration, human dimension, caring, and learning how to learn.

III.   Teaching/Learning Design & Implementation

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

Performance assessments are based on two important structural components. The first component is a rubric or scoring device and the second component is one or a set of performance tasks. In performing the task a student is assessed against a set of criteria. For example, the criteria framing an assignment asking students to produce a paper reviewing evidence about a nursing problem could be presented with a rubric that can be used both for feedback and grading the paper.

Performance Tasks: The graded activity students engage in during a performance assessment. Performance tasks simulate or replicate real-world situations and ask students to apply knowledge in realistic ways. Performance tasks provide students with the opportunity to apply their knowledge in increasingly complex ways as they progress upward in the spiral curriculum. Performance tasks might include simulations, case studies, lab activities, competency-based exams, written papers and plans, and clinical demonstrations. Furthermore, performance tasks might be structured to include specific specialties such as particular mental health conditions, and specific parts of competencies such as therapeutic communication or leadership.

Learning Activities: One of the central aspects of a competency-based approach to teaching and learning. Most learning activities are ungraded and provide students with the opportunity to access content, engage in practice, and receive feedback. Learning activities form a three-step transformation loop moving between learning, practicing new skills, and receiving feedback. When learning activities are ungraded they allow students to engage in the transformation loop without the potential anxiety of being graded. Most learning activities can

be accessed multiple times as a student moves toward competency.

Learning activities that may include reading, discussion, small group work, simulation, lab work, instructor-led presentation, film, stand-alone modules, cases, clinical experience, etc. are based on best practices recognized in the higher education and nursing literature since the late 1980s and early 1990s. General principles of good practice include frequent faculty/student contact, cooperation among students, active learning, prompt feedback, time on task, high expectations, and recognizing diverse talents and ways of learning (Chickering and Ehrmann,).

Feedback: Of the many definitions of feedback available, the definition presented by Fink (2003) has merits others lack. Fink's "FIDeLity" acronym suits the OCNE approach well. The components of "FIDeLity" feedback include feedback "that is Frequent, Immediate, and Discriminating (based on clear criteria and standards), and delivered Lovingly" (p. 83). For the OCNE curriculum, FIDeLity has been modified to FIDELity. Capitalizing the E emphasizes the student's responsibility to " E = Engage actively in self-appraisal of performance" (Tanner, 2006).

IV.   Teaching/Learning Tools & Approaches

Cases: A teaching strategy that promotes deep learning by students through its emphasis on students' active involvement in solving complex problems found in actual clinical practice. Case teaching, a long-honored strategy for professional education, also fosters the integration of knowledge and skills in complex learning situations.

Several mega cases have been developed by the OCNE Curriculum and Learning Activity committees for use in the curriculum. Three types of cases have been developed as core cases and appear in available course materials. For example, dilemma cases undergird the health promotion, chronic illness 1, and acute care 1 courses; a problem-based case example occurs in the Pharmacology course. Essential concepts and content for case-based teaching have been identified for the health promotion, acute and chronic courses, and may be covered using the mega cases or cases from other resources.

Clinical Learning Model: The categorization of clinical learning activities is believed significant for the acquisition of knowledge and skills competent nurses need today and in the future. OCNE recognizes five major elements of clinical learning activities: (1) direct focused patient care, (2) case-based, (3) concept-based, (4) intervention-skill-based, and (5) integrative experience. Experiences may be a pure reflection of one element or maybe a blending of more than one of the five types of elements. The five elements of the model are sequenced across the curriculum to support student development of clinical judgment and clinical practice knowledge.

Healthcare Simulation: Simulation is an evidence-based educational pedagogy, that provides experiential learning for students and will be used to integrate and reinforce the key concepts deemed essential to nursing practice. The National Council of State Boards of Nursing (NCSBN) conducted a multi-site, longitudinal research study that determined that simulation could be used to replace up to 50% of clinical hours in nursing education programs. The Oregon State Board of Nursing [OSBN] currently underwent an amendment to rule 851-021-0050 regarding
simulation and in January 2021, allowing both mid- and high-fidelity simulation to be used to satisfy up to 49% of the clinical time if the program has a nationally certified simulation coordinator when the availability of clinical sites is an issue.

Students will engage in active learning by using various simulation delivery formats such as live or virtual simulations. Small groups of students will work together through patient care scenarios specifically designed to achieve designated learning objectives. During live simulations, students will be physically present in the simulation procedure room providing care. Participants will be expected to interact with mid- to high-fidelity manikins as well as human actors, referred to as standardized patients that may be paired with low-fidelity task

trainers. During virtual simulations, students will be expected to interact with a virtual patient in an online format.

Simulation provides opportunities for students to apply the theory they have learned in a safe practice environment. Participants will be able to assess, interpret, and intervene throughout the scenario as well as evaluate whether the interventions were effective. Fidelity (realism) is an essential element of simulation and every effort will be made to provide a realistic environment to dispel disbelief; however, it is an expectation that participants will make every effort to try and believe the scenario is real.

Every simulation will begin with a pre-briefing, which will include stating the learning objectives, briefly discussing the patient, and orienting to the simulation procedure room as well as the equipment to be used. All simulations will have a debriefing immediately following the scenario. Debriefing provides students an opportunity to reflect upon their actions and think about their thinking. The instructor will facilitate discussion among the participants utilizing Tanner's Clinical Judgment Model for Debriefing.

Evaluation is essential to the continued improvement of simulation. Students will be expected to complete an evaluation for each simulation scenario in which they participate. This data will be collected, analyzed, and used in conjunction with other evaluation data to make decisions on future simulations.

Simulation Tools: Any tool or object that is used to mimic a real object or person can be considered a simulation tool. Simulation tools vary in their degree of realism (fidelity) and include low-, mid-, and high-fidelity. The fidelity of a simulation tool is related to the realism of the features inherent to that piece of equipment. An IV insertion trainer that uses sensory feedback and complex computer graphics would be considered a high-fidelity task trainer. Similarly, manikins can range from high- (breaths, talks, blinks, etc.) to mid-fidelity (Vital Sim Kid) to low- fidelity (resusci-annie). Other forms of simulation include computer-based simulations, standardized patients, and virtual reality devices and settings.

HPS Manikins: HPS (Human Patient Simulator) are high-fidelity manikins that utilize a combination of features to mimic a human patient. They are driven by complex computer programs that can alter the physiologic state of the manikin, and react to the actions of the trainee in real-time. This is accomplished by providing the trainee with physiologic data that one would normally find in the clinical setting such as monitor displays with vital signs, pulses, and blood pressure.

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

Learning Objects Database: An electronic database repository where content, learning activities, and assessment tools used by faculty in teaching the OCNE curriculum reside. The database is searchable in multiple ways; entries are annotated and identify the creator and pertinent course.

V.   Concepts & Conceptual Definitions Embedded in Competencies

Clinical Judgment: An interpretation or conclusion about a patient's needs, concerns, or health problems and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient's response. The act of professional judgment is assumed to require knowledge of various sorts: the kind that is abstract, generalizable, and applicable in many situations, derived from science and theory; the kind that grows with experience, where scientific abstractions are filled out in practice, is often tacit,

and aids instant recognition of clinical states; and the kind that is highly local, individualized, drawing from knowing the individual patient and shared human understanding. The term clinical judgment
implies conditions of uncertainty; judgment is needed in situations that are ambiguous, unexpected, or markedly differ from preconceptions. (Tanner, 2006).

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

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

Associate Degree Nursing Student Handbook Agreement, ==Student Copy==

I have read and reviewed the material in the current Nursing Student Handbook and understand it. As a Rogue Community College nursing student, I understand that I must comply with the policies contained in this Nursing Student Handbook, I understand that this Handbook is reviewed/revised as needed. and changes will be reviewed with all program students.

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

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

I understand if I request a recommendation for transfer or employment purposes from a nursing instructor, a written request must be provided and the recommendation will be in writing and may include information from other nursing instructors.

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

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

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

the guidelines outlined in the Nursing Student Handbook, including the requirement for an on-demand urine drug screen.

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

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

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

I have read and reviewed the material in the current Nursing Student Handbook and understand it. As a Rogue Community College nursing student, I understand that I must comply with the policies contained in this Nursing Student Handbook.   I understand that this Handbook is reviewed/revised as needed. and changes will be reviewed with all program students.

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

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

I understand if I request a recommendation for transfer or employment purposes from a nursing instructor, a written request must be provided and the recommendation will be in writing and may include information from other nursing instructors. I understand for purposes of continuity of education and the safety of clients, nursing instructors will discuss my clinical performance from term to term in faculty meetings and with me. I understand that clinical schedules may change during any given term and that my work schedule will have to be adjusted to fit my class skills lab and clinical schedule.

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

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

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

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

Name (Print): _____   Signed: _____   Date: _____

RCC
Rogue Community College

_____   _____
PRINT NAME   **DATE**

CONFIDENTIALITY OF INFORMATION

During your participation in courses at the RCC Nursing Skills Lab and the Nursing Simulation Lab, you will likely be an observer of the performance of other individuals in managing healthcare events. It is also possible that you will be a participant in these activities. You are asked to maintain and hold confidential all information regarding the performance of specific individuals and the details of specific scenarios.

By signing below, you acknowledge having read and understood this statement and agree to maintain the strictest confidentiality about any observations you may make about the performance of individuals and the simulation scenarios.

_____   _____
SIGNATURE   **DATE**

RELEASE FOR STILL PHOTOGRAPHS AND VIDEOTAPES

I authorize instructors and administrators of the RCC Nursing Skills and the Nursing Simulation Lab to photograph (slides or prints) and/or perform image recordings of me during training at the RCC Nursing Skills and the Nursing Simulation Lab. I understand that, unless otherwise approved by me, I will <u>not</u> be specifically identified, and that the photographs will be shown only for educational, research, or administration purposes. No public or commercial use of the photographs (slides or prints) and/or videotapes will be made without my additional written permission.

_____   _____
SIGNATURE   **DATE**

409-030-0250 INFORMATION SHARING OR USE OF DATA
In compliance with OHA regulations, I give my permission to the Rogue Community College Department of Nursing to disseminate documentation and evidence related to the completion of administrative requirements to contracted clinical sites, including but not limited to any release required under HIPAA or other applicable laws, my personal health information under these rules. In addition, I permit the Rogue Community College Nursing Department to provide my whole social security number to Asante' Rogue Regional Medical Center and Providence Medford Medical Center to establish non-employee hiring for clinical placement at those facilities. I understand this information will be shared via a secure email server. The dissemination of personal data will only be made to individual facilities with a demonstrated and legitimate need to know.

_____   _____
SIGNATURE   **DATE**

==Please sign, date, and upload this form to Verified Credentials by September 29, 2023==

PERMISSION TO SHARE INFORMATION WITH OHSU

As indicated on the program application I submitted, I understand the RCC Nursing Program is a full partner in the Oregon Consortium for Nursing Education (OCNE) and as such, I have been co-admitted into the Oregon Health Sciences University (OHSU) School of Nursing with the rights and responsibilities that entails. I understand that from time to time individual and aggregate data needs to be gathered for purposes of the program, Consortium, and curriculum evaluation and improvement. I also understand that at times the Oregon State Board of Nursing (OSBN), the Oregon Center for Nursing (OCN), the Oregon Consortium for Nursing Education (OCNE), Oregon Health Sciences University, and Rogue Community College (RCC) need to gather data for obtaining accurate and important recruitment and admissions statistics. As I did when I applied to the RCC Nursing Program, I again give my permission for information regarding my name, gender, ethnicity, age, prior degrees, and other requested information to be shared among the OSBN, OCN, OCNE, OHSU, and RCC for the above purposes.

_____   _____
SIGNATURE   **DATE**

ACADEMIC INTEGRITY

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

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

_____   _____
SIGNATURE   **DATE**

*Excerpt reprinted with permission from Elison, J. 2011. Academic dishonesty. StuNurse.com, edition 19, p. 7.

DIGITAL RECORDERS

In recording academic lectures, I will use the recordings and the information from the recordings only for my educational benefit or with the instructor's permission to benefit a classmate unable to attend that lecture. I will not release to others, post on the internet/website, or disseminate any part of the recordings or course materials to anyone not enrolled in the current course.

Only lecture/theory-based information shall be audio recorded. Small group discussions or confidential information shall not be recorded at any time. If a course or portion of the course involves personal comments or private student information that would be inappropriate to record, I will stop recording and only resume recording when/if the lecture resumes.

_____   _____
SIGNATURE   **DATE**

Please sign, date, and upload this form to Verified Credentials by September 29, 2023