

Hibbing Community College

Associate Degree

Program in Nursing



Student Handbook

2017 – 2018

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HIBBING COMMUNITY COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
NURSING STUDENT HANDBOOK

WELCOME

Welcome to the Hibbing Community College (HCC) Program in Nursing! The Nursing Student Handbook is a supplement to the HCC College Catalog and Student Handbook, and is made available annually to all students upon entry or readmission to the program. It is designed to assist you to understand your rights, responsibilities, and opportunities as a nursing student at HCC. The purpose of this handbook is to provide you with information which is **specific** to the **nursing program**. It is very important that you refer to this handbook throughout your nursing program studies. This handbook is not intended to form a contract, and these materials are subject to change at any time. As policies and guidelines change, you will be notified and the handbook will be revised.

The nursing program director and faculty are committed to your success. If you have any questions or problems, please do not hesitate to contact the nursing program director, nursing faculty, or nursing support personnel.

NURSING PROGRAM DIRECTOR: Sandy Gustafson

CONTACT INFORMATION: Room C218, 262-7240, sandygustafson@hibbing.edu

FACULTY: Will provide contact information on course syllabi.

NURSING SUPPORT PERSONNEL: Cynthia Pogorels

CONTACT INFORMATION: Room C217, 262-7381 M-F 9am-12pm cynthiapogorels@hibbing.edu

THE COLLEGE & THE NURSING PROGRAM

HIBBING COMMUNITY COLLEGE * A SNAP-SHOT

Hibbing Community College (HCC): Where students start with a dream and finish with a future...

HCC Mission Statement:

Hibbing Community College provides life-changing education and opportunities in a dynamic learning environment.

HCC Vision Statement:

Hibbing Community College will be recognized for educational innovation and excellence and as a leader for economic development and community vitality.

HCC Core Concepts:

In order to fulfill its Mission, HCC strives to:

- *Build Relationships – Lead within the community, communicate with intention, inspire charitable partners, and connect students with community services.
- *Provide a Holistic Student Experience – Engage proactively with students, enhance the collegiate atmosphere on campus, embed community service into student experience, and utilize data to inform student programming.
- *Champion Inclusion and Equity – Attract diverse students and employees, advance the community in embracing diversity, promote a culture of acceptance and future, and understanding.
- *Secure the Future – Serve new audiences, promote professional development, and plan for succession.

HCC Partnerships:

Essential to HCC's success are its productive and mutually beneficial partnerships with business and industry, K-12, the Minnesota State (MnSCU) system, the Minnesota Legislature, and the community – all of which enhance HCC's ability to act responsively, cooperatively, and innovatively.

HCC Governance:

HCC is a member of the Minnesota State System, a collection of 37 colleges and universities, and benefits from the variety of resources presented through this configuration, including legal services, instructional technology, data systems support, lobbying, and fiscal and facilities support. Also, as a member of a collection of colleges through NHED, HCC enjoys collegial relationships with its sister institutions. NHED is a unique governance structure within Minnesota State. The individually accredited five colleges are autonomous, strongly connected to their communities, and provide access and opportunity to higher education in their regions. As a district, this alignment creates more opportunities to collaborate and leverage additional resources. At the same time, there can be competition for students and program offerings.

THE NURSING EDUCATION UNIT

Hibbing Community College Program in Nursing: Where students start with a dream and finish with a future...

Program Mission Statement:

Challenged to respond to a diverse and growing need for qualified nurses, Hibbing Community College Program in Nursing is dedicated to providing nursing students with entry level theory and clinical skills needed to understand and assume the responsibilities of a Registered Nurse in an individual, family, community, or acute, long-term, and/or rural community based setting as well as fostering within each student a commitment to lifelong learning and professional growth.

Program Commitments:

Hibbing Community College Program in Nursing is committed to:

- *student success;
- *the dignity of people;
- *uniqueness of the individual;
- *contributing to the well-being of others;
- *inclusion of diversity;
- *the discovery and utilization of scientific knowledge;
- *the design and maintenance of an innovative curriculum current with today's health care trends;
- *integrity in all aspects of performance;
- *interdependence, cooperation, and collaboration among all people;
- *enabling and facilitating educational and career mobility;
- *enrichment of cultural awareness;
- *lifelong learning;
- *fostering the personal and professional growth of students;
- *professional development of faculty;
- *high academic standards;
- *excellence in teaching and learning.

Program in Nursing Philosophy:

The philosophy of the Associate Degree Nursing Program parallels the mission statement of Hibbing Community College. It is the Program's endeavor to prepare students who are eligible to apply for registered nurse licensure and further, to function fully in basic entry level nursing positions while fostering a commitment to lifelong learning and professional growth.

The nursing faculty believe that nursing is both an art and a science. The nurse demonstrates the art and science of nursing while assuming a variety of roles including care provider, communicator, teacher, counselor, client advocate, change agent, leader, and manager of care. Nurses use cognitive, psychomotor, and affective skills within the context of the nursing process to engage in "*the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human responses, and the advocacy in the care of individuals, families, communities, and populations*" (ANA, 2003, p. 6).*

*American Nurses Association. (2003). *Nursing's social policy statement*. Washington, DC: American Nurses Publishing.

The nursing student is prepared to assume the registered nurse role through curricular exposure to nursing theory and

clinical practicum experiences. In order to deliver wholistic nursing care, knowledge from the humanities and the behavioral, physical, and social sciences are incorporated throughout the nursing curriculum and the required non-nursing support courses as evidenced in the Program Plan (see pages 9-11). The scope of nursing practice requires the student to develop and use critical thinking skill that is theoretically based to facilitate clinical decision making. The quality of nursing care is linked to students' ability to transfer theory to practice, therefore the curriculum incorporates current professional standards and guidelines from the 2010 National League for Nursing's (NLN) Associate Degree Outcomes & Competencies, Quality and Safety Education for Nurses, and the NLN Standards of Nursing Practice. These resources were utilized to guide development of student learning outcomes and curriculum. A variety of learning activities are employed and evaluative feedback provided to foster achievement of student learning outcomes.

The Program philosophy and the subsequent curriculum further reflects the knowledge that optimum learning occurs within a supportive and respectful environment in which frequent evaluative feedback is provided. The Program goals are accomplished through a variety of instructional and technological modalities designed to address the diverse learning needs of our students. Nursing faculty facilitates learning as they motivate, impart knowledge, and role model professional nursing behaviors.

Past, Present, and Future:

Initial exploration of the possibility for the establishment of an Associate Degree Nursing Program in Hibbing, Minnesota began in 1956, with formal planning underway in 1958. Consultants from the National League for Nursing and representatives of the Minnesota Board of Nursing met with administrative personnel from the then named Hibbing Junior College and Hibbing General Hospital as well as representatives of a Lay Advisory Board to study the advisability of establishing such a program in the Junior College. Many details and challenges lay ahead of those striving to bring this vision to fruition, including the legislatively-mandated minimum length for a program preparing students to become registered nurses. In 1961, after considerable time and effort expended in attempts to amend the Nurse Practice Act, the law was changed so the minimum length for a program preparing students to become registered nurses was reduced from thirty to twenty-two months. As a result of this change, more definitive action could be taken toward establishing an associate degree nursing program at Hibbing Junior College. The Board of Education of the school district authorized the college to initiate the program to begin in September 1962. The authorized program, in accordance with state law, would be 22 months in length and would require two academic years and two summer sessions for completion. Failure to find a qualified person as director resulted in a decision to postpone program initiation. In 1964, Hibbing Community College Program in Nursing admitted its first nursing class with eighteen students enrolled. In 1966, this first class of eleven nursing students graduated. The Program was one of the first two associate degree nursing programs receiving initial approval by the Minnesota Board of Nursing on August 23, 1964 with full approval following in June 1966 with continuous Board approval since. Fifty years later, students continue to benefit from the program's excellent curriculum and expertise of highly credentialed instructors invested in student, program, and college success in the best interest of serving the immediate community and beyond.

From a historical perspective, it would be remiss not to reference the significance of the establishment of the Itasca Nursing Education Consortium (INEC) in relation to fulfilling the College and Program Missions. INEC was developed in 1982 with a grant from the Blandin Foundation in Grand Rapids, Minnesota and was modeled after its predecessor: Agassiz Region Nursing Education Consortium (ARNEC). INEC represents a partnership of educational institutions throughout Northeastern Minnesota offering one or more of five levels of nursing education (Nursing Assistant, Practical Nurse, Associate Degree Nurse, Baccalaureate Nurse, and Master Degree Nurse). The impetus behind formation of the Consortium included:

-the need to increase the supply of registered nurses in the geographically vast but rural region of Northeastern Minnesota;

-the desire to develop an educational model that would promote educational mobility for graduates across the various levels of nursing education while maximizing and optimizing the utilization of existing post-secondary institutions.

Embedded in this model is the concept of articulation and each consortium member program plays a role in enabling educational and thereby career mobility for the students within their individual programs. And so, beginning in 1982, Hibbing Community College Program in Nursing added an Advanced Standing/LPN to Associate Degree Nursing Track option to its already well-established Generic/Traditional Associate Degree Nursing Track. The advanced standing track curriculum was built through a collaborative effort among the member programs to level curriculum across four of the five levels (nursing assistant, practical nursing, associate degree nursing, and baccalaureate degree nursing). The leveling of curriculum was to enable seamless transition between the four levels thereby serving to promote educational and thus career mobility. In the Spring of 2013, INEC disbanded having achieved its mission and with articulation firmly entrenched as a means of enabling education and career mobility.

The Program is shaped in the present and as it moves forward by its longstanding and proud history of distance site education. The Program's commitment to distance education first began in the early 1980s with the establishment of the advanced standing track as mentioned above. Since its inception, the Program has run the advanced standing track on-campus as well as in Grand Rapids and International Falls and will continue to do so as long as a need exists and the Program is able to sustain delivery of a quality program in nursing. Additional advanced standing track sites have included Cloquet and Duluth, Minnesota. Eventually, these two distance sites morphed into separate associate degree programs under the auspices of community colleges in their separate communities, but their start was with Hibbing Community College Program in Nursing. As recent as 2010, the Program witnessed the graduation of the most distant of the distance site cohorts, a group of three students in the advanced standing track in Baudette, Minnesota. Beginning in 2002 to present date and likely onward, the Program has successfully brought the Generic/Traditional Associate Degree Nursing Track to a variety of rural Minnesota communities including Bigfork, Cook, Ely, and Grand Marais. The distance site endeavors certainly give life to the old adage "Growing Our Own".

Program Accreditation and Approval:

The ultimate intent of the Program is to provide high quality nursing education. Accreditation by the Accreditation Commission for Education in Nursing, Inc. (ACEN), formerly known as the National League for Nursing Accrediting Commission, Inc. (NLNAC) is optional for nursing programs. However, since accreditation reflects excellence in the profession, our Program sought and achieved full, initial ACEN accreditation, granted in July of 2012. The program is currently awaiting the final report of the 2017 ACEN site visit for continuing approval. This is expected in August 2017.

ACEN Contact Information:

Accreditation Commission for Education in Nursing, Inc.
3343 Peachtree Road NE Suite 850, Atlanta, GA 30326
Phone: 404-975-5000
Website: www.acenursing.org

In addition to this voluntary, national accreditation (ACEN), the Hibbing Community College meets full approval of the Minnesota Board of Nursing (MBON).

MBON Contact Information:

Minnesota Board of Nursing
2829 University Avenue SE #200
Minneapolis, MN 55414
Phone: 612-617-2190
Website: www.nursingboard.state.mn.us

Core Concept Definitions:

The Hibbing Community College Program in Nursing has adopted and adapted core concept definitions as proposed by Betty Neuman's System Model. Neuman's philosophy addresses the following four major concepts that provide the foundation for the Program's curriculum design*:

PERSON is a unique *wholistic system* yet possesses a common range of characteristics and responses. Persons are a dynamic composite of physiologic, psychologic, sociocultural, developmental, and spiritual dimensions making the wholistic system of the person an open system. Human responses associated with the interaction between the interrelated multidimensional components and environmental stressors have an impact on the level of health. When the person adapts to environmental stressors, they perceive themselves as healthy. The person is unique and has innate value and worth. The health needs of individuals, families, communities, and populations are recognized, valued, and integrated into nursing care to facilitate the person's ability to retain, attain, and maintain optimal wellness.

NURSING is a unique *profession* focused on the variables that affect a person's response to stressors. Nursing is concerned with the whole person. Nursing focuses on establishing a trusting relationship while applying the nursing process to "protect, promote, and optimize health and abilities, prevent illness and injury, alleviate suffering through the diagnosis and treatment of human responses to stressors which impact health, and to advocate for the care of individuals, families, communities, and populations" (ANA, 2003, p. 6).* The nursing process is utilized to provide safe and competent wholistic nursing care to individuals across the lifespan, families, communities, and populations. Optimal client health is pursued through the collaborative efforts of the client, nursing, and other health care professionals.

HEALTH is the *state of harmony* or homeostasis. Disharmony reduces the wellness state. Person is an interacting open system with the environment and is either in a dynamic state of wellness (needs or met) or experiencing some degree of ill health (needs not met). The nurse promotes an adaptive and responsive environment to assist clients well and ill to retain (primary prevention), attain (secondary prevention) or maintain (tertiary prevention) optimal health.

ENVIRONMENT variables interact with *internal and external stressors*. Intrapersonal, interpersonal, and extrapersonal stressors disturb the person's normal line of defense. As an open system, the person interacts with, adjusts to, and is adjusted by the environment. The person attempts to retain harmony through negotiating the interaction between the environmental variables.

*As adapted from:

Neuman, B. (1982). *The Neuman systems model: Application to nursing education and Practice*. Norwalk, Conn.: Appleton-Century-Crofts.

Rev. Spring 2010

The Nursing Process:

Nursing care is designed and delivered using the nursing process. The nursing process is a problem-solving framework that requires the skills of critical thinking, problem solving, and decision making to assess, identify, and prioritize client needs (nursing diagnoses), plan care systematically by establishing client goals and nursing strategies, and implement and evaluate the outcomes of the care provided. The nursing process is a dynamic and cyclic process that involves the following activities:

1. **Assessment:** The establishment of a client data base through ongoing data gathering utilizing the methods of Observation, Interview, and Physical Examination. Assessment is equal to data gathering + data organization + data validation + data documentation.
2. **Nursing Diagnosis:** Analysis of the data gathered during assessment yields the identification of the individual client needs/nursing diagnoses.
3. **Planning:** The planning process within the structure of the nursing process involves setting priorities, establishing client goals, and selecting nursing strategies/interventions. The product of these planning activities is the individualized nursing care plan.
4. **Implementation:** The implementation phase of the nursing process involves putting the individualized nursing care plan 'into action'. While carrying out the plan of care, the nurse continues with ongoing assessment and modifies the plan of care as appropriate to the assessment findings.
5. **Evaluation:** During evaluation the nurse determines the extent to which client goals have been met and if nursing interventions have been effective in preventing, reducing, and/or resolving client needs. Evaluation findings determine the need for further modifications to the plan of care.

Though listed as separate activities, the above represent overlapping, ongoing sub-processes that are tightly intertwined. Delivering care from the nursing process benefits the client by improving the quality of care they receive and the nurse benefits in the assurance that they are delivering care that meets the client's needs and the standards of their profession.

Rev. Spring 2010

Hibbing Community College
NURSING PROGRAM / CURRICULUM INTEGRATION MODEL



Cronenwett, L., Sherwood, G., Barnsteiner J., Disch, J., Johnson, J., Mitchell, P., Sullivan, D., Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55(3)122-131.
 National League for Nursing. (2000). *Educational competencies for graduates of associate degree nursing programs*. New York: National League for Nursing.

End-of-Program Student Learning Outcomes:

The Hibbing Community College Program in nursing has developed the end-of-program learning outcomes within the context of professional standards. Upon completion of the Hibbing Community College Program in Nursing, the graduate will apply the nursing process in providing wholistic care while:

1. demonstrating professional behavior that reflects integrity, accountability, responsibility, and ethical nursing practice. **Professional Behaviors**
2. minimizing risk of harm to patients through system effectiveness and individual performance. **Safety**
3. integrating best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. **Evidence-Based Practice**
4. providing compassionate care that is respectful to patient preference, values, and needs which guides all clinical decisions. **Patient-Centered Care**
5. participating effectively with members of the inter-professional team to achieve quality patient care. **Teamwork and Collaboration**
6. making judgements in practice substantiated with evidence, utilizing informatics to provide safe, quality care to patients and their families. **Nursing Judgments**

Rev Spring 2016

Program Outcomes:

Parallel to the Program's Mission, Philosophy, and Commitments, the faculty has identified the following Program Outcomes:

1. The program's most recent annual NCLEX licensure examination pass rate will be at least 80% for all first-time test-takers during the same 12-month period aggregated the program as a whole and by program option, location and completion date.
2. 70% of the students who begin the first nursing courses will graduate from the nursing program within 150% of the timeframe (6 semesters).
3. Exhibit an employment rate of 80% of graduates employed in nursing within six (6) months of graduation.
4. Produce graduates who are ready and able to confidently take on the role of the nurse at the basic entry level as evidenced by an 80% or higher satisfaction rating (well-prepared or very well-prepared) as reported on graduate program satisfaction survey findings.

Rev Spring 2016

PROGRAM PLANNING FORM 2017-2018

PROGRAM NAME: Advanced Standing/LPN to Associate Degree Nursing Track

Credits Required for Graduation: A.S. Degree 64

Date: _____

Prior to Summer Session Entry

Revised: 4/29/2015

COURSE #	COURSE TITLE	CREDITS	SEMESTER	GRADE
	Completion of a Practical Nursing Program			
ENGL1060	Freshman Composition	3 cr	_____	_____
PSYC1205	General Psychology	4 cr	_____	_____
PSYC 1350	Lifespan Development	3 cr	_____	_____
BIOL1270	Human Anatomy and Physiology 1	4 cr	_____	_____
BIOL1280	Human Anatomy and Physiology 2	4 cr	_____	_____

SUMMER SESSION

BIOL1120	Microbiology (<i>all students entering the second year of nursing</i>)	3 cr	_____	_____
NURS1750	Nursing Bridge (Must be taken by all Advanced Standing/LPN students)	5 cr	_____	_____

Note: All of the above courses must be completed before entering the second year of the program.

SECOND YEAR

FALL SEMESTER

NURS2050	Care of Women and Children	4 cr	_____	_____
NURS2150	Care of the Client Affected by Acute Stressors	5 cr	_____	_____
PHIL1300	Ethics	3 cr	_____	_____

SPRING SEMESTER

NURS 2250	Care of the Client Affected by Complex Stressors	6 cr	_____	_____
NURS 2350	Foundations of Leadership	1 cr	_____	_____
NURS 1755	Clinical Simulation in Nursing (Elective)	1 cr	_____	_____
NURS 2900	Transition to Practice Essentials (Elective)	1 cr	_____	_____
NURS 2902	Cultural Diversity in Health Care: Comm. & Global Connection (Elective)	1 cr	_____	_____
	Second Communication course (See list below)	3 cr	_____	_____
	Social Science Elective (See list below)	3 cr	_____	_____

* The above stated required nursing and non-nursing courses total 51 credits. Added to this total is the 11 nursing credits of advanced standing and 2 credits for Nutrition for a total of 64 semester credits. (32 Nursing, 32 Non-Nursing.)

Communication Electives:

ENGL1070	Technical Report Writing	3 cr
ENGL1090	Advanced Composition	3 cr
SPCH1010	Fundamentals of Speech	3 cr
SPCH1030	Intercultural Communication	3 cr
SPCH1040	Introduction to Communication	3 cr

Social Science Electives:

ANTH1010	Cultural Anthropology	3 cr
PSYC1400	Abnormal Psychology	3 cr
SOC1100	Introduction to Sociology	3 cr
SOC1200	Social Problems	3 cr
SOC1400	Marriage and the Family	3 cr
SOC2200	Race and Ethnicity	3 cr
SOC2300	Sociology of Aging	3 cr

Articulation Agreements with ALL Minnesota State Colleges & Universities.

PROGRAM PLANNING FORM 2017-2018

PROGRAM NAME: Generic/Traditional Associate Degree Nursing Track _____

Credits Required for Graduation: A.S. Degree - 64 Credits

Date: _____

SUMMER - PRIOR to Fall Entry

Revised: 4/29/2015

COURSE #	COURSE TITLE	CREDITS	SEMESTER	GRADE
ENGL1060	Freshman Composition	3 cr	_____	_____
BIOL1270 OR BIOL1280	Human Anatomy and Physiology 1 or 2	4 cr	_____	_____

*Completion of Nursing Assistant course is required.

*Achievement of a minimum cutscore of 69 on the Accuplacer Arithmetic test is required by July 29th each year.

FIRST YEAR

FALL SEMESTER

NURS0950	Essential Mathematics for Nurses (Test-Out Available)	1 cr	_____	_____
NURS1250	Foundations of Nursing	8 cr	_____	_____
PSYC1205	General Psychology	4 cr	_____	_____
HLTH2010	Nutrition	2 cr	_____	_____

SPRING SEMESTER

NURS1350	Care of the Client Affected by Chronic Stressors	8 cr	_____	_____
BIOL1270 OR BIOL1280	Human Anatomy and Physiology 1 or 2	4 cr	_____	_____
PSYC1350	Lifespan Development	3 cr	_____	_____

SUMMER SESSION

BIOL1120	Microbiology (<i>before entering the second year</i>)	3 cr	_____	_____
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Note: All of the above courses must be completed before entering the second year of the program.

SECOND YEAR

FALL SEMESTER

NURS2050	Care of Women and Children	4 cr	_____	_____
NURS2150	Care of the Client Affected by Acute Stressors	5 cr	_____	_____
PHIL1300	Ethics	3 cr	_____	_____

SPRING SEMESTER

NURS2250	Care of the Client Affected by Complex Stressors	6 cr	_____	_____
NURS2350	Foundations of Leadership	1 cr	_____	_____
NURS1755	Clinical Simulation in Nursing (Elective)	1 cr	_____	_____
NURS2900	Transition to Practice Essentials (Elective)	1 cr	_____	_____
NURS2902	Cultural Diversity in Health Care: Comm. & Global Connec. (Elective)	1 cr	_____	_____
	Second Communication course (See list below)	3 cr	_____	_____
	Social Science Elective (See list below)	3 cr	_____	_____

Total of 64 Semester Credits (32 Nursing, 32 Non-nursing)

Communication Electives:

ENGL1070	Technical Report Writing	3 cr
ENGL1090	Advanced Composition	3 cr
SPCH1010	Fundamentals of Speech	3 cr
SPCH1030	Intercultural Comm.	3 cr
SPCH1040	Introduction to Comm.	3 cr

Social Science Electives:

ANTH1010	Cultural Anthropology	3 cr
PSYC1400	Abnormal Psychology	3 cr
SOC1100	Introduction to Sociology	3 cr
SOC1200	Social Problems	3 cr
SOC1400	Marriage and the Family	3 cr
SOC2200	Race and Ethnicity	3 cr
SOC2300	Sociology of Aging	3 cr

Articulation Agreements with ALL Minnesota State Colleges & Universities.

Hibbing Community College

Estimated Costs

TUITION and FEES (2017-2018 school year)

Nursing	\$ 199.13 per credit (tuition & fees)
General education (non-nursing)	\$ 176.93 per credit (tuition & fees)
Online Internet	\$ 199.93 per credit (tuition & fees)

(These costs reflect Minnesota Resident rates. Please contact the Business Office for non-Resident rates.)

NURSING LEARNING RESOURCES

ATI Program Supplies/Live Review	\$ 500.00 per year
Nursing Textbooks/Resources	\$1100.00 per program total
Computer	\$ 300.00

CLINICAL SUPPLIES

Skills bags	\$ 150.00
Uniform, shoes, etc	\$ 200.00
Liability insurance	\$ 10.00 each fall semester
Background study fee	\$ 20.00 per year

AFTER GRADUATION FEES

NCLEX-RN Test Registration Fee (Pearson-Vue)	\$ 200.00
Minnesota Licensure Fee	\$ 105.00
Nursing pin at graduation (optional)	\$ 40.00-120.00

***NOTE: Please note that these are ESTIMATED costs. Before making any payments check with appropriate department for exact costs.**

AFTER ACCEPTANCE & IMPORTANT CONSIDERATIONS

1. Admitted Nursing students will be notified of the date and time for a mandatory information/registration session as well as a mandatory Nursing Program Orientation. Failure to attend these mandatory sessions may result in loss of the student's seat.
2. State law requires that any person who provides services that involve direct contact with patients and residents at a Minnesota licensed health care facility have a background study including fingerprints conducted by the State of Minnesota (Minnesota Department of Human Services/DHS background study). An individual who is disqualified from having direct patient contact as a result of the background study, and whose disqualification is not set aside by the Commissioner of Health, will not be permitted to participate in a clinical placement in a licensed health care facility. Failure to participate in clinical placement required by this program will result in ineligibility to qualify for a degree, diploma, and/or certificate and will result in withdrawal from the program. Criminal background studies are completed annually. Initiation of the background check is upon direction of the program director only.
3. Clinical practicum agencies can establish more stringent standards (as compared to the program's standards) in regard to background checks to meet regulatory requirements for their facility. Clinical practicum agencies can conduct additional (in addition to the aforementioned DHS study) background checks at their discretion. In this event there will be further fees involved.
4. Successful completion of a DHS criminal background check (qualification to provide direct patient contact) does **not ensure** eligibility for licensure or future employment within the chosen field. Students are strongly encouraged to contact the Minnesota Board of Nursing regarding specific eligibility requirements for licensure.
5. New entering students must submit their completed Required Health & Immunization information to CastleBranch **prior to** the first day of class each semester. Specific access information will be communicated at orientation sessions.
6. Successful completion of a Nursing Assistant course within the last 15 months is required before entering the Nursing Program's Generic/Traditional Associate Degree Nursing Track. If completed more than 15 months ago, current registry on Minnesota's Nursing Assistant Registry is required.
7. Applicants/students are responsible for maintaining current contact information with the Nursing Support Office AND Hibbing Community College Student Services.
8. Licensed Practical Nurses (LPNs) entering the Program must hold a current and unencumbered Minnesota LPN license by August 15. The LPN's license must remain unencumbered throughout the duration of the Program.

GENERAL INFORMATION

Registration

All nursing classes are controlled registration. The nursing department submits semester schedules to the college's curriculum specialist. The nursing department controls the registration and reserves places in each class for all nursing students maintaining program progression criteria throughout the entire program. It is your sole responsibility to acquire a semester schedule and register each semester following the directions of the nursing program curriculum and using the standard HCC registration process. Only students accepted into the nursing program are allowed to register for and attend nursing classes.

Program Expenses

In addition to tuition, there are additional costs which include items such as nursing textbooks, skills lab kits, laptop, and Assessment Technology Institute (ATI) program fees which includes a \$350 NCLEX-RN Review Course. All costs are the responsibility of the student. See **Estimated Cost** sheet on page 14.

Student Health Status Declaration & Immunization Form and Health Status Update Form

New entering students document their completed Health Status & Immunization documents in CastleBranch prior to fall semester start. The documents must be filled out in its entirety by the student and healthcare provider as is appropriate.

Students returning for the second year must submit a Health Status update form and again provide evidence of TB screening before the first clinical day of the second year.

It is the student's responsibility to keep all immunizations and tuberculin screening up to date throughout the nursing program or the student will NOT be allowed in clinical settings.

LPN Licensure

LPN applicants who have been accepted into the second year of the nursing program must hold an unencumbered MN LPN Licensure **BEFORE** fall entry (August 15). Nursing Support Personnel will monitor LPN licensure status through the Minnesota Board of Nursing Licensure Registry. It is the student's responsibility to submit their LPN license number for monitoring by August 15th. The LPN license must remain current and unencumbered throughout the student's nursing program stay.

Student Physical and Mental Health

Students must maintain physical and mental health throughout the program. If, in the judgment of a nursing instructor, a student manifests a potential or existing health problem, the student may be required to consult a health care professional for appropriate evaluation and/or treatment and to present evidence of good health as a requisite for remaining or re-entering the Nursing Program.

Basic Life Support (BLS) Certification

Prior to the **beginning** of the 2nd semester for **first year students** AND **prior** to the **beginning** of the 3rd semester for **second year students**, you are required to turn in proof of valid and current certification in BLS to CastleBranch. This certification **MUST** be American Heart Association BLS for Health Care Providers. The certification must remain valid/current throughout the student's nursing program stay **or the student will NOT be allowed in clinical settings.**

Criminal Background Study

State law requires that any person who provides services that involve direct contact with patients and residents at a Minnesota licensed healthcare facility have a background study conducted by the State. An individual who is disqualified from having direct patient contact as a result of the background study, and whose disqualification is not set aside by the Commissioner of Health, will not be permitted to participate in a clinical placement in a licensed healthcare facility. Failure to participate in clinical placement required by this program will result in ineligibility to qualify for a degree, diploma, and certificate and will be withdrawn from the program. The cost of the background study (\$20.00) is a yearly student fee. Fingerprinting costs are not included and are paid directly to the vendor. Current cost is: \$9.10. Please remember that clinical practicum facilities may impose additional background studies, and if so, further fees will be involved.

Successful completion of a DHS criminal background check (qualification to provide direct patient contact) does **not ensure** eligibility for licensure or future employment within the chosen field. Students are strongly encouraged to contact the Minnesota Board of Nursing regarding specific eligibility requirements for licensure.

Current Student Contact Information

You **must** keep your most current home address, email address and phone number/s on file with the nursing support office and Hibbing Community College Student Services office. Class lists with contact information will be typed up and distributed to nursing faculty.

Liability Insurance

All nursing students must purchase liability insurance through the college. This nominal (\$10-15) **yearly** fee will usually be attached to a nursing course and taken care of at the time you pay for tuition.

Children in Class

Under **NO** circumstances are children to accompany you to clinical practicum sites, nursing skills labs, or clinical postconference/self-awareness sessions. This mandate is in the interest of safety and confidentiality.

Student-Instructor Communication

All faculty have posted office hours on their office door. Students are encouraged to contact faculty or the Nursing Program Director if they wish to discuss their progress, a problem, or need assistance in completing nursing program studies. Faculty will indicate their contact information on course syllabi.

Informing Students of Program Changes

Nursing Program policies and procedures are communicated to nursing students via the HCC Associate Degree Program in Nursing Student Handbook. The handbook is reviewed and revised regularly to reflect current and accurate information. As policy and procedures change, the changes will be announced to each class, nursing student e-mail notification, and posted in the D₂L message centers as well as on the nursing department bulletin boards located outside room C-213.

Disruptive In-Class Behavior

Disruptive in-class behavior, as interpreted by faculty or by other students, will not be tolerated. This includes but is not limited to tardiness, leaving class early, working crossword puzzles, reading the newspaper, sleeping, talking to other students, unacceptable use of your laptop, and using a cell phone. Disruptive students may be asked to leave the classroom. Please keep in mind your future as health care professionals and treat our classroom space as you would any other professional setting.

Laptop Computer Use in the Classroom

Recognizing that a Laptop in class opens up new learning possibilities for the student, we wish to address **acceptable** classroom laptop use because we also recognize that students utilize their Laptops in ways that are **unacceptable** during class. If you choose to use a Laptop, you must refrain from instant messaging, e-mailing, surfing the Internet, playing games, writing papers, doing homework, etc. while in class. Acceptable uses of your Laptop include taking notes, following along with the instructor on PowerPoint, with demonstrations or other **WHOLE** classroom activities, as well as working on assigned in-class activities, projects, and discussions that require Laptop use. It is easy for your Laptop to become a distraction to you **AND** to those around you. Unacceptable uses will be noted and may affect your course grade.

Cell Phone/Pagers

Under **NO** circumstances should cell phone and/or pagers be turned on or used during any classtime (theory or clinical). The only exception to this rule would be under potential emergency situations and with prior approval of appropriate faculty.

Grade Appeals and Student Grievances

Please see the Hibbing Community College's College Student Handbook for policies and procedures related to grade appeals and student grievances. You may access the College Student Handbook at <http://hibbing.edu/academics/student-handbook.pdf>

Disability Services/Tutoring Services

If you have a documented disability and are in need of services, please contact the Disability Services Coordinator in room M166. Students are encouraged to discuss their individual needs with their instructor.

Disability Services Coordinator number: 262-6712

If you are interested in free tutoring in any subject or would like to become a tutor, contact the Academic Center, which is located in D132.

Academic Center number: 262-6745

Nursing Student Responsibilities

1. The student is ultimately responsible for their success in the Nursing Program. Each student must successfully meet stated course and program requirements. Tutoring is available through the Nursing Student Teaching and Tutoring (NSTAT) lab and the Academic Center. It is the student's responsibility to utilize a tutor.
2. The student attends all scheduled classes and clinical labs including skills lab, clinical practicum and self-awareness/seminar. **Transportation is the responsibility of each student.**
3. It is **unsafe** practice for a student to work a midnight shift before a scheduled clinical practicum. Any student found to have worked a night shift before a clinical practicum will be asked to leave the clinical setting. This would be considered an unexcused clinical absence.
4. The student comes to the clinical experience prepared. Preparation for clinical experiences will be discussed in each course. The initial client interview is to be conducted during the clinical preparatory period which is outside of class time.
5. The student utilizes the nursing process to optimize nursing care.
6. The student establishes, maintains, and terminates therapeutic relationships with clients and families.
7. The student utilizes therapeutic communication with clients and communicates effectively with peers, nursing staff, instructors, and community members. (This includes appropriate professional language and non-verbal cues.)
8. The student demonstrates accountability within the Nursing Profession's legal and ethical parameters.
9. The student appropriately engages in clinical self-awareness and post-conference sessions.
10. The student demonstrates accountability in personal and professional development.
11. **The clinical area cannot be considered a safe environment. Your education will allow you to protect yourself and others from illness and/or injury. Students may be assigned to all areas and all clients.** The student is responsible for their own personal safety.
12. The student must keep all health and immunization records up-to-date on CastleBranch.
13. The student must submit a yearly Criminal Background Study. The student must receive background clearance in order to remain in the nursing program.
14. The student must meet policy requirements of the health care agencies to which they are assigned. **Students receiving emergency care or other health services at these agencies will be responsible for charges incurred.**

Responsibilities in the Clinical Area

Student Responsibilities

- Be prepared for clinical assignment (be familiar with assigned client's condition, plan of care and medications).
- Meet with client's staff nurse and clinical instructor for brief discussion of plan of care at the beginning of the shift.
- Complete physical assessment. This includes but is not limited to vital signs, personal care, procedures, and medications. All charting must be complete and promptly documented on the appropriate facility EHR, assessment forms, check lists and MAR.
- Report changes in client's condition, vital signs, or lab reports immediately to staff nurse and clinical instructor. Document the condition changes and report in the EHR.
- Check all medications and treatments with clinical instructor (or designated staff nurse when appropriate) before administering.
- Make the clinical instructor and the client's staff nurse aware if you have to leave the unit for any reason.
- Review the EHR and MAR with the client's staff nurse to be checked for completeness before surgery and before discharge.
- Give Bedside Report to the client's assigned nurse prior to leaving the unit at the end of each shift. Review the EHR and MAR to check for completeness. Document the Handoff in the EHR.

* Observational clinical sites – Use initiative and self-direction to maximize learning opportunity

Faculty Responsibilities

- Become familiar with each assigned client's condition and plan of care.
- Monitor student's decision making and care.
- Act as coordinator between client, staff and student.
- Supervise skills, medication administration, and treatments performed by students.
- Review documentation and provide feedback to student.
- Assure completeness of assignment and end of shift report for each student.
- Evaluate clinical performance of each student.

Staff Nurse Responsibilities

- Ultimate responsibility for client regardless of student involvement.
- Monitor student's care and decision making related to the client's plan of care.
- Act as a resource person. Make sure the student is aware that you are the responsible staff nurse, to report any changes in patient condition, and available to check medications or treatments if needed and with clinical instructor's consent.
- Check the client's EHR for completeness before a client goes to surgery or is discharged.
- Participate in Bedside Report while checking the EHR and MAR for completeness before the student leaves the area.
- Keep clinical instructor informed of any concerns related to student performance.

HIBBING COMMUNITY COLLEGE
Department of Nursing

Dress Code and Clinical Behavior Guidelines

Personal appearance reflects attitude and professionalism. While in uniform, you are representing the HCC nursing program. The nursing student must present clean and groomed. The uniform worn at the clinical site must be CLEAN and UNWRINKLED and should allow for a wide range of movement with dignity and modesty. **The nursing instructor has the right to dismiss you from the clinical area if you do not present a professional appearance.**

Full Uniform: is to be worn for all clinical lab experiences unless otherwise instructed. A professional uniform designated by the HCC Nursing Program is required: any black, professional uniform is acceptable. Lab coats must be white and long-sleeved. The HCC nursing student ID badge and patch must be properly displayed. The patch is to be completely SEWN around the patch perimeter to the upper left sleeve of both the uniform and lab coat – not pinned or velcroed. Head scarves that are required for cultural beliefs may be worn at clinical. They must be short-shoulder length and white. White or flesh-toned stockings, clean principally white shoes (no open back/toe) with crepe or rubber soles, pen, bandage scissors, stethoscope, ID badge and watch with a second hand are mandatory. It is taken for granted that when you arrive on duty your uniform will be clean and pressed and shoes will be clean/polished.

OR, OB, Psych: Check with your instructor for specific information on dress required.

Prep Work: A white, long-sleeved lab coat must be worn over professional street clothes when in the clinical facility for any experience other than direct client care (i.e. touring, clinical prep, researching charts, etc.). The HCC nursing student ID badge and patch must be properly displayed. The patch is to be completely SEWN around the patch perimeter to the upper left sleeve – not pinned or velcroed. Dress appropriately for prep time---no jeans, shorts, low-cut shirts, or sandals/heels. At no time may a student Xerox copy any portion of a client's chart.

Sweater: If worn, must be white and clean.

Personal Belongings: It is recommended that you do not bring a purse or any valuables to the clinical facility.

Grooming: Students must arrive for clinical experiences with evidence of good hygiene and grooming. No perfumed products allowed in clinical areas. Hair - clean and off the collar. Nails - Length must be short for safety. Only clear nail polish is allowed. No artificial nails are allowed. Special attention must be given to keeping nails clean. Jewelry – no jewelry may be worn in the clinical area with the exception of wedding ring/set and one pair of small studs for pierced ears. Face must be clean-shaven or have beard/mustache that is clean and trimmed.

- Body Piercing: Students should refrain from wearing any earrings that extend below the ear. Studs may be worn in the ears, but hoops of any size or any dangling earrings are prohibited. All other visible piercings **must** be removed during clinical.
- Cell Phones: Cell phone use is prohibited. **No cell phone is to be carried on your person any time during clinical. (This includes clinical prep time.)**
- Gum Chewing: Prohibited in clinical areas.
- Food/Drinks: Prohibited in clinical areas. Breaks may be taken in the cafeteria---the only place food or drinks should be consumed.
- Smoking: Prohibited before or during clinical. The breath of a student who smokes may be offensive to clients. The scent of smoke should not be detectable on breath or clothing.
- Visiting: Maintain visiting hours posted by each clinical facility. **No visiting of friends or relatives during clinical hours. When visiting friends or relatives, nursing students should not be in their nursing student uniform.**
- Clinical Site: Students are NOT permitted to leave the clinical site premises during the scheduled clinical time.

*Note: Any particular clinical facility's dress code policy **will always supercede** HCC's Nursing Department dress code policy.

Revised October 2017

Clinical Performance Evaluation

Clinical performance will be evaluated using the HCC Clinical Performance Evaluation Tool that has been leveled to coincide with Program progression (see Appendix: Clinical Performance Evaluation Tool). The tool evaluates clinical performance as S/satisfactory, P/progressing, U/unsatisfactory and is graded as Pass or Fail. Should a student receive a Fail in any area of the evaluation tool, they will not pass the course and therefore are unable to progress through the nursing program.

Confidentiality Statement

Students enrolled in the Hibbing Community College Program in Nursing are obligated to uphold and adhere to the *American Nurses Association Code of Conduct for Professional Nurses*.

The nurse-client relationship is built on trust. The ANA Code for Nurses requires an adherence to confidentiality. Any violation of confidentiality is unacceptable and will initiate an investigation that may subsequently result in dismissal from the program.

Discussion about client situations are conducted in private educational settings among nursing students enrolled in the program and supervised by nursing faculty during regularly scheduled course times. NO other such discussion of clients should ever take place outside of what was just described. Any client information gathered for assignments must not contain any client identifiers such as the client's name or hospital number before the information is removed from the building. Specifics regarding means for safeguarding client confidentiality will be provided in all nursing courses within the program. Should a student ever be unsure about any aspect of confidentiality, it is an expectation that the student seeks out nursing faculty assistance in deciding how to proceed while continuing to safeguard the client's confidentiality.

Yearly confidentiality contracts are signed by each enrolled nursing student and kept on file in the Nursing Department (see Appendix: Confidentiality Contract and Academic Honesty Statement).

Revised July 2013

National Council Licensing Exam for Registered Nurses (NCLEX-RN) Review Course

All graduates of the Hibbing Community College Program in Nursing are required to take the faculty designated NCLEX-RN review course at the end of the 4th semester. The cost of the review course has been bundled into the Assessment Technology Institute (ATI) Supreme Bundle which is a required purchase for all students.

Further information regarding this will be given throughout the program.

Program Dismissal

Students enrolled in the Hibbing Community College Program in Nursing are accountable to the moral and ethical responsibilities inherent to the profession of nursing and thus are obligated to uphold and adhere to the professional Code of Ethics. This Code serves as the standard by which ethical conduct is guided and evaluated by the profession. The Nursing Program has a societal and professional obligation to graduate students who are able to provide safe and competent nursing care while upholding the moral and ethical principles held by the profession of nursing. As such, students who fail to meet the moral, ethical, and/or professional behavioral standards of the nursing profession are not eligible to progress in the nursing program. In addition, students are held accountable for adherence to the College's standards of academic performance and the Student Code of Conduct. Sample behaviors that demonstrate a violation of moral, ethical, and/or academic standards include (PLEASE NOTE THIS IS NOT A COMPLETE LIST):

- Unsafe behavior in a clinical setting
- Academic dishonesty (see the college student catalog and college student handbook for specifics and examples)
- Behaviors that violate the Student Code of Conduct (see the college student catalog and college student handbook for specifics and examples)
- Violation of professional boundaries
- Confidentiality/HIPAA breach **INCLUDING ANY TYPE OF SOCIAL MEDIA BREACH** (see Appendix: American Nurses Association's Social Media Recommendations and Fact Sheet)
- Behavior unbecoming of the Nursing Profession (using the Code of Ethics as a standard for evaluation)

Students who fail to adhere to the HCC Student Code of Conduct and/or the moral and ethical standards put forth by the Code of Ethics are ineligible to progress in the nursing program. You may reference the HCC student handbook at <http://hibbing.edu/academics/student-handbook.pdf> for procedures and policies related to grade appeals and student grievances.

Student Opportunities for Involvement

***Class Representatives (Reps)**

Each class (1st & 2nd year) and each cohort within the class will elect a class rep and alternate within the first weeks of the new academic year. The elected class reps and their alternates must maintain an 80% or better theory average to remain in that position.

The class representatives serve principally as a liaison between their class peers and the nursing program director and faculty. The main forum for the liaison role is the monthly nursing faculty meetings but student business can also be conducted by appointment with the program director or appropriate nursing faculty. Class reps are invited to attend monthly nursing faculty meetings as they, the rep, deems necessary. Meeting agendas and meeting minutes are sent via e-mail to class reps and the alternates. Minutes are also posted on the nursing bulletin board outside room C-213. A standing agenda item for each monthly nursing faculty meeting is 'Student Business' as presented by the class reps.

***Student Nurses' Association (SNA)-Hibbing Community College Chapter**

Nursing students are invited and encouraged to join the Student Nurses' Association (SNA)-Hibbing Community College Chapter. The SNA is a College sanctioned student organization with established by-laws. Each mid-Spring Semester, first year nursing students nominate and elect SNA officers who serve in their elected capacity for the duration of their second year in the nursing program. Faculty serve as co-advisors.

The SNA is a pre-professional organization for nursing students and serves as a platform for socialization into the nursing profession whether your participation is as an officer or a member. Please consider joining, participating, and supporting your chapter of the SNA!

*Nursing Program Advisory Board

Each year, nursing faculty invite 1-2 current students from both the first and second year class to serve on the Nursing Program Advisory Board. This opportunity serves as a platform for students to provide input and gain information regarding the means and process by which nursing faculty develop standards, policies, and guidelines in the interest of maintenance and optimization of their educational experience at HCC's Program in Nursing.

*Survey Respondents

Students are requested to participate in a variety of program surveys throughout their time in the nursing program and beyond for the purposes of:

- providing invaluable feedback regarding their educational experience at HCC's Program in Nursing.
- evaluating the student achievement of established learning and program outcomes.
- to provide direction in the program's unending endeavor to excel beyond the bar.

*Pinning Ceremony Planning Committee

The pinning ceremony is a celebration of successful completion of the nursing program and a welcome to the entry into the profession of nursing. Those students qualified to graduate participate in the pinning ceremony which is typically held close to the date of graduation. Early Spring Semester, the program director will begin to solicit the first and second year students to plan and conduct a successful pinning ceremony celebration. The pinning ceremony is fully funded by the nursing program. Faculty serve as co-advisors on this committee.

*Academic Center Tutor

The Academic Center actively seeks to employ student tutors. Please contact Torie Kutz in the Academic Center, D132 or 262-6745.

*Phi Theta Kappa (Honors Society)

The official national honors society for community college students. The society recognizes achievement of high academic standing, leadership, and service to the college and the community. All students who maintain a 3.35 GPA after completing 12 credits are invited to become members.

*Student Senate

The college organization responsible for coordinating students' social life events at the college as well as presenting student concerns to college administration.

*Towards a Sustainable Campus (TASC)

A student organization whose mission is to work collaboratively with the Hibbing Community College Green Team to raise awareness of and advocate for greater campus and community sustainability.

*Philosophy Club

The purpose of this organization is to foster growth and interest in philosophy while developing critical thinking. The organization works toward the betterment of the college.

*Multicultural Club

Opportunity to explore and engage with the various cultures our faculty, staff and student population represent.

POLICIES

Hibbing Community College Program in Nursing

Progression Policy

ALL nursing and **required** non-nursing courses must be passed with a C or higher. Grades of (C-) accepted in transfer cannot be used to fulfill nursing graduation requirements. NURS 0950: Nursing Math **AND** NURS 1250: Foundations of Nursing (Fall semester, first year nursing courses) are prerequisites to the Spring semester first year nursing course. NURS 1350: Care of the Client Affected by Chronic Stressors, is prerequisite to Fall semester second year nursing courses. NURS 1750 Nursing Bridge (summer session required nursing course for accepted LPN students entering the 2nd year) is a prerequisite for LPN students entering Fall semester of the second year. Students who are unable to meet prerequisites for nursing courses as specified thus far will be withdrawn from the nursing program.

In addition, NURS 2150: Care of the Client Affected by Acute Stressors (Fall Semester, second nursing year course), is prerequisite to NURS 2250: Care of the Client Affected by Complex Stressors **AND** NURS 2350: Foundations of Leadership (Spring Semester, second year nursing course). Any second year nursing student who is unsuccessful in two (2) second year nursing courses will be withdrawn from the nursing program. Students who have been unsuccessful in one (1) nursing course in the second year may continue in the nursing program **IF** prerequisites are met, **AND MUST** repeat the nursing course in which they were unsuccessful on a **SPACE AVAILABLE BASIS** the following year.

Also, Traditional Track and Advanced Standing Track students must complete the following courses with a C or higher: Freshman Composition, General Psychology, Lifespan (Developmental) Psychology, Nutrition, Microbiology, and Anatomy/Physiology 1 and 2 **prior to** entry into the second year. Any student unable to meet these prerequisites will be withdrawn from the nursing program.

Please also note:

- Nursing students will have **three** opportunities to pass any return demonstration scheduled in nursing courses. If a student is not successful passing a return demonstration after **two** attempts, the student **must** provide the instructor of the course with documentation of remedial instruction. If the student is unsuccessful passing the return demonstration on the third attempt, the student will be withdrawn from the nursing course of which the return demonstration is a part.
- If a student withdraws from any nursing course, and has non-passing work at the time of the withdrawal, this withdrawal will be considered a **failure** for progression purposes.
- A cumulative grade point average of 2.0 in all college courses must be maintained throughout enrollment in the nursing program.
- Students withdrawn from the nursing program have a **one (1)** time option for re-admission **within two (2) years** of withdrawal from the program. See Re-Admission Policy for specific criteria for re-admission.
- Failure to demonstrate math competency as detailed in the Nursing Math Competency Testing Policy will result in student withdrawal from the nursing course of which it is a part.

The school reserves the right to drop a student from the nursing program for any direct compromise to patient safety, if academic or clinical standards are not maintained and/or for behavior which is considered grounds for disciplinary action as described in the Minnesota Statutes regarding nursing practice.

Re-admission Policy for Nursing Students

If a student has been withdrawn from the program for academic or clinical performance and wishes to be considered for re-admission, a written request must be submitted to the Director of Nursing. This request must include appropriate evidence to support re-admission (See Appendix: Nursing Student Request for Readmission Form).

1. If the student was withdrawn for academic reasons, evidence should include completion of required general courses with demonstrated improvement in the cumulative GPA.
2. If the student was withdrawn for unsatisfactory clinical performance, evidence should include successful completion of required general courses and/or satisfactory supervisor evaluations for a nursing assistant or LPN position.

The decision for re-admission to the nursing program is made by all members of the nursing faculty. The student will be notified of the faculty's decision concerning re-admission. The decision for re-admission may be with or without conditions or denied. If re-admission is granted, it will be on a **SPACE AVAILABLE BASIS ONLY**.

Students may be readmitted to the nursing program **one time** within two (2) years of withdrawal from the program.

Students readmitted to the nursing program after academic or clinical failure will be placed on probation. If a nursing student is again unsuccessful in the nursing course they were repeating they will be withdrawn from the nursing program with no option for re-admission. Also, if there are two (2) standing grades of D or F or a W (withdraw) in poor academic standing in nursing courses on the transcript, the student will be withdrawn from the program with no option for re-admission.

If the student chose to withdraw voluntarily because of personal problems, and academic and clinical performance records were satisfactory, the student may re-enter the program on a space available basis by submitting a Nursing Student Request for Readmission form to the Director of A.D. Nursing.

Revised December 2002

Nursing Math Competency Testing Policy

Nursing math competency will be tested in semester two (2) for the generic track nursing students and in summer session for the LPN advanced standing track students. All students have three attempts to achieve a 100% on a Nursing Math Competency Test in the designated semester or summer session. Failure to achieve a 100% on the test after three attempts will result in student withdrawal from the nursing course of which it is a part with the option to request readmission per the Program Readmission Policy. Nursing course syllabi will detail information pertaining to the preparation for Nursing Math Competency Testing, the process for testing, and the remediation rules in regard to taking the test beyond the first attempt.

All math competency testing will be graded according to the Program's adopted rules of rounding (see Appendix: Rules of Rounding for Dosage Calculations).

May 2011

Student Grading Policy

The following percentages reflect course grades to be used in the nursing program of Hibbing Community College:

- 92-100 = A
- 86-91.9 = B
- 80-85.9 = C
- 75-79.9 = D
- 74.9 and below = F

In all courses that contain **both** a theory and a clinical component the nursing student must achieve a minimum of 80% average in the theory component AND a Passing/Satisfactory clinical performance grade in order to pass the course.

Each individual course syllabus will detail the course's grading details and requirements for satisfactory course completion (course grade of 'C' or higher).

NOTE: Grades are **NOT** rounded.

Laptop Testing Policy

ALL second (2nd) year students will be required to own (or be in possession of) a laptop for computerized testing in 2nd year nursing courses. As to the laptop specifications for its intended purpose within the Nursing Program, there are only a few:

- must have wireless capability.
- must be fully charged for the scheduled testing period.
- must have the speed necessary to allow you to finish the exam within the designated time period.

It is the student's responsibility to come to testing with an uncluttered working computer. It is not the responsibility of the college's Instructional Technology Department to fix/service students' computers!

In addition to using your laptops for testing, all students may choose to use their laptops in class as deemed appropriate. Please refer to the 'General Information' section of this handbook for information on Laptop Computer Use in the Classroom.

Assessment Technology Institute (ATI) Policy

The Hibbing Community College Program in Nursing has chosen to use Assessment Technology Institute's (ATI) Assessment and Review Program which is designed to provide students with various learning tools that will assist students in reviewing course content, identifying strengths and weaknesses, improving test-taking abilities, and ultimately successfully passing the NCLEX-RN for professional licensure on the first attempt. The nursing program requires students to complete the ATI Review Program by engaging in review modules (books and DVDs), skill modules, online practice assessments, and proctored assessments. The review program measures student's comprehension and evaluates their knowledge in relation to the **most current** NCLEX-RN testplan, nursing process, critical thinking, and priority setting.

All nursing students are required to participate in the ATI Assessment-Driven Review Program. The program assists faculty and students in early identification of strengths and challenges so that:

1. The nursing student will have the greatest opportunity to successfully complete the nursing program.

2. The nursing student graduate will have the nursing knowledge required for NCLEX-RN success and therefore licensure and for entry-level competence for professional nursing practice.

In addition, data gleaned from the testing and remediation program is used for program outcome evaluation.

The Assessment-Driven Review Program involves, in part, the ATI Self-Assessment Inventory, assessment of critical thinking at the beginning and end of the nursing program (entrance and exit), an assessment of nursing knowledge after core nursing courses, and a comprehensive NCLEX-RN readiness examination that is administered at the end of the second year prior to graduation. All nursing program syllabi will outline the assessment timelines applicable to each individual nursing course along with the established benchmarks, consequences of not achieving prescribed benchmarks, remediation methods, as well as the weight the ATI assessments carry in the course grade. In addition, during course orientations, instructors will further explain and demonstrate all the products contained within the Supreme Bundle. The student also is provided a three-day live NCLEX-RN review course at the end of the nursing program.

Assessment Technology Institute (ATI) Testing Policy

1. Prior to taking any ATI proctored exam (except Critical Thinking), a student must present a “ticket to test”. The “ticket to test” will be proof of attaining a minimum of 90% correct on the corresponding practice exam with rationales open.
2. Proctored exams will be scheduled as listed in individual course syllabi.
3. The passing score for all proctored exams (except Critical Thinking and Comp Predictor) will be Proficiency Level 2.
4. If a student does not reach Proficiency Level 2 on the proctored exam, the student must do the following:
 - a. Create an individualized focused review in ATI.
 - b. Determine areas needing remediation based upon focused review.
 - c. Based on the focused review, complete a minimum of ten (10) remediation templates.
 - d. Templates can be typed or handwritten – there is to be no cutting and pasting – use own words and thinking.
 - e. Templates must be handed in within two (2) weeks of proctored test date or as stated in course syllabi.
 - f. Once templates are handed in to your instructor, a code will be issued to allow student to take a second practice assessment.
 - g. Students must achieve an 85% correct on this exam with no rationales open.
5. Points (as described in individual course syllabi) will be awarded as follows:
 - a. 100% of possible points will be awarded if Proficiency Level 2 is reached on the proctored exam.
 - b. 50% of possible points will be awarded if a score of 85% is reached on the second non-proctored exam and remediation templates are completed adequately.
 - c. 0% of possible points will be awarded if a score of 85% is not reached on the second non-proctored exam or if remediation templates are not completed adequately.

Student Attendance Policy

Each student is expected to attend all assigned learning activities. Attendance is required so that nursing students may gain full benefit of learning opportunities through such activities as class discussion and participation in group activities. Absences will be recorded. Each student is expected to be punctual for all learning activities and to complete assignments. Tardiness or early departure from a class may be recorded as an absence by the instructor. Each student is responsible for work missed because of absence.

Late Test Taking and Assignments

Exams must be taken at the **time and date** specified in the syllabus. Exams may be made up for excused* absences only. An unexcused** absence from an exam will result in a zero for that exam. A student who does not call prior to the test time to notify the instructor will receive a zero (0) for the exam.

Time for taking a make-up examination is to be **arranged mutually** by the student and the instructor **no later than two (2) days** of the student's return to school. It is the student's responsibility to initiate this arrangement. Failure to do so, or failure to take the make-up exam within one week of return to campus, will result in a zero for the examination. The makeup exam will differ from the exam given on the scheduled exam day. Points will be taken off the test score as follows:

1) *The first time in a course that a test is not taken on the scheduled date AND time will have five (5) points deducted, then one (1) point deducted each additional day test is taken late (see course syllabus).*

2) *The second time in that same course that a test is not taken on the scheduled date AND time will have ten (10) points deducted and then one (1) point deducted each additional day test is taken late.*

3) *The third time in that same course that a test is not taken on the scheduled date AND time will have fifteen (15) points deducted and then one (1) point deducted each additional day test is taken late.*

4) *The fourth time (and any additional times) in that same course that a test is not taken on the scheduled date AND time will have twenty (20) points deducted and then one (1) point deducted each additional day test is taken late.*

All assignments not handed in on the due date will be considered late. *Late assignments will result in a lowered grade. (See course syllabus)*

* An excused absence means a documented illness or personal or family emergency. The student must call the instructor prior to class time or notify the clinical facility prior to clinical experience to be missed.

** An unexcused absence is any other absence. This includes absences where no phone call is made to instructor or clinical facility prior to class time or clinical experience, as well as undocumented illness/emergency.

Clinical Absence Policy

Attendance at all assigned clinical experiences, including but not limited to, clinical orientation, in-house clinical, clinical simulation, post conferences, self-awareness, and skills labs, are **mandatory**. In the event that the student finds it necessary to be absent from an assigned clinical experience due to an illness or an emergency, the student must report the clinical absence to the clinical area of assignment (ie: in-house clinical site or on-campus) at least one hour prior to the scheduled clinical experience. In addition, some individual faculty may require that a student notify them **directly** when an absence from a clinical experience is necessary. Make sure you follow the individual faculty member's directive in this regard. It is always the **student's** responsibility to initiate the communication of, and make up arrangements for, **any** clinical absence (clinical orientation, in-house clinical, clinical simulation, post conference, self-awareness, skills lab) with the appropriate faculty.

The policy for absence from **in-house clinical (this includes clinical simulation)** is as follows:

- a. The policy applies to an individual clinical rotation per course per semester (it is NOT a lump sum policy).
- b. Make up for the first in-house clinical absence is **solely** at the discretion of the nursing faculty involved in the course. It will NOT be made up in-house, but rather, may involve a written assignment or a project to help the student achieve the clinical objectives set for the course. Whether or not the absence is made up, one missed in-house clinical experience will result in a '**progressing**' clinical grade as noted on the Hibbing Community College (HCC) Clinical Performance Evaluation Tool. It is the **student's** responsibility to speak with the appropriate faculty to obtain any make up assignments **within 2 school days** of return to campus/school.
- c. Make up for a second in-house clinical absence will be in-house and at the expense of the student. The student will be required to make up **all** in-house clinical absences in excess of **one** clinical day per course per rotation. Please note that in-house clinical make up for a second in-house clinical absence is reliant on an available and willing current HCC clinical faculty, an available and appropriate clinical site, and make up must be completed within the confines of the semester and/or course for which the in-house clinical was missed. The cost to the student for in-house clinical make up reflects the cost to the College to add faculty for make up clinical hours. Payment for the make up must be made by the student **prior** to the date of in-house clinical make up. It is the **student's** responsibility to initiate with the program director in-house clinical make up **within 2 school days** of return to campus/school. Remember, **all** missed in-house clinical days will be reflected in the student's HCC Clinical Performance Evaluation as '**progressing**' regardless of make up of in-house clinical.
- d. Should a student miss a **third** in-house clinical day, the student fails the course. There is **no** make up opportunity. Please refer to the HCC Nursing Program Progression Policy and the HCC Readmission Policy for Nursing Students located in the Nursing Program Student Handbook for information regarding returning to the Nursing Program post course failure.

The consequences of being absent for a clinical experience **other than in-house clinical and/or clinical simulation** (self-awareness, skills lab, etc.) are detailed in each individual course syllabus.

Any exception to this policy will be considered individually and such consideration **must** be initiated by a student petition submitted to the nursing program director. A quorum of nursing faculty will meet to analyze and discuss the facts and circumstances of the individual student's petition after which the faculty will render a decision regarding exception that will be binding. Please note exceptions will be rare at best and must involve extreme extenuating circumstances.

Return to School Policy

Nursing faculty have adopted a policy directing the procedure for returning to school post-childbirth (natural or Cesarean delivery), extended illness or injury, surgery and/or hospitalization (see Appendix: Return to School Policy). Under **NO** circumstances will the student be allowed to return to school without student and physician signatures. It is the **student's** responsibility to obtain the form from, and submit the form to, nursing support personnel who will notify the appropriate instructor.

Academic Honesty Policy

Nursing students are expected to follow the Hibbing Community College Code of Conduct while a student at the college. The HCC Standards of Conduct address academic dishonesty. Examples of violations of this standard in the nursing program include, but are not limited to:

- Cheating on course requirements (tests, written hand-ins, etc.);
- Copying, in part or whole, other student's written material;
- Falsifying information and attendance relating to independent assignments;
- Failure to report known clinical errors;
- Falsifying information in the clinical setting

The first substantiated incident of academic dishonesty/cheating in the nursing program will result in a zero for the work involved (whether a test, return demonstration, or other hand-in). A student who has had an incident of academic dishonesty/cheating substantiated will be referred to the faculty progression committee, and may be withdrawn from the nursing program. Any student who has been withdrawn from the nursing program due to academic dishonesty/cheating will not be allowed to request re-admission to the program (see Appendix: Academic Honesty Statement).

Immunization Record Policy

Immunization Records: Documentation of immunizations must be uploaded to CastleBranch by the communicated deadline. **If a student does not have the required immunizations, a clinical site may refuse to accept the student at its facility. The Nursing Program does not guarantee an alternative facility placement, and if no alternative facility placement is available, the student cannot complete the clinical requirements of the program and therefore will not be eligible to progress in the Nursing Program. This policy includes students who are conscientious objectors to immunizations.**

Work and Nursing School Policy

Students are strongly encouraged to limit outside jobs during the academic year, and are responsible for ensuring that should they work, the job does not interfere with their student responsibilities and obligations. If your reality is that you must work, then work must fit around school versus fitting school around work. Due to a number of variables, faculty cannot produce and publish clinical schedules weeks or months in advance so that your employer can develop your work schedule! Not attending class, class activities, or other mandatory events because you have to work is not a valid excuse (unexcused absence) and may be attached to untoward consequences (ie: charged with a clinical absence).

Please also note that a nursing student may NOT work in any capacity a **11 pm to 7 am shift, or any portion of said shift**, and then report to a clinical experience (in-house or observational) that same morning! This is an issue of safety and NO exceptions will be made!

Nursing Student Resource Library Policy

Nursing faculty have compiled a Nursing Student Resource Library located in C-221, Nursing Student Teaching and Tutoring (NSTAT) Lab. The library consists of up-to-date and relevant nursing resources in textbook and learning games format. This is a lending library whereby the catalogued holdings may be checked/signed-out for a period not to exceed three (3) days. The signing-out and the returning of the resources must be witnessed and co-signed by a nursing faculty member or nursing support personnel. Please be courteous in regard to the lending rules.

Please note that the College Library is an additional source of nursing resources for lending.

Social Networking Policy

Social media networks and the internet provide unprecedented and unsurpassed opportunities for exchange of information/knowledge...but BEWARE! Though social networking sites such as *Facebook, MySpace, YouTube, Twitter, LinkedIn, Wikipedia etc., etc.* can be effective means to communicate with colleagues and educate the public, they too can create vulnerabilities for individuals (students, health care providers, faculty, patients/clients) and institutions (clinical facilities). Privacy/confidentiality is of utmost concern. The vulnerability lies in the fact that anything communicated via social networks is NOT private...all has the potential for being shared publicly.

Hibbing Community College Program in Nursing utilizes a variety of electronic tools to complement student learning. The faculty realizes that the student today likely utilizes additional social media over-and-beyond that which is a designated learning activity. Nursing students are accountable for their actions in regard to their use of social media whether that use is school-related or simply personal. The expectation is that students use social media in a professional and ethical manner to guard the privacy of all those vulnerable as well as to protect the reputation and credibility of the Hibbing Community College Program in Nursing and its valued relationships with their contracted host clinical facilities.

The following are general guidelines regarding the use of social media networks:

- Be accountable and act ethically. Please reference the Appendix section for the *American Nurses Association's Fact Sheet on Navigating the World of Social Media* or go to: www.Nursing World.org
- Be aware of mixing your personal and professional lives....there is no such thing as privacy on the worldwide web!
- Conduct yourself with courtesy and professionalism
- Keep ALL coursework (theory and clinical) information confidential
- Maintaining a professional image extends to all venues...including the worldwide web!
- Do NOT 'friend' patients/clients, their family members or anyone else involved in patient/client decision making.
- Do NOT 'friend' a nursing faculty member while a student in the program.
- If you are unsure if your posting is appropriate...it probably isn't. Do not post it.

The following are potential consequences to any breaches in the proper utilization of social media networks:

- Completion of an assignment designed to illustrate the importance of HIPAA.
- Failing grade for the learning activity or the course that breach was committed.
- Suspension or failure to progress status.

American Psychological Association (APA) Format Policy

Nursing student written work (article reviews, topical papers, etc.) must abide APA format. The latest edition of the APA guidelines is available for checkout from the NSTAT-C221 library (see Appendix: APA Guidelines for HCC Written Work for a summary of APA format)

Clinical Medication Error Policy

The intent of this policy is to aid in the creation of a culture of safety within the Hibbing Community College Program in Nursing in the hope that we, your nursing faculty, may better prepare nursing students to practice safely, competently, and effectively in today's ever-increasingly complex health care environment.

Medication errors are defined as any error/s related to lack of proper patient identification just prior to patient administration, failure to check medications with clinical instructor prior to patient administration and/or the six rights of medication administration:

1. Right medication.
2. Right patient.
3. Right dose.
4. Right route.
5. Right time.
6. Right documentation.

In the best interest of patient safety, it is imperative that all medication errors are acknowledged, reported, acted upon, and documented per facility policy and Hibbing Community College Program in Nursing Medication Error Policy. Failure to do so will result in dismissal from the nursing program.

1. All/any errors as described above, will be tracked, trended, documented, reviewed, and placed in the student file as an error regardless of when the error was discovered in relation to patient administration.
2. The student is expected to have completed three (3) checks on the medications employing 1-5 of the 6 above stated rights of medication administration being prepared for any one patient at any one time. After the student has fully prepared the medications (having done all 3 checks), the student must present the medications and the MAR to their clinical instructor for further and final checking before patient administration. If an error is discovered during this final check, it is still considered a student medication error even though the error has not reached the patient.
3. All medication errors, whether discovered by the clinical instructor, facility staff, or reported by the student committing the error, will initiate the following:
 - a. If the medication error reached the patient, the patient's condition will be assessed as appropriate for any untoward outcomes of the error and the nurse manager will be notified.
 - b. The nursing student committing the error will complete required facility documentation with the assistance of their clinical instructor before ending the clinical shift. This documentation will be filed per agency policy.
 - c. The nursing student committing the error will complete the Hibbing Community College Program in Nursing Medication Error Reporting Form with the assistance of their clinical instructor before ending the clinical shift. The clinical instructor is responsible for

submitting this form to the Program Director within 24 hours of the error. The error form will be brought to a nursing faculty meeting for review after which it will be maintained in the nursing student's file. (See Appendix: Medication Error Report Form)

- d. As part of the documentation process, the nursing student will be counseled after a medication error and there may be expectations of remediation as appropriate.
4. All medication errors will be tracked and trended on the program's Medication Tracking Form.
5. All submitted Medication Error Report Forms will be brought to a nursing faculty meeting at which time the following is considered:
 - a. The number of errors committed by said student.
 - b. A thorough review of the error itself in order to determine appropriate student and program development action. Action may be directed at student performance and/or how to change the process or system that may have contributed to the error. This review will also involve consideration of trending patterns.
 - c. If the student has accumulated 3 medication errors (over the total time within the Program), a Medication Error Intervention Contract will be initiated. The program director, clinical instructor, and the student will all be involved in completing this contract. (See Appendix: Medication Error Intervention Contract)
 - d. A Medication Error Intervention Contract as mentioned above will be initiated again should a student commit a fourth medication error. The fourth medication error may lead to course clinical failure OR program dismissal regardless of degree of harm to the patient.
 - e. ALL medication errors, regardless of the number committed, may lead to course clinical failure OR program dismissal. Furthermore, medication errors that endanger the patient's life or actually cause patient harm, may be grounds for immediate dismissal from the nursing program.

Please reference the following in the appendix section of the Nursing Student Handbook: Medication Error Report Form and the Medication Error Intervention Contract.

Adopted/Approved 3-5-13

Safe Clinical Practice Policy

Students who do not exhibit safe clinical practice while a student in the Hibbing Community College Program in Nursing are subject to Program dismissal. Dismissal may be immediate when related to a serious incident at any point in the student's course of Program study or may occur at the completion of a course as a result of cumulative unsafe performance. Safe clinical practice is defined as:

- Performs nursing actions (to include medications and all treatment and procedures) consistent with the American Nurses Association's Standards of Clinical Practice, the Minnesota State Nurse Practice Act and when applicable, guidelines defined by specialty bodies.
- Takes nursing actions to correct, minimize, and/or prevent risk to patients.

Adopted/Approved 3-5-13

Testing and Exam Review Policy

General Exam Guidelines

- Once sitting in the testing room, there are to be NO materials at your desk for last minute studying. All last minute studying can be done in the hallway.
- Calculators will either be available online or from the nursing program supply. No sharing of calculators between students is permitted.
- Use the bathroom prior to beginning the exam, once testing begins students may not leave the testing

room without ending the exam. Extenuating circumstances will be considered.

- There will be no belongings on or under desks/ chairs or on students' person e.g. smart or regular watches, hats, drinks, book bags, purses, coats, electronics, cell phones, flash drives, or fit bits. Electronics must be turned off and all items must be off to the sides of the room prior to testing.
- Students may only have pens/pencils, paper, and computer (for computer exams) at the table during the exam. Scratch paper will be available from the proctor. Scratch paper must be kept covered at all times. Students will sign the scratch paper and turn it in to the proctor prior to leaving the testing area.
- Students arriving late for an exam are not permitted entrance once the exam has been completed and submitted by a student. Students who arrive late for an exam are not allowed additional time. Taking an exam at a time other than scheduled will trigger the Late Testing Policy in the Nursing Student Handbook.
- Students arriving at the early time for an exam are not allowed to leave the exam room until students arriving at the scheduled time are in the testing room and testing. This is to minimize disruption.
- Any students taking a make-up examination may receive a different exam.
- ExamSoft exams must be downloaded prior to entering the testing room. Students who have not downloaded the exam will not be allowed to exam and this will trigger the late testing policy.
- Only questions regarding typographical or technical issues may be asked during the exam.

Specific Computer Exam Guidelines (in addition to general guidelines above)

- The student is expected to come with his or her own assigned username and password (ExamSoft, ATI, or HCC computer login).
- Computer must be fully charged and able to have power for the duration of the exam.
- Computer must meet requirements for ATI, D2L, and ExamSoft use. See specific sites for details.
- Exams must be downloaded during the specified download availability AND prior to the beginning of the testing period. (Examsoft only)
- Your computer can be set up prior to the start of the exam, but you are not allowed to sit in the exam room and do any last minute studying.
- Before leaving the exam area (if using ExamSoft), the student will raise hand for proctor to verify green screen and check mark are present, indicating successful upload.

Review of Exams

- Individual exam reviews are scheduled with the instructor giving the exam.
- Each exam may be reviewed only once.
- Exams are available for review for five school days after all exams have been taken.
- Only questions that are marked wrong will be shown during the review.
- Students are not allowed to bring any items into exam review. This includes book bags, skill bags, coats, purses, all watches, cell phones, recorders, etc. The same requirements as for a testing situation will be followed.
- Off campus cohort students must review exams either on-campus or off campus in the presence of an approved proctor.
- Challenging of an exam question must be done in writing within five (5) class days of the review. Student must request consideration and provide citations from course-required materials as evidence for their request.

Consequences

- Any giving, receiving, or obtaining of exam materials is considered academic dishonesty. (This includes

for self, current or future students.)

- If violation of any the above topics is observed during testing or reviewing an exam, the session or exam itself will be immediately terminated by the instructor/proctor and the Academic Honesty Policy will be triggered.
- Any violation of testing or review guidelines will be considered academic dishonesty and will trigger the Academic Honesty Policy located in the Nursing Student Handbook.

APPENDIX

Hibbing Community College
Nursing Program

Confidentiality Contract
&
Academic Honesty Statement

I, _____, agree to adhere to the professional Standards of
PRINT NAME

confidentiality while enrolled in the Nursing Program at Hibbing Community College. I understand the unique and personal nature of client care that is involved in the educational experience of nursing students and fully intend to safeguard the privacy of all clients for whom I give care as well as their families. I will not disclose any information about my clients, their families or information about fellow students that may be obtained during my Nursing studies. I understand the essential nature of confidentiality within the nursing profession and that any violation of confidentiality is unacceptable and will result in my dismissal from the nursing program.

Signature of Student

Date

Signature of Witness

I, _____, am aware that any incident of alleged dishonesty
PRINT NAME

may be subject to investigation in accordance with the policy set forth in the HCC Student Handbook.

Further, I am aware that a nursing student determined to have been dishonest on an exam or assignment will suffer consequences as outlined in the Nursing Student Handbook.

Signature of Student

Date

Signature of Witness

HCC Clinical Performance Evaluation 1st Semester

The purpose of the Clinical Performance Evaluation Tool is to evaluate student progress towards meeting the program learning outcomes. The Clinical Performance Evaluation Tool is based on QSEN and NLN 2010 Outcomes and Competencies.

Student _____ Course _____ Semester/ Year _____ Number of Clinical Absences _____

Professional Behaviors

Demonstrates professional behavior that reflects integrity, accountability, responsibility, and ethical nursing practice.

- Demonstrates accountability for own nursing practice.
- Demonstrates understanding of ethical and legal standards for safe nursing practice with assistance.
- Is punctual for all scheduled clinical activities.
- Contacts the clinical site and instructor regarding clinical absence.
- Maintains organizational and patient confidentiality.
- Follows HCC Nursing dress code
- Arrives to clinical site with completed prep sheets.
- Identifies areas for continued growth.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Safety

Minimizes risk of harm to patients through system effectiveness and individual performance.

- Provides safe care to patient(s) in long term care setting.
- Uses principles of asepsis and sterile technique when performing patient care.
- Identifies patient safety needs with assistance.
- Safely administers medications: oral, nasal, transdermal, IM, subQ, rectal.
- Performs basic psychomotor nursing skills in a safe and competent manner.
- Identifies changes in patient's condition and reports to appropriate personnel.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Evidence-Based Practice

Integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

- Identifies the components of evidence-based practice when developing patient care or teaching plans with assistance.
- Uses evidence from basic sources such as textbooks, faculty and clinical agency nurses as basis for nursing care.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Patient-Centered Care

Provides compassionate care that is respectful to patient preference, values, and needs which guides all clinical decisions.

- Identifies the importance of patient values, preferences, and expressed needs when planning care with assistance.
- Identifies therapeutic communication techniques that are appropriate to the individual patient and family.
- Identifies opportunities for teaching in the patient plan of care.
- Understands the role of nurse advocate.
- Demonstrates caring behaviors towards the patient and family.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Teamwork and Collaboration

Participates effectively with members of the inter-professional team to achieve quality patient care.

- Develops beginning understanding of the need for teamwork and collaboration with assistance.
- Identifies the responsibilities of the members of the inter-professional team.
- Describes own strengths, limitations, and values in functioning as a member of a team.
- Recognizes the importance of adapting one’s own communication style to meet the needs of the team and situation with assistance.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Nursing Judgment

Making judgements in practice substantiated with evidence, utilizing informatics to provide safe, quality care to patients and their families.

- Begins to implement the nursing process when developing a plan of care with assistance.
- Begins to identify concepts related to prioritizing care according to individual needs.
- Begins to use appropriate technologies in the process of assessing and monitoring patients with assistance.
- Begins to navigate the electronic medical record.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Final Clinical Grade: Pass _____ Fail _____

Instructor _____

Clinical Facility _____

I have reviewed this evaluation. Student _____

Date _____

Date _____

HCC Clinical Performance Evaluation 2nd Semester (To include Nursing Bridge course)

The purpose of the Clinical Performance Evaluation Tool is to evaluate student progress towards meeting the program learning outcomes. The Clinical Performance Evaluation Tool is based on QSEN and NLN 2010 Outcomes and Competencies.

Student _____ Course _____ Semester/ Year _____ Number of Clinical Absences _____

Professional Behaviors

Demonstrates professional behavior that reflects integrity, accountability, responsibility, and ethical nursing practice.

- Demonstrates accountability for own nursing practice.
- Practices nursing within ethical, legal, and regulatory frameworks.
- Is punctual for all scheduled clinical activities.
- Contacts the clinical site and instructor regarding clinical absence.
- Maintains organizational and patient confidentiality.
- Follows HCC Nursing dress code
- Arrives to clinical site with completed prep sheets.
- Identifies areas for continued growth.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Safety

Minimizes risk of harm to patients through system effectiveness and individual performance.

- Provides safe care to patient(s) in acute and/or long term care setting.
- Uses principles of asepsis and sterile technique when performing patient care.
- Identifies patient safety needs with assistance.
- Safely administers medications: oral, nasal, transdermal, IM, subQ, rectal.
- Performs intermediate psychomotor skills in a safe and competent manner.
- Identifies changes in patient's condition and reports to appropriate personnel.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Evidence-Based Practice

Integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

- Identifies the components of evidence-based practice when developing patient care or teaching plans.
- Expands resources beyond textbooks to build on concepts of evidence to provide nursing care with assistance.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Patient-Centered Care

Provides compassionate care that is respectful to patient preference, values, and needs which guides all clinical decisions.

- Demonstrates an understanding of patient assessment, values, preferences, and expressed needs when planning care with assistance.
- Begins to use therapeutic communication in the nurse-patient relationship.
- Begins to utilize teaching strategies to meet patient and family educational needs.
- Recognizes the role of nurse advocate.
- Demonstrates caring behaviors towards the patient, family, and peer group.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Teamwork and Collaboration

Participates effectively with members of the inter-professional team to achieve quality patient care.

- Develops beginning understanding of the need for teamwork and collaboration.
- Participates at a beginning level as a member of the inter-professional team.
- Describes own strengths, limitations, and values in functioning as a member of a team.
- Recognizes the importance of adapting one's own communication style to meet the needs of the team and situation.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Nursing Judgment

Making judgements in practice substantiated with evidence, utilizing informatics to provide safe, quality care to patients and their families.

- Implements nursing process in developing a plan of care with assistance.
- Identifies priorities of care according to patient and family needs.
- Begins to use appropriate technologies in the process of assessing and monitoring patients.
- Begins to utilize the electronic medical record with assistance.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Final Clinical Grade: Pass _____ Fail _____

Instructor _____

Clinical Facility _____

I have reviewed this evaluation. Student _____ Date _____

Date _____

HCC Clinical Performance Evaluation 3rd Semester

The purpose of the Clinical Performance Evaluation Tool is to evaluate student progress towards meeting the program learning outcomes. The Clinical Performance Evaluation Tool is based on QSEN and NLN 2010 Outcomes and Competencies.

Student _____ Course _____ Semester/ Year _____ Number of Clinical Absences _____

Professional Behaviors

Demonstrates professional behavior that reflects integrity, accountability, responsibility, and ethical nursing practice.

- Demonstrates accountability for own nursing practice in a variety of settings.
- Practices nursing within ethical, legal, and regulatory frameworks.
- Is punctual for all scheduled clinical activities.
- Contacts the clinical site and instructor regarding clinical absence.
- Maintains organizational and patient confidentiality.
- Follows HCC Nursing dress code
- Arrives to clinical site with completed prep sheets.
- Identifies areas for continued growth.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Safety

Minimizes risk of harm to patients through system effectiveness and individual performance.

- Provides increasingly complex care to various aged patients in an acute care setting.
- Uses principles of safety in the care of a group of patients in a team leader role.
- Uses principles of asepsis and sterile technique when performing patient care.
- Implements patient safety needs with minimal prompts.
- Safely administers medications: oral, nasal, transdermal, IM, IV, IV piggyback, IV push, subQ, rectal.
- Performs advanced psychomotor skills in a safe and competent manner.
- Identifies changes in patient's condition, reports and discusses with appropriate personnel.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Evidence-Based Practice

Integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

- Utilizes the components of evidence-based practice when developing patient care or teaching plans with assistance.
- Builds on concepts of evidence and uses current evidence to guide clinical practice with assistance.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Patient-Centered Care

Provides compassionate care that is respectful to patient preference, values, and needs which guides all clinical decisions.

- Implements a nursing plan of care by incorporating patient assessment, values, preferences, and expressed needs with assistance.
- Implements therapeutic communication techniques that are appropriate to the individual patient and family.
- Develops a variety of individualized teaching strategies to meet patient and family needs.
- Practices as a nurse advocate with assistance.
- Demonstrates caring behaviors towards the patient, family, peers and other members of the health care team.

Comments:

Satisfactory_____ Progressing_____ Unsatisfactory_____

Teamwork and Collaboration

Participates effectively with members of the inter-professional team to achieve quality patient care.

- Demonstrates ability to collaborate with the inter-professional team in the delivery of patient care with assistance.
- Describes own strengths, limitations, and values in functioning as a member of a team.
- Recognizes the importance of adapting one’s own communication style to meet the needs of the team and situation.

Comments:

Satisfactory_____ Progressing_____ Unsatisfactory_____

Nursing Judgment

Making judgements in practice substantiated with evidence, utilizing informatics to provide safe, quality care to patients and their families.

- Incorporates knowledge from nursing, biopsychosocial sciences, and liberal arts in developing, implementing and evaluating an individualized plan of care with assistance.
- Uses nursing process to make clinical judgements and decisions in providing optimal patient care.
- Demonstrates ability to establish priorities of care according to patient and family needs with assistance.
- Uses appropriate technologies in the process of assessing and monitoring patients with assistance..
- Builds on previous knowledge in utilizing the electronic medical record.

Comments:

Satisfactory_____ Progressing_____ Unsatisfactory_____

Final Clinical Grade: Pass _____ Fail _____

Instructor_____

Clinical Facility_____

I have reviewed this evaluation. Student_____ Date_____

HCC Clinical Performance Evaluation 4th Semester

The purpose of the Clinical Performance Evaluation Tool is to evaluate student progress towards meeting the program learning outcomes. The Clinical Performance Evaluation Tool is based on QSEN and NLN 2010 Outcomes and Competencies.

Student _____ Course _____ Semester/ Year _____ Number of Clinical Absences _____

Professional Behaviors

Demonstrates professional behavior that reflects integrity, accountability, responsibility, and ethical nursing practice.

- Demonstrates responsibility and accountability for care given by self and delegated to others while within the RN scope of practice.
- Practices nursing within ethical, legal, and regulatory frameworks.
- Is punctual for all scheduled clinical activities.
- Contacts the clinical site and instructor regarding clinical absence.
- Maintains organizational and patient confidentiality.
- Follows HCC Nursing dress code
- Arrives to clinical site with completed prep sheets
- Identifies areas for continued growth.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Safety

Minimizes risk of harm to patients through system effectiveness and individual performance.

- Provides complex care to two or more patients in an acute care setting.
- Uses principles of asepsis and sterile technique when performing patient care.
- Uses principles of safety in the complex care of a group of patients in a team leader role.
- Implements patient safety needs independently.
- Safely administers medications: oral, nasal, transdermal, IM, IV, IV piggyback, IV push, subQ, rectal.
- Demonstrates increasing independence in the practice of safe and competent nursing.
- Identifies changes in patient's condition, reports and discusses with appropriate personnel.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Evidence-Based Practice

Integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

- Utilizes the components of evidence-based practice when developing patient care or teaching plans independently.
- Integrates sources of evidence to improve delivery of care across the life span in multiple settings.

Comments:

Satisfactory _____ Progressing _____ Unsatisfactory _____

Patient-Centered Care

Provides compassionate care that is respectful to patient preference, values, and needs which guides all clinical decisions.

- Develops a nursing plan of care by incorporating patient assessment, values, preference, and expressed needs independently.
- Establishes and maintains effective therapeutic communication techniques with patients, family and inter-professional team.
- Applies teaching and learning principles to promote health of the patient throughout the lifespan.
- Evaluates the effectiveness of teaching.
- Incorporates the role of nurse advocate into clinical practice.
- Demonstrates caring behaviors towards the patient, family, peers and other members of the health care team.

Comments:

Satisfactory_____ Progressing_____ Unsatisfactory_____

Teamwork and Collaboration

Participates effectively with members of the inter-professional team to achieve quality patient care.

- Demonstrates ability to collaborate with the inter-professional team in the delivery of patient care in a variety of settings.
- Describes own strengths, limitations, and values in functioning as a member of a team.
- Recognizes the importance of adapting one’s own communication style to meet the needs of the team and situation.
- Works cooperatively with others to achieve desired patient and family outcomes.

Comments:

Satisfactory_____ Progressing_____ Unsatisfactory_____

Nursing Judgment

Making judgements in practice substantiated with evidence, utilizing informatics to provide safe, quality care to patients and their families.

- Incorporates knowledge from nursing, biopsychosocial sciences, and liberal arts in developing, implementing and evaluating an individualized plan of care independently.
- Uses nursing process to make clinical judgments and decisions in providing optimal patient care.
- Demonstrates ability to establish priorities and develop a plan of care according to patient and family needs independently.
- Uses appropriate technologies in the process of assessing and monitoring patients.
- Independently utilizes the electronic medical record for patient care.

Comments:

Satisfactory_____ Progressing_____ Unsatisfactory_____

Final Clinical Grade: Pass _____ Fail _____

Instructor_____

Clinical Facility_____

I have reviewed this evaluation. Student_____

Date_____

Date_____

Determination of Clinical Performance

The instructor has the responsibility of determining whether the student's performance objectives have been met. The clinical objectives are specified in the course outline. Performance criteria are delineated on the HCC Clinical Performance Evaluation Tool. The evaluation tool will be used at the conclusion of each clinical rotation.

Student performance will be evaluated in relation to the ability to demonstrate a procedure/behavior with increasing efficiency and independence. The underlying principle of clinical learning is the safety of the client. Therefore, students are evaluated in relation to safe nursing practice. All students are expected to practice in the clinical settings in a safe manner. Unsafe nursing practice will result in a failure of the course or immediate dismissal from the nursing program, depending on faculty review and the severity of the incident. Examples of unsafe nursing practice include, but are not limited to:

- creates a life threatening situation
- leads to client harm and/or neglect
- breeches ethical standards and privacy
- breeches legal standards of practice
- failure to follow institutional policies
- impaired judgment or performance (use of chemicals, sleep deprivation)
- fails to report omission or error in treatment or medication

A Satisfactory or Progressing grade must be achieved in the clinical component for the student to pass the course and progress in the nursing program. An Unsatisfactory grade will result in the final course grade being lowered to a non-passing grade. (Example: All assignments/tests equal B and the student receives S or P in clinical performance, the final grade will be a B. However, if the student's assignments/tests equal B and the student receives U in clinical performance, the final grade will be lowered to D which is non-passing.)

An unsatisfactory in any Core Components and Competencies category will constitute a failing grade.

S = Satisfactory

Efficient, coordinated, and confident; usually independent or needs occasional supportive cues; accurate each time; safe

P = Progressing

Skillful in parts of behavior and/or procedures/interventions related to clinical performance; lacks efficiency and coordination; needs occasional verbal and/or physical directive cues in addition to supportive ones; requests supervision appropriately; safe

U = Unsatisfactory

Unable to demonstrate behavior and/or procedures/interventions related to clinical performance; lacks confidence, coordination and efficiency; needs frequent verbal and physical cues; unprepared; unsafe.

CARE PLAN GRADING GRID (rev. 3-1-2013)

STUDENT _____ INSTRUCTOR _____ DATE ____ / ____ / ____
 KEY: 4=Well Above Typical Student at This Level (92-100%) 1=Below Acceptable Level – Needs Improvement (75-79.9%)
 3=Above Acceptable Level (86-91.9%) 0=Unacceptable – Needs Additional Instruction or Practice (74.9 ↓)
 2=At Minimal Acceptable Level (80-85.9%) NA=Not Applicable

ASSESSMENT AND DIAGNOSIS	4	3	2	1	0	NA	COMMENTS
PLANNING							
IMPLEMENTATION							
EVALUATION							

Care Plan Grading Grid Rubric

4=Well above typical student 92-100%

Uses all resources to collect data for assessment (chart, physical assessment, client interview, objective and subjective data)
All relevant information is presented, accurate & organized
Priority nursing diagnoses identified and correctly stated
Plans (teaching, discharge), & goals realistic, achievable, comprehensive to client's priority needs
Diagnostic & medication data interpreted correctly & comprehensively
Comprehensive interventions supported with precise scientific rationale
Information clearly communicated, understandable
Demonstrates depth of thought, critical thinking
Descriptive, grammar/spelling correct
Evaluations specific to client responses, Revisions realistic & appropriate

3=Above acceptable level 86-91.9%

Utilizing pertinent resources to collect data
Information is accurate
Relevant assessment data present with few details missing
2 nursing diagnoses identified and correctly stated
Plans appropriate with some data missing
Data interpreted with some omissions
Interventions appropriate, some relevant actions missing or not specific
Some rationale unclear
Minor errors in grammar, spelling
Evaluations directed toward client responses, more data needed to interpret if met
Revision process incomplete

2=At minimal acceptable level 80-85.9%

Uses 2 resources to collect data for assessment
Information is presented with partial supporting data
Some of relevant information missing
Presentation of information sometimes vague, unclear, some errors noted
1 priority nursing diagnosis identified and correctly stated
Interventions appropriate, at times non-specific, generic & lacking depth
Some interventions not based on etiology of problems
Minimal interventions presented to adequately care for client
Several spelling-grammatical errors noted
Some evaluations non-specific, difficult to interpret, Revisions nonspecific or lacking

1=Below acceptable level 75-79.9%

Minimal use of resources to collect data
Brief history collected, relevant assessment data missing
Large gaps noted
Nursing diagnoses not prioritized and not correctly stated
Minimal planning without consideration of client's priority needs
Interventions minimal, vague & not based on etiology
Info difficult to follow, rationales made up by student
Little to no interpretation of diagnostics & medications or errors in Interpretation
Evaluations do not explain client responses to interventions, Revisions lacking

Rules of Rounding for Dosage Calculations (4-2010)

I. General math rule

≥ 0.5 round up to nearest whole number

Example: $2.8 = 3$

< 0.5 round down to nearest whole number

Example: $1.4 = 1$

II. Rounding tablets

Round to $\frac{1}{2}$ or whole tablet; tablets are never written with decimal places

Example: 2.5 tabs = 2 whole tabs and a $\frac{1}{2}$ tab or 2 $\frac{1}{2}$ tabs

Example: 2.8 tabs = 3 tablets

III. Liquid **oral** medication

Use the general math rule to round.

For **Adults**: round to the whole number

Example: $6.73 = 7$ mL

For **Children**: round to the tenths

Example: $6.73 = 6.7$ mL

IV. Injection medication

If giving less than one mL, round to the hundredths; if giving more than one mL, round to the tenths

Example (less than one mL): 0.677 mL = 0.68 mL

Example (more than one mL): 1.677 mL = 1.7 mL

V. IV rate

Use the general math rule to round to the nearest whole number for gtts / min and mL / hr.

Example: 83.8 gtts / min = 84 gtts / min

Example: 27.4 mL / hr = 27 mL / hr

VI. You must always include a zero before any decimal point.

Example: $.4$ mL should be written as 0.4 mL

BUT, do not include them at the end: Example **NOT** 0.4000

VII. Weights

Kilograms: round to the 10th.

Example: 15.1 kg

Pounds: Use pounds and ounces combination

Example: $20 \frac{1}{2}$ lb = 20 lb 8 oz.

All rounding is done at the end of calculations, EXCEPT: When performing weight-based calculations, round client's weight in kilograms to the nearest 10ths FIRST and then continue the problem – only rounding per above rules at the end of the remaining calculations

APA Guidelines for HCC Nursing Written Work (js2013, sg2015)

Here are the basic American Psychological Association (APA) components required for all written work, including papers or literature reviews. A basic tutorial can be accessed at

<http://www.apastyle.org/learn/tutorials/basics-tutorial.aspx>

Components of paper:

- Title page- separate page, title centered in middle of page. Follow with college and student name. All double spaced. Use running head.
- Introduction, discussion, conclusion.
- Reference page- separate page, centered, not bolded

Format: Double-space entire paper, Times New Roman or Arial font, one-inch margins, indent the first line of each paragraph ½ inch.

Citing references within text: Cite the work of others (journals, books, websites) whose ideas, theories, or findings influenced your paper. Citing is required even if paraphrasing or describing another's ideas.

Examples:

- Steblay and Gustafson (2007) found nursing students prefer to participate in active learning in the classroom setting. *one reference*
- Active learning in the classroom was found to be preferred among second year nursing students (Miller & Gustafson, 2007; Martin, 2009). *two reference sources*
- Ignatavicius (2013) describes ethnicity as “common social customs, values, and beliefs of a group” (p. 31). *direct quote*

Reference page: All citations used in the content of your paper are listed on a separate reference page. References are listed in alphabetical order of author surname. All text is double spaced. Capitalize first word in publication title or after a colon. *Italicize* journal name and volume. Include page numbers. Use hanging indent style for 2nd line.

Example: Author's last name, First initial. (publication date). Capitalize the first word of the title of work. *Journal name, volume* (issue), pages, doi (digital object identifier) if available. For books include Location: Publisher. Here are some examples.

Edmonson, C. (2010). Moral courage and the nurse leader. *OJIN: The Online Journal of Issues in Nursing, 15*(3). Retrieved from <http://www.nursingworld.org/ojin/> (citing an online journal)

Haas, J.P., & Larson, E. L. (2008). Compliance with hand hygiene guidelines. *American Journal of Nursing, 108*(8), 40-44. (journal article example)

Karch, A. M. (2010). *Focus on nursing pharmacology* (4th ed.). Philadelphia: Lippincott Williams & Wilkins. (book example)

National Institute of Mental Health. (2011). *Depression* (NIH Publication No. 11-3561). Washington, DC: U.S. Government Printing Office. (citing a government document)

Nurse, N. (2011). Living the life of a nurse: Real adventures. *Nursing Life*, 2(1). 12-20. (if retrieved from EBSCO host you only put the information that allows reader to find the print copy)

Content tips:

- Begin your paper by creating an outline. Review the paper rubric or assignment content.
- Paper should be proof-read for clarity, purpose, and grammar. Utilize spell check and grammar tools. Use minimal abbreviations; spell out initially.
- Organize similar thoughts in separate paragraphs.
- Use only reliable, current, and trustworthy references in your paper.
- Reference any work that is not your own thoughts. *Plagiarism* occurs whenever another's words, ideas, research, or claims are used but not cited.
- Your finished paper can be enhanced by setting aside and re-reading before final submission. Review assignment criteria.

Medication Error Report Form

Student Name: _____ **Facility/Nursing Unit:** _____

Date of Error: _____ **Time:** _____ **a.m. p.m.**

Circle the Type of Error:

- | | | |
|------------------|-------------------------|---------------------|
| Wrong patient | Gave expired medication | Omission |
| Wrong medication | Extra or unordered dose | Wrong calculation |
| Wrong dose | Wrong Time | Wrong documentation |
| Wrong route | | |

Describe the error and how it occurred: _____

Was the MAR being utilized for medication preparation? _____

Did the error reach the patient? _____ **Yes** (answer questions a-d)

_____ **No** (skip questions a-d)

a. How was the patient's identification verified when administering the medication? _____

b. Did harm occur to the patient? (explain how patient was affected) _____

c. Was the physician notified? _____ d. Was a facility Variance Report completed? _____

How COULD this error have affected the patient? _____

How could this error be prevented? _____

Instructor's Comments: _____

Medication Error Intervention Contract

Name of Student: _____

Date: _____ Course: _____

Clinical Instructor: _____

Area of Concern:

Plan for Improvement:

Time Frame for Improvement:

Signature of Parties:

Student Date

Clinical Instructor Date

Program Director Date

rev. 1-11-13

Technical Standards
For
Entry-Level Nursing Programs

These technical standards are required abilities for effective performance in MnSCU nursing education programs. The standards are compatible with the scope of practice as defined by the Minnesota State Board of Nursing. The examples show how a standard may be applied in entry-level nursing education programs. The examples listed are for illustrative purposes only and not intended to be a complete list of all tasks in an entry-level nursing program.

Reasonable accommodations to meet standards may be available for otherwise program-qualified individuals with disabilities. Contact the college/university's Disability Services Office as soon as possible for more information if you think you may need an accommodation for a disability.

Capability	Standard	Examples
INTELLECTUAL		
Cognitive Perception	The ability to perceive events realistically, to think clearly and rationally, and to function appropriately in routine and stressful situations. Students must be able to independently and accurately assess or contribute to the assessment of a client	Identify changes in client health status Prioritize multiple nursing activities in a variety of situations
Critical Thinking Careful thought, reasoned judgment. Differentiated from personal opinion and superficial memorization of facts by the ability to obtain and use an appropriate quantity and quality of data for a given situation. Critical thinkers question assumptions, routines, and rituals, reconsider "known facts" when new information becomes available and develop new "rules" when old ones fail or unavailable.	Critical thinking skills demanded of nurses require the ability to learn and reason, to integrate, analyze and synthesize data concurrently. Students must be able to solve problems rapidly, consider alternatives and make a decision for managing or intervening in the care of a client.	Able to make effective decisions in the classroom and in the clinical sites Develop/contribute to nursing care plans that accurately reflect client concerns Able to make decisions reflective of classroom learning in the clinical sites

Capability	Standard	Examples
MOTOR SKILLS		
Motor Skills	Ambulatory capability sufficient to maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a client	Position clients Reach, manipulate, and operate equipment, instruments and supplies, e.g. syringes, sterile equipment, and monitors Perform/use electronic documentation Lift, carry, push and pull Perform CPR
Mobility	Ambulatory capability sufficient to maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a client	Propel wheelchairs, stretchers, etc., alone or with assistance as available Transport supplies to client room Work around bedside with other personnel Lift a child Move and lift clients in and out of bed, wheelchair or cart Assist with transfer and walking of patients who may require substantial support
Activity Tolerance	Ability to tolerate lengthy periods of physical activity	Move quickly and/or continuously Tolerate long periods of standing and/or sitting

Capability	Standard	Examples
COMMUNICATIONS		
Communication	Communicate in English with others in oral and written form Able to communicate with clients and members of the health care team in order to plan and deliver safe care	Utilize oral and written communication skills sufficiently for teaching/learning and for interaction with others Read, understand, write, and speak English Explain treatment procedures Initiate and/or reinforce health teaching Document client responses Clarify communications received
Interpersonal Relationships	Interact with clients, families, staff, peers, instructors, and groups from a variety of social, emotional, cultural and intellectual backgrounds	Establish rapport with clients, families, and colleagues Respond in a professional/therapeutic manner to a variety of client expressions and behaviors

Capability	Standard	Examples
SENSES		
Hearing	Auditory ability sufficient to hear normal conversation and/or assess health needs	Ability to monitor alarms, emergency signals, auscultatory sounds, e.g. B/P, heart, lung, and bowel sounds, cries for help, and telephone interactions/dictation Communicates with clients, families and colleagues
Vision	Visual ability sufficient for observation, assessment, and performance of safe nursing care	Observes client responses Discriminates color changes Accurately reads measurement on client-related equipment Read medication label Read syringe accurately Evaluate for a safe environment
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	Performs palpation, e.g. pulse Performs functions of physical examination and/or those related to therapeutic intervention, e.g. insertion of a catheter

Capabilities	Standard	Examples
PSYCHOSOCIAL		
Psychosocial Behaviors	Possess the emotional health required for full use of intellectual abilities, the exercise of good judgment, and the prompt and safe completion of all responsibilities	Demonstrate professional abilities of trust-worthiness, empathy, integrity, and confidentiality Be able to change and display flexibility Learn to function in the face of uncertainties and stressful situations

Capabilities	Standard	Examples
ENVIRONMENTAL		
Environmental Adaptability	Ability to tolerate environmental stressors	Work with chemicals and detergents Tolerate exposure to odors Work in close proximity to others Work in areas of potential physical violence Work with infectious agents and blood-borne pathogens Work in environments that may have allergens, such as latex.

A task force of representatives from nursing education in Minnesota developed these Technical Standards. Educational institutions represented were: Bemidji State University, The College of St. Scholastica, Lake Superior College, Itasca Community College, Rainy River Community College, Mesabi Range Community and Technical College, Hibbing Community College, and Riverland Community and Technical College. Adaptations were made from the Core Performance Standards of the University of Arizona, Minnesota West Practical Nursing Program, and Iowa Community Colleges.

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Revised 10/11/02, 1/21/03, 3/28/03

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